Medications for Opioid Use Disorders (MOUD) Study Patient Questionnaires

Contents

Centers for Disease Control and Prevention
Atlanta, GA

Patient Questionnaire (Baseline, 12-month, 18-month)

Patient Questionnaire
Time to Administer

Based on sample administrations conducted by research team and experience using similar questionnaires, the average time to complete is 50 minutes.

The Patient Questionnaire is administered at three points: baseline (initiation of new treatment episode), 12 months later, and 18 months later. It is self-administered by patients on a laptop. FI is present at baseline administration but may or may not be present at 12 and 18-month administration. Questions are meant to learn more about patient's experience of OUD treatment, demographics, quit attempts, use of MOUD (during the interview, MOUD was referred to as MAT) and counseling (COUN), economic measures, ED and hospital usage, employment, health insurance, housing, drug use (prescribed and illicit), overdoses, physical and mental health issues, criminal activity, and childhood experience of trauma. The questionnaire must be self-explanatory as it is self-administered by patient with or without FI present.

Programmer Note: At the beginning of the web questionnaire, we will briefly describe the nature of the questions to be asked and include contact information for the National Suicide Prevention Lifeline, which is a national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. The telephone number is 1-800-273-TALK. Use text:

This questionnaire will cover some basic information about you (for example, age, gender, race, education), your mental and physical health, and your health behaviors. You will also be asked about treatments you have received for your opioid addiction, your use of opioids and other illicit drugs, your employment and housing situation, any times you were arrested or convicted (if any), support you receive from the people in your life, and childhood trauma or abuse you may have experienced. Some of these questions may be upsetting. If you feel any emotional distress, you can call **1-800-273-TALK** to receive free and confidential emotion support 24 hours a day, 7 days a week.

The Flesh-Kincaid grade reading level is 5.4.

Programmer Note: All questions are soft required, unless otherwise specified. For questions that are not answered, use one of two soft prompt messages: "It's important you answer all questions. Pick the response that best suits you." *or* "Your answers are confidential. Pick the response that best suits you." *For questions that require a numeric response within a programmed range, display the soft require message* "Please provide a response between *[MIN]* and *[MAX]*." *Questions that require a date entry display the soft require message* "It is important you answer all questions. Please answer the question to the best of your ability."

ID1.   FI: Enter MOUD Study Patient ID: _____

Programmer note:

- *Check CP5. CP5 (treatment initiation date) must be no more than 92 days prior to today.*

- *If date is more than 92 days ago, issue message "Treatment start date for this patient is outside our window for eligibility. Please confirm the Patient's Study ID and re-enter."*

- *Allow one more attempt to enter Patient ID, then issue this message "The treatment start date for this patient is outside our window for eligibility. If you think you received this message in error, please consult with your FS."*

- *Leave message on screen until FI closes app manually (e.g., hits escape or closes browser).*

- *Code out as "Ineligible due to TSD".*

I.   Consent (CO)

CO1. FI: Do you acknowledge that you have read, understand, and agreed to provide your consent to participate in this survey questionnaire?
Click here if you wish to review the informed consent document.

1. ☐Yes, I do
2. ☐No, I don't

Programmer Note: Include a link to the full text of the informed consent.

BASE: CO1=No

CO2   FI: You have indicated that you do not give your consent to participate in this study. If that is correct, confirm that you have withdrawn consent. A member of our research team will contact you to discuss your concerns. Be assured, you always have the right to not answer any question and to withdraw consent any time. If this is not correct, confirm that you do provide consent below and you will be taken to the next question.

1. ☐Yes, I consent *[Return patient to CO1]*
2. ☐No, I do not consent *[Go to END]*

Programmer Note: CO2 is required.

II.   Date of Birth (DB)

BASE: All patients not previously sent to END

DB1. Your date of birth (DOB)

    MM/DD/YY

(Programmer Note: Range = 01/01/1900 to 12/31/2001)

Programmer note: DB1 is required to cross verify patient identity If refused, display message "This question is required. Please provide your date of birth so that you can complete this survey." *If birth date given does not match the date of birth given in the Patient Permission Form (question CP6a), display error message,* "Please verify that this birth date is correct. If this date is not correct, please enter your correct date of birth." *If birth date does not match again, display error message,* "The birth date you have provided does not match the birth date provided previously. Please call 1-800-957-6483 to leave a message with study staff to resolve this issue."

III.   Study Site Treatment Status (SS)

Programmer Note: MOUD/COUN = type of treatment patient is receiving at index facility at the time the CPF is completed. Codes are MMT, BUP, NTX, and COUN. Source: Screener

If MMT, use "methadone maintenance therapy"

If BUP, use "buprenorphine (e.g. Suboxone, Probuphine, generic)"

If NTX, use "naltrexone (e.g. Vivitrol, Revia, generic)"

If COUN, use "counseling"

FACILITY = the Short_Name of the index facility

START=the date that index treatment began

INDEX DAYS=days spent in INDEX treatment. If still in INDEX treatment, INDEX DAYS = (today-START). If no longer in INDEX treatment, INDEX DAYS=(date ended treatment (SS3) – START)

Define Index Treatment

BASE: All not previously sent to END.

SS1.   You were invited to be in the MOUD Study because you were treated for opioid addiction at (*FACILITY*) using (*MOUD/COUN*) starting around (*START*).

This is your INDEX treatment.

1. ☐ Yes, I agree that I received the INDEX treatment described above.

2. ☐ No, I did not receive the INDEX treatment described above.

Programmer Note: If No is clicked, display message below and go to END.

There appears to be an error in our records. Please accept our apologies. A member of the research staff will be in contact with you to resolve the error.

Survey Manager Note: Reconcile error and refield the survey.

Dates of Index Treatment

BASE: All who have NOT indicated they ended their INDEX treatment in previous surveys (i.e., SS2=NO)

Programmer Note: SS2 is required. If refused, display the message "You must answer this question to continue."

SS2. Are you still receiving your INDEX treatment?

Answer NO if:

- you stopped going to [*FACILITY*]
- you stopped receiving [*MAT_COUN*]
- you started receiving [*MAT_COUN*] at a different facility

- you still go to [FACILITY] but started receiving a different type of treatment for opioid addiction

  1. ☐Yes, I am still receiving my INDEX treatment
  2. ☐No, I am no longer receiving my INDEX treatment

If SS2=No:

Programmer Note: Range = 01/01/2018 to CURRENT DATE. End date cannot be before the treatment Start date

SS3. When did you stop receiving your INDEX treatment? (Enter an approximate date if you are unsure of the exact date.)

_____/_____/_____
Month / Day / Year

Reason to Stop INDEX Treatment

BASE: SS2=No
Programmer note: Do NOT randomly order list.

SS4. Why did you stop receiving your INDEX treatment? (If you have multiple reasons, select the most important reason.)

1. ☐I completed my INDEX treatment
2. ☐I voluntarily stopped my INDEX treatment
3. ☐I continued my [MAT_COUN] treatment at a different facility
4. ☐I am still receiving treatment for my opioid addiction at [FACILITY], but I am no longer receiving [MAT_COUN]
5. ☐I was involuntarily discharged from my INDEX treatment program (e.g., for non-compliance, for continued substance use, for violating program rules, for non-payment, etc.)
6. ☐A different reason/none of the above (specify): _____

BASE: If SS2=No:
Programmer note: Randomly order list except none category. 1=checked, 0=not checked

SS5. Here are reasons someone might stop treatment. Did any of these apply to your situation? (Check all that apply.)
   a. The program took up too much of my time

b.   I couldn't find or afford daycare for my kids.

c.   My insurance ran out.

d.   I couldn't find a way to pay for it.

e.   I didn't have reliable transportation.

f.   I got sick and couldn't make appointments.

g.   I didn't think the treatment was doing any good.

h.   I didn't need the treatment anymore.

i.   I didn't like the people.

j.   I relapsed.

k.   I went to jail

l.   I moved too far away

m. None of these apply

Characteristics of INDEX Treatment

BASE: Only administer at BASELINE:
Programmer note: Randomly order list

SS6a-p. How important were the following reasons for starting your INDEX treatment?

a. I believed I had to get treatment
   1.   ☐Very important
   2.   ☐Somewhat important
   3.   ☐Not important

b. My employer believed I had to get treatment

c. My friends/family believed I had to get treatment

d. I failed at getting off drugs on my own

e. I found the type of treatment I wanted

f. There was an opening in the facility I wanted

g. I had transportation I needed

h. I had childcare I needed

i. Treatment was close enough to me

j. Treatment was covered under my health care plan

k. I could afford it

l. I decided I couldn't handle my addiction on my own

m. I overdosed and was frightened for my life

n. I hit rock bottom

o. I could not find heroin or prescription opioids and was experiencing withdrawal symptoms

p. My doctor recommended that I get treatment

BASE: Only administer at BASELINE:
Programmer note: Do NOT randomly order list. Checked=1, not checked=0.

SS7a-k. Was your participation in the INDEX treatment… (Check any that apply):
- ☐ a. To comply with a court-order
- ☐ b. To avoid a conviction on a charge(s)
- ☐ c. To meet a condition of your probation or parole
- ☐ d. To avoid going to jail or prison
- ☐ e. To avoid being charged with misdemeanor
- ☐ f. To avoid being charged with a felony
- ☐ g. To get your driver's license back
- ☐ h. To reduce the points against your license
- ☐ i. To comply with a child welfare order
- ☐ j. To help retain or gain custody of children
- ☐ k. None of these apply

BASE: Only administer at BASELINE:

SS8a-i. Who recommended that you go to (FACILITY) to get your INDEX treatment? (Check all that apply.)
- ☐ a. I picked it myself
- ☐ b. Friends or family members
- ☐ c. Alcohol/drug abuse care provider
- ☐ d. Primary health care provider
- ☐ e. School-based counselor
- ☐ f. Employer
- ☐ g. Community group (e.g. religious organizations or self-help groups)
- ☐ h. Court/criminal justice referral (e.g. police official, judge, prosecutor, probation officer)
- ☐ i. None of these apply

BASE: Only administer at BASELINE:
Programmer note: Do NOT randomly order list.

SS9. How would you best describe the place you received your INDEX treatment?

1. ☐Methadone center/treatment facility
2. ☐Drug rehabilitation center/treatment facility
3. ☐Mental health center/treatment facility
4. ☐Specialty addiction doctor
5. ☐General doctor's office or primary care physician
6. ☐Office-based counseling with psychiatrist, psychologist, or social worker
7. ☐Other type of place

BASE: Only administer at BASELINE:
Programmer note: Do NOT randomly order list.

SS10. This treatment was:

1. ☐Inpatient
2. ☐Residential
3. ☐Intensive outpatient
4. ☐Outpatient
5. ☐Other

BASE: Ask if R is still enrolled in INDEX treatment (SS2 = Yes) plus the first quex where R says they are no longer enrolled in INDEX treatment (first time SS2 = No).
Programmer note: Do NOT randomly order list. Checked=1, not checked=0.

SS11. While enrolled in INDEX treatment, did you receive: (Check all that apply.)

a. ☐ Methadone
b. ☐ Oral buprenorphine (e.g., Suboxone®, generic)
c. ☐ Implantable or injectable buprenorphine (e.g., Probuphine®, generic)
d. ☐ Oral naltrexone (e.g., Revia®)
e. ☐ Injectable naltrexone (e.g., Vivitrol®)
f. ☐ Other drug (specify) _____
g. ☐ No drug

BASE: Ask if R is still enrolled in INDEX treatment (SS2 = Yes) plus the first quex where R says they are no longer enrolled in INDEX treatment (first time SS2 = No).

Programmer Note: If question is skipped, display: "You did not check any of the above services. If you did not receive any of these services, please select "No other services.""

SS12a-o. While enrolled in INDEX treatment, what other types of services did you receive: (Check all that apply.)

- ☐ a. Individual counseling
- ☐ b. Group counseling
- ☐ c. Other behavioral therapy/counseling
- ☐ d. Detoxification services
- ☐ e. Medical services (e.g., physical exams, medication)
- ☐ f. HIV testing
- ☐ g. Hepatitis C virus (HCV) testing
- ☐ h. Laboratory drug testing/urine testing
- ☐ i. Case management services (e.g., employment coaching, family services/education, housing services)
- ☐ j. Peer-to-peer recovery support services (e.g., Peer Navigator)
- ☐ k. Recovery coach services other than Peer Navigator
- ☐ l. Training on how to avoid overdosing
- ☐ m. Training on how to use naloxone
- ☐ n. Other services
- ☐ o. No other services

Only administer at baseline:

SS13. When you started your INDEX treatment, how confident were you that your INDEX treatment would be successful?

1. ☐ Not confident
2. ☐ Slightly confident
3. ☐ Moderately confident
4. ☐ Highly confident

Peer Navigator/Provider Services (PN)

Programmer Note: The following definition should appear here and be available as hover definition wherever the term Peer Navigator occurs.

A "Peer Navigator" (also referred to as a "Peer Provider" or "Peer Support Specialist") refers to a person who uses their personally lived experiences with addiction and recovery in a treatment setting to promote recovery and resiliency for individuals with the same or similar conditions.

BASE: Ask if R is still enrolled in INDEX treatment (INDEXTREATMENT = Yes) plus the first quex where R says they are no longer enrolled in INDEX treatment (first time SS2 = No):

Programmer Note: PN1 is required. If refused, display the message "You must answer this question to continue."

PN1. [*SS2=YES:* Since you started your INDEX treatment at [FACILITY]/
FIRST TIME; SS2=NO: While you were in your INDEX treatment]
were you offered services from a peer navigator?

1. ☐Yes
2. ☐No
3. ☐No Answer

BASE: If PN1=Yes:

PN2. [*SS2=YES:* Since you began your INDEX treatment, /
FIRST TIME; SS2=No: At any time while you were in your INDEX treatment] how often did you meet with a peer navigator?

1. ☐Less than once a month
2. ☐About once a month
3. ☐Several times a month
4. ☐About once a week
5. ☐Several times a week
6. ☐I never met with a peer navigator

Programmer note: If R still in INDEX treatment (SS2=1 yes), use "is". If no longer in INDEX treatment (SS2=2 no), use "was".

BASE: If PN2<6 (any option except "I have never met with a peer navigator" or missing):

PN3. How helpful [*SS2=YES:*is/ *SS2=NO:*was] your peer navigator to your recovery?

1. ☐ Very helpful
2. ☐ Somewhat helpful
3. ☐ Somewhat unhelpful
4. ☐ Not helpful at all

BASE: If PN2=6 "I never met with a peer navigator":

Programmer Note: Do NOT randomize list. Checked=1, unchecked=0

PN4. Why did you not meet with a peer navigator? (Check all that apply.)
   a. ☐ I did not want the service
   b. ☐ I did not think the service was worthwhile for me
   c. ☐ I could not afford the service
   d. ☐ I will arrange to meet with peer navigator if I ever need their service
   e. ☐ I tried to make an appointment but the peer navigator did not have any openings on their schedule
   f. ☐ I plan to schedule an appointment soon
   g. ☐ I have an appointment scheduled
   h. ☐ I had an appointment but the peer navigator didn't make it
   i. ☐ I had another reason that's not listed above (specify): _____

BASE: If PN1=Yes or No:

Programmer note: Randomize list.

PN5. Whether or not you have ever worked with a peer navigator, we'd like to know if you agree or disagree with the following statements about peer navigators.
   a. Peer navigators are helpful
      1. ☐Agree
      2. ☐Neutral or no opinion
      3. ☐Disagree
   b. I am uncomfortable sharing my personal life with a peer navigator
   c. People I know told me not to work with a peer navigator
   d. A peer navigator is not helpful or needed given my situation
   e. I would recommend peer navigators to a friend

IV.   Opioid Use Immediately Before and After Index Treatment (OU)

Programmer Note: Display progress bar with text "You've completed 3 of 21 modules. Great!" *Below that display the following text:*

In the following questions, "abuse opioids" means that you:

- used heroin,
- used illicitly-made fentanyl, or
- used prescription opioids non-medically

Non-medically means you:

- Used prescription opioids in a way other than directed by a doctor
- Used prescription opioids that were not prescribed for you personally
- Used any prescription opioids to get high or buzzed
- Used any prescription opioids to self-treat a medical condition

This text should be displayed independent of OU1 so that everyone entering the module gets this message. For baseline they will then go on to OU1 and for 12-Month and 18-Month they will go on to OU4.

Programmer Note: START=start of treatment CP5

BASE: BASELINE only:

OU1. When was the last time you abused opioids before entering your INDEX treatment starting around [*START*]?
      1. ☐The same day [*START*]
      2. ☐1-2 day before

3. ☐3-7 days before
4. ☐8-14 days before
5. ☐More than 14 days before

BASE: Ask if they have not said prior to this survey that they have ended their index treatment:

OU2. Since [*START*], have you abused opioids even once?

1. ☐Yes
2. ☐No

BASE: BASELINE and if OU2 = Yes
Programmer Note: Range = 1 to INDEX DAYS

OU3. [*IF SS2=1 YES:* It has been [*INDEX DAYS*] since you started treatment at [*FACILITY*]/
    IF SS2=2 NO: You were in INDEX treatment for [*INDEX DAYS*]], how many of those days
    did you abuse opioids?

   Days (specify) ⸻
   ☐ None

BASE: Only ask at 12 MONTH and 18 MONTH surveys:

OU4. [*12-MONTH:* In the last 12 months, how often have you abused opioids? / *18-MONTH:* In the last 6 months, how often have you abused opioids?]

1. ☐I have not abused any opioids since beginning my INDEX treatment
2. ☐I have abused opioids a couple times but have not gone back to using opioids regularly
3. ☐I have abused opioids for several of the past 12 months
4. ☐I have abused opioids for most or all of the past 12 months

V.   Post-INDEX Treatment (PX)

Programmer Note: Only ask this module if the person in previous surveys said they had not ended treatment (indexstatus=1) but in the current survey they said they ended their index treatment SS2=No. Display progress bar with text "You've completed 4 of 21 modules. Great!"

BASE: If SS2=2 No:

Programmer Note: PX1 is required. If refused, display the message "You must answer this question to continue."

PX1. Since stopping your INDEX treatment, did you start another treatment program for opioid addiction?

Answer YES if:
  you started receiving [*MAT_COUN*] or any other opioid addiction treatment at a different facility
  you still go to [*FACILITY*] but started receiving a different type of treatment for opioid addiction

  1. ☐Yes
  2. ☐No ► *GO TO NEXT MODULE*
  3. ☐No Answer ► *GO TO NEXT MODULE*

BASE: If PX1=Yes:

Programmer Note: Range = 01/01/2018 to CURRENT DATE

*Programmer Note: Soft prompt with "*Your answers are confidential. Please answer the question to the best of your ability."

PX2. When did you begin receiving this treatment? (Enter an approximate date if you are unsure of the exact date.)

_____/_____/_____
MM / DD / YY

BASE: If PX1=Yes:

Programmer note: Randomly order list.

