

## QUESTIONNAIRE FOR PWID

**Town/city:** \_\_\_\_\_

**Respondent's ID:** \_\_\_\_\_

**Interview date:** \_\_\_\_\_ / \_\_\_\_\_ / 2023      **Interview start time:** \_\_\_\_\_ (hh/mm/a.m./p.m.)

### BLOCK A. SELECTION OF RESPONDENTS

<b>A0</b>	Write first three letters of your last name in Ukrainian	
<b>A1</b>	Write first two letters of your first name in Ukrainian	
<b>A2</b>	Write first two letters of your patronymic in Ukrainian	
<b>A3</b>	Write the day of your birth	
<b>A4</b>	Write the month of your birth	
<b>A5</b>	Write the year of your birth	
<b>A6</b>	Specify your age (full years)	

**A7. Respondent's sex:**

1	Male	
2	Female	
3	Transgender people	

**A8. What is your current family status? (choose one option)**

1	Married or have a common-law partner	Skip to A9
2	Married but have other regular sexual partner/partners	
3	Single but have regular sexual partner/partners or engaged	
4	Married but do not live with neither a wife/husband nor any other sexual partner	Skip to A10
5	Single and have no sexual partner	

**A9. Does your husband/wife or a regular sexual partner inject drugs? (choose one option)**

1	Yes	
2	No, but used to	
3	No, never	
98	Don't know/don't remember (do not read out)	
99	Refuse to answer (do not read out)	

**A10. What is your education level? (choose one option)**

1	Primary education (less than 9 years)	
2	Basic secondary education (9 complete years)	
3	Secondary education (11 complete years)	
4	Incomplete higher education (less than 4 years)	
5	Basic higher education (educational establishments of I-II accreditation levels, technical schools)	
6	Higher education (Bachelor's, Master's degree at educational establishments of III-IV accreditation levels, university, institute)	
7	Other (indicate)	
98	Don't know/don't remember (do not read out)	
99	Refuse to answer (do not read out)	

**A11. What is your current occupation? (Choose one option)**

1	Permanent employment
2	Casual earnings
3	Unemployed
4	Engaged in household
5	Disabled (person with disabilities, in particular, without the established disability group)
6	School pupil
7	Vocational school student
8	Technical school student
9	University student
10	Other (indicate)
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**A12. Have you ever been homeless?**

1	Yes
2	No
99	Refuse to answer (do not read out)

**A13. What place of residence have you had for the last 12 months? (choose one option there may be several options)**

1	Own accommodation
2	Stayed with relatives, friends (without paying rent)
3	Rented accommodation (rent alone or with someone)
4	In all sorts of places (frequent change of residence)
5	In the streets, in abandoned dwellings, at railway stations (homeless)
6	In a shelter for internally displaced
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**A14. What was your personal income within the last 30 days? (open question)**

(Including income from official and unofficial activities, jobs, pensions, scholarships, subsides, as well as assistance from relatives and friends. Indicate all income in monetary equivalent)

	UAH
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**A15. Did you spend money to buy and/or manufacture drugs for own use alone within the last 30 days? (choose one option)**

1	Yes	Skip to A16
2	No	Skip to A17
98	Don't know/don't remember (do not read out)	Skip to B1
99	Refuse to answer (do not read out)	Skip to B1

**A16. How much did you spend on buying and/or manufacturing drugs for own use alone? (open question)**

	UAH
98	Don't know/don't remember (do not read out)

99	Refuse to answer (do not read out)
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**A17. Why did you not spend any money for buying and/or manufacturing drugs within the last 30 days? (choose one option)**

1	Had all necessary ingredients for drugs manufacturing
2	Friends, sexual partners, relatives gave me drugs for free
3	Other (indicate) _____
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**BLOCK B. ALCOHOL AND DRUG USE**

**B1. How often do you have a drink containing alcohol? (choose one option)**

1	Never	Skip to B4
2	Monthly or less	Skip to B2
3	2-4 times a month	Skip to B2
4	2-3 times a week	Skip to B2
5	4 or more times a week	Skip to B2
98	Don't know/don't remember (do not read out)	Skip to B2
99	Refuse to answer (do not read out)	Skip to B2

**B2. How many drinks containing alcohol do you have on a typical day when you are drinking? (choose one option)**

*(by standard drink, we mean a mug of beer, glass of wine or shot of vodka, etc.)*

1	1 or 2
2	3 or 4
3	5 or 6
4	7-9
5	10 or more
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**B3. On one occasion, how often do you have six or more drinks? (choose one option)**

1	Never
2	Less than monthly
3	Monthly
4	Weekly
5	Daily or almost daily
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**B4. At what age did you try ..... for the first time (one option per each line)**

No.	Type of drug	Age	Have never used drugs in such way	Don't know/don't remember (do not read out)	Refuse to answer (do not read out)
1	non-injectable drugs (Use drugs in a way other than injecting)		97	98	99

2	injectable drugs		97	98	99
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**B5. Out of ..... , which drug did you try first (one option per each line)**

No.	Type of drug	Name of drug	Have never used drugs in such way	Don't know/don't remember (do not read out)	Refuse to answer (do not read out)
1	non-injectable drugs (Use drugs in a way other than injecting)		97	98	99
2	injectable drugs		97	98	99

**B6. How often do you inject drugs? (one option per each line)**

1	The number of times within the last 24 hours	
2	The number of days within the last week (should not exceed 7 days)	
3	The number of days within the last 30 days (should not exceed 30 days)	

**B7. Which of them did you inject within the last 30 days? (there may be several options) CARD 1**

**B8. Which of them did you inject within the last 12 months? (there may be several options) CARD 1**

**B9. What is your main injectable drug? (choose one option) CARD 1**

**B10. Which of them did you use in a way other than injecting within the 12 months? (there may be several options) CARD 1**

No	Drug	B7. Injectable drugs within the last 30 days	B8. Injectable drugs within the last 12 months	B9Basic injectable drug	B10. Use in a way other than injecting within the 12 months
1	Liquid opium extract ("shyrka", "chorna")	1	1	1	1
2	Heroin	2	2	2	2
3	Desomorphine ("krokodyl", "elektroshyrka")	3	3	3	3
4	Crystalline methamphetamine (in powder)	4	4	4	4
5	Methamphetamine solution ("vint", "pervintin", drugs produced with addition of iodine and red phosphorus from medicines containing ephedrine or pseudoephedrine)	5	5	5	5
6	Amphetamine in powder form ("fen")	6	6	6	6
7	Cocaine (koks)	7	7	7	7
8	Ephedrine ("bodyaga", "boltushka", "jeff", "mulka", "fedya")	8	8	8	8
9	Bath salt (MDPV, mephedrone)	9	9	9	9
10	Methylenedioxymethamphetamine (ecstasy, MDMA)	10	10	10	10
11	Tramadol (tram, tramal)	11	11	11	11
12	Morphine	12	12	12	12
13	Fentanyl (China White)	13	13	13	13

14	Oxycodone (OxyContin, Percocet, Percodan, Roxicet, Roxicodone, Tylox)	14	14	14	14
15	Program methadone received in the SMT program (tableted or liquid form) with substance abuse registration	15	15	15	15
16	Program methadone, bought from a private seller (tableted)	16	16	16	16
17	Street methadone (crystals or powder)	17	17	17	17
18	Program buprenorphine from healthcare facility, for example received in the SMT program (tableted) with substance abuse registration	18	18	18	18
19	Program buprenorphine, bought from a private seller (tableted)	19	19	19	19
20	Street buprenorphine (subutex)	20	20	20	20
21	Nalbufin	21	21	21	21
22	Baclofen ("baklosan", "bakl")	22	22	22	22
23	Phenibut	23	23	23	23
24	Kontserta	24	24	24	24
25	Dexedrine	25	25	25	25
26	Adderol	26	26	26	26
27	Liryka (active ingredient - pregabalin, gabapentin)	27	27	27	27
28	Speedball (mix of cocaine with heroin or morphine)	28	28	28	28
29	Methcathinone ("jeff"), drugs produced with addition of manganese from pharmaceuticals containing ephedrine	29	29	29	29
30	Cathinone ("bovtushka", "mulka"), drugs produced with addition of manganese from phenylpropanolamine-based pharmaceuticals (PPA)	30	30	30	30
31	LSD (acid)	31	31	31	31
32	Mescaline	32	32	32	32
33	Taren	33	33	33	33
34	Catemin / Calypsol (injectable)	34	34	34	34
35	Catemin / Calypsol (oral)	35	35	35	35
36	Psilocin	36	36	36	36
37	Marijuana (cannabis, plan)	37	37	37	37
38	Poppy seeds	38	38	38	38
39	Hemp seeds	39	39	39	39
40	Hashish (Charas)	40	40	40	40
41	Hashish oil	41	41	41	41

