

Welcome!

We are a group of researchers at ... and we are conducting a study on how to prevent harms related to methamphetamine use. Your answers will help inform the planning of adequate and evidence-based prevention strategies to address problematic methamphetamine use in your city/region. The results of this survey will be reported in aggregate form only, and cannot be identified individually. Our project IMPRESA is funded by the European Commission and More information about the project can be found here: ...

The survey should not take more than 30 minutes of your time. Your anonymity is guaranteed and all national data protection rules will be respected. Please answer all questions.

If you agree with the following statements, please click 'next' to take part in the survey:

I am at least 18 years old.

I have read the information about the study

I understand what taking part in the survey involves

I understand that I can leave the survey at any time, without giving a reason

I understand that all information will be stored anonymously.

Thank you for your interest and your participation in our study!

If you have any questions about this survey or the study, please contact ...

*Please note: Some of the following questions are about people who use methamphetamine or illicit drugs in general your city. These questions refer to **all people who use or have used methamphetamine/illicit drugs** in your city and **not only people who are addicted**.*

1. What type of organisation/ institution do you work for? (Multiple answers possible)

Inpatient drug treatment center	<input type="checkbox"/>
Outpatient drug treatment and/or counselling center	<input type="checkbox"/>
Harm reduction (incl. drug consumption rooms, drug checking etc.)	<input type="checkbox"/>
Drug prevention facility	<input type="checkbox"/>
Other prevention facility	<input type="checkbox"/>
Other health care facilities	<input type="checkbox"/>
Social counseling service (family, women, LGTBQ counseling etc.)	<input type="checkbox"/>
Youth (social) work facility	<input type="checkbox"/>
School	<input type="checkbox"/>
Research institution	<input type="checkbox"/>
Law enforcement agency (eg. police)	<input type="checkbox"/>
Criminal justice agency (eg. prison)	<input type="checkbox"/>
Church	<input type="checkbox"/>

Entertainment venue	<input type="checkbox"/>
Local administration	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>

2. What do you think, how many people who use illicit drugs (so called “hard drug users”, excluding cannabis) live in your city?

(Please write down the estimated number or check “cannot estimate”).

I estimate that there are _____ people who use illicit drugs (so called “hard drug users”, excluding cannabis) in total in the city	<input type="checkbox"/> Cannot estimate
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3. What do you think, how many people who use methamphetamine are among these?

(Please write down the estimated number or check “cannot estimate”).

I estimate that there are _____ people who use methamphetamine in the city	<input type="checkbox"/> Cannot estimate
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4. According to your experience, what is the approximate proportion of males and females among people who use methamphetamine in your city? (Please write down the estimated percentage or check “cannot estimate”).

____ % of people who use methamphetamine in the city are male	____ % of people who use methamphetamine in the city are female	<input type="checkbox"/> Cannot estimate
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5. According to your experience, in which age group can most people who use methamphetamine be found in your city?

<input type="checkbox"/> < 18 years	<input type="checkbox"/> 18-24 years	<input type="checkbox"/> 25-35 years	<input type="checkbox"/> 36-64 years	<input type="checkbox"/> > 65 years	<input type="checkbox"/> do not know
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6. According to your experience, which specific groups predominantly use methamphetamine in your city?

(Please name up to three specific groups of people which come to your mind.)

1. _____
2. _____
3. _____

7. Have you had personal contact to people who use methamphetamine? (in professional or private context)

<input type="checkbox"/> yes	<input type="checkbox"/> no
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8. If yes, how many people who use methamphetamine have you had personal contact to? (Please write down the approximate number.)

I have had personal contact to approximately _____ people who use methamphetamine


9. Do you know where people who use methamphetamine can be met in your city?

<input type="checkbox"/> yes	<input type="checkbox"/> no
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10. If yes, where exactly can they be met in your city? *(Please write down up to five places where people who use methamphetamine can be met in your city. Please be as specific as possible.)*

1.	
2.	
3.	
4.	
5.	

11. On a scale from 1 (“not important at all”) to 5 (“very important”) how would you rate the importance of addressing the following potential needs of people who use methamphetamine in your city? *(Please rate each potential need or check “do not know”. If applicable, please specify “other need” and follow the same procedure.)*

		<div style="display: flex; align-items: center; justify-content: space-between;"> <div>Not important at all</div> <div style="flex-grow: 1; text-align: center;">  </div> <div>Very important</div> </div>					Do not know
		1	2	3	4	5	
1	Employment needs (e.g. finding a job)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Housing needs (e.g. finding or keeping an apartment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Social needs (e.g. applying for welfare services, debt counseling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Family support needs (e.g. family counseling, conflict solving, child custody arrangements)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Interpersonal contact needs (finding/maintaining social contact)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Legal assistance needs (regarding administrative or criminal offenses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Psychological needs (counseling or treatment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Health needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Harm Reduction needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Other need <i>(please specify)</i> : _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. On a scale from 1 (“not affected at all”) to 5 (“very affected”) how affected is your city by the following potential methamphetamine-related harms? (Please rate each potential harm or check “do not know”. If applicable, please specify “other harm” and follow the same procedure.)