PX3a-p. How important were the following reasons for starting this treatment:

a. I believed I needed treatment

  1. Very important
  2. Somewhat important
  3. Not important

b. My employer believed I had to get treatment

c. My friends/family believed I had to get treatment

d. I failed at getting off drugs on my own

e. I found the type of treatment I wanted

f. There was an opening in the facility I wanted

g. I had transportation I needed

h. I had childcare I needed

i. Treatment was close enough to me

j. Treatment was covered under my health care plan

k. I could afford it

l. I decided I couldn't handle my addiction on my own

m. I overdosed and was frightened for my life

n. I hit rock bottom

o. I could not find heroin or prescription opioids and was experiencing withdrawal symptoms

p. My doctor recommended that I get treatment

BASE: If PX1=Yes:

Programmer note: Do NOT randomly order list. Checked=1, not checked=0

PX4a-k. Was your participation in this treatment (Check any that apply):

      a. ☐   To comply with a court-order
      b. ☐   To avoid a conviction on a charge(s)
      c. ☐   To meet a condition of your probation or parole
      d. ☐   To avoid going to jail or prison
      e. ☐   To avoid being charged with misdemeanor
      f. ☐   To avoid being charged with a felony
      g. ☐   To get your driver's license back
      h. ☐   To reduce the points against your license
      i. ☐   To comply with a child welfare order
      j. ☐   To help retain or gain custody of children
      k. ☐   None of these apply

BASE: If PX1=Yes:

Programmer note: Do NOT randomly order list. Checked=1, not checked=0

PX5a-i. Who recommended that you go to this facility to get treatment? (Check all that apply.)

    ☐   a. I picked it myself
    ☐   b. Friends or family members
    ☐   c. Alcohol/ drug abuse care provider
    ☐   d. Primary health care provider
    ☐   e. School-based counselor
    ☐   f. Employer

☐ g. Community group (e.g. religious organizations. self-help groups)

☐ h. Court/ criminal justice referral (e.g. police official, judge, prosecutor, probation officer)

☐ i. None of these apply

BASE: If PX1=Yes:

Programmer note: Do NOT randomly order list

PX6. How would you best describe the place you received this treatment?

1. ☐Drug rehabilitation center/service
2. ☐Mental health center or facility
3. ☐Specialty addiction doctor
4. ☐General doctor's office or primary care physician
5. ☐Office-based counseling with psychiatrist, psychologist, or social worker
6. ☐Other type of place

BASE: If PX1=Yes:

Programmer note: Do NOT randomly order list.

PX7. This treatment was:

1. ☐Inpatient
2. ☐Residential
3. ☐Intensive outpatient
4. ☐Outpatient
5. ☐Other

BASE: If PX1=Yes:

Programmer note: Do NOT randomly order list. Checked=1, not checked = 0

PX8. While enrolled in this treatment, did you receive: (Check all that apply.)

a. ☐ Methadone
b. ☐ Oral buprenorphine (e.g. Suboxone®, generic)
c. ☐ Implantable or injectable buprenorphine (e.g. Probuphine®, generic)
d. ☐ Oral naltrexone (e.g. Revia®)
e. ☐ Injectable naltrexone (e.g. Vivitrol®)
f. ☐ Other drug (specify) _____
g. ☐ No drug

PX9a-o. While enrolled in this treatment, what other types of services did you receive: (Check all that apply.)

- ☐ a. Individual counseling
- ☐ b. Group counseling
- ☐ c. Other behavioral therapy
- ☐ d. Detoxification services
- ☐ e. Medical services (e.g., physical exams, medication)
- ☐ f. HIV testing
- ☐ g. Hepatitis C virus (HCV) testing
- ☐ h. Laboratory drug testing/ urine testing
- ☐ i. Case management services (e.g., employment coaching, family services/education, housing services)
- ☐ j. Peer-to-peer recovery support services (e.g., Peer Navigator)
- ☐ k. Recovery coach services other than Peer Navigator
- ☐ l. Training on how to avoid overdosing
- ☐ m. Training on how to use naloxone
- ☐ n. Other services
- ☐ o. No other services

PX10. When you started this treatment, how confident were you that this treatment would be successful?

1. ☐Not confident
2. ☐Slightly confident

3. ☐Moderately confident
4. ☐Highly confident

BASE: If PX1=Yes:

PX11. Are you still receiving this treatment at this facility?

    1. Yes
    2. No

BASE: If PX11 = No or No Answer:

Programmer Note: Range = 01/01/2018 to CURRENT DATE and end date can't be before start date provided in PX2.

PX12. When did you stop receiving treatment at this facility?

    MM/DD/YY

BASE: If PX11 = No:

Programmer note: DO NOT randomly order list.

PX13. Why did you stop receiving this treatment at this facility?

    1. I completed this treatment program
    2. I voluntarily stopped this treatment
    3. I continued this treatment at a different facility
    4. I am still receiving treatment for my opioid addiction at this facility but I changed treatments
    5. I was involuntarily discharged from this program (e.g., for non-compliance, for continued substance use, for violating program rules, for non-payment, etc.)
    6. A different reason/none of the above (specify): _____

BASE: If PX11 = No:

Programmer note: Randomly order list except none category. 1=checked, 0=not checked

PX14. Here are reasons someone might stop treatment. Did any of these apply to your situation? (Check all that apply.)

    a. The program took up too much of my time

    b. I couldn't find or afford daycare for my kids.

    c. My insurance ran out.

d. I couldn't find a way to pay for it.

e. I didn't have reliable transportation.

f. I got sick and couldn't make appointments.

g. I didn't think the treatment was doing any good.

h. I didn't need the treatment anymore.

i. I didn't like the people.

j. I relapsed.

k. I went to jail

l. I moved too far away

m. None of these apply

If PX11 = No:

PX15. Did you enter treatment for opioid addiction anywhere else after that?

    1. Yes
    2. No

Programmer note: Repeat PX series (beginning with PX2) until R either says they are still obtaining treatment (PX11=Yes) or they say that they have not started another treatment (PX15=No). Max number of repeats is 12.

VI.   Pre-INDEX Treatment History (PH)

Programmer Note: Display progress bar with text "You've completed 5 of 21 modules. Great!"

Programmer Note: The PH sequence covers the 12 months before the baseline survey. It will only be administered at Baseline.

BASE: All questions in the module only at BASELINE:

Programmer Note: PH1 is required. If refused, display the message "You must answer this question to continue."

PH1. In the past 12 months, did you receive any treatment for opioid addiction other than your INDEX treatment?

    1. Yes

2. No ► *GO TO VI. QUIT ATTEMPTS MODULE (QA)*
3. No Answer ► *GO TO VI. QUIT ATTEMPTS MODULE (QA)*

BASE: If PH1=Yes:

PH2. Were you in treatment for opioid addiction 12 months ago? That is, excluding your INDEX treatment, were you in treatment around this time last year?

     1. Yes ► *Go to PH3a*
     2. No ► *Go to PH3b*

Base: If PH1=Yes and PH2=Yes:

Programmer Note: Range = 1/01/2000 to Current Date minus 365

PH3a. When did you start that treatment?

    _____/_____/_____
    MM / DD / YY

Base: If PH1=Yes and PH2=No:

Programmer Note: Range = Current Date minus 365 to Current Date

PH3b. When in the past 12 months, did you first start treatment other than your INDEX treatment?

    _____/_____/_____
    MM / DD / YY

Base: If PH14 = 2 (beginning of looped module):
Programmer Note: Range = 1/01/2000 to Current Date

PH3c. When did you start your next treatment?

    _____/_____/_____
    MM / DD / YY

BASE: PH1=Yes:

Programmer note: Randomly order list. Checked=1, not checked =0.

PH4a-p. How important were the following reasons for starting that treatment?

a. I believed I needed treatment

> 1. Very important
> 2. Somewhat important
> 3. Not important

b. My employer believed I had to get treatment

c. My friends/family believed I had to get treatment

d. I failed at getting off drugs on my own

e. I found the type of treatment I wanted

f. There was an opening in the facility I wanted

g. I had transportation I needed

h. I had childcare I needed

i. Treatment was close enough to me

j. Treatment was covered under my health care plan

k. I could afford it

l. I decided I couldn't handle my addiction on my own

m. I overdosed and was frightened for my life

n. I hit rock bottom

o. I could not find heroin or prescription opioids and was experiencing withdrawal symptoms

p. My doctor recommended that I get treatment

BASE: PH1=Yes

Programmer note: Do NOT randomly order list. Checked=1, not checked=0

PH5a-k. Was your participation in that treatment (Check any that apply):

> ☐ a. To comply with a court-order
> ☐ b. To avoid a conviction on a charge(s)
> ☐ c. To meet a condition of your probation or parole
> ☐ d. To avoid going to jail or prison

□ e. To avoid being charged with a misdemeanor
□ f. To avoid being charged with a felony
□ g. To get your driver's license back
□ h. To reduce the points against your license
□ i. To comply with a child welfare order
□ j. To help retain or gain custody of children
□ k. None of these apply

BASE: PH1=Yes

Programmer note: Do NOT randomly order list. Checked=1, not checked=0

PH6a-i. Who recommended that you go to the facility where you got that treatment? (Check all that apply.)

    □   a. I picked it myself
    □   b. Friends or family members
    □   c. Alcohol/drug abuse care provider
    □   d. Other health care provider
    □   e. School-based counselor
    □   f. Employer
    □   g. Other community referral (e.g. religious organizations or self-help groups)
    □   h. Court/criminal justice referral (e.g. police official, judge, prosecutor, probation officer)
    □   i. None of these apply

BASE: PH1=Yes

Programmer note: Do NOT randomly order list.

PH7. How would you best describe the place you received that treatment?

    1. □Drug rehabilitation center/service
    2. □Mental health center or facility
    3. □Specialty addiction doctor
    4. □General doctor's office or primary care physician
    5. □Office-based counseling with psychiatrist, psychologist, or social worker
    6. □Other type of place

PH8. When you started that treatment, how confident were you that the treatment would be successful?

1. ☐Not confident
2. ☐Slightly confident
3. ☐Moderately confident
4. Highly confident

Programmer note: Do NOT randomly order list.

PH9. That treatment was:

1. ☐Inpatient
2. ☐Residential
3. ☐Intensive outpatient
4. ☐Outpatient
5. ☐Other (specify): _____

Programmer note: Do NOT randomly order list. Checked=1, not checked=0

PH10. While enrolled in that treatment, did you receive: (Check all that apply.)

a. ☐   Methadone
b. ☐   Oral buprenorphine (e.g. Suboxone®, generic)
c. ☐   Implantable or injectable buprenorphine (e.g. Probuphine®, generic)
d. ☐   Oral naltrexone (e.g. Revia®)
e. ☐   Injectable naltrexone (e.g. Vivitrol®)
f. ☐   Other drug (specify) _____
g. ☐   No drug

Programmer note: Randomly order list (except Other). Checked=1, not checked=0

Programmer note: If question is skipped, display: You did not check any of the above services. If you did not receive any of these services, please select "No other services".

PH11a-o. While enrolled in that treatment, what other types of services did you receive: (Check all that apply.)

a. ☐ Individual counseling
b. ☐ Group counseling
c. ☐ Other behavioral therapy
d. ☐ Detoxification services
e. ☐ Medical services (e.g., physical exams, medication)
f. ☐ HIV testing
g. ☐ Hepatitis C virus (HCV) testing
h. ☐ Laboratory drug testing/urine testing
i. ☐ Case management services (e.g., employment coaching, family services/education, housing services)
j. ☐ Peer-to-peer recovery support services (e.g., Peer Navigator)
k. ☐ Recovery coach services other than Peer Navigator
l. ☐ Training on how to avoid overdosing
m. ☐ Training on how to use naloxone
n. ☐ Other services
o. ☐ No other services

Programmer Note: Range = 1/01/2000 to CURRENT DATE

PH12. When did you stop receiving that treatment?

_____/_____/_____
MM / DD / YY

Programmer note: Do NOT randomly order list.

PH13. Why did you stop receiving that treatment?

    1. I completed my treatment program

2. I decided to stop receiving treatment
3. I continued my treatment at a different facility
4. I am still receiving treatment for my opioid addiction at this facility but I changed treatments
5. I was involuntarily discharged from this program (e.g., for non-compliance, for continued substance use, for violating program rules, for non-payment, etc.)
6. A different reason/none of the above (specify): _____

BASE: PH1=Yes

PH14. Did you start treatment anywhere else after that?

1. ☐The next treatment I received was my INDEX treatment
2. ☐I started treatment for my opioid addiction somewhere else

Programmer note: Repeat **PH** *series (beginning with* **PH3c***) until R says they started index treatment (***PH14***=1). Max number of repeats is 12.*

VII.   Quit Attempts (w/ or w/out treatment) (QA)

Programmer Note: Display progress bar with text "You've completed 6 of 21 modules. Great!"

[*BASELINE and 12MONTH:* Think about the last 12 months/ *18 MONTH:* Think about the last 6 months]

BASE: All patients not previously sent to END.

Programmer Note: Responses can range from 0-99 for BASELINE, 12 MONTH and 18 MONTH, soft check

QA1. How many times did you try to quit opioids voluntarily (and not simply because you could not obtain opioids)? [*IF BASELINE:* If you started your INDEX treatment in the past year, then count your INDEX treatment as one quit attempt.]

    Times

BASE: QA1>0

Programmer note: Range = 0-QA1, soft check

QA2. Of these [*insert QA1*] times, how many times did you quit opioids for more than five days?

    _____ Times

BASE: QA1>0

QA3. Of these [*insert QA1*] times, what was the longest time you quit opioids?

1. ☐Less than one day
2. ☐1 to 2 days
3. ☐3 to 7 days
4. ☐8 to 14 days
5. ☐2 to 4 weeks
6. ☐1 to 3 months
7. ☐4 to 6 months
8. ☐More than 6 months

VIII.   History of MOUD Usage

Programmer Note: Display progress bar with text "You've completed 7 of 21 modules. Great!"

"The following questions ask about medications you have been prescribed by healthcare providers to treat opioid addiction."

Methadone (MM)

Methadone is an oral medication taken daily to reduce withdrawal symptoms in people addicted to heroin or other prescription opioids. It must be administered by a health professional.

BASE: All not previously sent to END and not MAT_COUN=1:

Programmer Note: MM1 is required. If refused, display the message "You must answer this question to continue."

MM1. Have you ever been in a methadone maintenance program to treat opioid addiction?

1. ☐Yes
2. ☐No
3. ☐No Answer

.

MM2. Did you receive methadone to treat opioid addiction at any time in the 12 months before you started your INDEX treatment?

      1. ☐Yes
      2. ☐No

MM3. Did you receive methadone to treat opioid addiction at any time in the 90 days before you started your INDEX treatment?

      1. ☐Yes
      2. ☐No

BASE: If MM1=Yes or MAT_COUN=1:

Programmer note: If R still in INDEX treatment (SS2=Yes), use "Do . . .". If not longer in INDEX treatment (SS2=No), use "Did . . .".

MM4. (Did/Do) you receive methadone as part of your INDEX treatment?

      1. ☐Yes
      2. ☐No

BASE: If (INDEXTREATMENT=No or SS2=No) and (BASELINE and 12 MONTH):

MM5. After ending your INDEX treatment, did you receive methadone treatment for opioid addiction at any time in the <u>past 12 months</u>? (Consider treatment received at ANY facility.)

      1. ☐Yes
      2. ☐No

If (INDEXTREATMENT=No or SS2=No) and 18 MONTH:

MM6. After ending your INDEX treatment, did you receive methadone treatment for opioid addiction at any time in the past 6 months? (Consider treatment received at ANY facility.)

    1. ☐Yes
    2. ☐No

BASE: If BASELINE, 12 MONTH and 18 MONTH; MM5=YES or MM6=YES:

MM6a. Did you receive methadone treatment for opioid addiction at any time in the past 90 days? (Consider treatment received at ANY facility.)

    1. ☐Yes
    2. ☐No

BASE: If MM1=Yes (been in methadone program) or MAT_COUN=1:

MM7. Are you currently being treated with methadone for opioid addiction?

    1. ☐Yes
    2. ☐No

BASE: If BASELINE, 12 MONTH and 18 MONTH; MM6a=YES or MM7=YES or MAT_COUN=1:

MM7x1. How ["do" for MM7=YES / "did" for MM6a=YES or MAT_COUN=1] you typically receive methadone?

    1. I come to the clinic almost everyday
    2. I receive take-home doses

BASE: If MM7x1=2 (receive take-home doses):

MM7x2. How long was the take-home dose for?

    1. Less than 1 week (less than 7 days)
    2. 1 week (7 days)
    3. 8 to 14 days
    4. 15 to 28 days
    5. More than 28 days

BASE: MM7=Yes

Programmer Note: Range = 12/01/2000 to CURRENT DATE

MM7a. When did you start your current methadone treatment program?

Start: _____/_____/_____
    MM / DD / YY

Programmer Note: Range = 12/01/2000 to CURRENT DATE for both MM8 and MM9. MM9 must be a later date than MM8 else they are given a message: End Date of treatment is before the Start Date. Please go back and correct.

MM8- 9. When did you start and end your last treatment program using methadone?

 MM8: Start: _____/_____/_____
      MM / DD / YY

 MM9: End: _____/_____/_____
     MM / DD / YY

Thinking about your most recent methadone treatment,

Programmer note: If R still in index treatment (MM7=Yes), use "Do . . .". If not longer in treatment (MM7-=No), use "Did . . .".

MM10. (Do/did) you usually take methadone every day as directed by your doctor?

  1. ☐Yes
  2. ☐No

Programmer Note: Range = 1 to 999

MM11. How many milligrams of methadone was the treatment dose the last time you took methadone?

  _____ Milligrams

MM12. How often did you give away or sell the methadone you were prescribed?

  1. ☐Never
  2. ☐Rarely

3. ☐Sometimes
4. ☐Often
5. ☐Very often

BASE: All not previously sent to end:

MM13. [*FOR BASELINE and 12 MONTH*: In the past 12 months, how often have you used methadone that was not prescribed to you? /*FOR 18 MONTH:* In the past 6 months, how often have you used methadone that was not prescribed to you?]

1. ☐Never
2. ☐Rarely
3. ☐Sometimes
4. ☐Often
5. ☐Very often

BASE: If MM13 >1:

Programmer note: Do NOT randomly order list. Checked=1, not checked=0

MM14. What was the reason you took methadone not prescribed for you? (Check all that apply.)

a. ☐ To get high
b. ☐ To prevent withdrawal
c. ☐ To self-medicate for physical pain
d. ☐ To self-medicate for emotional pain
e. ☐ Other reason (specify): _____

BASE: If MM1=Yes or MM13 >1 or MAT_COUN=1:

MM15. Did you ever notice any adverse effects or unexpected symptoms after taking methadone?

1. ☐Yes
2. ☐ No

BASE: MM15=Yes

Programmer note: Do NOT randomly order list. Checked=1, not checked=0

MM16. What were some of the adverse effects or unexpected symptoms? (Check all that apply.)

a. ☐   Profuse sweating
b. ☐   Heavy sedation
c. ☐   Anxiety

d. ☐   Continued having cravings to abuse opioids
e. ☐   Feeling high or buzzed
f. ☐   Other effects or symptoms (specify): _____
g. ☐   None of the above

If (MM1=Yes or MAT_COUN=1) and MM7=No (been in methadone program but not now) and MM15=Yes:

MM17. How strongly did these adverse effects or symptoms influence your decision to stop taking methadone to treat opioid addiction?