42	Sleeping and sedative drugs, barbiturates (valium, barboval, diazepam, sonat, xanokos, dimedrol, tropicamide, rinazolin, etc.).	42	42	42	42
43	Inhalants (gasoline, acetone, ethanol, etc.)	43	43	43	43
44	Other (indicate)	44	44	44	44
98	Don't know/don't remember (do not read out)	98	98	98	98
99	Refuse to answer (do not read out)	99	99	99	99

**B11. How often do you use your main injection drug? (open question)**

	number of days within the last 30 days
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**B12. How do you get your main drug for use? (several options possible)**

1	Manufacture by myself
2	Manufactured by friends/acquaintances
3	Buy ready for use drug at a coping zone, from a pusher/intermediary
4	Buy ready for use drug through the Internet, Telegram, Viber channels, phone contacts (stash)
5	Buy ready for use drug in pharmacy
6	Other (indicate)
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**B13. Has the price/quality/access to your main drug changed since February 24,2022? (one option per each line)**

No.	Characteristic	Changed for the better for me (cheaper, better quality, easier to get)	Remained unchanged	Changed for the worse for me (more expensive, worse quality, more difficult to get)	Don't know/don't remember (do not read out)
1	Price	1	2	3	98
2	Quality	1	2	3	98
3	Access	1	2	3	98

**B14. Did you use sterile needle and syringe during the last injection of drugs? (choose one option)**

1	Yes
2	No
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**B15. Where did you get/buy the syringe/needle that you used during the last injection of drugs? (choose one option)**

1	Bought in a pharmacy
2	Got for free in a pharmacy
3	Got from a social worker (for example, at syringe exchange point, NGO, during outreach activity)
4	Got sterile syringe/needle from a friend/acquaintance/sexual partner
5	Got already used syringe/needle from a friend/sexual partner
6	Used my own syringe/needle repeatedly
7	Bought drug in a pre-filled syringe and used it for injection
8	Found used syringe/needle
9	Other (indicate)
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**B16. Did you inject drugs with syringe/needle that had been used for injection by another person before you within the last 30 days? (choose one option)**

1	Yes	Skip to B17
2	No	Skip to B18
98	Don't know/don't remember (do not read out)	Skip to B18
99	Refuse to answer (do not read out)	Skip to B18

**B17. How often within the last 30 days did you inject drug with a syringe that had been used by another person before you? (open question)**

1	Always (100%)
2	In most cases (75%)
3	In half of the cases (50%)
4	Sometimes (25%)
5	Rarely (10%)
6	Never
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**B18. Did you use your own syringe/needle for repeated injection of drugs within the last 30 days? (choose one option)**

1	Yes	Skip to B19
2	No	Skip to B21
98	Don't know/don't remember (do not read out)	Skip to B21
99	Refuse to answer (do not read out)	Skip to B21

**B19. How many syringes and/or needles did you use repeatedly within the last 30 days? (open question)**

1	_____ number of syringes/needles
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**B20. Please, think about the last time case for the last 30 days when using the same syringe / needle. How many times did you use the same syringe/needle? (open question)**

1	_____ times
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**B21. How often did you inject drugs with other people (other people and you used drugs in the same place and at the same time)? (choose one option)**

1	Always (100%)
2	In most cases (75%)
3	In half of the cases (50%)
4	Sometimes (25%)
5	Rarely (10%)
6	Never
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**B22. With whom did you inject drugs within the last 30 days (other people and you used drugs in the same place and at the same time)? (one option per each line)**

No.	Person	Yes	No	Don't know/don't remember (do not read out)
1	Friend/acquaintance	1	2	98
2	Wife/husband or regular sexual partner	1	2	98
3	Casual sexual partner	1	2	98
4	Unknown person, not a sexual partner	1	2	98
5	Dealer (pusher)	1	2	98
6	Another person (indicate _____)	1	2	98

**B23. Did you give, lend or sell syringe/needle to another person after having injected drugs by yourself? (choose one option)**

1	Yes	
2	No	
98	Don't know/don't remember (do not read out)	
99	Refuse to answer (do not read out)	

**B24. Did you get/buy the injection in a pre-filled syringe within the last 30 days? That is, you did not see how the syringe was filled with the drug (choose one option)**

1	Yes	Skip to B25
2	No	Skip to B26
98	Don't know/don't remember (do not read out)	Skip to B26
99	Refuse to answer (do not read out)	Skip to B26

**B25. Under what circumstances did you get/buy injection in a pre-filled syringe? (choose one option)**

1	Dealer/Pusher gave me a ready for use pre-filled syringe
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2	Friends/Acquaintance gave me a ready for use pre-filled syringe
3	Bought a ready for use pre-filled syringe through the Internet (stash)
4	Other (indicate)
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**B26. Did you use drug from a big syringe (“pulling out”, several doses in one syringe) by filling your own for further injection within the last 30 days? (choose one option)**

1	Yes
2	No
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**B27. Did someone inject with the syringe before the drug was distributed (“pulling out”, several doses in one syringe) to fill up your own syringes? (choose one option)**

1	Yes
2	No
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**B28. Did you use common appliances or materials for distribution or manufacturing of drugs at least once within the last 30 days? (choose one option)**

(by common appliances meant any kitchenware, cutlery, syringes, needles, water, filters, cotton, etc.)

1	Yes
2	No
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

## BLOCK C. SEXUAL BEHAVIOR

**C1. Have you ever had sex? (choose one option)**

1	Yes	Skip to C2
2	No	Skip to D1
98	Don't know/don't remember (do not read out)	Skip to D1
99	Refuse to answer (do not read out)	Skip to D1

**C2. How old were you when you had your first sexual contact? (choose one option)**

1	_____ years
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**C3. Did you have sexual contacts within the last 12 months? (several options possible)**

1	Yes, with a man
2	Yes, with a woman

3	Yes, a with transgender person
4	No, I did not have sexual contacts
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**C4. Did you have sexual contacts within the last 30 days? (several options possible)**

1	Yes, with a man
2	Yes, with a woman
3	Yes, a with transgender person
4	No, I did not have sexual contacts
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**C5. How often within the last 7 days (complete week) did you have sexual contacts? (choose one option)**

1	Once
2	2-3 times
3	4-6 times
4	Once per day
5	No contacts
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**C6. Did you or your partner use a condom during the last sexual contact? (choose one option)**

1	Yes	Skip to C7
2	No	Skip to C8
98	Don't know/don't remember (do not read out)	Skip to C8
99	Refuse to answer (do not read out)	Skip to C8

**C7. Where did you get/buy a condom used during the last sexual contact? (choose one option)**

1	Bought in a pharmacy
2	Bought in a shop
3	Got for free in a pharmacy
4	Got free condom from a social worker (for example, at syringe exchange point, non-governmental organization, at pharmacy, from outreach worker, mobile van)
5	Got in a healthcare facility (clinic, AIDS Center, private consultation room etc.)
6	Got from a sexual partner
7	Got from a friend/acquaintance
8	Other (indicate)
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**C8. Have you ever had sexual contact with same-sex partners? (choose one option)**

1	Yes
2	No
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**C9. Did you provide sexual services for remuneration (money, or gifts) during your lifetime?**

1	Yes
2	No
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**C10. Have you ever had sex for remuneration, when you paid (money, or gifts) for sex?**

1	Yes	
2	No	Skip to C8.
98	Don't know/don't remember (do not read out loud)	Skip to C8.
99	NA (do not read out loud)	Skip to C8.

**C11. Have you had sexual contact with a male/female sexual worker in the last 6 month?**

1	Yes
2.	No
98	Don't know/don't remember (do not read out loud)
99	NA (do not read out loud)

*Interviewer! Before asking the following questions, please, explain to the respondent that:*

**Regular sexual partners** are the partners with whom the respondent has regular sexual contacts.

**Casual sexual partners** are partners with whom the respondent had casual sexual contact but doesn't feel committed to. There is no payment of money for sex with these partners.

**Commercial sexual partners** are partners who received/gave remuneration for a sexual contact from/to the respondent. Remuneration means money, food, things, alcohol, drugs, protection, etc.

