



**Interviewer's notice:**

- Do not read answers.
- Show the question's corresponding card when mentioned.
- Ask for specifications when mentioned.
- Skip questions when mentioned.

**SECTION 1 SOCIAL DEMOGRAPHIC CHARACTERISTICS**

"I would like to start this interview by asking you questions about your personal background."

No.	QUESTION	ANSWER
1.1	What is your gender?	<input type="checkbox"/> <sub>1</sub> Male <input type="checkbox"/> <sub>2</sub> Female <input type="checkbox"/> <sub>3</sub> Transgender <div style="text-align: right;"><input type="checkbox"/><sub>88</sub> DNK <input type="checkbox"/><sub>99</sub> Refusal</div>
1.2	What year were you born?	_ 2 _   5 _   _   _   <div style="text-align: right;"><input type="checkbox"/><sub>88</sub> DNK <input type="checkbox"/><sub>99</sub> Refusal</div>
1.3	What is your ethnicity?	----- <div style="text-align: right;"><input type="checkbox"/><sub>88</sub> DNK <input type="checkbox"/><sub>99</sub> Refusal</div>
1.4	Do you have the Thai citizenship?	<input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> Yes (specify color of ID card): ----- <div style="text-align: right;"><input type="checkbox"/><sub>88</sub> DNK <input type="checkbox"/><sub>99</sub> Refusal</div>
1.5	What is your marital status?	<input type="checkbox"/> <sub>1</sub> Single (never married) <input type="checkbox"/> <sub>2</sub> Married <input type="checkbox"/> <sub>3</sub> In a relationship <input type="checkbox"/> <sub>4</sub> Widowed <input type="checkbox"/> <sub>5</sub> Divorced or separated <input type="checkbox"/> <sub>77</sub> Other (Specify): ----- ----- <div style="text-align: right;"><input type="checkbox"/><sub>88</sub> DNK <input type="checkbox"/><sub>99</sub> Refusal</div>
1.6	Do you have children or relatives that you are supporting?	<input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> Yes (Specify): ----- <div style="text-align: right;"><input type="checkbox"/><sub>88</sub> DNK <input type="checkbox"/><sub>99</sub> Refusal</div>
1.7	What is your highest education level?	<input type="checkbox"/> <sub>1</sub> I didn't go to school <input type="checkbox"/> <sub>2</sub> I didn't finish primary school <input type="checkbox"/> <sub>3</sub> Primary school <input type="checkbox"/> <sub>4</sub> Secondary school <input type="checkbox"/> <sub>5</sub> Some vocational, teacher training <input type="checkbox"/> <sub>6</sub> College or university <input type="checkbox"/> <sub>77</sub> Other (Specify): ----- <div style="text-align: right;"><input type="checkbox"/><sub>88</sub> DNK <input type="checkbox"/><sub>99</sub> Refusal</div>
1.8	Which language do you feel most comfortable using?	Language ----- <div style="text-align: right;"><input type="checkbox"/><sub>88</sub> DNK <input type="checkbox"/><sub>99</sub> Refusal</div>