     1. ☐Strongly influenced
     2. ☐Somewhat influenced
     3. ☐Did not influence

Oral Buprenorphine (BU)

> Oral buprenorphine is a pill or sublingual film that is taken to help reduce withdrawal symptoms and treat opioid addiction. It is sometimes combined with naloxone (for example, Suboxone).

BASE: All not previously sent to END:

Programmer Note: BU1 is required. If "No answer or missing, display the message "You must answer this question to continue." *If MAT_COUN=2 and BU1=2 then display the following warning message:* "Previously you said you received buprenorphine as a part of your INDEX treatment, but you just answered that you have never received oral buprenorphine. If you have ever received oral buprenorphine (for example, Suboxone), please click Previous and change your answer to the previous question. If you have never received oral buprenorphine, please click Next."

BU1. Have you ever received oral buprenorphine to treat opioid addiction?

     1. ☐   Yes
     2. ☐   No
     3. ☐   No Answer

BASE: No interviews.

Programmer Note: Route all participants past this question; information no longer required with latest protocol change.

BU2. Did you receive oral buprenorphine to treat opioid addiction any time in the <u>12 months</u> before you started your INDEX treatment?

1. ☐Yes
2. ☐No

BU3. Did you receive oral buprenorphine to treat opioid addiction any time in the 90 days before you started your INDEX treatment?

1. ☐Yes
2. ☐No

BASE: If BU1=Yes:

Programmer note: If R still in INDEX treatment (SS2=Yes), use "Do . . .". If no longer in INDEX treatment (SS2=No), use "Did . . .".

BU4. (Did/do) you receive oral buprenorphine as part of your INDEX treatment?

1. ☐Yes
2. ☐No

BASE: If (INDEXTREATMENT=No or SS2=No) and (BASELINE and 12 MONTH):

BU5. After ending your INDEX treatment, did you receive oral buprenorphine for opioid addiction at any time in the past 12 months? (Consider treatment received at ANY facility.)

1. ☐Yes
2. ☐No

BASE: If (INDEXTREATMENT=No or SS2=No) and 18 MONTH:

BU6. After ending your INDEX treatment, did you receive oral buprenorphine for opioid addiction at any time in the past 6 months? (Consider treatment received at ANY facility.)

1. Yes
2. No

BASE: BASELINE, 12 MONTH and 18 MONTH; BU5=Yes or BU6=Yes:

BU6.a. Did you receive oral buprenorphine for opioid addiction at any time in the <u>past 90 days</u>? (Consider treatment received at ANY facility.)

      1. ☐Yes
      2. ☐No

BASE: BU1=Yes

BU7. Are you currently being treated with oral buprenorphine for opioid addiction?

      1. ☐Yes
      2. ☐No

BASE: BU7=Yes

Programmer Note: Range = 12/01/2000 to CURRENT DATE

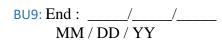BU7a. When did you start your current oral buprenorphine treatment?

    Start: _____/_____/_____
         MM / DD / YY

BASE: BU7=No (in oral buprenorphine treatment in past year but not currently)

Programmer Note: Range = 12/01/2000 to CURRENT DATE for both dates. BU9 must be a later date than BU8 else they are given a message: End Date of treatment is before the Start Date. Please go back and correct.

BU8-9. When did you start and end your last treatment program using oral buprenorphine?

    BU8: Start: _____/_____/_____
         MM / DD / YY

    BU9: End : _____/_____/_____
         MM / DD / YY

BASE: BU1=Yes

Programmer note: If R still in treatment (BU7=Yes), use "Do . . .". If not longer in treatment (BU7=No), use "Did . . .".

Thinking about your most recent oral buprenorphine treatment program,

BU10. (Do/did) you usually take oral buprenorphine every day as directed by your doctor?

1. ☐Yes
2. ☐No

BASE: BU1=Yes
Programmer Note: Range = 1 to 99

BU11. How many milligrams of oral buprenorphine was the treatment dose the last time you took oral buprenorphine?

_____Milligrams

BASE: BU1=Yes

BU11a. Did you receive a prescription for oral buprenorphine to take the medication at home?

1. ☐Yes
2. ☐No

BASE: BU11a=Yes

BU11b. How long was the prescription for?

1. ☐ Less than 1 week (less than 7 days)
2. ☐ 1 week (7 days)
3. ☐ 2 weeks (14 days)
4. ☐ 30 days
5. ☐ More than 30 days

BASE: BU1=Yes

BU12. How often did you give away or sell the oral buprenorphine you were prescribed?

1. ☐Never
2. ☐Rarely
3. ☐Sometimes
4. ☐Often
5. ☐Very often

BASE: All not previously sent to end:

BU13. [*FOR BASELINE and 12 MONTH:* In the past 12 months, how often have you used oral buprenorphine that was not prescribed to you? / *FOR 18 MONTH*: In the past 6 months, how often have you used oral buprenorphine that was not prescribed to you?]

1. ☐Never

2. ☐Rarely
3. ☐Sometimes
4. ☐Often
5. ☐Very often

If BU13>1:

Programmer note: Do NOT randomly order list. Checked=1, not checked=0

BU14. What was the reason you took oral buprenorphine not prescribed for you? (Check all that apply.)

a. ☐ To get high
b. ☐ To prevent withdrawal
c. ☐ To self-medicate for physical pain
d. ☐ To self-medicate for emotional pain
e. ☐ Other reason (specify): _____

If BU1=Yes or BU13>1:

BU15. Did you ever notice any adverse effects or unexpected symptoms after taking oral buprenorphine?

1. ☐Yes
2. ☐No

If BU15=Yes:

Programmer note: Do NOT randomly order list. Checked=1, not checked=0

BU16. What were some of the adverse effects or unexpected symptoms? (Check all that apply.)

a. ☐   Profuse sweating
b. ☐   Heavy sedation
c. ☐   Anxiety
d. ☐   Continued having cravings to abuse opioids
e. ☐   I felt high or buzzed
f. ☐   Other effects or symptoms (specify): _____
g. ☐   None of the above

BU17. How strongly did these adverse effects or symptoms influence your decision to stop taking oral buprenorphine to treat opioid addiction?

      1. ☐Strongly influenced
      2. ☐Somewhat influenced
      3. ☐Did not influence

Implantable or Injectable Buprenorphine (PB)

> Implantable or injectable buprenorphine is administered monthly in your arm or other location on your body to help reduce withdrawal symptoms. It lasts about 30 days. It must be administered by a health professional. You may know it as Probuphine, Sublocade, or other names.

BASE: All not previously sent to END:

Programmer Note: PB1 is required. If refused, display the message "You must answer this question to continue." *If MAT_COUN=2 and PB1=2 then display the following warning message:* "Previously you said you received buprenorphine as a part of your INDEX treatment, but you just answered that you have never received implantable or injectable buprenorphine. If you have ever received implantable or injectable buprenorphine (for example, Probuphine or Sublocade), please click Previous and change your answer to the previous question. If you have never received implantable or injectable buprenorphine, please click Next."

PB1. Have you ever received a buprenorphine implant or injection to treat opioid addiction?

      1. ☐   Yes
      2. ☐   No
      3. ☐   No Answer

Programmer Note: PB1 is required. If refused, display the message "You must answer this question to continue."

PB1a. Did you receive the implant or injection, or both?

      1. ☐Implant

2. ☐Injection
3. ☐Both
4. ☐Neither

PB2. Did you receive a buprenorphine implant or injection to treat opioid addiction any time in the 12 months before you started your INDEX treatment?

1. ☐Implant
2. ☐Injection
3. ☐Both
4. ☐ Neither

PB3. Did you receive a buprenorphine implant or injection to treat opioid addiction any time in the <u>90 days</u> before **you started your** INDEX treatment?

1. ☐Implant
2. ☐Injection
3. ☐ Both
4. ☐ Neither

BASE: PB1=Yes

Programmer note: If R still in INDEX treatment (SS1=Yes), use "Do . . .". If not longer in INDEX treatment (SS1=No, use "Did . . .".

PB4. (Did/do) you receive a buprenorphine implant or injection as part of your INDEX treatment?

1. ☐Yes
2. ☐No

BASE: If (INDEXTREATMENT=No or SS2=No) and (BASELINE or 12 MONTH):

PB5. After ending your INDEX treatment, did you receive a buprenorphine implant or injection at any time in the past 12 months? (Consider treatment received at ANY facility.)

    1. ☐Implant
    2. ☐Injection
    3. ☐Both
    4. ☐ Neither

BASE: If (INDEXTREATMENT=No or SS2=No) and 18 MONTH:

PB6. After ending your INDEX treatment, did you receive a buprenorphine implant or injection at any time in the past 6 months? (Consider treatment received at ANY facility.)

    1. ☐Implant
    2. ☐Injection
    3. ☐ Both
    4. ☐ Neither

BASE: PB5=1,2, or 3, or PB6=1,2, or 3:
PB6a. Did you receive a buprenorphine implant or injection at any time in the past 90 days? (Consider treatment received at ANY facility.)

    1. ☐Implant
    2. ☐Injection
    3. ☐Both
    4. ☐Neither

BASE: PB1=Yes (been in a buprenorphine implant/injection program)

PB7. Are you currently receiving buprenorphine implants or injections?

    1. ☐Yes
    2. ☐No

BASE: PB7=Yes

Programmer Note: Range = 12/01/2000 to CURRENT DATE

PB7a. When did you start your current buprenorphine implant/injection program?

    Start: MM/DD/YY

BASE: PB7=No (received buprenorphine implant/injection in past year but not currently)

Programmer Note: Range = 12/01/2000 to CURRENT DATE for both dates. PB9 must be a later date than PB8 else they are given a message: End Date of treatment is before the Start Date. Please go back and correct.

PB8-9. When did you start and end your last treatment program using buprenorphine implants/ injections? Make your best estimate of start and end date.

    PB8: Start: MM/DD/YY
    PB9: End: MM/DD/YY

BASE: PB1=Yes

Programmer Note: Range = 1 to 999

Thinking about the last time you received a buprenorphine implant or injection,

PB10. How many milligrams of buprenorphine was in the last implant/injection you received?

    _____Milligrams

BASE: PB1=Yes

PB11. Did you ever notice any adverse effects or unexpected symptoms after receiving a buprenorphine implant/injection?
    1. ☐ Yes
    2. ☐ No

BASE: PB11=Yes

Programmer note: Do NOT randomly order list. Checked=1, not checked=0

PB12. What were some of the adverse effects or unexpected symptoms? (Check all that apply.)

    a. ☐   Profuse sweating
    b. ☐   Heavy sedation
    c. ☐   Anxiety
    d. ☐   Continued having cravings to abuse opioids
    e. ☐   I felt high or buzzed
    f. ☐   Other effects or symptoms (specify): _____
    g. ☐   None of the above

PB13. How strongly did these adverse effects or symptoms influence your decision to stop receiving buprenorphine implants/injections to treat opioid addiction?

    1. ☐Strongly influenced
    2. ☐Somewhat influenced
    3. ☐Did not influence

Oral Naltrexone (ON)

> Oral naltrexone is a pill taken daily that blocks the effects of opioids and reducing cravings. You must detox before taking oral naltrexone. The most common brand name is Revia.

BASE: All not previously sent to END

Programmer Note: ON1 is required. If refused, display the message "You must answer this question to continue." *If MAT_COUN=3 and ON1=2 then display the following warning message:* "Previously you said you received naltrexone as a part of your INDEX treatment, but you just answered that you have never received oral naltrexone. If you have received oral naltrexone (for example, Revia), please click Previous to change your previous answer. If you have never received oral naltrexone, click Next."

ON1. Have you ever received oral naltrexone to treat opioid addiction?

    1. ☐Yes
    2. ☐No
    3. ☐No Answer

BASE: No interviews.

Programmer Note: Route all participants past this question; information no longer required with latest protocol change.

BASE: ON1=Yes (ever in oral naltrexone program)

ON2. Did you receive oral naltrexone to treat opioid addiction any time in the <u>12 months</u> before you started your INDEX treatment?

    1. ☐Yes
    2. ☐No

ON3. Did you receive oral naltrexone to treat opioid addiction any time in the <u>90 days</u> before you started your INDEX treatment?

      1. ☐Yes
      2. ☐No

BASE: ON1=Yes

Programmer note: If R still in INDEX treatment (SS2=Yes), use "Do . . .". If not longer in INDEX treatment (SS2=No), use "Did . . .".

ON4. (Did/Do) you receive oral naltrexone as part of your INDEX treatment?

      1. ☐Yes
      2. ☐No

BASE: If (INDEXTREATMENT=No or SS2=No) and (BASELINE and 12 MONTH):

ON5. After ending your INDEX treatment, did you receive oral naltrexone for opioid addiction at any time in the <u>past 12 months</u>? (Consider treatment received at ANY facility.)

      1. ☐Yes
      2. ☐No

BASE: INDEXTREATMENT=No or SS2=No) and 18 MONTH:

ON6. After ending your INDEX treatment, did you receive oral naltrexone for opioid addiction at any time in the <u>past 6 months</u>? (Consider treatment received at ANY facility.)

      1. ☐Yes
      2. ☐No

BASE: ON5=Yes or ON6=Yes:

ON6a. Did you receive oral naltrexone for opioid addiction at any time in the <u>past 90 days</u>? (Consider treatment received at ANY facility.)

      1. ☐Yes

2. ☐No

ON7. Are you currently being treated with oral naltrexone for opioid addiction?
1. ☐Yes
2. ☐No

Programmer Note: Range = 12/01/2000 to CURRENT DATE

ON7a. When did you start your current oral naltrexone treatment program? *Make your best estimate of start date.*

Start: MM/DD/YY

Programmer Note: Range = 12/01/2000 to CURRENT DATE for both dates. ON9 must be a later date than ON8 else they are given a message: End Date of treatment is before the Start Date. Please go back and correct.

ON8-9. When did you start and end your last treatment program using oral naltrexone? *Make your best estimate of start and end date.*

ON8: Start: _____/_____/_____
MM / DD / YY

ON9: End : _____/_____/_____
MM / DD / YY

Programmer note: If R still in treatment (ON7=Yes), use "Do . . .". If not longer in treatment (ON7=No), use "Did . . .".

Thinking about your most recent oral naltrexone treatment program,

ON10. (Do/did) you usually take oral naltrexone every day as directed by your doctor?

    1. ☐Yes
    2. ☐No

BASE: If ON1=Yes:

Programmer Note: Range = 1 to 999

ON11. How many milligrams of oral naltrexone was the treatment dose the last time you took oral naltrexone? (Note: each naltrexone/Revia pill is usually 50 milligrams; if you do not know the total milligrams you take, you can guess by multiplying 50 and the number of pills you last took.)

    _____Milligrams

BASE: ON1=Yes

ON12. Did you receive a prescription for oral naltrexone?

    1. ☐Yes
    2. ☐No

BASE: ON12=Yes

ON13. How long was the prescription for?

    1. ☐ Less than 1 week (less than 7 days)
    2. ☐ 1 week (7 days)
    3. ☐ 2 weeks (14 days)
    4. ☐ 30 days

BASE: ON1=Yes

ON14. Did you ever notice any adverse effects or unexpected symptoms after taking oral naltrexone?

    1. ☐ Yes
    2. ☐ No

BASE: ON14=Yes

Programmer note: Do NOT randomly order list. Checked=1, not checked=0

ON15. What were some of the adverse effects or unexpected symptoms? (Check all that apply.)

    a. ☐ Profuse sweating

b. ☐ Heavy sedation
c. ☐ Anxiety
d. ☐ Continued having cravings to abuse opioids
e. ☐ I felt high or buzzed
f. ☐ Other effects or symptoms (specify): _____
g. ☐ None of the above

ON16. How strongly did these adverse effects or symptoms influence your decision to stop taking oral naltrexone to treat opioid addiction?

1. ☐Strongly influenced
2. ☐Somewhat influenced
3. ☐Did not influence

Injectable Naltrexone (IN)

Injectable naltrexone is an injection received monthly. It works by blocking the effects of opioids and reducing cravings. You must detox before receiving an injection of naltrexone. It must be administered by a health professional and lasts for about a month. The most common brand name is Vivitrol.

Programmer Note: IN1 is required. If refused, display the message "You must answer this question to continue." *If MAT_COUN=3 and IN1=2 then display the following warning message:* "Previously you said you received naltrexone as a part of your INDEX treatment, but in the question you just answered, you indicated that you have never received injectable naltrexone. If you have received injectable naltrexone (for example, Vivitrol), please click Previous to change your previous answer. If you have never received injectable naltrexone, click Next."

IN1. Have you ever received injectable naltrexone to treat opioid addiction?

1. ☐Yes
2. ☐No
3. ☐No Answer

BASE: No interviews.
Programmer Note: Route all participants past this question; information no longer required with latest protocol change.

IN2. Did you receive naltrexone injection(s) to treat opioid addiction any time in the 12 months before you started your INDEX treatment?

IN3. Did you receive naltrexone injection(s) to treat opioid addiction any time in the 90 days before you started your INDEX treatment?

BASE: IN1=Yes

Programmer note: If R still in INDEX treatment (SS2=Yes), use "Do . . .". If not longer in INDEX treatment (SS2=No), use "Did . . .".

IN4. (Did/Do) you receive injectable naltrexone as part of your INDEX treatment?

1. ☐Yes
2. ☐No

BASE: If (INDEXTREATMENT=No or SS2=No) and (BASELINE or 12 MONTH):

IN5. After ending your INDEX treatment, did you receive injectable naltrexone for opioid addiction at any time in the past 12 months? (Consider treatment received at ANY facility.)

1. ☐Yes
2. ☐No

BASE: If (INDEXTREATMENT=No or SS2=No) and 18 MONTH:

IN6. After ending your INDEX treatment, did you receive injectable naltrexone for opioid addiction at any time in the past 6 months? (Consider treatment received at ANY facility.)

1. ☐Yes
2. ☐No

BASE: IN5=Yes or IN6=Yes:

IN6a. Did you receive injectable naltrexone for opioid addiction at any time in the past 90 days? (Consider treatment received at ANY facility.)

1. ☐Yes
2. ☐No

BASE: IN1=Yes (been in injectable naltrexone program)

IN7. Are you currently receiving injectable naltrexone for opioid addiction?

1. ☐Yes
2. ☐No

BASE: IN7=Yes

Programmer Note: Range = 12/01/2000 to CURRENT DATE

IN7a. When did you start your current injectable naltrexone treatment program? Make your best estimate of start date.

Start: MM/DD/YY

BASE: IN7=No (received injectable naltrexone treatment in past year but not currently):

Programmer Note: Range = 12/01/2000 to CURRENT DATE for both questions. IN9 must be a later date than IN8 else they are given a message: End Date of treatment is before the Start Date. Please go back and correct.