**C12. With which partner did you have your last sexual contact? (choose one option)**

1	Regular partner
2	Casual partner
3	Commercial partner whom you remunerated for sex
4	Commercial partner who remunerated you for sex
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**C13. With whom did you have your last sexual contact? (choose one option)**

1	A man / men
2	A woman / women
3	A transgender person / transgender people
4	Group sex with different sexes
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**C14. What type of sex did you have during your last sexual contact? (several answer options are possible)**

1	Vaginal
2	Anal
3	Oral
98	Don't know/don't remember (do not read out)

99	Refuse to answer (do not read out)
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**C15 Have you had sexual contact within the last 30 days?**

1	Yes
2	No (Skip to D1)
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**C16. How many partners with whom you had sexual contact within the last 30 days belonged to the following categories ... (one option per each line)**

No.	Categories of sexual partners	The fact of having sexual partners and their number within the last month (30 days)			
		Yes	Number	No	Don't know/don't remember (do not read out)
1	Regular partner	1 →	_____	2	98
2	Casual partner	1 →	_____	2	98
3	Commercial partner who you remunerated for sex	1 →	_____	2	98
4	Commercial partner who remunerated you for sex	1 →	_____	2	98
Interviewer, calculate the number and ask the verification question					
5	Total number of partners		_____		

**C17. Did you use a condom during your last sexual contact with... (one option per each line)**

No.	Categories of sexual partners	Yes	No	Don't know/don't remember (do not read out)	No partner
1	Regular partner	1	2	98	4
2	Casual partner	1	2	98	4
3	Commercial partner who you remunerated for sex	1	2	98	4
4	Commercial partner who remunerated you for sex	1	2	98	4

**C18. How often within the last 30 days did you use a condom during sexual contacts with your REGULAR partner? (choose one option)**

**C19. How often within the last 30 days did you use a condom during sexual contacts with your CASUAL partner? (choose one option)**

**C20. How often within the last 30 days did you use a condom during sexual contacts with your COMMERCIAL partner who YOU REMUNERATED for sex? (choose one option)**

**C21. How often within the last 30 days did you use a condom during sexual contacts with your COMMERCIAL partner who REMUNERATED YOU for sex? (choose one option)**

No.	Frequency	C13. Regular partner	C14. Casual partner	C15. Commercial partner who you	C16. Commercial partner who

				remunerated for sex	remunerated you for sex
1	Always (100%)	1	1	1	1
2	In most cases (75%)	2	2	2	2
3	In half of the cases (50%)	3	3	3	3
4	Sometimes (25%)	4	4	4	4
5	Rarely (10%)	5	5	5	5
6	Never	6	6	6	6
7	No partner	8	8	8	8
98	Don't know/don't remember (do not read out)	98	98	98	98
99	Refuse to answer (do not read out)	99	99	99	99

## BLOCK D. MEDICAL CARE FOR STI

### D1. Have you ever had... (one option per each line)

Nº	Infection	Yes	No	Don't know/don't remember (do not read out)
1	Hepatitis B	1	2 (Skip to D6)	98 (Skip to D6)
2	Hepatitis C	1	2 (Skip to D6)	98 (Skip to D6)
3	Syphilis	1	2 (Skip to D6)	98 (Skip to D6)
4	Gonorrhea	1	2 (Skip to D6)	98 (Skip to D6)
5	Chlamydia	1	2 (Skip to D6)	98 (Skip to D6)
6	Herpes	1	2 (Skip to D6)	98 (Skip to D6)
7	HPV	1	2 (Skip to D6)	98 (Skip to D6)
8	Tuberculosis	1	2 (Skip to D6)	98 (Skip to D6)

### D2. Have you been treated for HEPATITS B? (choose one option)

### D3. Have you been treated for HEPATITS C? (choose one option)

### D4. SYPHILIS? (choose one option)

### D5. TUBERCULOSIS? (choose one option)

Nº	Options	D2. Hepatitis B	D3. Hepatitis C	D4. Syphilis	D5. Tuberculosis
1	Yes, received a complete treatment course and was cured	1	1	1	1

2	Yes, received a complete treatment course but wasn't cured	2	2	2	2
3	Yes, was receiving treatment course but haven't completed it	3	3	3	3
4	Yes, receiving treatment now	4	4	4	4
5	No, haven't received before and not receiving treatment now	5	5	5	5
7	Never had such infection	7	7	7	7
98	Don't know/don't remember (do not read out)	98	98	98	98
99	Refuse to answer (do not read out)	99	99	99	99

**D6-D9. Did you take a rapid test for... since Feb 24, 2022?**

(One option per each column. If the respondent said about several - specify the last one.)

	D6 HCV	D7 HCB	D8 Syphilis	D9 Covid-19
Yes, from social worker	1	1	1	1
Yes, from medical worker	2	2	2	2
Yes, by myself, instructed by a social worker	3	3	3	3
Yes, by myself, without instructions and assistance from a social worker	4	4	4	4
Other	5	5	5	5
NO	6	6	6	6
Don't know/don't remember (do not read out)	98	98	98	98
Refuse to answer (do not read out)	99	99	99	99

**BLOCK E. AWARENESS OF HIV/AIDS**

**E1. Do you agree with the following statements about HIV infection? (choose one option in each line)**

Nº	Statements about HIV	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know/don't remember (do not read out)
1	HIV can be avoided if correctly using a condom during each sexual contact	1	2	3	4	5	98
2	HIV can be avoided if an HIV-positive person has an undetectable level of HIV viral load	1	2	3	4	5	98
3	Chance to get HIV-infection is very low if HIV-negative person is taking pre-exposure prophylaxis (PrEP)	1	2	3	4	5	98
4	Chance to get HIV is significantly reduced if a person is taking post-exposure prophylaxis (PEP) immediately (<72 hours) after exposure	1	2	3	4	5	98
5	After HIV-positive diagnoses, a person should immediately start ART	1	2	3	4	5	98

6	ART can be delayed if an HIV-positive person feels healthy	1	2	3	4	5	98
7	An HIV-positive person can stop taking ART if s/he feels healthy	1	2	3	4	5	98
8	HIV is transmitted through blood contact as well as from sexual intercourse	1	2	3	4	5	98
9	HIV is transmitted via: the air as droplets or aerosol particles; faecal-oral spread; skin or mucous membrane contact	1	2	3	4	5	98
10	An HIV-positive person can stop taking ART if they feel healthy	1	2	3	4	5	98

**E2. Do you agree with the following statements about HBV infection? (choose one option in each line)**

No	Statements about Hepatitis B (HBV)	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know/don't remember (do not read out)
1	Hepatitis B can be avoided if correctly using a condom during each sexual contact	1	2	3	4	5	98
2	After HBV -positive diagnoses, a person should immediately start treatment	1	2	3	4	5	98
3	Treatment can be delayed if an HBV-positive person feels healthy	1	2	3	4	5	98
4	HBV can be transmitted from sick mother to a child in 100% of cases	1	2	3	4	5	98
5	HBV is transmitted through blood contact as well as from sexual intercourse	1	2	3	4	5	98
6	HBV is transmitted via: the air as droplets or aerosol particles; faecal-oral spread; skin or mucous membrane contact	1	2	3	4	5	98
7	An HBV-positive person can stop taking treatment if they feel healthy	1	2	3	4	5	98

**E3. Do you agree with the following statements about HCV infection? (choose one option in each line)**

No	Statements about Hepatitis C (HCV)	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know/don't remember (do not read out)

1	HCV can be avoided if correctly using a condom during each sexual contact	1	2	3	4	5	98
2	After HCV -positive diagnoses, a person should immediately start treatment	1	2	3	4	5	98
3	Treatment can be delayed if an HCV -positive person feels healthy	1	2	3	4	5	98
4	HCV can be transmitted from sick mother to a child in 100% of cases	1	2	3	4	5	98
5	HCV is transmitted through blood contact as well as from sexual intercourse	1	2	3	4	5	98
6	There are no treatment for HCV	1	2	3	4	5	98
7	HCV curable disease if you start treatment at early stage	1	2	3	4	5	98
8	HCV is transmitted via: the air as droplets or aerosol particles; faecal-oral spread; skin or mucous membrane contact	1	2	3	4	5	98

**E4. Do you feel that you were at risk of becoming infected with HIV through injection in the past 30 days?**

1	Yes
2	No
98	Don't know/don't remember (do not read out)

**E5. Do you feel that you were at risk of becoming infected with HIV through sexual contact in the past 30 days?**

1	Yes
2	No
98	Don't know/don't remember (do not read out)

**E6. In the past 30 days, did you need clean syringes/needles?**

1	Yes
2	No

**E7. In the past 30 days, did you need condoms?**

1	Yes
2	No

**BLOCK F. ACCESSIBILITY OF PREVENTION PROGRAMS**

**F1. You are a client of a non-governmental organization working with people who inject drugs. That means that you have a card or an individual code and receive specific services, such as syringes, condoms, consultations, etc. (choose one option)**

