



Dear participant,

this questionnaire is about your drug use behaviour and your strategies to prevent infectious diseases, especially infections with hepatitis C. In addition, we are interested in your knowledge on hepatitis C.

Please fill in the questionnaire if you are a current drug user who

- is below **the age of 30** and
- is **hepatitis C negative** or who is not sure if you are infected, and
- uses **heroin, cocaine powder, crack** or **amphetamines** regularly – (at least 3 days a week)

All information is anonymous and treated as confidential.

Thank you very much for your support

Number of interview

|_|_|_|

Do not fill in

1. How old are you? |_|_| years

2. Your gender: female male

3. Please fill in the date of today |_|_|/|_|_|/|_|_| day / month / year

4. The country of your origin _____

5. The city you live _____

6. The name of the facility you are right now? _____

7. In the last 12 months - Have you been tested for...

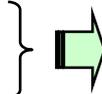
	Yes	No	Not sure
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Do you have an infection with ...

	Yes	No	Not sure
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. If you have or had a hepatitis C infection, have you ever been in medical treatment for this disease?

- yes, terminated
- yes, but not finalised
- yes, at present
- not in treatment



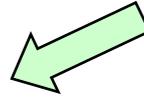
Stop answering the questions, if you ticked on of these boxes

10. Are you vaccinated against hepatitis B? yes no not sure



11. Are you currently in substitution treatment? yes no

12a. If yes, do you receive



- Methadon or Polamidon
- Buprenorphine, Subutex, Suboxone
- Diamorphine
- Another medication: _____

12b. How many months or years are you in your current substitution treatment?

____|____| months ____|____| years

13. Do you have a partner or children at home?

- Yes, partner or husband **if yes:** Does your partner/husband use drugs? Yes No
- Yes, little child/children (under age of 16)
- No, I am single

14. Where do you live at present? (only one answer)

- Alone in own room / flat
- With my partner in own room / flat
- In house of my parents /relatives
- Together with friends in flat
- Others _____
- Occasional housing (friends, customers)
- In institutions (residential rehab, prison etc.)
- Night shelters
- Hostels
- Homeless, roofless

15. What is the highest formal education, you have finalised?

- Certificate of secondary education (CSE)
- O-level certificate
- A-level certificate
- University degree
- Professional training
- None

16. Are you currently employed or in training?

- Employed
- Unemployed
- Education, training
- Others _____



17. What is your main finance at present? (only one answer)

- Wage
- Salary from occasional jobs
- Unemployment benefit
- Welfare benefit
- Financial support from partner, relatives
- Selling / distribution of drugs
- Prostitution
- Other, specify _____

18. How old were you, when you started a regular use of the substances listed below?

Regularly means more than 3 times per week or more than on two following days.

Alcohol	_ _ age	Fentanyl	_ _ age
Heroin	_ _ age	Amphetamines	_ _ age
Cocaine powder	_ _ age	Crack (rocks, freebase)	_ _ age

19. Which of the following substances did you ever use in your life?

Which of the substances did you use in the past 30 days? With regard to the past 30 days – on how many days did you use the substances?

Please fill in the number of days for each line

	Ever used	Used in the past 30 days	If used in past 30 days: on how many days?
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	_ _ days
Heroin	<input type="checkbox"/>	<input type="checkbox"/>	_ _ days
Fentanyl	<input type="checkbox"/>	<input type="checkbox"/>	_ _ days
Cocaine powder	<input type="checkbox"/>	<input type="checkbox"/>	_ _ days
Crack (“rocks”, “freebase”)	<input type="checkbox"/>	<input type="checkbox"/>	_ _ days
Amphetamines, speed	<input type="checkbox"/>	<input type="checkbox"/>	_ _ days
Benzodiazepines	<input type="checkbox"/>	<input type="checkbox"/>	_ _ days
Non prescribed substances such as barbiturates / sedatives / tranquillisers	<input type="checkbox"/>	<input type="checkbox"/>	_ _ days
Non-prescribed substitution substances (eg. methadone bought on the street)	<input type="checkbox"/>	<input type="checkbox"/>	_ _ days
Cannabis	<input type="checkbox"/>	<input type="checkbox"/>	_ _ days
Ecstasy (MDMA etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_ _ days
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_ _ days



20. Have you ever injected drugs? yes no



If you never injected, go to question 27

21a. At which age did you start to inject regularly? |__|__| age

21b. Have you injected any drug in the past 30 days yes no

If you have injected in the past 30 days...

21c. On how many days did you inject in the past 30 days |__|__| days

21d. Did or do you inject regularly in the past 30 days? yes no

21e. On a typical day, how often do you inject drugs? |__|__| times

FOR INJECTORS

The following questions are related to your drug use behaviour in the past 30 days

22. How often do you usually use your own syringe? *(only one answer)*

- always only one time
- sometimes two or three times
- it happens that I use my syringe more than three times

23. In the last 30 days - How often did you use syringes and needles used by others? *(only one answer)*

- | Syringes | Needles |
|---|---|
| <input type="checkbox"/> very often, almost daily | <input type="checkbox"/> very often, almost daily |
| <input type="checkbox"/> often | <input type="checkbox"/> often |
| <input type="checkbox"/> sometimes | <input type="checkbox"/> sometimes |
| <input type="checkbox"/> rarely | <input type="checkbox"/> rarely |
| <input type="checkbox"/> never | <input type="checkbox"/> never |

24. In case you have used your injecting equipment more than one time or if you have shared syringes or needles, what are the reasons for this?