IN8-9. When did you start and end your last treatment program using injectable naltrexone? Make your best estimate of start and end date.

IN8: Start: _____/_____/_____
         MM / DD / YY

IN9: End : _____/_____/_____
         MM / DD / YY

BASE: IN1=Yes

Programmer note: If R still in treatment (IN8=Yes), use "Do . . .". If not longer in treatment (IN7=No), use "Did . . .".

Thinking about your most recent injectable naltrexone treatment program,

IN10. Did you ever notice any adverse effects or unexpected symptoms after receiving injectable naltrexone?

> 1. ☐Yes
> 2. ☐No

BASE: IN10=Yes

Programmer note: Do NOT randomly order list. Checked=1, not checked=0

IN11. What were some of the adverse effects or unexpected symptoms? (Check all that apply.)

> a. ☐ Profuse sweating
> b. ☐ Heavy sedation
> c. ☐ Anxiety
> d. ☐ Continued having cravings to abuse opioids
> e. ☐ I felt high or buzzed
> f. ☐ Other effects or symptoms (specify): _____
> g. ☐ None of the above

BASE: IN1=Yes and IN7=No (been in injectable naltrexone program but not now) and IN10=Yes (have adverse effects)

IN12. How strongly did these adverse effects or symptoms influence your decision to stop receiving injectable naltrexone to treat opioid addiction?

> 1. ☐Strongly influenced
> 2. ☐Somewhat influenced
> 3. ☐Did not influence

BASE: If (INDEXTREATMENT=No or SS2=No) and 18 MONTH:

HST1. Since ending your INDEX treatment, how many times did you start a new treatment for opioid addiction? Enter the number of times by treatment type and enter 0 if no new treatments.

> _____ Methadone
> _____ Oral buprenorphine (e.g., Suboxone®, generic)
> _____ Implantable or injectable buprenorphine (e.g., Probuphine®, generic)
> _____ Oral naltrexone (e.g., Revia®)
> _____ Injectable naltrexone (e.g., Vivitrol®)
> _____ Counseling without medication
> _____ Other (specify) _____

IX.   Medication Assisted Treatment Attitudes and Experience (KA)

Programmer Note: Display progress bar with text "You've completed 8 of 21 modules. Great!"

BASE: All patients not previously sent to END

Programmer note: Do NOT randomly order list.

KA1a-l. We are interested in what you think about medication-assisted treatments for opioid addiction. Answer this question whether or not you have ever taken medicine to treat opioid addiction.

Methadone

a Methadone is expensive
   1. ☐Agree Strongly
   2. ☐Agree
   3. ☐Disagree
   4. ☐Strongly Disagree

b Methadone is hard to get

c Methadone is harder to withdraw from than opioids

d Being on methadone is the same as being addicted to opioids

Buprenorphine (Suboxone)

e Buprenorphine is expensive

f Buprenorphine treatment is hard to get

g Buprenorphine is harder to withdraw from than opioids

h Being on buprenorphine is the same as being addicted to opioids

Naltrexone Injections (Vivitrol)

i Naltrexone is expensive

j Naltrexone is hard to get

k Naltrexone is harder to withdraw from than opioids

l Being on naltrexone is the same as being addicted to opioids

KA2a-r. Please tell us whether each of the following occurred as part of your INDEX treatment. *(Check all that apply.)*

a. ☐ We discussed how different opioid addiction treatment medications would fit with my lifestyle.

b. ☐ I was informed about the side effects and risks of the various opioid addiction treatment medications available to me.

c. ☐ I was asked to sign a contract acknowledging my role as a patient in addiction treatment.

d. ☐ We discussed different payment options when choosing the medication that was right for me.

e. ☐ I was informed that I would be asked to provide urine drug screens.

f. ☐ I was informed that I would have to return my used wrappers/foils (for buprenorphine patients).

g. ☐ I am required to fill my prescription at a specific pharmacy.

h. ☐ I was told that my doctor would not prescribe extra medicine if I ran out early (for buprenorphine patients).

i. ☐ I was provided information about group counseling.

j. ☐ We discussed target doses in relation to the size of my opioid habit

k. ☐ We discussed the limited use of buprenorphine when opioid habits are too large

l. ☐ We jointly developed a treatment plan for me.

m. ☐ We discussed how long I wish to remain on this medication.

n. ☐ I was given information about the risks associated with taking depressants (i.e., benzodiazepines and alcohol) while in treatment.

o. ☐ I was asked about my mental health using a paper form or interview.

p. ☐ I had a say in deciding what type of medication I would be receive

q. ☐ We discussed the use of naloxone for overdose prevention

r. ☐ None of these apply

X.   Services Received

Substance Abuse Treatment (SA)

BASE: 12 MONTH and 18 MONTH

Programmer Note: Range = 0 to 12 for 12 MONTH and 0 to 6 for 18 MONTH

Programmer Note: SA1 is required at 12 months. If refused, display the message "You must answer this question to continue."

SA1. During the past [*12 MONTH:* 12 months / *18 MONTHS:* 6 months], how many months did you receive your INDEX treatment? (Enter a number from 1 to [*12 MONTH:* 12 /*18 MONTHS:* 6]. If less than one month, enter 0.)

_____Month(s)

BASE: SA1>0

BASE: 12 MONTH and 24 MONTH

(Programmer Note: Range = 0 to 30)

Thinking about those [*SA1*] months you spent in your INDEX treatment...

SA2. How many days per month did you typically spend receiving treatment at [*FACILITY*]? (Consider all types of treatment received. If none, enter 0)
        Days per month (specify) _____

BASE: SA1>0

(Programmer Note: Range = 0 to 30)
SA3. Of those days, how many days included counseling sessions (either individual or group)? If none, enter 0.
        ☐ Days per month (specify) _____

BASE: SA1>0

Programmer Note: Range = 0 to 24 for hours and 0 to 59 for minutes

SA4Hours/SA4Minutes. How much time (hours, minutes) did you typically spend traveling to and from [*FACILITY*]?
_____ Hours

_____ Minutes

Programmer Note: Range = 0 to 9 for hours and 0 to 59 for minutes

SA5Hours/SA5Minutes. How much time (hours, minutes) per visit did you typically spend at [FACILITY]? (Count the time from when you walked in to when you walked out.)

_____ Hours

_____ Minutes

Programmer Note: Range = 0 to 9 for hours and 0 to 59 for minutes

SA6Hours/SA6Minutes. How much time (hours, minutes) per visit did you typically miss from work to go to [FACILITY]? Enter 0 if none.

_____ Hours

_____ Minutes

Programmer Note: Range = 0 to 999

SA7. How many dollars did you typically spend traveling to get there? (Add up costs for both ways. Include gas costs, bus fees, etc.)

_____ Dollars

Programmer Note: Range = 0 to 9,999

SA8. How many dollars were you typically charged for fees and copayments for a treatment visit?

_____ Dollars

BASE: SA1>0, and if still in INDEX treatment, or if INDEX treatment ended less than 90 days ago

Programmer Note: Range = 0 to 90

SA9. Over the past 90 days, how many days did you spend receiving your INDEX treatment at [*FACILITY*]? (Consider all types of treatment received directly at [*FACILITY*]. If none, enter 0)
     ☐ Days (specify) _____

BASE: If SA1>0, and if still in INDEX treatment, or if INDEX treatment ended less than 90 days ago

Programmer Note: Range = 0 to SA9

SA10. Of those days, how many days did you spend in counseling sessions (either individual or group) at [*FACILITY*]?
     ☐ Days (specify) _____

Alternative Care (AC)

BASE: Baseline, 12mo, and 24mo

Programmer note: Checked=1, not checked=0.

Programmer Note: if the respondent says none of the above then skip to the next module.

AC1.   [*IF BASELINE or 12 MONTH*: During the past 12 months, have you received / *IF 18 MONTH*: During the past 6 months, have you received] treatment from any of the following health professionals: (Check all that apply.)

    a. ☐ Acupuncturist
    b. ☐ Herbalist
    c. ☐ Homeopath
    d. ☐ Hypnotist
    e. ☐ Naturopath
    f. ☐ Massage Therapist
    g. ☐ Religious Practitioner
    h. ☐ Yoga Practitioner
    i. ☐ Physical therapist
    j. ☐ Exercise coach
    k. ☐ Other

l. ☐ None of the above

Programmer Note: Offer AC2, AC3 and AC4 for each provider checked in AC1 after R completes AC1. Checked=1, not checked=0.

AC2.   Why did you see a [*AC1*]? (Check all that apply.)

       a. ☐ To help relieve pain
       b. ☐ To help with my recovery from opioids addiction
       c. ☐ To improve my general health
       d. ☐ Other reason (specify): _____

AC3.   How effective was this treatment?

       1. ☐Very effective
       2. ☐Somewhat effective
       3. ☐Not very effective

AC4.   Did your health insurance help cover the cost of [*AC1*]?

       1. ☐Yes
       2. ☐No
       3. ☐I don't know
       4. ☐I don't have health insurance

Opioid Detoxification (DW)

Display text at the beginning of the module for DW3 or DW4, wherever they start:
"Detoxification/withdrawal services are short-term, medically-supervised process addicted persons go through before they embark on a longer-term drug rehab plan. Detox is the process of getting the opioids out of the addicted person's system and getting him or her physically stable."

DW1. In the 12 months before you started your INDEX treatment, how many times did you go through medically supervised opioid detox? If none, enter 0.
    Times (specify) _____ (*Programmer Note: Range = 0 to 99*)

DW2. In the 90 days before you started your INDEX treatment, how many times did you go through medically supervised opioid detox? If none, enter 0.
    Times (specify) _____ (*Programmer Note: Range = 0 to 90*)

BASE: Ask at BASELINE

DW3.   Were you required to go through medically supervised opioid detox immediately prior to starting your INDEX treatment?

1. ☐ Yes

2. ☐ No

BASE: Ask at BASELINE, 12 MONTH and 18 MONTH:

Programmer Note: Range = 0 to 365 for BASELINE and 12 MONTH, 0 to 182 for 18 MONTH

DW4.   Over the past [*BASELINE or 12 MONTHS:* 12 months / *18 MONTHS:* 6 months], how many times did you go through medically supervised opioid detox? If none, enter 0.
    Times (specify) _____

BASE: Ask at BASELINE, 12 MONTH and 18 MONTH. If DW4 >0:

Programmer Note: Range = 0 to minimum (90, DW4). If DW4 is greater than 90 then they are told to put a number between 0 and 90 and if DW4 is less than 90 they are told to put in a number between 0 and the estimate in DW4.

DW5.   Over the <u>past 90 days</u>, how many times did you go through medically supervised opioid detox?
If none, enter 0.
>   Times (specify) _____

Hospital Visits (HS)

Do not include hospital stays for detoxing that you reported previously

HS1. In the <u>12 months</u> before you started your INDEX treatment, how many nights did you spend in a hospital? If none, enter 0.
>   Nights _____ (*Programmer Note: Range = 0 to 365*)

HS1a. How many of those nights were related to injuries or conditions resulting from opioid addiction?
>   Nights (specify) _____ (*Programmer Note: Range = 0 to HS1*)

HS2. In the <u>90 days</u> before you started your INDEX treatment, how many nights did you spend in a hospital? If none, enter 0.
>   Nights (specify) _____ (*Programmer Note: Range = 0 to 90*)

HS2a. How many of those nights were related to injuries or conditions resulting from opioid addiction?
>   Nights (specify) _____ (*Programmer Note: Range = 0 to HS2*)

Programmer Note: Range = 0 to 365 for BASELINE and 12 MONTH, 0 to 182 for 18 MONTH

HS3. Over the past [*BASELINE or 12 MONTH:* 12 months / *18 MONTH:* 6 months], how many nights did you spend in a hospital? If none, enter 0.

     Nights (specify) _____

BASE: If HS3>0

Programmer Note: Range = 0 to HS3

HS3a. How many of those nights were related to injuries or conditions resulting from opioid addiction?

     Nights (specify) _____

BASE: Ask at BASELINE, 12 MONTH, 18 MONTH. If HS3>0:

Programmer Note: Range = 0 to minimum(90,HS3). If HS3 is greater than 90 then they are told to put a number between 0 and 90 and if HS3 is less than 90 they are told to put in a number between 0 and the estimate in HS3.

HS4. Over the past 90 days, how many nights did you spend in a hospital? If none, enter 0.
     Nights (specify) _____

BASE: If HS4>0

Programmer Note: Range = 0 to HS4

HS4a.   How many of those nights were related to injuries or conditions resulting from opioid addiction?
   If none, enter 0.
     Nights (specify) _____

Emergency Department Visits (ED)

BASE: No interviews.

Programmer Note: Route all participants past this question; information no longer required with latest protocol change

ED1. In the <u>12 months</u> before you started your INDEX treatment, how many times did you go to the Emergency Department? If none, enter 0.

Times (specify) _____ (*Programmer Note: Range = 0 to 365*)

BASE: No interviews.

Programmer Note: Route all participants past this question; information no longer required with latest protocol change

BASE: If ED1>0

ED1a. How many of those times were related to injuries or conditions resulting from opioid addiction?

Times (specify) _____ (*Programmer Note: Range = 0 to ED1*)

BASE: No interviews.

Programmer Note: Route all participants past this question; information no longer required with latest protocol change

BASE: if ED1>0

ED2. In the <u>90 days</u> before you started your INDEX treatment, how many times did you go to the Emergency Department? If none, enter 0.

Times (specify) _____ (*Programmer Note: Range = 0 to 90*)

BASE: No interviews.

Programmer Note: Route all participants past this question; information no longer required with latest protocol change

BASE: If ED2>0

ED2a. How many of those times were related to injuries or conditions resulting from opioid addiction? If none, enter 0.

Times (specify) _____ (*Programmer Note: Range = 0 to ED2*)

BASE: Ask all at BASELINE, 12 MONTH and 18 MONTH:

Programmer Note: Range = 0 to 365 for BASELINE and 12 MONTH, 0 to 182 for 18 MONTH.

ED3. Over the past [*BASELINE and 12 MONTH:* 12 months / *18 MONTH:* 6 months], how many times did you go to the Emergency Department? If none, enter 0.
      Times (specify) _____

BASE: If ED3>0

Programmer Note: Range = 0 to ED3

ED3a. How many of those times were related to injuries or conditions resulting from opioid addiction? If none, enter 0.
      Times (specify) _____

BASE: Ask all at BASELINE, 12 MONTH and 18 MONTH if ED3>0:

Programmer Note: Range = 0 to minimum(90,ED3). If ED3 is greater than 90 then they are told to put a number between 0 and 90 and if ED3 is less than 90 they are told to put in a number between 0 and the estimate in ED3.

ED4. Over the past 90 days, how many times did you go to the Emergency Department? If none, enter 0.
      Times (specify) _____

BASE: If ED4>0

Programmer Note: Range = 0 to ED4

ED4a. How many of those times were related to injuries or conditions resulting from opioid addiction? If none, enter 0.
      Times (specify) _____

Self-Help Groups (SH)

BASE: All patients not previously sent to END

Programmer Note: SH1 is required. If refused, display the message "You must answer this question to continue."

SH1. Have you ever attended a self-help group, like Alcoholics or Narcotics Anonymous?

    1. ☐ Yes

    2. ☐ No

BASE: No interviews.
Programmer Note: Route all participants past this question; information no longer required with latest protocol change.

BASE: SH1=Yes

SH2. In the <u>12 months</u> before you started your INDEX treatment, how many times did you attend a self-help group, like Alcoholics or Narcotics Anonymous?

    1. Never
    2. Less than once a month
    3. More than once a month
    4. Most weeks

BASE: No interviews.
Programmer Note: Route all participants past this question; information no longer required with latest protocol change.

SH3. In the <u>90 days</u> before you started your INDEX treatment, how many times did attend a self-help group, like Alcoholics/Narcotics Anonymous?

    1. Never
    2. Less than once a month
    3. More than once a month
    4. Most weeks

BASE: SH1=Yes

SH4. Over the <u>past 90 days</u>, how many times did you attend a self-help group, like Alcoholics or Narcotics Anonymous?

1. ☐Never
2. ☐ Less than once a week
3. ☐Once a week
4. ☐More than once a week
5. ☐Every day or almost every day of the week

BASE: SH1=Yes

SH5. Over the past [*BASELINE or 12 MONTH:* 12 months / *18 MONTH:* 6 months], how many times did you attend a self-help group, like Alcoholics or Narcotics Anonymous?

1. ☐Never
2. ☐Less than once a week
3. ☐Once a week
4. ☐More than once a week
5. ☐Every day or almost every day of the week

Primary Care Services (PC)

BASE: No interviews.
Programmer Note: Route all participants past this question; information no longer required with latest protocol change.

PC1. In the 12 months before you started your INDEX treatment, how many times did you visit a primary care provider (e.g. family doctor, internists, gynecologists, physician assistant or a nurse practitioner)? If none, enter 0.

Times_____ (*Programmer Note: Range = 0 to 365*)

BASE: No interviews.
Programmer Note: Route all participants past this question; information no longer required with latest protocol change.

PC1a. How many of those times were related to injuries or conditions resulting from opioid addiction? If none, enter 0.

_____ (*Programmer Note: Range = 0 to PC1*)

PC2. In the 90 days before you started your INDEX treatment, how many times did you visit a primary care provider (e.g. family doctor, internists, gynecologists, physician assistant or a nurse practitioner)? If none, enter 0.

_____ (*Programmer Note: Range = 0 to 90*)

PC2a. How many of those times were related to injuries or conditions resulting from opioid addiction? If none, enter 0.

_____ (*Programmer Note: Range = 0 to PC2*)

BASE: BASELINE, 12 MONTHS or 18 MONTHS

Programmer Note: Range = 0 to 90

PC3. Over the past 90 days, how many times did you visit a primary care provider (e.g. family doctor, internists, gynecologists, physician assistant or a nurse practitioner)? If none, enter 0.

_____

BASE: If PC3>0

Programmer Note: Range = 0 to PC3

PC3a. How many of those times were related to injuries or conditions resulting from opioid addiction? If none, enter 0.

_____

Programmer Note: PC3 to 365 if BASELINE or 12 MONTH, PC3 to 182 if 18 MONTH

PC4. Over the past [*BASELINE and 12 MONTH:* 12 months / *18 MONTH:* 6 months], how many times did you visit a primary care provider (e.g. family doctor, internists, gynecologists, physician assistant or a nurse practitioner)? If none, enter 0.

_____

BASE: If PC4>0

Programmer Note: Range = 0 to PC4

PC4a. How many of those times were related to injuries or conditions resulting from opioid addiction? If none, enter 0.

_____

XI.   Labor Market (LM)

Programmer Note: Display progress bar with text "You've completed 10 of 21 modules. Great!"

BASE: All patients not previously sent to END
Programmer note: Do NOT randomly order list.

LM1. Which best describes your work situation currently?

1. ☐ Employed/Self-employed
2. ☐Unemployed and looking for work
3. ☐Unemployed and <u>not</u> looking for work
4. ☐Full-time homemaker
5. ☐In school or training program
6. ☐Retired
7. ☐Disabled, unable to work
8. ☐Other

BASE: LM1≥2, or if no response is selected for LM1.