1	Yes	Skip to F2
2	No	Skip to F5

98	Don't know/don't remember (do not read out)	Skip to F5
99	Refuse to answer (do not read out)	Skip to F5

**F2. Please, specify the name of non-governmental organizations whose client you are (open question)**

	_____ the name of non-governmental organizations
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**F3. Could you show me a client card? (choose one option)**

1	Yes, the code from the client card _____
2	No, I do not have a client card with me
3	No, I do not want to show a card
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**F4. For how long have you been a client of this non-governmental organization? (open question)**

1	_____ months
2	_____ years
3	Less than a month
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**F5. Have you received following free items, from a non-governmental organization or a social worker within the last 12 months? (separately for each column, choose one option)**

**F6. Have you received following free items, from a non-governmental organization or a social worker within the last 30 days? (separately for each column, choose one option)**

№	Free products and services	F5. Within the last 12 months			F6. Within the last 30 days		
		Yes	No	Don't know/don't remember (do not read out)	Yes	No	Don't know/don't remember (do not read out)
1	Sterile needles/syringes	1	2	98	1	2	98
2	Condoms	1	2	98	1	2	98
3	Social worker consultation	1	2	98	1	2	98
4	HIV testing services	1	2	98	1	2	98
5	Hepatitis testing services	1	2	98	1	2	98
6	Syphilis testing services	1	2	98	1	2	98
7	TB screening	1	2	98	1	2	98

**F7. Since the war started in February 2022 the access to products connected to prevention (e.g. syringes, condoms) and counseling has... (choose one option)**

1	become worse than before
2	not changed
3	become better than before
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**F8. Did you buy syringes/needles for yourself during the last month (30 days)? (choose one option)**

1	Yes (Specify how many _____)	Skip to F9
2	No	Skip to F10
98	Don't know/don't remember (do not read out)	Skip to F10
99	Refuse to answer (do not read out)	Skip to F10

**F9. Within the last 30 days, have there been any cases when you could not buy syringes/needles you needed? (choose one option)**

1	Yes, I could not physically find a pharmacy or walk to it
2	Yes, I did not want to go out and buy
3	Yes, the pharmacy has been closed
4	Yes, syringes/needles cost too much
5	Yes, for other reasons _____
6	No, there have been no such cases
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**F10. Have you purchased condoms for yourself and your partner personally within the last month (30 days)? If the respondent indicates the number of condom packs - clarify the total number of condoms (open question)**

1	Yes, _____ pieces	Skip to F11
2	No	Skip to F12
98	Don't know/don't remember (do not read out)	Skip to F12
99	Refuse to answer (do not read out)	Skip to F12

**F11. Within the last 30 days, have there been such cases when you could not purchase condoms when you needed them? (choose one option)**

1	Yes, I could not physically find a pharmacy/store or walk to it
2	Yes, I did not want to go and buy
3	Yes, the pharmacy/store was closed
4	Yes, condoms cost too much
5	Yes, for other reasons _____
6	No, there have been no such cases
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**F12. Have you ever heard about pre-exposure prophylaxis (PrEP)? (choose one option)**

1	Yes, I did	Skip to F13
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2	No, I did not	Skip to F16
98	Don't know/don't remember (do not read out)	Skip to F16
99	Refuse to answer (do not read out)	Skip to F16

*Pre-exposure prophylaxis (PrEP) is a preventive intervention for people at high risk for HIV infection. As a part of this intervention, people take preventive drugs every day in order to protect themselves from HIV infection. However, it is important not to underestimate other preventive measures, such as the constant use of condoms.*

**F13. Have you taken pre-exposure prophylaxis (PrEP) drugs within the last 12 months? (choose one option)**

1	Yes, I have taken PrEP drugs and take it now	Skip to H1
2	Yes, I have taken PrEP drugs but do not take it now	Skip to F14
3	No, I have not	Skip to F15
98	Don't know/don't remember (do not read out)	Skip to F16
99	Refuse to answer (do not read out)	Skip to F16

**F14. Why have you taken PrEP drugs but do not take it now? (several answer options are possible)**

1	I am ashamed to talk about it with my doctor
2	I do not think I am at risk for HIV infection
3	It is not accessible at my place of residence
4	I do not know where to get drugs
5	I have concerns about adverse events
6	I'm not interested with it anymore
7	It became harder to get
8	I am uncomfortable with the schedule of appointments (e.g. daily)
9	It is inconvenient and far to get to the health care facility
10	The working hours of the healthcare facility do not suit me
11	Long queues to receive medications
12	I do not want to be tested for HIV regularly
13	I doubt the effectiveness and safety of PrEP drugs
14	I don't want to show up at the point of delivery because other people might think I have HIV
15	I do not want to be included in additional databases
16	Other (specify, what exactly _____)
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**F15. Why have you not taken PrEP drugs? (several answer options are possible)**

1	I am ashamed to talk about it with my doctor
2	I do not think I am at risk for HIV infection
3	It is not accessible at my place of residence
4	I do not know where to get drugs
5	I have concerns about adverse events
6	I'm not interested with it anymore
7	It became harder to get
8	I do not have an identity card (e.g., passport) or other required documents
9	I am uncomfortable with the schedule of appointments (e.g. daily)
10	It is inconvenient and far to get to the health care facility
11	The working hours of the healthcare facility do not suit me
12	Long queues to receive medications
13	I do not want to be tested for HIV regularly
14	I doubt the effectiveness and safety of PrEP drugs
15	I don't want to show up at the point of delivery because other people might think I have HIV

16	I do not want to be included in additional databases
17	Other (specify, what exactly _____)
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**F16. Would you agree to become a member of PrEP program, if ... (one answer for each line)**

No	Statements	Yes	No	Don't know/don't remember (do not read out)
1	The drug can protect a person from HIV infection	1	2	98
2	The drug should be taken daily	1	2	98
3	The drug should be received at the AIDS Center	1	2	98
4	The drug should be received at a non-governmental organization	1	2	98
5	The drug should be taken as injection approximately every two months	1	2	98
6	The person who starts receiving the drug should have medical check-up every 3 months	1	2	98
7	A person who starts receiving the drug should use a condom at every sexual contact	1	2	98

**BLOCK H. DEPRESSION**

**Over the last 2 weeks, how often have you been bothered by any of the following problems? (choose one option in each line)**

		Not at all	Several days	More than half the days	Nearly every day
<b>H1</b>	Little interest or pleasure in doing things	1	2	3	4
<b>H2</b>	Feeling down, depressed, or hopeless	1	2	3	4
<b>H3</b>	Trouble falling or staying asleep, or sleeping too much	1	2	3	4
<b>H4</b>	Feeling tired or having little energy	1	2	3	4
<b>H5</b>	Poor appetite or overeating	1	2	3	4
<b>H6</b>	Feeling bad about yourself or that you are a failure or have let yourself or your family down	1	2	3	4
<b>H7</b>	Trouble concentrating on things, such as reading the newspaper or watching television	1	2	3	4
<b>H8</b>	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	1	2	3	4
<b>H9</b>	Thoughts that you would be better off dead, or of hurting yourself	1	2	3	4

**Over the last 2 weeks, how often have you been bothered by the following problems? (choose one option in each line)**

		Not at all	Several days	More than half the days	Nearly every day
<b>H10</b>	Feeling nervous, anxious, or on edge	1	2	3	4
<b>H11</b>	Not being able to stop or control worrying	1	2	3	4
<b>H12</b>	Worrying too much about different things	1	2	3	4
<b>H13</b>	Trouble relaxing	1	2	3	4
<b>H14</b>	Being so restless that it's hard to sit still	1	2	3	4
<b>H15</b>	Becoming easily annoyed or irritable	1	2	3	4
<b>H16</b>	Feeling afraid as if something awful might happen	1	2	3	4

## BLOCK I. HIV COUNSELING AND TESTING

**I1. Do you know where you can go in order to test for HIV? (choose one option)**

1	Yes, _____ name/type of the facility
2	No
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**I2. Would you get tested for HIV easily if you wanted to do it in the near future? (choose one option)**

1	Yes
2	No
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**I3. I am not asking you about the test result right now, but have you ever been tested for HIV? (choose one option)**

1	Yes	Skip to I5
2	No	Skip to I4
98	Don't know/don't remember (do not read out)	Skip to I32
99	Refuse to answer (do not read out)	Skip to I32