Methamphetamine-use-related...		<div> <div>Not affected at all</div> <div>→</div> <div>Very affected</div> </div>					Do not know
		1	2	3	4	5	
1	Physical violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Traffic accidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Waste (e.g. paraphernalia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Infectious diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Acquisitive crime (eg. petty theft crime)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Family adversities (eg, family breakdown, economic and emotional wellbeing, future prospects of children, child neglect)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Economic costs (eg, health care, police, prisons, social services, crime, loss of productivity, absenteeism)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Public nuisance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Other harm (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


13. How many people who use illicit drugs (so called “hard drug users”, excluding cannabis) were reached by your institution within the last 12 months? (This includes face-to face, phone and electronic contact to members of the target group within the context of prevention, treatment, counselling, harm reduction, education, youth work, research, law enforcement, criminal justice etc. Please write down the approximate number or check either “do not know” or “not applicable”)

My institution reached approximately _____ people who use illicit drugs (so called “hard drug users”, excluding cannabis) within the last 12 months	
<input type="checkbox"/> do not know	<input type="checkbox"/> not applicable (my institution is not responsible for reaching this target group) → please continue with question no. 19

14. How many people who use methamphetamine were reached by interventions carried out by your institution within the last 12 months? (This includes face-to face, phone and electronic contact to members of the target group within the context of prevention, treatment, counselling, harm reduction, education, youth work, research, law enforcement, criminal justice etc. Please write down the approximate number or check either “do not know” or “not applicable”)

My institution`s interventions reached approximately _____ people who use methamphetamine within the last 12 months	
<input type="checkbox"/> do not know	<input type="checkbox"/> not applicable (my institution is not responsible for reaching this target group) → please continue with question no. 19

15. On a scale from 1 (“not relevant at all”) to 5 (“very relevant”) how relevant are the following potential barriers for your institution’s effort to reach people who use methamphetamine? (Please rate each potential barrier or check “do not know”. If applicable, please specify up to two other barriers and follow the same procedure.)

		Not relevant at all					Very relevant	Do not know
		1	2	3	4	5		
1	Lack of resources in the institution (e.g. space, time, staff, funding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Lack of networking with other relevant organizations in the field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Existing interventions are not attractive for methamphetamine users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Lack of adequate strategies to recruit methamphetamine users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Low motivation of users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Fear of stigma among users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Implications for child custody arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Confidentiality concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Other barrier 1 (<i>please specify</i>):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Other barrier 2 (<i>please specify</i>): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. On a scale from 1 (“not helpful at all”) to 5 (“very helpful”) how helpful are the following potential facilitators for your institution’s effort to reach people who use methamphetamine? (Please rate each potential facilitator or check “do not know”. If applicable, please specify up to two other facilitators and follow the same procedure. Please continue with question 21)


		<div> <div>Not helpful at all</div> <div>→</div> <div>Very helpful</div> </div>					Do not know
		1	2	3	4	5	
1	Incentives for methamphetamine users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Involvement of peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Information via (social) media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Networking with other relevant organizations in the field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Outreach work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Expanded opening hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Other facilitator 1 (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Other facilitator 2 (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. On a scale from 1 (“not relevant at all”) to 5 (“very relevant”) how relevant would you rate the following potential barriers to reach people who use methamphetamine? (Please rate each potential barrier or check “do not know”. If applicable, please specify up to two other barriers and follow the same procedure.)

		<div> <div>Not relevant at all</div> <div>→</div> <div>Very relevant</div> </div>					Do not know
		1	2	3	4	5	
1	Lack of resources (e.g. space, time, staff, funding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Lack of networking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Existing interventions are not attractive for methamphetamine users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Lack of adequate strategies to recruit methamphetamine users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Low motivation of users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Fear of stigma among users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Implications for child custody arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Confidentiality concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Other barrier 1 (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10	Other barrier 2 (<i>please specify</i>): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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18. On a scale from 1 (“not helpful at all”) to 5 (“very helpful”) how helpful would you rate the following potential facilitators for reaching people who use methamphetamine? (*Please rate each potential facilitator or check “do not know”. If applicable, please specify up to two other facilitators and follow the same procedure.*)

		Not helpful at all					Very helpful	Do not know
		1	2	3	4	5		
1	Incentives for methamphetamine users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Involvement of peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Information via (social) media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Networking with other relevant organizations in the field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Outreach work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Expanded opening hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Other facilitator 1 (<i>please specify</i>): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Other facilitator 2 (<i>please specify</i>): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Which of the following prevention measures are available in your city for the prevention of problems related to illicit drug use (so called “hard drugs, excl. cannabis) or are even provided by your institution? And, on a scale from 1 to 5, how effective do you find the following measures for the prevention of methamphetamine-related problems? (Please check the applicable answer regarding availability for each measure and rate its effectiveness for methamphetamine prevention. If applicable, write down up to three other measures and follow the same procedure.)

[illegible]

Workplace prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Programmes focusing on entertainment venues (incl. crisis intervention and psychological support, 'tripsitting' by peers, chill out rooms)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brief intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early intervention counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outreach work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Controlled use programmes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug checking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safer drug use education (incl. overdose prevention)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safer sex education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug consumption rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needle and syringe programmes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free and voluntary HIV/HCV counseling and testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (1): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (2): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (3): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. Does your institution cooperate with other institutions on the issue of methamphetamine use?

<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Do not know
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21. If yes, please indicate the forms of cooperation with institutions of the following sectors and rate your satisfaction with the quality of this cooperation on a scale from 1 “not satisfied at all” to 5 “very satisfied” *(Please check the applicable answer regarding the form of cooperation for each sector (multiple answers possible) and rate your satisfaction with its quality. If applicable, write down up to three other sectors and follow the same procedure)*

Type of sector	Form of cooperation on issue of methamphetamine use						Satisfaction with the quality of this cooperation within the last 12 months					
	Exchange of information	Joint planning of interventions	Joint implementation of interventions	Joint evaluation of interventions	No cooperation	Do not know						Do not know
							Not satisfied at all	2	3	4	Very satisfied	
							1	2	3	4	5	
Inpatient drug treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient drug treatment / counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harm reduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other health care (e.g. primary care, emergency care, other hospitals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth (social) work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Justice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Church	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entertainment venue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (1): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (2): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (3): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you very much for your participation!