Programmer Note: LM1a is required. If refused, display the message "You must answer this question to continue."

LM1a. Were you employed at any point in the [*BASELINE or 12 MONTH:* past 12 months? / *18 MONTHS:* past 6 months?]

☐ Yes
☐ No → SKIP TO LM8
☐ No Answer → SKIP TO LM8

BASE: LM1=Employed/Self-employed or LM1a=Yes

If LM1=1: If you held more than one job [*BASELINE or 12 MONTH:* in the past 12 months / *18 MONTH:* in the past 6 months], answer the following questions for the job where you spent the most time. That is your <u>primary</u> job.

If LM1a=1: Answer the following questions for the job where you spent the most hours per week [*BASELINE or 12 MONTH:* in the past 12 months. / *18 MONTH:* in the past 6 months.] This is your <u>primary</u> job.

Programmer note: if "less than a month" is selected then go to LM2a; if "less than a year" is selected then go to LM2b; if "more than a year is selected then go to LM2c.

LM2. [*BASELINE, 12 MONTH, 18 MONTHS AND LM1=1:* How long have you been employed at your primary job? / *BASELINE, 12 MONTH, 18 MONTHS AND LM1a=1:* How long were you employed at that job?]

☐Less than a month
☐Less than a year
☐More than a year

Range = 0 to 4, then skip to LM3
LM2a. About how many weeks?
___weeks

Range = 1 to 11 then skip to LM3
LM2b. About how many months?
___months

Range = 1 to 50 then skip to LM3
LM2c. About how many years?
___Years

Programmer Note: display response options in dropdown format.
Range = 1.00 to 100,000.00

LM3. What is/was your wage, salary, or rate of pay at your primary job, before taxes and deductions?
_____ Dollars per
     1. ☐Hour

2. ☐Day
3. ☐Week
4. ☐Month
5. ☐Other (specify) _____

Programmer Note: Range = 0 to 52 for BASELINE and 12 MONTH, 0 to 26 for 18 MONTH

LM4. How many weeks in total did you work at your primary job during the [*BASELINE and 12 MONTH:* past 12 months? / *18 MONTH:* past 6 months?] (Include weeks spent on paid leave such as vacation or paid maternity leave. Enter a number from 0 to [*BASELINE and 12 MONTH:* 52 / *18 MONTH:* 26].)

_____ Total Weeks

Programmer Note: Range = 0 to 150

LM5. How many hours per week did you usually work at your primary job during the [*BASELINE and 12 MONTH:* past 12 months? / *18 MONTH:* past 6 months?*]

_____ Hours per week

Programmer Note: Range = 0 to 90

LM6. How many days were you absent from work at your primary job during the <u>past 90 days</u>? (Enter a number from 0 to 90.)

Days (specify) _____

BASE: LM6>0

Programmer Note: Range = 0 to LM6

LM7. Of the [*LM6*] days you were absent, how many were related to opioid addiction?
☐ Days (specify) _____

All not sent to End:

LM8. [BASELINE and 12 MONTH: In the past 12 months, / 18 MONTH: In the past 6 months,] did you receive money from… (Consider all sources of income, not just your primary job. Check all that apply.)
☐ Wages/Salary
☐ Public assistance
☐ Retirement

☐ Disability
☐ Non-legal income
☐ Family and/or friends
☐ Other (Specify) _____
☐ I did not receive money

XII.   Substance Abuse History (SU)

Programmer note: Do NOT randomly order any lists in this section. Checked = 1, not checked=0.

Programmer Note: Display progress bar with text "You've completed 11 of 21 modules. Great!" *and the following text:*

"These next questions are about:

- street drugs you used illicitly
- prescription drugs that you used non-medically
- alcohol and tobacco use

"Non-medically means

- Used your prescribed drugs in a way other than directed by a doctor
- Used prescription drugs that were not prescribed for you personally
- Used any prescription drug to get high or buzzed
- Used any prescription drug to self-treat a medical condition"

BASE: All not previously sent to end

Programmer Note: SU10 is a hard require.

Programmer Note: If none is selected, go to module XIII (Drug Overdoses)

Programmer Note: For future fill-in, use the following short names:
a) Prescription opioids non-medically
b) Methadone/Suboxone non-medically
c) Prescription stimulants non-medically
d) Prescription sedatives non-medically
e) Heroin
f) Illicitly-made fentanyl
g) Gabapentin
h) Marijuana/Cannabis
i) Cocaine/Crack
j) Methamphetamine/crank

k) Krokodil
l) Ecstasy, PCPs, or other synthetics
m) Inhalants
n) Alcohol
o) Tobacco

SU10a-o. Which of the following drugs have you [*BASELINE:* <u>ever</u> used in your lifetime? / *12 MONTH:* used in the past 12 months? / *18 MONTH:* used in the past 6 months?] Be thorough. (Check all that apply.)

a) Prescription opioids used non-medically (e.g., OxyContin, Percocet, Dilaudid, Opana, Vicodin, Duragesic, Ultram, Morphine, Tramadol)

b) Prescription opioid treatment medications used non-medically (e.g., Methadone, Suboxone)

c) Prescription stimulants used non-medically (e.g., Ritalin, Adderall)

d) Prescription sedatives used non-medically (e.g., Xanax, Klonopin, Ativan)

e) Heroin

f) Illicitly-made fentanyl (not the prescription Duragesic patches)

g) Neuropathics used non-medically (e.g., gabapentin, pregabalin)

h) Marijuana/ Cannabis

i) Cocaine/Crack (e.g., powder, rock, or in any form/combination)

j) Methamphetamine/crank

k) Krokodil

l) Ecstasy, PCPs, or other synthetics

m) Inhalants

n) Alcohol

o) Tobacco

p) None

Programmer note: For SU11*, ask for drugs checked in* SU10*. Do not ask for m, n, and o (inhalants, alcohol, and tobacco). Checked=1, not checked=0.*

BASE: BASELINE ONLY

SU11a-l. In your lifetime, in what ways have you used (SU10)? (Check all that apply.)

      a. ☐ Oral, swallowed intact (e.g., whole pill)
      b. ☐ Oral, swallowed after chewing/crushing
      c. ☐ Oral, ate with food (e.g., marijuana brownies)
      d. ☐ Smoked
      e. ☐ Snorted
      f. ☐ Injected
      g. ☐ None of these apply

BASE: No interviews.

Programmer Note: Route all participants past this question; information no longer required with latest protocol change

SU20a-o. In the 12 months before you started your INDEX treatment, how often did you use [SU10]:
    1. ☐Never
    2. ☐Less than once a month
    3. ☐About once a month
    4. ☐More than once a month
    5. ☐Most weeks

BASE: No interviews.

Programmer Note: Route all participants past this question; information no longer required with latest protocol change

SU21a-l. In the 12 months before you started your INDEX treatment, in what ways have you used [SU10]? (Check all that apply.)

BASE: No interviews.

Programmer Note: Route all participants past this question; information no longer required with latest protocol change

SU30a-o. In the 90 days before you started your INDEX treatment, how often did you use [SU10]:

    1. ☐ Never
    2. ☐ Less than once a week
    3. ☐ Once a week
    4. ☐ More than once a week
    5. ☐ Almost every day of the week

BASE: No interviews.

Programmer Note: Route all participants past this question; information no longer required with latest protocol change

SU31a-l. In the 90 days before you started your INDEX treatment, in what ways have you used (SU10)? (Check all that apply.)

SU40a-o. In the 30 days before you started your INDEX treatment, how many days did you use (SU10)?

☐ Days (specify 1-30) _____ *(Programmer Note: Range = 0 to 30)*

Programmer note: Use SU11 response categories.

SU41a-l. In the 30 days before you started your INDEX treatment, in what ways have you used (SU10)? (Check all that apply.)

All BASELINE, 12 MONTH, and 18 MONTH where SU10 not "None":

Programmer note: For SU50, only ask for drugs checked in SU10. Do not ask for SU10 responses of m, n, and o (inhalants, alcohol, and tobacco). Only include the "Never" response option in the baseline survey.

SU50a-o. Over the past [*BASELINE and 12 MONTH:* 12 months / *18 MONTH:* 6 months], how often did you use [*SU10*]?
1. ☐Never
2. ☐Less than once a month
3. ☐About once a month
4. ☐More than once a month
5. ☐Most weeks

Programmer note: For SU51, only ask for drugs reported in SU10 and only ask SU51 if SU50>Never. Do not ask for SU10 responses of m, n, and o (inhalants, alcohol, and tobacco)

SU51a-g. Over the past [*BASELINE and 12 MONTH:* 12 months / *18 MONTH:* 6 months], in what ways have you used [*SU10*]? (Check all that apply.)

    a. ☐ Oral, swallowed intact (e.g., whole pill)

b. ☐ Oral, swallowed after chewing/crushing
c. ☐ Oral, ate with food (e.g., marijuana brownies)
d. ☐ Smoked
e. ☐ Snorted
f. ☐ Injected
g. ☐ None of these apply

Programmer note: For SU60, only ask for drugs reported in SU50>Never. If none, skip this item.

SU60a-o. Over the <u>past 90 days</u>, how often did you use [SU10]?

1. ☐Never
2. ☐Less than once a week
3. ☐Once a week
4. ☐More than once a week
5. ☐Almost every day of the week

Programmer note: For SU61, only ask for drugs reported in SU60 >Never. Ask SU61 immediately after subject selects drug in SU60. Do not ask for SU10 responses of m, n, and o (inhalants, alcohol, and tobacco). Use SU51 response categories, but only show those that were selected in SU51.

SU61a-l. Over the <u>past 90 days,</u> in what ways have you used (SU10)? (Check all that apply.)

Programmer note: For SU70, use list of checked responses from SU60 > Never. If none, skip this item.
Programmer Note: Range = 1 to 30

SU70a-o. Over the <u>past 30 days</u>, how many days did you use [SU10]?
        Days (specify 0 - 30) _____

Programmer note: For SU71, only ask for drugs reported in SU70 > 0. Ask SU71 immediately after subject selects drug in SU70. Do not ask for m, n, and o (inhalants, alcohol, and tobacco). Use SU51 response categories, but only show those that were selected in SU61.

SU71a-l. Over the <u>past 30 days</u>, in what ways have you used [SU10]? (Check all that apply.)

Prescription Opioid Non-Medical Use (PO)

Only ask this module if SU00 or SU10=a) Prescription opioids used non-medically or b) Prescription opioid treatment medications used non-medically:

BASE: BASELINE only:
Programmer Note: Range = 1 to CURRENT AGE

PO1. How old were you the first time you used <u>prescription opioids</u> non-medically?
_____Age

BASE: BASELINE only:

PO2. The first time you used <u>prescription opioids</u> non-medically, did you have a prescription from a doctor or medical professional for a legitimate medical condition?
     1. Yes
     2. No

PO3. When was the last time you used <u>prescription opioids</u> non-medically?

    1. ☐Today
    2. ☐Past 7 days
    3. ☐Past 30 days
    4. ☐Past 90 days
    5. ☐Past 6 months
    6. ☐Past 12 months
    7. ☐More than 1 year ago

BASE: PO3=1-6 (used in past 12 months)
Programmer Note: Range = 1 to12 for BASELINE and 12 MONTH, 1 to 6 for 18 MONTH

PO4. [*FOR BASELINE and 12 MONTH:* In the <u>past 12 months</u>, / *18 MONTH:* In the <u>past 6 months</u>,] how many months did you use <u>prescription opioids</u> non-medically? (Enter 1 if less than 1 month.)
    Months (specify 1-12) _____

Programmer Note: Range = 1 to 30:

PO5. In the most recent month that you used <u>prescription opioids</u> non-medically, how many days per month did you typically use it?
    ☐Days (specify 1-30) _____

BASE: If PO3=1-4:
Programmer Note: Range = 1 to 90

PO6. In the past 90 days, how many days did you use prescription opioids non-medically?
       Days (specify 1-90) _____

Programmer note: Do NOT randomly order list. Checked=1, not checked=0
Programmer note: Response options for PO7b and PO7c are those that were selected in PO7a

PO7a-c. How did you acquire the prescription opioids you used non-medically?
a) In lifetime: Check any that apply.

       a. ☐ Got from one doctor
       b. ☐ Got from more than one doctor
       c. ☐ Wrote fake prescription
       d. ☐ Stole from Dr. office, clinic, hospital, or pharmacy
       e. ☐ Got from friend or relative for free
       f. ☐ Bought from friend or relative
       g. ☐ Stole from friend or relative
       h. ☐ Bought from drug dealer or another stranger
       i. ☐ Got some other way (specify): _____

b) [*FOR BASELINE and 12 MONTH:* In the past 12 months: / *18 MONTH:* In the past 6 months:] Check any that apply

c) Most typical way you acquire: Pick one

Programmer note: Do NOT randomly order list. Checked=1, not checked=0
Programmer note: Response options for PO8b and PO8c are those that were selected in PO8a

PO8a-c. Which of the following prescription opioids you have used non-medically?
a) In lifetime: Check any that apply
       a. ☐ Immediate Release Oxycodone (e.g., Percocet, Roxicodone)
       b. ☐ Extended Release Oxycodone (e.g. OxyContin OC/OP)
       c. ☐ Immediate Release Hydrocodone (e.g., Vicodin)
       d. ☐ Extended Release Hydrocodone (e.g., Hysingla, Zohydro)
       e. ☐ Buprenorphine (e.g. Suboxone, Subutex)
       f. ☐ Methadone
       g. ☐ Fentanyl (patch or lollipop)
       h. ☐ Morphine (e.g. Embeda, MS-Contin)
       i. ☐ Oxymorphone (e.g., Opana)

j. ☐ Hydromorphone (e.g., Dilaudid)
k. ☐ Tramadol (e.g. Ultram)
l. ☐ Codeine (e.g., Tylenol #3)
m. ☐ Meperidine (e.g., Demerol)
n. ☐ Other (specify)

b) [*FOR BASELINE and 12 MONTH:* In the past 12 months: / *18 MONTH:* In the past 6 months:] Check any that apply

c) One I like the best: Pick one

Programmer Note: Range = 1 to 999 for milligrams, and 1 to 9,999 for other units

PO9. The last time you used [*One I like the best named in PO8c*], what was the dose?
☐ Milligrams (specify) _____
☐ Other units
   Specify units _____
   Specify amount in those units _____

Illicitly-Made Fentanyl (FE)

BASE: Only ask this module if SU00 or SU10=f) Illicitly-made Fentanyl:

Programmer Note: Range = 1 to CURRENT AGE

FE1. How old were you the first time you used illicitly-made fentanyl?
_____ Age

FE2. Did you use a prescription opioid (e.g., Duragesic, Percocet, Roxicodone, OxyContin) prior to using illicitly-made fentanyl for the first time?

1. Yes
2. No

FE3. When was the last time you used illicitly-made fentanyl?

1. Today
2. Past 7 days
3. Past 30 days

4. Past 90 days
5. Past 6 months
6. Past 12 months
7. More than 1 year ago

BASE: If FE3=1-6 (used in past 12 months):
Programmer Note: Range = 1 to 12 if BASELINE or 12 MONTH, 1 to 6 if 18 MONTH

FE4. [*FOR BASELINE and 12 MONTH:* In the past 12 months, / *18 MONTH:* In the past 6 months,]
how many months did you use illicitly-made fentanyl?
(Enter 1 if less than 1 month.)

      Months (specify 1-12) _____
      ☐ None

Programmer Note: Range = 1 to 30

FE5. In the most recent month that you used illicitly-made fentanyl, how many days per month did you
typically use it?
      Days (specify 1-30) _____

BASE: If FE3=1-4:
Programmer Note: Range = 1 to 90

FE6. In the past 90 days, how many days did you use illicitly-made fentanyl?
      Days (specify 1 - 90) _____

Heroin Use (HU)

BASE: (entire module) SU00 or SU10=e (Heroin):

Programmer Note: Range = 1 to CURRENT AGE

HU1. How old were you the first time you used heroin?
      _____ Age

HU2. Did you use a prescription opioid (e.g., Duragesic, Percocet, Roxicodone, OxyContin) prior to using <u>heroin</u> for the first time?
>   1. Yes
>   2. No

HU3. When was the last time you used <u>heroin</u>?

>   1. Today
>   2. Past 7 days
>   3. Past 30 days
>   4. Past 90 days
>   5. Past 6 months
>   6. Past 12 months
>   7. More than 1 year ago

BASE: HU3=1-6 (use in the past 12 months):
Programmer Note: Range = 1 to 12 for BASELINE and 12 MONTH, 1 to 6 for 18 MONTH

HU4. [*FOR BASELINE and 12 MONTH:* In the <u>past 12 months,</u> / *18 MONTH:* In the <u>past 6 months,</u>]
how many months did you use <u>heroin</u>?
(Enter 1 if less than 1 month.)
>   Months (specify 1-12) _____

Programmer Note: Range = 1 to 30

HU5. In the most recent month that you used <u>heroin</u>, how many days per month did you typically use it?
>   Days (specify 1-30) _____

BASE: HU3=1-4
Programmer Note: Range = 1 to 90

HU6. In the <u>past 90 days</u>, how many days did you use <u>heroin</u>?
>   Days (specify 1 - 90) _____

HU7. In the most recent month that you used <u>heroin</u>, how much <u>heroin</u> did you typically consume per day? (Select one.)

>   1. One small bag
>   2. 2-3 small bags
>   3. 4-6 small bags
>   4. More than 6 small bags

5. Less than one gram
6. More than one gram

Programmer Note: If option 6 is selected, display on same page, with a range of 1.0 to 99.0:

Specify how many grams _____

Programmer Note: Range = 1 to 30
HU8. In the most recent month that you used <u>heroin</u>, how many times per day did you typically use it?
    Times per day_____

XIII.   Drug Overdoses (DO)

Programmer Note: Display progress bar with text "You've completed 12 of 21 modules. Great!"

BASE: All patients not previously sent to END

Programmer Note: DO1 is required. If refused, display the message "You must answer this question to continue."

DO1. Have you ever had a drug overdose in your life?

1. Yes
2. No
3. No Answer

BASE: No interviews.

Programmer Note: Route all participants past this question; information no longer required with latest protocol change.

DO2. In the <u>12 months</u> before you started your INDEX treatment, how many times did you have a drug overdose? If none, enter 0.

    Times (specify) _____ *(Programmer Note: Range = 0 to 99)*

DO3. In the 12 months before you started your INDEX treatment, how many times did you overdose due to opioids? If none, enter 0.

Times (specify) _____ *(Programmer Note: Range = 0 to DO2)*

DO4. In the 90 days before you started your INDEX treatment, how many times did you have a drug overdose? If none, enter 0.

Times (specify) _____ *(Programmer Note: Range = 0 to 90)*

DO5. In the 90 days before you started your INDEX treatment, how many times did you overdose due to opioids? If none, enter 0.