**I4. Reasons for which you have not been tested for HIV (several answer options are possible)**

1	I have no desire to be tested	Skip to I32
2	My sexual behavior is safe	Skip to I32
3	I have always used drugs in a safe way	Skip to I32
4	I'm afraid to find out my HIV status	Skip to I32
5	I think I have to pay to be tested	Skip to I32
6	I haven't had time for this	Skip to I32
7	Inconvenient location of places where the test can be taken	Skip to I32
8	Other (specify, what exactly _____)	Skip to I32
98	Don't know/don't remember (do not read out)	Skip to I32
99	Refuse to answer (do not read out)	Skip to I32

**I5. Where exactly did you have your last HIV test taken? (choose one option)**

1	At the AIDS Center
2	At the office for private consultation /"Dovira"/
3	At a non-governmental organization, community center or syringe exchange point
4	At the street or at home with the help of social/outreach worker
5	In the mobile van with the help of medical, social or outreach worker
6	At a testing site with the coupon from my peer/friend/partner
7	At a general clinic
8	At a private clinic
9	In a private laboratory
10	In places of imprisonment

11	Independently bought and made a test
12	Other (specify, where exactly _____)
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**I6. How much time has passed since your last HIV testing? (open question)**

1	months
2	years
3	Less than a month
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**I7. Please, try to recall when was the last time you were tested? (choose one option)**

1	Within the last 6 months
2	Within the last 6-12 months
3	More than 12 months ago
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**I8. I am not asking you about the test result, but have you received your last test result? (choose one option)**

1	Yes
2	No
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**I9. Have you had post-test counseling? The doctor has discussed with you the results of your HIV test, provided the necessary information and psychological support? (choose one option)**

1	Yes
2	No
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**I10. Could you tell me your last HIV test result? (choose one option)**

1	Yes, HIV-positive	Skip to I11
2	Yes, HIV-negative	Skip to I25
3	No	Skip to I25
98	Don't know/don't remember (do not read out)	Skip to I25
99	Refuse to answer (do not read out)	Skip to I25

**I11. Were you registered as person living with HIV in a medical facility (e.g. AIDS Center?) (choose one option)**

1	Yes	Skip to I12
2	No (specify why _____)	Skip to I25
98	Don't know/don't remember (do not read out)	Skip to I25
99	Refuse to answer (do not read out)	Skip to I25

**I12. How much time has passed since your last visit to HIV doctor? (open question)**

1	_____ months
2	_____ years
3	Less than a month
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**I13. Are you receiving antiretroviral therapy (ART) ? (choose one option)**

1	Yes	Skip to I15
2	No, but it has been prescribed	Skip to I14
3	Had been on ART, but stopped	Skip to I17
4	No	Skip to I25
98	Don't know/don't remember (do not read out)	Skip to I25
99	Refuse to answer (do not read out)	Skip to I25

**14. How long has it been since you were prescribed ART? Please remember (open question; interviewer, if the participant says he/she does not remember exactly, ask him/her to remember at least approximately)**

1	_____ months (Interviewer, if the answer is more than one year, transform years into months.)
2	Less than a month ago, but more than 2 weeks ago
3	8-14 days ago
4	1-7 days ago
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**I15. We know that it is very difficult to take your HIV medications all the time. When was the last time you missed taking any doses of your ART medication?**

1	Within the past week	
2	1-2 weeks ago	
3	3-4 weeks ago	
4	1-3 months ago	
5	Never missed taking medications in past 3 months	Skip to I25
98	Don't know/don't remember (do not read out)	
99	Refuse to answer (do not read out)	

**I16. The last time you missed at least one tablet, which of these best describes the reason why? (choose one option)**

1	I forgot	Skip to I18
2	I did not have the medication with me at the time I needed to take it	
3	I did not want person(s) nearby to see me taking the medication	
4	I was trying to avoid side effects	
5	I felt healthy	
6	I was drunk	
7	I am not engaging in any behaviors that can transmit HIV to others	
8	I do not believe the medicines are beneficial	
9	Not applicable—no missed tablets	
10	Other, specify: _____	

**I17. When did you stop the ART? (open question)**

1	_____ months
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2	_____ years
3	Less than a month ago
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**I18. Sometimes people have trouble taking HIV medications (ART) because of personal situations or circumstances. What are the reasons you have stopped taking ART or have not yet started to take ART? (for each option choose Agree/Disagree/Not relevant/Not Applicable)**

		Agree	Disagree	Relevant	Not Applicable
1	You don't think that you need it	1	2	3	4
2	You don't have time to go to the clinic	1	2	3	4
3	You don't have the energy or motivation to go to the clinic	1	2	3	4
4	You missed an appointment, so it is difficult to go back	1	2	3	4
5	You have been too sick to go to the clinic	1	2	3	4
6	Your drug use got in the way of going to the clinic	1	2	3	4
7	You had unwanted side effects or complications	1	2	3	4
8	You don't understand when you are supposed to take each pill	1	2	3	4
9	You sold or lost your medicine or your medicine was stolen	1	2	3	4
10	Your drinking (alcohol) got in the way of going back to the clinic	1	2	3	4
11	You had to wait too long, so you left without being seen	1	2	3	4

**I19. How much time has passed since you first started ART? (open question)**

1	_____ months (Interviewer, if the answer is more than one year or several years, transform years into months.)
2	Less than a month
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**I20. Have you been tested to determine the viral load? (choose one option)**

1	Yes	
2	No	Skip to I22
98	Don't know/don't remember (do not read out)	Skip to I22
99	Refuse to answer (do not read out)	Skip to I22

**I21. If you can, please remember how long it has been since you last had a viral load test**

1	_____ months (Interviewer, if the answer is more than one year, transform years into months.)
2	Less than a month
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**I22. Have you ever done HIV test by yourself (HIV self-test), without help or supervision of service**

**provider (medical worker, social worker, etc.)?**

1	Yes	
2	No	Skip to I25
98	Don't know/don't remember (do not read out)	Skip to I25
99	Refuse to answer (do not read out)	Skip to I25

**I23. When was the last time when you have done HIV self-test?**

1	days ago (if less than month ago)
2	months ago (if less than year ago)
3	years ago
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**I24. Where did you get the HIV self-test?**

1	Community-based: in a non-governmental organization, from a social worker, in a mobile van
2	In a medical facility
3	I have ordered the HIV test online
4	It was distributed at my workplace
5	I bought test in pharmacy
6	I got a test in mass distribution community events
7	I took it in vending machines
8	I got it from my partner/friend/peer
9	Other (specify) _____

**I25. Were you tested with a rapid test for HIV in non-governmental organization in 2022? (one answer for each column)**

**I26. Were you tested with a rapid test for HIV in non-governmental organization in 2023? (one answer for each column)**

No	Answer options	I25. 2022	I26. 2023
1	Yes	1	1
2	No	2	2
98	Don't know/don't remember (do not read out)	98	98
99	Refuse to answer (do not read out)	99	99

If the respondent has not done a rapid HIV test in 2022 and 2023, Skip to the question I24 (the answer is "No" in both columns).

**I27. If yes, how many times have you done an HIV test in non-governmental organization in 2022 or 2023? (open question)**

1	In 2022 _____ number of times
2	In 2023 _____ number of times
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**I28. Could you recollect, who exactly has taken your last rapid HIV test in non-governmental organization (NGO)? (choose one option)**

1	Social worker
2	Healthcare worker
3	Myself, was instructed by a social worker
4	Myself, without any help or instructions from a social worker

5	Other (specify who exactly_____)
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**I29. Please, rate the following criteria related to your last rapid testing in NGO on a scale from 1 to 10: where 1 is the lowest score and 10 is the highest (choose one option per each line)**

1	Convenient time	1	2	3	4	5	6	7	8	9	10
2	Convenient location/place	1	2	3	4	5	6	7	8	9	10
3	Completeness of information provided by a social/healthcare worker	1	2	3	4	5	6	7	8	9	10
4	Confidentiality	1	2	3	4	5	6	7	8	9	10

*Question I30 only for those respondents who shared their HIV-positive status.*

**I30. Do you get any social support within the framework of which a social worker provides support to HIV-positive client, in particular, helps him/her to register with AIDS Center and undergo further screening? (choose one option)**

1	Yes, I am given social support at the moment
2	I was provided with a social support before, but not at the moment
3	No
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**I31. Please, rate the assistance of a social worker on a scale from 1 to 10, where 1 is the lowest and 10 is the highest (choose one option)**

1	2	3	4	5	6	7	8	9	10
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*If the respondent has a regular sexual partner, ask him the I32 question.*