- It was not possible to get new syringes and needles
- next opportunity to exchanges syringes was too far away
- I had no money to by new syringes and needles
- I was to lazy to go for obtaining new syringes and needles
- I was in prison and sterile syringes and needles were not available
- other reason _____



25. In the last 30 days - How often did you use equipment such as filter, spoon or water that has been used by others? (only one answer)

- | | | |
|---|--------------------------------|------------------------------------|
| <input type="checkbox"/> very often, almost daily | <input type="checkbox"/> often | <input type="checkbox"/> sometimes |
| <input type="checkbox"/> rarely | <input type="checkbox"/> never | |

26. In the last 30 days - how many times have you injected a drug that was prepared in another person's used spoon or mixing container? (only one answer)

- | | | |
|---|--------------------------------|------------------------------------|
| <input type="checkbox"/> very often, almost daily | <input type="checkbox"/> often | <input type="checkbox"/> sometimes |
| <input type="checkbox"/> rarely | <input type="checkbox"/> never | |

For SMOKER and SNIFFER

The following questions are related to your drug use behaviour in the past 30 days

27a. Have you smoked (pipe, foil) any drug in the past 30 days? yes no


If you never smoked, go to question 29

If you have smoked any drug in the past 30 days...

27b. On how many days did you smoke in the past 30 days |__|__| days

27c. On a typical day, how often do you smoke drugs? |__|__| times

28. In the last 30 days - How often have you used a crackpipe or foil which was previously used by others? (only one answer)

- | | | |
|---|--------------------------------|-----------------------------------|
| <input type="checkbox"/> very often, almost daily | <input type="checkbox"/> often | <input type="checkbox"/> sometime |
| <input type="checkbox"/> rarely | <input type="checkbox"/> never | |

29a. Have you sniffed any drug in the past 30 days? yes no


If you never sniffed, go to question 31

If you have smoked any drug in the past 30 days...

29b. On how many days did you sniff in the past 30 days |__|__| days

29c. On a typical day, how often do you sniff drugs? |__|__| times

30. In the last 30 days - How often have you used sniffing equipment (tubes) which was previously used by others? (only one answer)

- | | | |
|---|--------------------------------|------------------------------------|
| <input type="checkbox"/> very often, almost daily | <input type="checkbox"/> often | <input type="checkbox"/> sometimes |
| <input type="checkbox"/> rarely | <input type="checkbox"/> never | |



31. Have you ever been in prison? yes no
If you have not been in prison, go to question 28

32. How many months have you been in prison in sum?
 up to 6 month 6-12 months 1 to 2 years more than 2 years

33a. Did you use drugs in prison? yes no *If no, go to question 35*

33b. If you did use drugs, did you smoke inject

34. Have you shared
a) injecting equipment with other inmates? yes no
b) smoking equipment with other inmates? yes no

35. Which of the following drug services have you used in the last 30 days?
Please tick all services you have used.

Syringe exchange sterile alcohol swabs sterile/new filters sterile water
 Crackpipe foil cookers, spoon

Advice on safer use Advice on safer use in prison or in private networks

Advice on safer sex

Distribution of condoms

Consumption room (if available)

Education for hygiene as regards for e.g. avoiding blood contact

Education in correct hand washing

Information on risks through tattoo and piercing

Education in the correct handling of drug use equipment (filter, spoons, alcohol swabs)

Testing for HIV or hepatitis

Counselling on testing and testing results

36. With regard to the drug services you have used: Do you think that these services have helped you in either remaining hepatitis C negative or being referred to hepatitis treatment?

- Yes, of course** **Partly** **Don't know** **No**
-



37. What do you do in order to avoid to become infected with hepatitis?

Tick all those applied

- I take care for hygiene and cleanliness
- I avoid blood contact
- I take myself time and rest for consuming drugs
- I use drugs less often on the street or outside
- I do not inject drugs
- I only share my drug use equipment (needles, syringes, pipes, spoon etc.) only with my partner
- I only use my own equipment for drug use
- I always use new and sterile needles and syringes for injection
- I avoid being on withdrawal situations
- I avoid being in unstable housing or homelessness
- Other _____

38. In your opinion, what is the main reason that you managed to prevent yourself from getting infected with hepatitis C?

To finalise the questionnaire, please fill in the last page which is on your knowledge



QUESTIONS ON YOUR KNOWLEDGE ON HEPATITIS C

Please tick all statements, which are appropriate and true in your opinion

1. Hepatitis C can be transmitted ...

- through tattooing
- through sharing of tooth-brushes
- through sharing of needles and syringes
- through having contact with the blood of other persons
- through using unhygienic toilets
- through oral sex
- through anal sex without using a condom
- through sharing of knife and fork
- through vaginal sex during menstruation without using a condom
- through sharing of filter, spoon and water when using drugs
- through sharing of shaver and nail scissors

2. Are the following strategies adequate to avoid an infection with hepatitis C?

- Hepatitis vaccination
- Use of condoms
- To rinse your injecting equipment
- Only to use your own shaver
- To wash your hands thoroughly
- Not to share your injecting equipment with others
- To use your own pipe for smoking drugs

3. About hepatitis C and its treatment

- Hepatitis C can be cured
- The hepatitis C virus might become encapsulated
- After a successful treatment of hepatitis C you might become infected again
- Hepatitis C has the same course of disease as HIV/Aids
- Those, who currently use drugs or who are in substitution treatment, do not receive treatment for hepatitis C