Times (specify) _____ *(Programmer Note: Range = 0 to DO4)*

BASE: DO1=Yes

Programmer Note: Range = 0 to 99
DO6. Over the past [*BASELINE and 12 MONTHS:* 12 months / *18 MONTH:* 6 months], how many times did you have a drug overdose? If none, enter 0.

Times (specify) _____

BASE: DO6>0

Programmer Note: Range = 0 to DO6

DO7. Over the past 12 months, how many times did you overdose due to opioids? If none, enter 0.

Times (specify) _____

DO8. Over the <u>past 90 days</u>, how many times did you have a drug overdose? If none, enter 0.

Times (specify) _____

DO9. Over the <u>past 90 days</u>, how many times did you overdose due to opioids? If none, enter 0.

☐ Times (specify) _____

Thinking about your last overdose that involved opioids...

DO10. Did someone call: (Check all that apply.)

    a. ☐   911 or Emergency Medical Service (EMS)
    b. ☐   Police or fire department
    c. ☐   Friend (s)
    d. ☐   Someone else
    e. ☐   None of these apply

DO11. Did the Emergency Medical Services come to treat you on site?

    1. Yes
    2. No

DO12. Were you administered naloxone?

    1. Yes
    2. No

DO13. Who provided the naloxone?
1. First responder (Emergency Medical Service /police/fire fighter)
2. A person with me had naloxone and gave it to me
3. Other professional (i.e. counselor, CBO staff, etc.)
4. I had naloxone and someone gave it to me
5. Other way (specify):_____

DO14. Were you taken to an Emergency Department?
1. Yes
2. No

Programmer note: Do NOT randomly order list. Checked=1, not checked=0

DO15. What other drugs were you on at the time of your overdose? (Check any that apply.)

a) Prescription opioids used non-medically (e.g., OxyContin, Percocet, Dilaudid, Opana, Vicodin, Duragesic, Ultram, Morphine, Tramadol)

b) Prescription opioid treatment medications used non-medically (e.g., Methadone, Suboxone)

c) Prescription stimulants used non-medically (e.g., Ritalin, Adderall)

d) Prescription sedatives used non-medically (e.g., Xanax, Klonopin, Ativan)

e) Heroin

f) Illicitly-made fentanyl (not the prescription Duragesic patches)

g) Neuropathics used non-medically (e.g., gabapentin, pregabalin)

h) Marijuana/ Cannabis

i) Cocaine/Crack (e.g., powder, rock, or in any form/combination)

j) Methamphetamine/crank

k) Krokodil

l) Ecstasy, PCPs, or other synthetics

m) Inhalants

n) Alcohol

o) Tobacco

XIV.   Criminal Activity (CA)

Programmer Note: Display progress bar with text "You've completed 13 of 21 modules. Great!"

BASE: All not previously sent to END

Programmer Note: CA1 is required. If refused, display the message "You must answer this question to continue."

CA1. Have you ever been arrested?

> 1. Yes
> 2. No
> 3. No Answer

BASE: CA1=Yes

CA2. When was the last time you were arrested?

> 1. Today
> 2. Past 7 days
> 3. Past 30 days
> 4. Past 90 days
> 5. Past 6 months
> 6. Past 12 months
> 7. More than 1 year ago

BASE: CA1=Yes AND CA2=1-6

Programmer Note: Range = 0 to 99

CA3. [*FOR BASELINE and 12 MONTH:* In the <u>past 12 months</u>, / *18 MONTH:* In the <u>past 6 months</u>,] how many times have you been arrested? (Include original charges as well as arrests for "failure to appear". If none, enter 0.)

> Times (specify) _____

BASE: CA1=Yes AND CA2=1-4

Programmer Note: Range = 0 to CA3.

CA4. In the <u>past 90 days,</u> how many times have you been arrested? (Include original charges as well as arrests for "failure to appear". If none, enter 0.)

      Times (specify) _____

BASE: If CA1=Yes AND CA2=1-6:

Programmer Note: Range = 0 to 365 for BASELINE and 12MONTH, 0 to 182 for 18 MONTH

CA5. [*FOR BASELINE and 12 MONTH:* In the <u>past 12 months,</u> / 18 MONTH: In the <u>past 6 months,</u>] how many nights have you spent in jail or prison? If none, enter 0.

      Nights _____

BASE: CA5>0

Programmer Note: Range = 0 to minimum(90,CA5). if CA5 is greater than 90 then they are told to put a number between 0 and 90 and if CA5 is less than 90 they are told to put in a number between 0 and the estimate in CA5.

CA6. In the <u>past 90 days,</u> how many nights have you spent in jail/prison? *If none, enter 0.*

      Nights _____

BASE: All not previously sent to END

Programmer note: Do NOT randomly order list. Checked=1, not checked=0

CA7. Are you currently… (Check any that apply)

      a. ☐ awaiting charges, trial or sentencing?
      b. ☐ on probation or parole?
      c. ☐ on Law Enforcement Assisted Diversion (LED) or Pre-Arrest Diversion (PAD) program?
      d. ☐ enrolled in drug court or a remanded drug diversion program?
      e. ☐ none of the above

Physical Health Diagnoses (PD)

BASE: All not previously sent to END

Programmer Note: PD1a is required. If refused, display the message "You must answer this question to continue."

PD1a. What sex were you assigned at birth, on your original birth certificate?

    1. Male
    2. Female
    3. No Answer

PD1b. How do you describe your gender identity?

    1. Male
    2. Female
    3. Male-to-female transgender (MTF)
    4. Female-to-male transgender (FTM)
    5. Other gender identity (specify)_____

Programmer note: Do NOT randomly order list. Checked=1, not checked=0

PD2. Which of the following did a doctor or medical professional ever tell you that you had? (Check any that apply)

    a. ☐ Anemia
    b. ☐ Arthritis
    c. ☐ Asthma
    d. ☐ Cancer
    e. ☐ Cirrhosis of the liver
    f. ☐ Diabetes Type I
    g. ☐ Diabetes Type II
    h. ☐ Fibromyalgia
    i. ☐ Heart Disease
    j. ☐ Hepatitis C
    k. ☐ High Blood Pressure (Hypertension)
    l. ☐ HIV/AIDS
    m. ☐ Osteoporosis
    n. ☐ Pancreatitis
    o. ☐ Pneumonia

p. ☐ Sexually Transmitted Disease (e.g. chlamydia, herpes, syphilis, gonorrhea)
q. ☐ Sleep apnea
r. ☐ Stroke
s. ☐ Tuberculosis
t. ☐ Ulcer(s)
u. ☐ Other condition/none of the above

Pregnancy (PR)

BASE: *PD1a=female*

PR1. Have you ever been pregnant?
      1. Yes
      2. No

BASE: *PR1=Yes*

Thinking about your last pregnancy...

PR2. Did you use prescription opioids or heroin while you were pregnant?
      1. Yes
      2. No

PR3. Did your last pregnancy result in a live birth?
      1. Yes
      2. No

BASE: *PR3=Yes*

PR4. Was your newborn diagnosed with neonatal abstinence syndrome (e.g. opioid withdrawal)?
      1. Yes
      2. No

BASE: *PD1a = female*

BASE: *BASELINE, 12 MONTH, 18 MONTH:*

PR5. Are you currently pregnant?

    1. Yes
    2. No
    3. I don't know/ would rather not say

HIV (HV)

BASE: All not previously sent to END

HV1. Have you ever been tested for HIV/AIDS?

    1. Yes
    2. No

BASE: HV1=Yes

Programmer Note: Range = BIRTHDATE to CURRENT DATE

HV2. Date of your most recent HIV test

    MM/DD/YY

BASE: HV1=Yes

HV3. Do you know the results of your most recent HIV test?

    1. No, I took the test but did not get the result
    2. Yes, it was negative
    3. Yes, it was positive

BASE: HV3=3 (Yes, it was positive)

HV4. Are you currently taking medications for your HIV/AIDS?

    1. Yes
    2. No

HEP-C (HC)

BASE: All not previously sent to END

HC1. Have you ever been tested for Hepatitis C?

    1. Yes
    2. No

BASE: HC1=Yes

Programmer Note: Range = BIRTHDATE to CURRENT DATE

HC2. Date of your most recent Hepatitis C test?

    MM/DD/YY

BASE: HC1=Yes

HC3. Do you know the results of your most recent Hepatitis C test?

    1. No, I took the test but did not get the result
    2. Yes, it was negative
    3. Yes, it was positive

BASE: HC3=3 (Yes, it was positive)

HC4. Did you receive treatment for Hepatitis C?

    1. Yes
    2. No

XV.   How You are Doing in Daily Life (EQ)

Analyst note: Quality of Life EQ-5D (EQ)

Programmer Note: Display progress bar with text "You've completed 14 of 21 modules. Great!" *and display the following text:*

"The following questions are about your health and well-being."

EQ1. How is your mobility?

1. I have no problems in walking about
2. I have slight problems in walking about
3. I have moderate problems in walking about
4. I have severe problems in walking about
5. I am unable to walk about

EQ2. How well can you care for yourself?

1. I have no problems washing or dressing myself
2. I have slight problems washing or dressing myself
3. I have moderate problems washing or dressing myself
4. I have severe problems washing or dressing myself
5. I am unable to wash or dress myself

EQ3. How are you at regular activities (e.g. work, study, housework, family or leisure activities)?

1. I have no problems doing my usual activities
2. I have slight problems doing my usual activities
3. I have moderate problems doing my usual activities
4. I have severe problems doing my usual activities
5. I am unable to do my usual activities

EQ4. How is your pain or discomfort?

1. I have no pain or discomfort
2. I have slight pain or discomfort
3. I have moderate pain or discomfort
4. I have severe pain or discomfort
5. I have extreme pain or discomfort

EQ5. How is your anxiety or depression?

1. I am not anxious or depressed
2. I am slightly anxious or depressed
3. I am moderately anxious or depressed
4. I am severely anxious or depressed
5. I am extremely anxious or depressed

Programmer Note: Range = 0 to 100:

EQ6. We would like to know how good or bad your health is today. (This scale is numbered from 0 to 100. 100 means the best health you can imagine. 0 means the worst health you can imagine. Enter a number from 1 to 100.)

My health today is: _____

How You are Feeling Physically (BF)

Analyst note: This is BRFSS Quality of Life items

BASE: All not previously sent to END.

BF1. Would you say that in general your health is:

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

BF2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (Enter 0 if zero days.)

Days (specify 0-30) _____ *(Programmer Note: Range = 0 to 30)*

BF3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (Enter 0 if zero days.)

Days (specify 0-30) _____ *(Programmer Note: Range = 0 to 30)*

BF4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (Enter 0 if zero days.)

Days (specify 0-30) _____ *(Programmer Note: Range = 0 to 30)*

These next questions are about physical, mental, or emotional problems or limitations you may have in your daily life.

BF5. Are you LIMITED in any way in any activities because of any impairment or health problem?

1. Yes
2. No

Base: BF5=Yes

Programmer note: Do NOT randomly order list. Checked=1, not checked=0

BF6. What is the one MAJOR impairment or health problem that limits your activities? (Select one)

1. Arthritis/rheumatism
2. Back or neck problem
3. Fractures, bone/joint injury
4. Walking problem
5. Lung/breathing problem
6. Hearing problem
7. Eye/vision problem
8. Heart problem
9. Stroke problem
10. Hypertension/high blood pressure
11. Diabetes
12. Cancer
13. Depression/anxiety/emotional problem
14. Other impairment/problem

Base: BF5=Yes

BF7. For how long have your activities been limited because of your major impairment or health problem?

Days _ _ *(Programmer Note: Range = 0 to 30)*
Weeks _ _ *(Programmer Note: Range = 0 to 5)*
Months _ _ *(Programmer Note: Range = 0 to 12)*
Years _ _ *(Programmer Note: Range = 0 to 50)*

Base: All not previously sent to END

BF8. Because of any impairment or health problem, do you need the help of other persons with your personal care needs, such as eating, bathing, dressing, or getting around the house?

1. Yes
2. No

BF9. Because of any impairment or health problem, do you need the help of other persons in handling your routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

1. Yes
2. No

Programmer Note: Range = 0 to 30

BF10. During the past 30 days, for about how many days did PAIN make it hard for you to do your usual activities, such as self-care, work, or recreation? (Enter 0 if zero days.)

Days (specify 0-30) _____

Programmer Note: Range = 0 to 30

BF11. During the <u>past 30 days</u>, for about how many days have you felt SAD, BLUE, or DEPRESSED? (Enter 0 if zero days.)

        Days (specify 0-30) _____

Programmer Note: Range = 0 to 30

BF12. During the <u>past 30 days</u>, for about how many days have you felt WORRIED, TENSE, or ANXIOUS? (Enter 0 if zero days.)

        Days (specify 0-30) _____

Programmer Note: Range = 0 to 30

e (Enter 0 if zero days.)

        Days (specify 0-30) _____

Programmer Note: Range = 0 to 30

BF14. During the <u>past 30 days</u>, for about how many days have you felt VERY HEALTHY AND FULL OF ENERGY? (Enter 0 if zero days.)

        Days (specify 0-30) _____

XVI.   Emotional and Mental Health

Programmer Note: Display progress bar with text "You've completed 15 of 21 modules. Great!"

Emotional and Mental Health Diagnoses (MD)

BASE: All not previously sent to END

Programmer note: Do NOT randomly order list. Checked=1, not checked=0

MD1. Have you ever been diagnosed with any of the following conditions? (Check any that apply)

    a. ☐ Major Depression/Clinical Depression
    b. ☐ Bi-Polar Disorder/ Mania/Manic Depression
    c. ☐ Dysthymia
    d. ☐ Generalized Anxiety Disorder
    e. ☐ Phobia (e.g. specific phobias like spiders, or general phobias like agoraphobia)
    f. ☐ Post-Traumatic Stress Disorder/PTSD
    g. ☐ Panic Disorder

h. ☐ Conduct Disorder (before age 18)
i. ☐ Personality Disorder (e.g., Borderline Personality Disorder, Anti-social Personality Disorder)
j. ☐ Intermittent Explosive Disorder
k. ☐ Attention-Deficit Hyperactivity Disorder (ADHD)
l. ☐ Obsessive-Compulsive Disorder
m. ☐ Eating Disorder (e.g., Anorexia Nervosa, Binge Eating Disorder)
n. ☐ Other Mental Health Condition
o. ☐ None

Programmer Note: If yes, display the message: "Please know that if you feel any emotional distress, you can call 1-800-273-TALK to receive free and confidential emotion support 24 hours a day, 7 days a week."

The next two questions ask about suicide.

MD2. At any time [*FOR BASELINE and 12 MONTH:* in the past 12 months, / *FOR 18 MONTH:* in the past 6 months,] did you seriously think about trying to kill yourself?

1. Yes
2. No

MD3. [*FOR BASELINE and 12 MONTH:* In the past 12 months, / *FOR 18 MONTH:* In the past 6 months,] did you try to kill yourself?

1. Yes
2. No

Stress (PS)

Analyst note: This is Perceived Stress Scale (PS)

BASE: All not previously sent to END

Programmer note: Randomly order list.

PS1a-j. The questions in this scale ask about your feelings and thoughts in the past 30 days. In each case, you will be asked to indicate by marking how you felt a certain way. In the past 30 days, how often have you....

a). ...Been upset because of something that happened unexpectedly?

    1. ☐Never
    2. ☐Almost never
    3. ☐Sometimes
    4. ☐Fairly often
    5. ☐Very often

b). ...Felt you were unable to control the important things in your life?

c). ...Felt nervous and stressed?

d). ...Felt confident about your ability to handle your personal problems?

e). ...Felt that things weren't going your way?

f). ...Found that you could not cope with all the things you had to do?

g). ...Been able to control irritations in your life?

h). ...Felt you were on top of things?

i). ...Been angered because things were out of your control?

j). ...Felt difficulties were piling up so high that you could not overcome them?

How You are Feeling Emotionally (PQ)

Analyst note: This is Depression Module - PHQ-8 (PQ)

BASE: All not previously sent to END
Programmer note: Randomly order list.

PQ1a-h. Over the <u>past 2 weeks</u>, how often have you been bothered by any of the following problems?

a) Little interest or pleasure in doing things

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

b) Feeling down, depressed, or hopeless

c) Trouble falling or staying asleep, or sleeping too much

d) Feeling tired or having little energy

e) Poor appetite or overeating

f) Feeling bad about yourself — or that you are a failure or have let yourself or your family down

g) Trouble concentrating on things, such as reading the newspaper or watching television

h) Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual

---

PTSD (PT)

Analyst note: This is PTSD Scale (PT)

BASE: All not previously sent to END

Programmer note: Do NOT randomly order list.

PT1a-d. In your life, have you ever had any experience that was so frightening, horrible or upsetting that, in the <u>past 30 days</u>, you

a) ... Have had nightmares about it or thought about it when you did not want to?

      1. Yes
      2. No

b) ... Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?

c) ...Were constantly on guard, watchful or easily startled?

d) ... Felt numb or detached from others, activities, or your surroundings?

XVII.   Social Support (SO)

Programmer Note: Display progress bar with text "You've completed 16 of 21 modules. Great!"

Programmer Note: This is perceived Social Support Scales (SS)

BASE: All not previously sent to END.

Programmer note: Randomly order list.

SO1a-l. We are interested in how you feel about the following statements. Would you say you:

a) There is a special person who is around when I am in need.

       1. ☐ Very Strongly Agree

       2. ☐ Strongly Agree

       3. ☐ Mildly Agree

       4. ☐ Neutral

       5. ☐ Mildly Disagree

       6. ☐ Strongly Disagree

       7. ☐ Very Strongly Disagree

b) There is a special person with whom I can share my joys and sorrows.

c) My family really tries to help me.

d) I get the emotional help and support I need from my family.

e) I have a special person who is a real source of comfort to me.

f) My friends really try to help me.

g) I can count on my friends when things go wrong.

h) I can talk about my problems with my family.

i) I have friends with whom I can share my joys and sorrows.

j) There is a special person in my life who cares about my feelings.

k) My family is willing to help me make decisions.

l) I can talk about my problems with friends.

XVIII.   Feelings of Stigma (SG)

Programmer Note: Display progress bar with text "You've completed 17 of 21 modules. Great!"
Programmer note: This is Stigma Perception Scale (SG)

BASE: BASELINE

Programmer note: Randomly order list.

SG1a-e. Please tell us how much you agree or disagree with the following statements.

a) I avoid being friends with people who don't use drugs.

       1. ☐ Strongly Agree

       2. ☐ Agree

3. ☐Disagree

4. ☐Strongly Disagree

b) I put a lot of effort into hiding my substance use history.

c) Shame gets in the way of how I live my life.

d) I often lie to people about my substance use if I know they could never find out the truth.

e) I often blame my substance use history for many things that do NOT go my way in life.

XIX.   Adverse Childhood Experiences (CE)

BASE: BASELINE (entire module)

Programmer Note: Display progress bar with text "You've completed 18 of 21 modules. Great!" *and display the following text:*

We would like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. All questions refer to the time period <u>before</u> you were 18 years of age.

Now, looking back <u>before</u> you were 18 years of age…

CE1. Did you live with anyone who was depressed, mentally ill, or suicidal?