**I32. I am not asking you about the test result at this time, I just want to know whether do you know if your regular sexual partner has his/her HIV test done or not? (choose one option)**

1	Yes	Skip to I38
2	No	Skip to J1
98	Don't know/don't remember (do not read out)	Skip to J1
99	Refuse to answer (do not read out)	Skip to J1

**I33. Could you share his/her HIV status? (choose one option)**

1	Yes, HIV-positive
2	Yes, HIV-negative
3	No
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

## BLOCK J. HEALTH-SEEKING BEHAVIOR

**J1. Did you have health problems other than drug addiction which required medical assistance within the last 12 months? (choose one option)**

1	Yes
2	No
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**J2. Did you go to a healthcare facility in order to get treatment within the last 12 months? (choose one option)**

1	Yes	Skip to J3
2	No	Skip to J10
98	Don't know/don't remember (do not read out)	Skip to J10
99	Refuse to answer (do not read out)	Skip to J10

**J3. Which healthcare facilities did you go to within the last 12 months? (there may be several options)**

**J4. Which healthcare facility did you go to the last time? (choose one option)**

No.	Healthcare facility	J3. Within the last 12 months	J4. Last time
1	General clinic, outpatient clinic, primary medical care center, family doctor's office	1	1
2	Hospital	2	2
3	Private clinic	3	3
4	Private laboratory	4	4
5	Tuberculosis clinic	5	5
6	Narcological clinic	6	6
7	Dermatovenerological clinic	7	7
9	Called an ambulance	9	9
11	Mobile clinic	11	11
12	Other (indicate where _____)	12	12
98	Don't know/don't remember (do not read out)	98	98
99	Refuse to answer (do not read out)	99	99

**J5. Did you receive adequate medical assistance to deal with your health issues when you went to a healthcare facility the last time? (choose one option)**

1	Yes
2	No
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**J6. Did you avoid turning for MEDICAL HELP IN GENERAL within the last 12 months due to a fear or other concerns.... (one option per each line)**

**J7. Did you avoid HIV TESTING within the last 12 months due to a fear or other concerns like... (one option per each line)**

No.	Reasons	J6. Medical services in general		J7. HIV testing	
		Yes	No	Yes	No

1	stigmatization from medical personnel	1	2	1	2
2	somebody can find out that you use drugs	1	2	1	2
3	possible or experienced violence	1	2	1	2
4	possible or experienced pursuit or arrest by law enforcement agencies	1	2	1	2
5	refusal of medical care due to drug use	1	2	1	2

**J8. Did you avoid turning to HIV-RELATED MEDICAL SERVICES within the last 12 months due to a fear or others concerns .... (one option per each line)**

**J9. Did you avoid seeking HIV TREATMENT within the last 12 months due to a fear or other concerns .... (one option per each line)**

No.	Reasons	J8. HIV-related medical care			J9. HIV treatment		
		Yes	No	N/A	Yes	No	N/A
1	stigmatization from medical personnel	1	2	3	1	2	3
2	somebody can find out that you use drugs	1	2	3	1	2	3
3	possible or experienced violence	1	2	3	1	2	3
4	possible or experienced pursuit or arrest by law enforcement agencies	1	2	3	1	2	3
5	refusal of medical care due to drug use	1	2	3	1	2	3

**J10. Have you signed the contract with a family physician? (choose one option)**

1	Yes	Skip to J11
2	No	Skip to K1
98	Don't know/don't remember (do not read out)	Skip to K1
99	Refuse to answer (do not read out)	Skip to K1

**J11. How often did you visit your family doctor in policlinic within the last 12 months? (choose one option)**

1	Approximately twice per month or more often
2	Once per month
3	3-4 times within 12 months
4	Saw once – when started treatment
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

## BLOCK K. DRUG ADDICTION TREATMENT

**K1. Have you ever experienced an overdose of narcotic substances? (choose one option). (An overdose is considered to be a condition after taking drugs, when a person's breathing slows or stops, lips and nails turn blue, there is a prolonged loss of consciousness, lack of response, etc.)**

1	Yes, I have	Skip to K2
2	No, I haven't	Skip to K6
98	Don't know/don't remember (do not read out)	Skip to K6
99	Refuse to answer (do not read out)	Skip to K6

**K2. How old were you when you overdosed for the first time? (choose one option)**

1	_____ years
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**K3. How many times in your life have you overdosed on drugs? (open question)**

1	_____ times
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**K4. Have you had an overdose within the last 12 months? (choose one option)**

1	Yes, _____ times	Skip to K5
2	No, I don't have	Skip to K6
98	Don't know/don't remember (do not read out)	Skip to K6
99	Refuse to answer (do not read out)	Skip to K6

**K5. What exactly did you use when you had an overdose last time? (choose one option)**

1	I have used one narcotic substance (please specify)
2	I have used several different narcotic substances (specify, what exactly)
3	I have been drinking alcohol and using narcotic substances (indicate, what exactly)

**K6. Have you ever heard or used naloxone?**

1	No, never heard.
2	I've heard, but never used.
3	I've used.
4	Never used it, but my friends have
5	Me and my friends used naloxone
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**K7. Do you know if there is substitution maintenance therapy (SMT) program available in your community? (choose one option)**

1	Yes, there is	Skip to K8
2	Yes, I've heard something, but not sure	Skip to K8
3	No, I do not know and I have heard nothing	Skip to K15
98	Don't know/don't remember (do not read out)	Skip to K15
99	Refuse to answer (do not read out)	Skip to K15

**K8. Where did you find information about the SMT program from? (choose one option)**

1	Heard from acquaintances	
2	Doctor's advice	
3	Was told about in non-governmental organization	
4	Other (indicate exactly _____)	
98	Don't know/don't remember (do not read out)	
99	Refuse to answer (do not read out)	

**K9 Have you ever been a participant of SMT program?**

1	Yes, I have before and I am now	Skip to K13
2	Yes, I have before, but not at this time	Skip to K10
3	No, I have not, but planning to	Skip to K15
4	No, I have no, but I tried early to get and without success.	Skip to K15
5	No, I have never been and do not plan to	Skip to K12
98	Don't know/don't remember (do not read out)	Skip to K15
99	Refuse to answer (do not read out)	Skip to K15

**K10. Why did you stop SMT? (several options)**

1	Moved to another city, and don't know where SMT is provided	
2	SMT site stopped working after 24.02.22, and I don't know if it works now.	
3	Poor or almost imperceptible effect.	
4	I have side-effects while taking it.	
5	I don't want to go to the clinic.	
6	I don't want to stop using drugs.	
7	It's difficult to get to the SMT site.	
8	I don't need it at all.	
9	I don't like the doctor's attitude/communication.	
98	Don't know/don't remember (do not read out)	
99	Refuse to answer (do not read out)	

**K11. If you compare the frequency of injections before you started SMT program and during your participation in the program, did the frequency of injections change in any way? (choose one option)**

1	It has become much more intense	Skip to K13
2	Became slightly more intense	
3	Has not changed at all	
4	Became slightly less intense	
5	Became significantly less intense	
98	Don't know/don't remember (do not read out)	
99	Refuse to answer (do not read out)	

**K12. Why you do not plan to participate in SMT program? (open question)**

	Skip to K15
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**K13. Have you received methadone or buprenorphine within the SMT program in 2023? (choose one option)**

1	Yes
---	-----

2	No
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**K14. Are you taking methadone or buprenorphine within the SMT program? (choose one option)**

1	Yes
2	No
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**K15. Have you bought methadone or buprenorphine (in tablets) within the last 12 months (not being a patient of SMT program)? (choose one option)**

1	Yes, I bought methadone	Skip to K16
2	Yes, I bought buprenorphine	Skip to K16
3	No, I did not	Skip to K18
98	Don't know/don't remember (do not read out)	Skip to K18
99	Refuse to answer (do not read out)	Skip to K18

**K16. Where did you buy methadone or buprenorphine for the last 12 months? (several answer options)**

1	I have purchased the drug from other participants of the SMT program
2	I bought a "street" drug through an acquaintance
3	I bought the drug using prescription issued by private clinics/doctors
4	I bought another drug containing buprenorphine (Subitex)
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**K17. How do you use/have used methadone or buprenorphine (in tablets) that you bought/buy? (choose one option)**

1	Dissolve the tablet in the mouth under the tongue
2	Ground tablet to powder and sniff up
3	Prepare a solution and inject
4	Prepare a solution, mix it with another substance (e.g., sibazanum/sibazon) and inject
5	Other (indicate, what exactly _____)
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**K18. Are you registered with the state narcological clinic in connection with drugs abuse or addiction? (choose one option)**

1	Yes, in _____ (facility name)
2	No
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**K19. Were you getting treatment in the state narcological clinic in 2023? (choose one option, separately for each line)**

**K20. Which drug caused a condition that required treatment at the last time? (open question)**

No	Type of treatment	K19. 2023	K20. Drugs

		Yes	No	Don't know/don't remember (do not read out)	
1	In-patient treatment	1	2	3	_____ drug
2	Out-patient treatment	1	2	3	_____ drug

**K21. Have you been getting treatment in the state narcological clinic in 2023? (choose one option, separately for each line)**

**K22. Which drug caused a condition that required treatment at the last time? (open question)**

№	Type of treatment	K21. 2023			K22. Drugs
		Yes	No	Don't know/don't remember (do not read out)	
1	In-patient treatment	1	2	3	_____ drug
2	Out-patient treatment	1	2	3	_____ drug

### BLOCK L. INCARCERATION

**L1. Have you been detained by the police in 2022? (choose one option per each line)**

**L2. Have you been detained by the police in 2023? (choose one option per each line)**

№	Answer options	L1. 2022		L2. 2023	
		Yes	No	Yes	No
1	Drug use	1	2	1	2
2	Drug distribution	1	2	1	2
3	Drug possession	1	2	1	2

**L3. When you were detained, did police draw up an official arrest report? (choose one option)**

1	Yes	
2	No	
3	The police did not detain me within in 2022 and 2023	
98	Don't know/don't remember (do not read out)	
99	Refuse to answer (do not read out)	

**L4. Have you ever been imprisoned? (choose one option)**

1	Yes	Skip to L5
2	No	Skip to M1
98	Don't know/don't remember (do not read out)	Skip to M1
99	Refuse to answer (do not read out)	Skip to M1

**L5. The duration of time spent in prison (open question)**

1	_____ months
2	_____ years
3	Less than a month
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**L6. When was the last time you were released from prison? (choose one option)**

1	Less than a month ago
2	From 1 to 6 months ago
3	From 6 months to 1 year ago
4	From 1 year to 3 years ago
5	From 3 year to 5 years ago
6	From 5 year to 10 years ago
7	More than 10 years ago
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**L7. Did you use injection drugs while being imprisoned (not in pre-trial detention facilities)? (choose one option)**

1	Yes
2	No
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**BLOCK M.COVID 19**

**M1.Have you ever had COVID-19?**

1	Yes
2	No
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**M2.Have you ever been vaccinated against COVID-19?**

1	Yes, once
2	Yes, twice
3	Yes, three times
4	Yes, more than three times
5	No
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**M3.Please tell me how access to these services has changed in connection with the quarantine restrictions of COVID-19 over 2020-2021 years? (only one answer in each row)**

No	services	Got worse	Did not change	Got better	Don't know/don't remember (do not read out loud)	NA (do not read out loud)
1	Condoms	1	2	3	98	99
2	Syringes / needles	1	2	3	98	99
3	SMT					
4	Social worker consultation	1	2	3	98	99
5	HIV testing services	1	2	3	98	99
6	Hepatitis B / C testing services	1	2	3	98	99
7	Syphilis testing services	1	2	3	98	99
8	Screening (symptom questionnaire)	1	2	3	98	99

	for tuberculosis					
9	<b>Acces to youre main drug</b>	1	2	3	98	99

## BLOCK N. STIGMA, physical and sexual violence

### **N1. Have you ever felt excluded from family activities because you inject drugs?**

1	No
2	Yes, in the last six months
3	Yes, but not in the last six months
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

### **N2. Has someone ever scolded you because you inject drugs?**

1	No
2	Yes, in the last six months
3	Yes, but not in the last six months
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

### **N3. Has someone ever blackmailed you because you inject drugs?**

1	No
2	Yes, in the last six months
3	Yes, but not in the last six months
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

### **N4.. Have you ever been physically abused (beaten, pushed, physically forced to have sex, etc.) because you inject drugs in the last 12 months? (choose one option)**

1	Yes	
2	No	Skip to N6
98	Don't know/don't remember (do not read out)	Skip to N6
99	Refuse to answer (do not read out)	Skip to N6

### **N5. Have you experienced any of the following forms of physical violence in the last 12 months, because you inject drugs? Try to recall. (choose one option)**

1	Yes	
2	No	
98	Don't know/don't remember (do not read out)	
99	Refuse to answer (do not read out)	

### **N6. Have you witnessed anyone you know experiencing any of these types of physical violence in the last 12 months, because he injects drugs?? Try to recall. (choose one option)**

1	Yes	
2	No	
98	Don't know/don't remember (do not read out)	
99	Refuse to answer (do not read out)	

## BLOCK O. RUSSIAN AGGRESSION

Now I will ask you a few questions about the Russian invasion and its impact on your life.

**O1. Before the start of the full-scale Russian invasion on February 24, 2022, did you live in the same city where we are now? (choose one option)**

1	Yes	
2	No	Skip to O3
98	Don't know/don't remember (do not read out)	Skip to O4
99	Refuse to answer (do not read out)	Skip to O4

**O2. Have you changed your place of residence since the start of the full-scale Russian invasion on February 24, 2022?<sup>1</sup> (choose one option)**

1	Yes	
2	No	Skip to O4
98	Don't know/don't remember (do not read out)	Skip to O4
99	Refuse to answer (do not read out)	Skip to O4

**O3. Where did you move to after the start of the full-scale Russian invasion? (choose any options that apply)**

1	Abroad
2	To another region of Ukraine
3	To another settlement in the same region
4	To another district of the same city/city district where you lived before 02/24/2022
5	To another apartment/building within the neighborhood where you lived before 02/24/2022
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**O4. Could you assess whether the following things in your life have changed since the beginning of the Russian invasion (including up to and including today)? (one option per each line)**

No.	Person	Significantly improved	Somewhat improved	Rather not changed	Somewhat worsened	Significantly worsened	Don't know/don't remember (do not read out)
1	Physical health and well-being	1	2	3	4	5	98
2	Mental health and well-being	1	2	3	4	5	98
3	Access to substitution maintenance therapy services	1	2	3	4	5	98
4	Access to free syringes and/or needles	1	2	3	4	5	98

<sup>1</sup> Ви змінювали місце проживання після початку повномасштабного російського вторгнення 24 лютого 2022 року?

5	Access to HIV testing services	1	2	3	4	5	98
6	Access to PrEP services	1	2	3	4	5	98
7	Access to healthcare services (family doctor, services in healthcare facilities, etc.)	1	2	3	4	5	98
8	The opportunity to work and earn a living	1	2	3	4	5	98
9	Condoms	1	2	3	4	5	98
10	Social worker consultation	1	2	3	4	5	98
11	Hepatitis B / C testing services	1	2	3	4	5	98
12	Syphilis testing services	1	2	3	4	5	98
13	Screening (symptom questionnaire) for tuberculosis	1	2	3	4	5	98
14	<b>Access to your main drug</b>	1	2	3	4	5	98

**O5.O6. Could you assess the frequency of alcohol / drug use since the start of the war.**

	frequency increased	first increased then became the same	frequency did not change	first decreased then became the same	frequency decreased	Don't know/don't remember (do not read out)
O5. Could you assess the frequency of alcohol use since the start of the war.	1	2	3	4	5	98
O6. Could you assess the frequency of drug use since the start of the war.	1	2	3	4	5	98

**BLOCK Q. MIGRATION**

**Q1. How many people did you know in this city in 2018 (5 years ago)? (open question)**  
 ("knowing people" means that you know their names and they know your name and you've met them in

person)

1	
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**Q2. How many of them moved outside of this city since then? (open question)**

1	
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**Q3. How many of them moved out of the country since then? (open question)**

1	
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

## BLOCK N. INFORMATION ON COUPONS ISSUANCE

No	Question	Number of persons	Note
N1	<b>Recall people who you know (you know their names and they know yours) and who have used injection drugs within the last 30 days. Please indicate their quantity. Participants are obliged to give an answer - "zero" can not be the answer</b>	_____ persons	
N2	<b>How many of them (number indicated in question 1) have you seen in the last 30 days? Participants are obliged to give an answer - "zero" can not be the answer</b>	_____ persons	The quantity should not exceed N1
N3	<b>All of them (number indicated in question 2) have reached age of 14 years.</b> <i>Participants are obliged to give an answer - "zero" can not be the answer</i>	1. Yes, _____ persons 2. No, _____ persons younger than 14 years old	The quantity should not exceed N2
N4	<b>How many of them (number indicated in the question 2, except for those under age 14 - question 4) live or spend most of their time in a city where this survey is conducted?</b> <i>Participants are obliged to give an answer - "zero" can not be the answer</i>	_____ persons	The quantity should not exceed n N2-N3, if the answer is "No" in N3
N5	<b>Do you know personally any other adult PWID who live, study or stay in other cities/towns of your oblast?</b>	1. Yes 2. No	Skip to N6 Skip to N7
N6	<b>Indicate the quantity of PWID who are over 18 who live, study or stay in other cities/towns of your oblast.</b>	City/town _____ persons City/town _____ persons City/town _____ persons	