1. Yes
2. No
3. Don't Know/Prefer not to say

CE2. Did you live with anyone who was a problem drinker or alcoholic?

1. Yes
2. No
3. Don't Know/Prefer not to say

CE3. Did you live with anyone who used illegal street drugs or who abused prescription medications?

1. Yes
2. No
3. Don't Know/Prefer not to say

CE4. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

1. Yes
2. No
3. Don't Know/Prefer not to say

CE5. How often did your parents or adults in your home ever slap, hit, kick, punch, beat, or physically hurt each other?

1. Never
2. Once
3. More than once
4. Don't know/prefer not to say

CE6. Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking.

1. Never
2. Once
3. More than once
4. Don't know/prefer not to say

CE7. How often did a parent or adult in your home ever swear at you, insult you, or put you down?

1. Never
2. Once
3. More than once
4. Don't know/prefer not to say

CE8. Did anyone at least 5 years older than you or an adult, ever touch you sexually, try to make you touch them sexually, or force you to have sex?

1. Yes
2. No
3. Don't Know/Prefer not to say

CE9. How often was there an adult in your household who tried hard to make sure your basic needs were met?

1. Never
2. Rarely
3. Sometimes
4. Most of the time
5. Always
6. Don't Know/Prefer not to say

CE10. How often was there an adult in your household who made you feel safe and protected?

1. Never
2. Rarely
3. Sometimes
4. Most of the time
5. Always
6. Don't Know/Prefer not to say

XX.   Health Insurance (HI)

Programmer Note: Display progress bar with text "You've completed 19 of 21 modules. Great!"

BASE: All patients not previously sent to END

Programmer note: Do NOT randomly order list. Checked=1, not checked=0

HI1. Do you have any of the following types of health insurance? (Check all that apply.)

    a. ☐ Insurance plan through current/former employer or union
    b. ☐ Insurance through someone else's work plan (e.g., spouse/domestic partner, parent, or other)
    c. ☐ Privately purchased insurance
    d. ☐ Medicare
    e. ☐ Medicaid
    f. ☐ Veterans Administration-provided insurance
    g. ☐ Other
    h. ☐ No, I don't have health insurance

BASE: HI1=a-g

HI2. Does your health insurance cover any part of the costs associated with medication-assisted treatment services (i.e., methadone, buprenorphine, naltrexone)?

    1. Yes, most (75% or more of the costs)
    2. Yes, some (less than 75% but more than 25% of the costs)
    3. Yes, Very Little (less than 25%)
    4. None

BASE: HI1=1-7

HI3. Does your health insurance cover any part of the costs associated with counseling services for treatment of substance abuse?

    1. Yes, most (75% or more of the costs)
    2. Yes, some (less than 75% but more than 25% of the costs)
    3. Yes, Very Little (less than 25%)
    4. None

XXI.   Demographics (D)

Programmer Note: Display progress bar with text "You've completed 20 of 21 modules. Great!" *and display the following text:*

"Select the answer that best describes your current situation."

BASE: BASELINE only:

Programmer note: Do NOT randomly order list. Checked=1, not checked=0

D1. Are you Hispanic or Latino?

    1. Yes
    2. No

BASE: BASELINE only

Programmer note: Do NOT randomly order list. Checked=1, not checked=0

D2. What is your race? (Check all that apply.)

    a. ☐ White
    b. ☐ Black or African American
    c. ☐ American Indian
    d. ☐ Alaska Native
    e. ☐ Asian
    f. ☐ Native Hawaiian or other Pacific Islander
    g. ☐ Other
    h. ☐ Prefer not to say/ I don't know

BASE: BASELINE only

Programmer note: Do NOT randomly order list.

D3. Which of the following best represents how you think of yourself?

    1. Lesbian or gay
    2. Straight (not lesbian or gay)
    3. Bisexual
    4. Something else
    5. I don't know/prefer not to answer

Programmer note: Do NOT randomly order list.

D4. *Your current marital status.*

1. Single, never married
2. Married or domestic partnership
3. Divorced or separated
4. Widowed
5. Other

Programmer Note: Answer must be 5 digits

D5. ZIP code of your current residence

ZIP Code _____

Programmer note: Do NOT randomly order list.

D6. Where have you lived most of the time over the...

[BASELINE and 12 MONTH:
...past 12 months /

18MONTH:
...past 6 months] ?*

1. House or condo I own
2. House, apartment, or room I rent or have permission to live in
3. Dormitory or college residence
4. Hotel room
5. SRO housing (single room occupancy housing)
6. Residential treatment center
7. Halfway house (e.g., sober house)
8. Shelter (e.g., temporary day or evening facility)
9. Outdoors (e.g., on the street, abandoned building, public park)
10. Jail/prison
11. Hospital/long-term residential care facility/nursing home
12. Other (specify) _____

Programmer note: Do NOT randomly order list.

D7. Who have you lived with most of the time over the...

> *BASELINE and 12 MONTH:*
> ...past 12 months /
>
> *18 MONTH:*
> ...past 6 months]?* (Check all that apply) **(LIV)**

1. ☐ With my spouse/ partner
2. ☐ With my children
3. ☐ With my parents
4. ☐ With other immediate family (siblings, grandparents)
5. ☐ With friends/roommates
6. ☐ No one else
7. ☐ Other (e.g., live in jail, shelter, homeless)

Programmer note: Do NOT randomly order list.

D8. Your highest degree or level of school that you have completed. (If you are currently enrolled in school, tell us the highest degree received.)

1. 8th grade or lower
2. Some high school but no diploma
3. High school diploma or equivalent (e.g., GED)
4. Some vocational/technical training after high school, but no degree
5. Vocational/technical diploma after high school
6. Some college credit, but no degree
7. Associate degree
8. Bachelor's degree
9. Master's degree/Doctoral degree/Professional degree
10. Other

D9. Are you currently enrolled in school or in a job training program?

1. Enrolled, full time
2. Enrolled, part time
3. Not enrolled
4. Other

D10. Have you ever served in the United States Armed Forces, in the Reserves, or in the National Guard?

1. Yes, currently serving
2. Yes, currently separated or retired
3. No

Programmer note for next question: Do NOT randomly order list. If person had already told us that they completed their index treatment on a previous survey, I've got them skipping this question and going to THANKYOU_CAPI

D11. How [SS2=Yes:do/ SS2=No:did] you usually get to your appointments at (FACILITY)? (If you (use/used) multiple methods, tell us the one you (use/used) most.)

1. ☐Car, truck or van driven by you
2. ☐Car, truck or van driven by your family or friends
3. ☐Public transportation (e.g., bus, subway)
4. ☐Taxi cab or car service (e.g., Uber, Lyft)
5. ☐Motorcycle
6. ☐Bicycle
7. ☐Walk
8. ☐I lived at (FACILITY)
9. ☐Other

Thank You

IF [SURVEY-START] = FI], display message:

Thank you for completing the survey. Your interviewer will now make arrangements for your incentive payment.

IF [SURVEY-START] = EMAIL], display message:

Thank you for completing the survey. You will receive a $30 electronic Visa gift card at your e-mail address within 10 days.

BASE: All patients without a recorded social security number (SSN) who have not previously declined to provide their SSN continue to the next screen. Otherwise, end the survey.

You must click Next to take the final steps to complete the survey.

Our records show that we do not have your Social Security Number (SSN) on file. Your SSN will be used only to help locate you if your contact information has changed or to check local Vital Records (records of births and deaths). As a security precaution, we will store your SSN in a secure database separate from your questionnaire answers. You are not required to give us your SSN to participate in the MOUD Study.

SSN1. Will you provide the MOUD Study your SSN?

     1. YES
     2. NO

BASE: SSN1=YES

SSN2. What is your social security number? Please provide it in XXX-XX-XXXX format.

    _____

  Thank you for your participation

Patient Questionnaire (3-month, 6-month)

Check-In Questionnaire

XXII.   Time to Administer

> Based on sample administrations conducted by the research team, the average time to complete is 15 minutes.

Note: The *Check-In Questionnaire* is a subset of items on the *Patient Questionnaire.* It is self-administered by patients (with or without FI present). Questions are meant to determine tenure in their original OUD treatment episode, learn of other treatments that patient may have entered, assess patient's recent drug use (prescribed and illicit), check for recent overdoses, ED visits, and hospitalizations, measure current health status, and check for criminal activity. The questionnaire must be self-explanatory as it is self-administered by patient with or without FI present.

Programmer Note: At the beginning of the web questionnaire, we will briefly describe the nature of the questions to be asked and include contact information for the National Suicide Prevention Lifeline, which is a national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. The telephone number is 1-800-273-TALK. Use text:

This questionnaire will cover some basic information about you (for example, age, gender, race, education), your mental and physical health, and your health behaviors. You will also be asked about treatments you have received for your opioid addiction, your use of opioids and other illicit drugs, your employment and housing situation, any times you were arrested or convicted (if any), support you receive from the people in your life, and childhood trauma or abuse you may have experienced. Some of these questions may be upsetting. If you feel any emotional distress, you can call **1-800-273-TALK** to receive free and confidential emotion support 24 hours a day, 7 days a week.

The Flesh-Kincaid grade reading level is 5.9.

Programmer Note: All questions are soft required, unless otherwise specified. For questions that are not answered, use one of two soft prompt messages: "It's important you answer all questions. Pick the response that best suits you." *or* "Your answers are confidential. Pick the response that best suits you." *For questions that require a numeric response within a programmed range, display the soft require message* "Please provide a response between [MIN] and [MAX]." *Questions that require a date entry display the soft require message* "It is important you answer all questions. Please answer the question to the best of your ability."

I. Consent (CO)

CO1. Do you acknowledge that you have read, understand, and agreed to provide your consent to participate in this survey questionnaire?
Click <u>here</u> if you wish to review the informed consent document.

3. ☐Yes, I do

4. ☐No, I don't

Programmer Note: Include a link to the full text of the informed consent.

BASE: CO1=No

CO2   You have indicated that you do not give your consent to participate in this study. If that is correct, confirm that you have withdrawn consent. A member of our research team will contact you to discuss your concerns. Be assured, you always have the right to not answer any question and to withdraw consent any time. If this is not correct, confirm that you do provide consent below and you will be taken to the next question.

3. ☐Yes, I consent [Return patient to **CO1**]

4. ☐No, I do not consent [Go to END]

Programmer Note: CO2 is required.

II.   Date of Birth (DB)

BASE: All patients not previously sent to END

1) **DB1.** **Your date of birth** (DOB)

    MM/DD/YY

(Programmer Note: Range = 01/01/1950 to 12/31/2001 – change so that anyone 18 and older can

participate and 19 or older in Alabama)

    Programmer note:

    DB1 is required to cross verify patient identity. If refused, go to END/ENCOURAGE. The END/ENCOUAGE module encourages the R to please provide the information so they can complete the questionnaire. If birth date given does not match the date of birth given in the Patient Permission Form (question CP6), display error message, "Please verify that this birth date is correct. If this date is not correct, please enter your correct date of birth." If birth date does not match again, display error message, "The birth date you have provided does not match the birth date provided previously. Please call 1-800-957-6483 to leave a message with study staff in order to resolve this issue."

    This is handled through an error message sequence.

III.   Study Site Treatment Status (SS)

Programmer Note: MOUD/COUN = type of treatment patient is receiving at index facility. Codes are MMT, BUP, NTX, and COUN.
If MMT, use "methadone maintenance therapy"
If BUP, use "buprenorphine (e.g. Suboxone, Probuphine, generic)"
If NTX, use "naltrexone (e.g. Vivitrol, Revia, generic)"
If COUN, use "counseling"
FACILITY = the Short_Name of the index facility
START=the date that index treatment began
INDEX DAYS=days spent in INDEX treatment. If still in INDEX treatment, INDEX DAYS = (today-START). If no longer in INDEX treatment, INDEX DAYS=(date ended treatment (SS3) – START)

Define Index Treatment

BASE: All not previously sent to END.

SS1. **You were invited to be in the MOUD Study because you were treated for opioid addiction at (FACILITY) using (MOUD/COUN) starting around (START).**

This is your INDEX treatment.

1. ☐ Yes, I agree that I received the INDEX treatment described above.

2. ☐ No, I did not receive the INDEX treatment described above.

*Programmer Note: If **No** is clicked, display message below and go to END.*

There appears to be an error in our records. Please accept our apologies. A member of the research staff will be in contact with you to resolve the error.

Survey Manager Note: Reconcile error and refield the survey.

Dates of Index Treatment

BASE: All who have not indicated they ended their INDEX treatment in previous surveys (i.e., SS2=NO)

SS2. **Are you still receiving your INDEX treatment?**

Answer NO if:
   you stopped going to (FACILITY)
   you stopped receiving (MOUD/COUN)
   you started receiving (MOUD/COUN) at a different facility
   you still go to (FACILITY) but started receiving a different type of treatment for opioid addiction

     1. ☐   **Yes**

2. ☐   **No**

Programmer Note: SS2 is required. If refused, display the message "You must answer this question to continue."

BASE: SS2=No

SS3. When did you stop receiving your INDEX treatment? *(Enter an approximate date if you are unsure of the exact date.)*

     _____/_____/_____
     Month / Day / Year

(Programmer Note: Range = 01/01/2018 to CURRENT DATE. End date cannot be before the treatment Start date)

Reason to Stop INDEX Treatment

BASE: SS2=No
Programmer note: Do NOT randomly order list.

SS4. Why did you stop receiving your INDEX treatment? *(If you have multiple reasons, select the most important reason.)*

    7.   ☐ I completed my INDEX treatment
    8.   ☐ I voluntarily stopped my INDEX treatment
    9.   ☐ I continued my [MOUD/COUN] treatment at a different facility
    10.   ☐ I am still receiving treatment for my opioid addiction at (FACILITY), but I am no longer receiving [MOUD/COUN]
    11.   ☐ I was involuntarily discharged from my INDEX treatment program (e.g., for non-compliance, for continued substance use, for violating program rules, for non-payment, etc.)
    12.   ☐ A different reason/none of the above (specify): _____

BASE: SS2=No
Programmer note: Randomly order list except none category. 1=checked, 0=not checked

SS5. Here are reasons someone might stop treatment. Did any of these apply to your situation? *(Check all that apply.)*

n. The program took up too much of my time
o. I couldn't find or afford daycare for my kids.

p. My insurance ran out.

q. I couldn't find a way to pay for it.

r. I didn't have reliable transportation.

s. I got sick and couldn't make appointments.

t. I didn't think the treatment was doing any good.

u. I didn't need the treatment anymore.

v. I didn't like the people.

w. I relapsed.

x. I went to jail

y. I moved too far away

z. None of these apply

Characteristics of INDEX Treatment

BASE: Ask if R is still enrolled in INDEX treatment (SS2 = Yes) plus the first quex where R says they are no longer enrolled in INDEX treatment (first time SS2 = No).
Programmer note: Do NOT randomly order list. 1=checked, 0=not checked

SS11. While enrolled in INDEX treatment, did you receive: *(Check all that apply.)*

     a. ☐   **Methadone**
     b. ☐   **Oral buprenorphine (e.g. Suboxone®, generic)**
     c. ☐   **Implantable or injectable buprenorphine (e.g. Probuphine®, generic)**
     d. ☐   **Oral naltrexone (e.g. Revia®)**
     e. ☐   **Injectable naltrexone (e.g. Vivitrol®)**
     f. ☐   **Other drug (specify) _____**
     g. ☐   **No drug**

BASE: Ask if R is still enrolled in INDEX treatment (SS2 = Yes) plus the first quex where R says they are no longer enrolled in INDEX treatment (first time SS2 = No).

Programmer note: Randomly order list (except Other Services and No Other Services). Checked=1, not checked=0.

SS12a-o. While enrolled in INDEX treatment, what other types of services did you receive: *(Check all that apply.)*

- ☐   a. Individual counseling
- ☐   b. Group counseling
- ☐   c. Other behavioral therapy/counseling
- ☐   d. Detoxification services
- ☐   e. Medical services (e.g., physical exams, medication)
- ☐   f. HIV testing
- ☐   g. Hepatitis C virus (HCV) testing
- ☐   h. Laboratory drug testing/ urine testing
- ☐   i. Case management services (e.g., employment coaching, family services/education, housing services)
- ☐   j. Peer-to-peer recovery support services (e.g., Peer Navigator)
- ☐   k. Recovery coach services other than Peer Navigator
- ☐   l. Training on how to avoid overdosing
- ☐   m. Training on how to use naloxone
- ☐   n. Other services
- ☐   o. No other services

Programmer Note: If question is skipped, display: **You did not check any of the above services. If you did not receive any of these services, please select "No other services"."**

IV.   Peer Navigator/Provider Services (PN)

A "Peer Navigator" (also referred to as a "Peer Provider" or "Peer Support Specialist") refers to a person who uses their personally lived experiences with addiction and recovery in a treatment setting to promote recovery and resiliency for individuals with the same or similar conditions.

BASE: Ask if R is still enrolled in INDEX treatment (SS2 = Yes) plus the first quex where R says they are no longer enrolled in INDEX treatment (first time SS2 = No).

Programmer Note: The following definition should appear here and be available as hover definition wherever the term Peer Navigator occurs.

PN1. [SS2=YES: Since you started your INDEX treatment at (FACILITY)/
FIRST TIME SS2=NO: While you were in your INDEX treatment]
were you offered services from a peer navigator?

    1. ☐ **Yes**
    2. ☐ **No**
    3. ☐ **No Answer**

Programmer Note: PN1 is required. If refused, display the message "You must answer this question to continue."

BASE: If PN1=Yes

PN2. [SS2=YES: Since you began your INDEX treatment,/
[FIRST TIME SS2=No: At any time while you were in your INDEX treatment]
how often did you meet with a peer navigator?

    1. ☐ **Less than once a month**
    2. ☐ **About once a month**
    3. ☐ **Several times a month**
    4. ☐ **About once a week**
    5. ☐ **Several times a week**
    6. ☐ **I never met with a peer navigator**

Programmer note: If R still in INDEX treatment, use "is". If no longer in INDEX treatment, use "was".

BASE: If PN1=Yes and PN2 is NOT "I never met with a peer navigator"

PN3. How helpful [SS2=YES:is/SS2=NO:was] your peer navigator to your recovery?

    1. ☐ **Very helpful**
    2. ☐ **Somewhat helpful**
    3. ☐ **Somewhat unhelpful**

4. ☐ **Not helpful at all**

Programmer Note: Do NOT randomize list. Checked=1, unchecked=0

PN4. Why did you not meet with a peer navigator? *(Check all that apply.)*

    a. ☐ **I did not want the service**
    b. ☐ **I did not think the service was worthwhile for me**
    c. ☐ **I could not afford the service**
    d. ☐ **I will arrange to meet with peer navigator if I ever need their service**
    e. ☐ **I tried to make an appointment but the peer navigator did not have any openings on their schedule**
    f. ☐ **I plan to schedule an appointment soon**
    g. ☐ **I have an appointment scheduled**
    h. ☐ **I had an appointment but the peer navigator didn't make it**
    i. ☐ **I had another reason that's not listed above (specify):** _____

Programmer note: Randomize list.