		City/town _____ persons____
		City/town _____ persons____

**N7. Would you agree to involve your friends or acquaintances to participate in our survey for compensation?**

1	Yes	Skip to 01
2	No	Skip to N8

**N8. We do not ask for your address, but would like to know which city district you live or spend most of your time? (open question)**

1	The official name of the administrative district of the city/town	
2	Name of the neighborhood (may be unofficial name)	

**N9. Have you taken part in similar surveys in 2020 (when your friend/acquaintance invited you and gave a coupon to participate, you answered similar questions and got tested for HIV and hepatitis C) in the city we are currently in? (choose one option)**

1	Yes
2	No
3	Do not have an answer (do not read out)

**N10. Have you taken part in similar surveys in 2017-2018 (when your friend/acquaintance invited you and gave a coupon to participate, you answered similar questions and got tested for HIV and hepatitis C) in the city we are currently in? (choose one option)**

1	Yes
2	No
3	Do not have an answer (do not read out)

**N11. Question for the interviewer: Why do you think the respondent refused to act as a recruiter?**

--

#### **BLOCK O. UNIQUE OBJECT [ONLY FOR 2 SELECTED CITIES]**

**O1. In the previous 2 weeks, did you receive a [unique object # 1] or a [unique object # 2]? (one option)**

1	Yes, I received unique object # 1	Skip to O2
2	Yes, I received unique object # 2	Skip to O10
3	Yes, I received both unique objects	Skip to O2
4	No	Skip to P1
98	Don't know/don't remember (do not read out)	Skip to O2

Nº	Questions (one option per each line)	Yes	No	Don't know/don't remember (do not read out)
O2	Can you show [unique object # 1] to me?	1	2	98
O3	Can you describe [unique object # 1] to me?	1	2	98
O4	Is this the [unique object # 1] you received?	1	2	98

**O5. How many [unique object # 1] did you receive? (one option)**

1	numbers
98	Don't know/don't remember (do not read out)

**O6. When did you receive this [unique object # 1]? Specify the approximate date (open question)**

1	
98	Don't know/don't remember (do not read out)

**O7. Where did you receive this [unique object # 1]? Specify a place and city (open question)**

1	
98	Don't know/don't remember (do not read out)

**O8. Who did you receive this [unique object # 1] from? (one option)**

1	Friend
2	Sex partner
3	Social worker
4	Person from the same district
5	Co-worker
6	Stranger
7	Another PWID
8	Another person (
98	Don't know/don't remember (do not read out)

**O9. Did you pay or buy this [unique object # 1]? (one option)**

1	Yes
2	No

Nº	Questions (one option per each line)	Yes	No	Don't know/don't remember (do not read out)
O10	Can you show [unique object # 2] to me?	1	2	98
O11	Can you describe [unique object # 2] to me?	1	2	98
O12	Is this the [unique object # 2] you received?	1	2	98

**O13. How many [unique object # 2] did you receive? (one option)**

1	numbers
98	Don't know/don't remember (do not read out)

**O14. When did you receive this [unique object # 2]? Specify the approximate date (open question)**

1	
98	Don't know/don't remember (do not read out)

**O15. Where did you receive this [unique object # 2]? Specify a place and city (open question)**

1	
98	Don't know/don't remember (do not read out)

**O16. Who did you receive this [unique object # 2] from? (one option)**

1	Friend
2	Sex partner
3	Social worker
4	Person from the same district
5	Co-worker
6	Stranger
7	Another PWID
8	Another person (
98	Don't know/don't remember (do not read out)

**O17. Did you pay or buy this [unique object # 2]? (one option)**

1	Yes
2	No

**Full name of the interviewer:** \_\_\_\_\_

**The end time of the interview:** \_\_\_\_\_ hh/mm/a.m/p.m.

**THANK YOU FOR PARTICIPATING IN THE SURVEY!**

**Interviewer, please, refer the respondent to a health worker for testing.**

## BLOCK P. INFORMATION ABOUT THE RELATED SURVEY

**Starting time of the biocomponent:** \_\_\_\_\_ **hh/mm/a.m/p.m.**

**P1. Is respondent receiving antiretroviral therapy (ART)?**

1	Yes
2	No, but it has been prescribed
3	Had been on ART, but stopped
4	No
97	The respondent said no, but I know the respondent and I know that he/she is receiving ART
98	Don't know/don't remember (do not read out)
99	Refuse to answer (do not read out)

**P2. Specify the test results of the respondent:**

No	Test	Positive	Negative	Has not been conducted
1	HIV (first test)	1	2	3
2	HIV (second test)	1	2	3
3	HIV (third test)	1	2	3
4	Hepatitis C	1	2	3
5	Syphilis	1	2	3

No	Question	Yes	No
P3	Has the pre-test counseling been conducted with the respondent?	1	2
P4	Has the post-test counseling been conducted with the respondent?	1	2
P5	Have the test results conducted within the study been notified to the respondent?	1	2
P6	Has DBS been taken from the respondent?	1	2

**P7. In case of a positive result, did the respondent get a REFERRAL to the AIDS center or another organization?**

**P8. In case of a positive result, was the respondent LINKED with AIDS Center or another organization?**

**P9. Which organization has the respondent received referral to or was linked to?**

Positive result	P7. Referral		P8. Linkage		P9. Name of the facility
	Yes	No	Yes	No	
HIV	1	2	1	2	
Hepatitis C	1	2	1	2	
Syphilis	1	2	1	2	

**Full name of a healthcare worker:** \_\_\_\_\_

**The end time of the biocomponent:** \_\_\_\_\_ **hh/mm/a.m/p.m**

## CARD 1

1. Liquid opium extract (shirka, chorna)
2. Heroin
3. Desomorphine (krokodyl, elektroshirka)
4. Crystalline methamphetamine (in powder form)
5. Solution of methamphetamine (vint, pervintin, drugs produced with addition of iodine and red phosphorus from pharmaceuticals containing ephedrine or pseudoephedrine)
6. Amphetamine in powder form (fen)
7. Cocaine (koks)
8. Ephedrine (bodyaga, boltushka, jeff, mulka, fedya)
9. Bath salt (MDPV, mephedrone)
10. Methylenedioxymethamphetamine (ecstasy, MDMA)
11. Tramadol (tram, tramal)
12. Morphine
13. Fentanyl (China White)
14. Oxycodone (OxyContin, Percocet, Percodan, Roxicet, Roxicodone, Tylox)
15. Program methadone received in the SMT program (tableted or in liquid form) with substance abuse registration
16. Program methadone, bought from private seller (tableted)
17. Street methadone (crystals or powder)
18. Program buprenorphine from healthcare facility, for example received in the SMT program (tableted) with substance abuse registration
19. Program buprenorphine, bought from private seller (tableted)
20. Street buprenorphine (subitex)
21. Nalbufin
  
22. Baclofen (baklosan, bakl)
23. Phenibut
24. Kontserta
25. Dexedrine
26. Adderol
27. Lirika (active ingredient - pregabalin, gabapentin)
  
28. Speedball (mix of cocaine with heroin or morphine)
29. Methcathinone (jeff), drugs produced with addition of manganese from pharmaceuticals containing ephedrine
30. Cathinone (bovtushka, mulka), drugs produced with addition of manganese from phenylpropanolamine-based pharmaceuticals (PPA)
31. LSD (acid)
32. Mescaline
33. Taren
34. Catemin / Calypsol (injectable)
35. Catemin / Calypsol (oral)
36. Psilocin
37. Marijuana (cannabis, plan)
38. Poppy seeds
39. Hemp seeds
40. Hashish (Charas)
41. Hashish oil
42. Sleeping and sedative drugs, barbiturates (valium, barboval, diazepam, sonat, xanokos, dimedrol, tropicamide, rinazolin, etc.)
43. Inhalants (gasoline, acetone, ethanol, etc.)
44. Other (indicate) \_\_\_\_\_