PN5. Whether or not you have ever worked with a peer navigator, we'd like to know if you agree or disagree with the following statements about peer navigators.
    a. Peer navigators are helpful
        1. ☐ **Agree**
        2. ☐ **Neutral or no opinion**
        3. ☐ **Disagree**
    b. I am uncomfortable sharing my personal life with a peer navigator
    c. People I know told me not to work with a peer navigator
    d. A peer navigator is not helpful or needed given my situation
    e. I would recommend peer navigators to a friend

V. Post-INDEX Treatment (PX)

BASE: If SS2=No

PX1. **Since stopping your INDEX treatment, did you start another treatment program for opioid addiction?**

Answer YES if:
   you started receiving (MOUD/COUN) at a different facility
   you still go to (FACILITY) but started receiving a different type of treatment for opioid addiction

   1. ☐   **Yes**
   2. ☐   **No** ► **GO TO MODULE V. Substance Abuse Treatment (SA)**
   3. ☐   **No Answer** ► **GO TO MODULE V. Substance Abuse Treatment (SA)**

Programmer Note: PX1 is required. If refused, display the message "You must answer this question to continue."

BASE: PX1=Yes

PX2. **When did you begin receiving this treatment?** *(Enter an approximate date if you are unsure of the exact date.)*
     _____/_____/_____
     MM / DD / YY

Programmer Note: Range = 01/01/2018 to CURRENT DATE

Programmer Note: Soft prompt with "Your answers are confidential. Please answer the question to the best of your ability."

BASE: PX1=Yes
Programmer note: Randomly order list.

PX3a-p. **How important were the following reasons for starting this treatment?**
a. I believed I needed treatment

     1. ☐ **Very important**
     2. ☐ **Somewhat important**

3. ☐ **Not important**

b. My employer believed I had to get treatment

c. My friends/family believed I had to get treatment

d. I failed at getting off drugs on my own

e. I found the type of treatment I wanted

f. There was an opening in the facility I wanted

g. I had transportation I needed

h. I had childcare I needed

i. Treatment was close enough to me

j. Treatment was covered under my health care plan

k. I could afford it

l. I decided I couldn't handle my addiction on my own

m. I overdosed and was frightened for my life

n. I hit rock bottom

o. I could not find heroin or prescription opioids and was experiencing withdrawal symptoms

p. My doctor recommended that I get treatment

BASE: PX1=Yes

Programmer note: Do NOT randomly order list. Checked=1, not checked=0

PX4a-k. **Was your participation in this treatment** *(Check any that apply):*

    ☐   a. To comply with a court-order

    ☐   b. To avoid a conviction on a charge(s)

    ☐   c. To meet a condition of your probation or parole

    ☐   d. To avoid going to jail or prison

    ☐   e. To avoid being charged with misdemeanor

    ☐   f. To avoid being charged with a felony

    ☐   g. To get your driver's license back

    ☐   h. To reduce the points against your license

    ☐   i. To comply with a child welfare order

    ☐   j. To help retain or gain custody of children

    ☐   k. None of these apply

BASE: PX1=Yes

Programmer note: Do NOT randomly order list. Checked=1, not checked=0

PX5a-i. **Who recommended that you go to this facility to get treatment?** *(Check all that apply.)*

    ☐   a. I picked it myself

□   b. Friends or family members

□   c. Alcohol/ drug abuse care provider

□   d. Primary health care provider

□   e. School-based counselor

□   f. Employer

□   g. Community group (e.g. religious organizations. self-help groups)

□   h. Court/ criminal justice referral (e.g. police official, judge, prosecutor, probation officer)

□   i. None of the above

BASE: PX1=Yes

Programmer note: Do NOT randomly order list.

PX6. How would you best describe the place you received this treatment?

1. □   **Drug rehabilitation center/service**
2. □   **Mental health center or facility**
3. □   **Specialty addiction doctor**
4. □   **General doctor's office or primary care physician**
5. □   **Office-based counseling with psychiatrist, psychologist, or social worker**
6. □   **Other type of place**

BASE: PX1=Yes

Programmer note: Do NOT randomly order list.

PX7. This treatment was:

1. □   **Inpatient**
2. □   **Residential**
3. □   **Intensive outpatient**
4. □   **Outpatient**
5. □   **Other**

BASE: PX1=Yes

Programmer note: Do NOT randomly order list. Checked=1, not checked=0

PX8. While enrolled in this treatment, did you receive: *(Check all that apply.)*

 a. ☐   **Methadone**
 b. ☐   **Oral buprenorphine (e.g. Suboxone, generic)**
 c. ☐   **Implantable or injectable buprenorphine (e.g. Probuphine, generic)**
 d. ☐   **Oral naltrexone (e.g. Revia)**
 e. ☐   **Injectable naltrexone (e.g. Vivitrol)**
 f. ☐   **Other drug (specify) _____**
 g. ☐   **No drug**

BASE: PX1=Yes

Programmer note: Randomly order list (except Other and No Other Services). Checked=1, not checked=0

PX9a-o. While enrolled in this treatment, what other types of services did you receive: *(Check all that apply.)*

 ☐   a. Individual counseling
 ☐   b. Group counseling
 ☐   c. Other behavioral therapy
 ☐   d. Detoxification services
 ☐   e. Medical services (e.g., physical exams, medication)
 ☐   f. HIV testing
 ☐   g. Hepatitis C virus (HCV) testing
 ☐   h. Laboratory drug testing/ urine testing
 ☐   i. Case management services (e.g., employment coaching, family services/education, housing services)
 ☐   j. Peer-to-peer recovery support services (e.g., Peer Navigator)
 ☐   k. Recovery coach services other than Peer Navigator
 ☐   l. Training on how to avoid overdosing
 ☐   m. Training on how to use naloxone
 ☐   n. Other services
 ☐   o. No other services

Programmer Note: If question is skipped, display: **You did not check any of the above services. If you did not receive any of these services, please select "No other services".**"

BASE: PX1=Yes

PX10. When you started this treatment, how confident were you that this treatment would be successful?

1. ☐ Not confident
2. ☐ Slightly confident
3. ☐ Moderately confident
4. ☐ Highly confident

BASE: PX1=Yes

PX11. Are you still receiving this treatment at this facility?

1. ☐ Yes
2. ☐ No

Programmer Note: If PX11 not answered, go to next module (SA).

BASE: If PX11 = No

PX12. When did you stop receiving treatment at this facility?
   MM/DD/YY

Programmer Note: Range = 01/01/2018 to CURRENT DATE

BASE: If PX11 = No
Programmer note: DO NOT randomly order list.

PX13. Why did you stop receiving this treatment at this facility?

1. ☐ I completed this treatment program
2. ☐ I voluntarily stopped this treatment
3. ☐ I continued this treatment at a different facility
4. ☐ I am still receiving treatment for my opioid addiction at this facility but I changed treatments

5. ☐ I was involuntarily discharged from this program (e.g., for non-compliance, for continued substance use, for violating program rules, for non-payment, etc.)
6. ☐ A different reason/none of the above (specify): _____

BASE: If PX11 = No

Programmer note: Randomly order list except none category. 1=checked, 0=not checked

PX14. **Here are reasons someone might stop treatment. Did any of these apply to your situation?** (*Check all that apply.*)

Programmer note: Use response categories to SS5

BASE: If PX11 = No

PX15. **Did you enter treatment for opioid addiction anywhere else after that?**

1. ☐ Yes
2. ☐ No

Programmer note: Repeat PX series (beginning with PX2) until R either says they are still obtaining treatment (PX11=Yes) or they say that they have not entered another treatment (PX15=No). Max number of repeats is 12.

Programmer Note: If PX15 not answered, go to next module (SA).

VI.   Sustance Abuse Treatment (SA)

BASE: All patients not previously sent to END

SA1. Over the <u>past 90 days</u>, how many days did you spend receiving your INDEX treatment at (FACILITY)? *(Consider all types of treatment received directly at (FACILITY). If none, enter 0.)*
     ☐ Days (specify) _____ *(Programmer Note: Range = 0 to 90)*

BASE: SA1>0

SA2. Of those days, how many days included counseling sessions (either individual or group)?

     ☐ Days (specify) _____ *(Programmer Note: Range = 0 to SA1)*

VII. Opioid Detoxification (DW)

Programmer Note: Display progress bar with text "You've completed 6 of 17 modules. Great!"

Detoxification/withdrawal services are short-term, medically-supervised process addicted persons go through before they embark on a longer-term drug rehab plan. Detox is the process of getting the opioids out of the addicted person's system and getting him or her physically stable.

BASE: All patients not previously sent to END

DW5   Over the <u>past 90 days</u>, how many times did you go through medically supervised opioid detox? *If none, enter 0.*
     ☐ Times (specify 0-90) _____ *(Programmer Note: Range = 0 to 90)*

VIII. Hospital Visits (HS)

BASE: All patients not previously sent to END

HS4 Over the <u>past 90 days</u>, how many nights did you spend in a hospital? *If none, enter 0.*

    ☐ Nights (specify 0-90) _____ *(Programmer Note: Range = 0 to 90)*

BASE: If HS4>0

HS4a. How many of those nights were related to injuries or conditions resulting from opioid addiction? *If none, enter 0.*

    ☐ Nights (specify 0-90) _____ *(Programmer Note: Range = 0 to HS4)*

IX. Emergency Department Visits (ED)

Programmer Note: Display progress bar with text "You've completed 8 of 17 modules. Great!"

BASE: All patients not previously sent to END

ED4 Over the <u>past 90 days</u>, how many times did you go to the Emergency Department? *If none, enter 0.*

    ☐ Times (Specify 0-90) _____ *(Programmer Note: Range = 0 to 90)*

BASE: If ED4>0

ED4a. How many of those times were related to injuries or conditions resulting from opioid addiction? *If none, enter 0.*

  ☐ Times (Specify 0-90) _____ *(Programmer Note: Range =0 to ED4)*

X. Self-Help Groups (SH)

BASE: All patients not previously sent to END

SH4 Over the past 90 days, how many times did you attend a self-help group, like Alcoholics or Narcotics Anonymous?

  1. ☐ **Never**
  2. ☐ **Less than once a week**
  3. ☐ **Once a week**
  4. ☐ **More than once a week**
  5. ☐ **Almost every day of the week**

XI. Primary Care Services (PC)

Programmer Note: Display progress bar with text "You've completed 10 of 17 modules. Great!"

BASE: All patients not previously sent to END

PC3 Over the past 90 days, how many times did you visit a primary care provider (e.g. family doctor, internists, gynecologists, physician assistant or a nurse practitioner)? *If none, enter 0.*

  ☐ Times (specify 0-90) _____ *(Programmer Note: Range = 0 to 90)*

BASE: If PC3>0

PC3a. **How many of those times were related to injuries or conditions resulting from opioid addiction?** *If none, enter 0.*

☐ Times (specify) _____ *(Programmer Note: Range = 0 to PC3)*

XII. Medication and Counseling Use (HM)

HM1. Did you receive methadone treatment for opioid addiction at any time in the <u>past 90 days</u>? *(Consider treatment received at ANY facility.)*

      1. ☐   **Yes**
      2. ☐   **No**

HM2. Did you receive oral buprenorphine (e.g. Suboxone or generic) treatment for opioid addiction at any time in the <u>past 90 days</u>? *(Consider treatment received at ANY facility.)*

      1. ☐   **Yes**
      2. ☐   **No**

HM3. Did you receive implantable or injectable buprenorphine (e.g. Probuphine or generic) treatment for opioid addiction at any time in the <u>past 90 days</u>? *(Consider treatment received at ANY facility.)*

      1. ☐   **Yes**
      2. ☐   **No**

HM4. Did you receive oral naltrexone (e.g. Revia) treatment for opioid addiction at any time in the <u>past 90 days</u>? *(Consider treatment received at ANY facility.)*

      1. ☐   **Yes**
      2. ☐   **No**

HM5. Did you receive injectable naltrexone (e.g. Vivitrol) treatment for opioid addiction at any time in the <u>past 90 days</u>? *(Consider treatment received at ANY facility.)*

      1. ☐   **Yes**
      2. ☐   **No**

HM6. Did you receive counseling (either individual or group) treatment for opioid addiction at any time in the <u>past 90 days</u>? *(Consider treatment received at ANY facility.)*

      1. ☐   **Yes**
      2. ☐   **No**

XIII. Substance Abuse History (SU)

Programmer Note: Display progress bar with text "You've completed 12 of 17 modules. Great!"

These next questions are about:

    street drugs you used illicitly
    prescription drugs that you used non-medically
    alcohol and tobacco use

Non-medically means

    Used your prescribed drugs in a way other than directed by a doctor
    Used prescription drugs that were not prescribed for you personally
    Used any prescription drug to get high or buzzed
    Used any prescription drug to self-treat a medical condition

BASE: All patients not previously sent to END

Programmer note: Do NOT randomly order any lists in this section. Checked = 1, not checked=0.

SU1a-o. **Over the <u>past 90 days</u>, how often did you use:**

a) Prescription opioids *used non-medically* (e.g., OxyContin, Percocet, Dilaudid, Opana, Vicodin, Duragesic, Ultram, Morphine, Tramadol)

1. ☐ **Never**
2. ☐ **Less than once a week**
3. ☐ **Once a week**
4. ☐ **More than once a week**
5. ☐ **Almost every day of the week**

b) Prescription opioid treatment medications *used non-medically* (e.g., Methadone, Suboxone)

c) Prescription stimulants *used non-medically* (e.g., Ritalin, Adderall)

d) Prescription sedatives *used non-medically* (e.g., Xanax, Klonopin, Ativan)

e) Heroin

f) Illicitly-made fentanyl (not the prescription Duragesic patches)

g) Neuropathics *used non-medically* (e.g., gabapentin, pregabalin)

h) Marijuana/ Cannabis

i) Cocaine/Crack (e.g., powder, rock, or in any form/combination)

j) Methamphetamine/crank

k) Krokodil

l) Ecstasy, PCPs, or other synthetics

m) Inhalants

n) Alcohol

o) Tobacco

BASE: SU1a) or b) > Never

SU2. **Over the <u>past 90 days</u>, how many days did you use <u>prescription opioids</u> non-medically?** *If none, enter 0.*

☐ Days (specify 0-90) _____ *(Programmer Note: Range = 0 to 90)*

BASE: SU2 > 0

SU3. Over the <u>past 30 days</u>, how many days did you use <u>prescription opioids</u> non-medically? *If none, enter 0.*
     ☐ Days (specify 0-30) _____ *(Programmer Note: Range = 0 to 30)*

BASE: SU1e) > Never

SU4. Over the <u>past 90 days</u>, how many days did you use <u>heroin</u>? *If none, enter 0.*
     ☐ Days (specify 0-90) _____ *(Programmer Note: Range = 0 to 90)*

   32)

BASE: SU4 > None

SU5. Over the <u>past 30 days</u>, how many days did you use <u>heroin</u>? *If none, enter 0.*
     ☐ Days (specify 0-30) _____ *(Programmer Note: Range = 0 to 30)*

   33)
   34)
   35)
BASE: SU1f) > Never.

SU6. Over the <u>past 90 days</u>, how many days did you use <u>illicitly-made fentanyl</u>? *If none, enter 0.*
     ☐ Days (specify 0-90) _____ *(Programmer Note: Range = 0 to 90)*

BASE: SU6 > None

SU7. Over the <u>past 30 days</u>, how many days did you use <u>illicitly-made fentanyl</u>? *If none, enter 0.*
     ☐ Days (specify 030) _____ *(Programmer Note: Range = 0 to 30)*

XIV. Drug Overdoses (DO)

BASE: All patients not previously sent to END

DO8 Over the <u>past 90 days</u>, how many times did you have a drug overdose? *If none, enter 0.*

☐ Times (specify 0-90) _____ *(Programmer Note: Range = 0 to 90)*

Programmer Note: DO8 is required. If refused, display the message "You must answer this question to continue."

Base: DO8>0

DO9 Over the <u>past 90 days</u>, how many times did you overdose due to opioids? *If none, enter 0.*

☐ Times (specify 0-90) _____ *(Programmer Note: Range = 0 to DO8)*

BASE: DO9>0
Programmer note: Do NOT randomly order list. Checked=1, not checked=0

DO12 Thinking about your last overdose that involved opioids, were you administered naloxone?

1. ☐ **Yes**
2. ☐ **No**

BASE: DO12=Yes

DO13 Who provided the naloxone?

1. ☐ **First responder (Emergency Medical Service /police/fire fighter)**
2. ☐ **A person with me had naloxone and gave it to me**
3. ☐ **Other professional (i.e. counselor, CBO staff, etc.)**
4. ☐ **I had naloxone and someone gave it to me**
5. ☐ **Other way (specify):** _____

XV. Pregnancy (PR)

Programmer Note: Display progress bar with text "You've completed 14 of 17 modules. Great!"

BASE: If female
Programmer Note: Gender will be determined from the Baseline Patient Questionnaire

PR5 Are you currently pregnant?

1. ☐ **Yes**
2. ☐ **No**
3. ☐ **I don't know/ would rather not say**

XVI. How You are Feeling Physically (BF)

Analyst note: This is BRFSS Quality of Life items

BASE: All not previously sent to END.

BF1. Would you say that in general your health is:

1. ☐ **Excellent**
2. ☐ **Very good**
3. ☐ **Good**
4. ☐ **Fair**
5. ☐ **Poor**

BASE: All not previously sent to END.

BF2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? *(Enter 0 if zero days.)*

☐ Days (specify 0-30) _____ *(Programmer Note: Range = 0 to 30)*

BASE: All not previously sent to END.

BF3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the <u>past 30 days</u> was your mental health not good? *(Enter 0 if zero days.)*

  ☐ Days (specify 0-30) _____ *(Programmer Note: Range = 0 to 30)*

XVII. How You are Feeling Emotionally (PQ)

Programmer Note: Display progress bar with text "You've completed 16 of 17 modules. Great!"

Analyst note: This is Depression Module - PHQ-8 (PQ)

BASE: All not previously sent to END
Programmer note: Randomly order list.

PQ1a-h. Over the <u>past 2 weeks</u>, how often have you been bothered by any of the following problems?
a) Little interest or pleasure in doing things

  1.   ☐ **Not at all**
  2.   ☐ **Several days**
  3.   ☐ **More than half the days**
  4.   ☐ **Nearly every day**

b) Feeling down, depressed, or hopeless

c) Trouble falling or staying asleep, or sleeping too much

d) Feeling tired or having little energy

e) Poor appetite or overeating

f) Feeling bad about yourself — or that you are a failure or have let yourself or your family down

g) Trouble concentrating on things, such as reading the newspaper or watching television

h) Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual

---

Thank You

IF [SURVEY-START] = FI], display message:

Thank you for completing the survey. Your interviewer will now make arrangements for your incentive payment.

IF [SURVEY-START] = EMAIL], display message:

Thank you for completing the survey. You will receive a $20 electronic VISA gift card at your e-mail address within 10 days.