1.9	What is your Thai language ability? a) Understand b) Speak c) Read d) Write	<input type="checkbox"/> <sub>1</sub> 😊 <input type="checkbox"/> <sub>2</sub> 😐 <input type="checkbox"/> <sub>3</sub> 😞 <input type="checkbox"/> <sub>1</sub> 😊 <input type="checkbox"/> <sub>2</sub> 😐 <input type="checkbox"/> <sub>3</sub> 😞 <input type="checkbox"/> <sub>1</sub> 😊 <input type="checkbox"/> <sub>2</sub> 😐 <input type="checkbox"/> <sub>3</sub> 😞 <input type="checkbox"/> <sub>1</sub> 😊 <input type="checkbox"/> <sub>2</sub> 😐 <input type="checkbox"/> <sub>3</sub> 😞 <input type="checkbox"/> <sub>88</sub> DNK <input type="checkbox"/> <sub>99</sub> Refusal <input type="checkbox"/> <sub>88</sub> DNK <input type="checkbox"/> <sub>99</sub> Refusal <input type="checkbox"/> <sub>88</sub> DNK <input type="checkbox"/> <sub>99</sub> Refusal <input type="checkbox"/> <sub>88</sub> DNK <input type="checkbox"/> <sub>99</sub> Refusal
1.10	What are your current living circumstances (in the last month)?	<input type="checkbox"/> <sub>1</sub> In your own place <input type="checkbox"/> <sub>2</sub> At your family's place <input type="checkbox"/> <sub>3</sub> At a friend's place <input type="checkbox"/> <sub>4</sub> In an institution <input type="checkbox"/> <sub>5</sub> In daily rental place <input type="checkbox"/> <sub>6</sub> On the street <input type="checkbox"/> <sub>77</sub> Other (Specify): _____ _____ _____ <input type="checkbox"/> <sub>88</sub> DNK <input type="checkbox"/> <sub>99</sub> Refusal
1.11	In the place(s) you are currently staying, is there: a) Piped water? b) Electricity? c) Toilets?	<input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> Yes <input type="checkbox"/> <sub>88</sub> DNK <input type="checkbox"/> <sub>99</sub> Refusal <input type="checkbox"/> <sub>88</sub> DNK <input type="checkbox"/> <sub>99</sub> Refusal <input type="checkbox"/> <sub>88</sub> DNK <input type="checkbox"/> <sub>99</sub> Refusal
1.12	Do you have access to internet?	<input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> Yes → 1.14 <input type="checkbox"/> <sub>88</sub> DNK <input type="checkbox"/> <sub>99</sub> Refusal
1.13	Where do you connect to the internet usually? <i>(Show the card, several answers possible)</i>	<input type="checkbox"/> <sub>1</sub> Own computer <input type="checkbox"/> <sub>2</sub> Own mobile phone <input type="checkbox"/> <sub>3</sub> Friend's computer <input type="checkbox"/> <sub>4</sub> Friend's mobile phone <input type="checkbox"/> <sub>5</sub> Internet café <input type="checkbox"/> <sub>77</sub> Other (Specify): _____ _____ _____ <input type="checkbox"/> <sub>88</sub> DNK <input type="checkbox"/> <sub>99</sub> Refusal
1.14	What is your current working status?	<input type="checkbox"/> <sub>1</sub> Permanent wage work <input type="checkbox"/> <sub>2</sub> Government employee <input type="checkbox"/> <sub>3</sub> Day labor <input type="checkbox"/> <sub>4</sub> Student <input type="checkbox"/> <sub>5</sub> Unemployed <input type="checkbox"/> <sub>6</sub> Unable to work <input type="checkbox"/> <sub>77</sub> Other (Specify): _____ _____ _____ <input type="checkbox"/> <sub>88</sub> DNK <input type="checkbox"/> <sub>99</sub> Refusal
1.15	Do you have a regular income?	<input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> Yes <input type="checkbox"/> <sub>88</sub> DNK <input type="checkbox"/> <sub>99</sub> Refusal

1.16	What are your main sources of income? <i>(Several answers possible)</i>	<input type="checkbox"/> <sub>1</sub> Employment <input type="checkbox"/> <sub>2</sub> Daily wages <input type="checkbox"/> <sub>3</sub> Support from NGOs <input type="checkbox"/> <sub>4</sub> Support from government <input type="checkbox"/> <sub>5</sub> Support from family <input type="checkbox"/> <sub>6</sub> Selling things <input type="checkbox"/> <sub>7</sub> Selling sex <input type="checkbox"/> <sub>8</sub> None <input type="checkbox"/> <sub>77</sub> Other (Specify): _____ _____ <div style="text-align: right;"><input type="checkbox"/><sub>88</sub> DNK <input type="checkbox"/><sub>99</sub> Refusal</div>
1.17	What is your income approximately?	_____ Baht <input type="checkbox"/> <sub>1</sub> Per day <input type="checkbox"/> <sub>2</sub> Per week <input type="checkbox"/> <sub>3</sub> Per month <div style="text-align: right;"><input type="checkbox"/><sub>88</sub> DNK <input type="checkbox"/><sub>99</sub> Refusal</div>

**SECTION 2 DRUG USE**

“The next questions are related to the practice of using drugs.”

2.1 Which drugs have you used in the last 6 months? <i>(Several answers possible)</i>	Heroin	Opium	Methadone	Ya-Ba	Ice	Midazolam/ sleeping pill	Cannabis	Glue	Cocaine	Ecstasy	Alcohol	Other (Specify): ----- ----- -----
	<input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> Yes <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	<input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> Yes <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	<input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> Yes <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	<input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> Yes <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	<input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> Yes <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	<input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> Yes <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	<input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> Yes <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	<input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> Yes <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	<input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> Yes <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	<input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> Yes <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	<input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> Yes <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	<input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal

*(For each drug used in the last 6 months, ask the questions below in a vertical order)*

2.2 How often did you use it?	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
1) One or several times per day	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>
2) One or several times per week but not every day	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>
3) Several times per month but not every week	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>
4) Less than that	<input type="checkbox"/> <sub>4</sub> <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	<input type="checkbox"/> <sub>4</sub> <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	<input type="checkbox"/> <sub>4</sub> <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	<input type="checkbox"/> <sub>4</sub> <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	<input type="checkbox"/> <sub>4</sub> <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	<input type="checkbox"/> <sub>4</sub> <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	<input type="checkbox"/> <sub>4</sub> <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	<input type="checkbox"/> <sub>4</sub> <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	<input type="checkbox"/> <sub>4</sub> <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	<input type="checkbox"/> <sub>4</sub> <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	<input type="checkbox"/> <sub>4</sub> <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	<input type="checkbox"/> <sub>4</sub> <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal

2.3 How do you currently use it? <i>(Several answers possible)</i>												
1) Oral	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>
2) Sniffed	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>
3) Smoked	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>
4) Inhaled	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>4</sub>
5) Injected	<input type="checkbox"/> <sub>5</sub> <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	<input type="checkbox"/> <sub>5</sub> <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	<input type="checkbox"/> <sub>5</sub> <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	<input type="checkbox"/> <sub>5</sub> <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	<input type="checkbox"/> <sub>5</sub> <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	<input type="checkbox"/> <sub>5</sub> <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	<input type="checkbox"/> <sub>5</sub> <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	<input type="checkbox"/> <sub>5</sub> <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	<input type="checkbox"/> <sub>5</sub> <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	<input type="checkbox"/> <sub>5</sub> <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	<input type="checkbox"/> <sub>5</sub> <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	<input type="checkbox"/> <sub>5</sub> <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal

2.4 What was your age approximatively when you first used it?	----- <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	----- <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	----- <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	----- <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	----- <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	----- <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	----- <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	----- <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	----- <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	----- <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	----- <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	----- <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal
---	---	---	---	---	---	---	---	---	---	---	---	---

2.5 How much did you spend in the <u>last week</u> to purchase this drug?	----- Baht <input type="checkbox"/> Free <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	----- Baht <input type="checkbox"/> Free <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	----- Baht <input type="checkbox"/> Free <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	----- Baht <input type="checkbox"/> Free <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	----- Baht <input type="checkbox"/> Free <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	----- Baht <input type="checkbox"/> Free <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	----- Baht <input type="checkbox"/> Free <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	----- Baht <input type="checkbox"/> Free <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	----- Baht <input type="checkbox"/> Free <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	----- Baht <input type="checkbox"/> Free <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	----- Baht <input type="checkbox"/> Free <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal	----- Baht <input type="checkbox"/> Free <input type="checkbox"/> 88 DNK <input type="checkbox"/> 99 Refusal
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SECTION 3 INJECTION DRUG USE		
“The next questions are related to your injecting practices.”		
3.1	How old were you when you <u>injected</u> any drug <u>for the first time</u> ?	I _ _ _ years old  <input type="checkbox"/> <sub>88</sub> DNK <input type="checkbox"/> <sub>99</sub> Refusal
3.2	When was <u>the last time</u> you injected any drugs?	<input type="checkbox"/> <sub>1</sub> Today/yesterday <input type="checkbox"/> <sub>2</sub> In last week <input type="checkbox"/> <sub>3</sub> In last month (but more than a week ago) <input type="checkbox"/> <sub>4</sub> 2-6 months ago → 3.4 <input type="checkbox"/> <sub>88</sub> DNK <input type="checkbox"/> <sub>99</sub> Refusal
3.3	How often did you inject any drugs during <u>the past month</u> ?	<input type="checkbox"/> <sub>1</sub> Every day <input type="checkbox"/> <sub>2</sub> Every second day <input type="checkbox"/> <sub>3</sub> Every third day <input type="checkbox"/> <sub>4</sub> Once in a week <input type="checkbox"/> <sub>5</sub> Once in a month <input type="checkbox"/> <sub>88</sub> DNK <input type="checkbox"/> <sub>99</sub> Refusal
3.4	In <u>the last year</u> where or from whom did you get needles/syringes for injection of drugs? <b>(Several answers possible)</b>	<input type="checkbox"/> <sub>1</sub> Purchased at a pharmacy <input type="checkbox"/> <sub>2</sub> In NGO which has a needles and syringes exchange programme (Specify): _____ <input type="checkbox"/> <sub>3</sub> From friends who inject drugs <input type="checkbox"/> <sub>4</sub> From friends who do not inject drugs <input type="checkbox"/> <sub>5</sub> From family <input type="checkbox"/> <sub>77</sub> Other (Specify): _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ <input type="checkbox"/> <sub>88</sub> DNK <input type="checkbox"/> <sub>99</sub> Refusal
3.5	Have you <u>ever</u> shared your syringe with other persons?	<input type="checkbox"/> <sub>1</sub> No → 3.9 <input type="checkbox"/> <sub>2</sub> Yes <input type="checkbox"/> <sub>88</sub> DNK <input type="checkbox"/> <sub>99</sub> Refusal
3.6	In the last 6 months, how often have you shared your syringe?	<input type="checkbox"/> <sub>1</sub> All the time <input type="checkbox"/> <sub>2</sub> Almost all the time <input type="checkbox"/> <sub>3</sub> Sometimes <input type="checkbox"/> <sub>4</sub> Almost never <input type="checkbox"/> <sub>5</sub> Never → 3.9 <input type="checkbox"/> <sub>88</sub> DNK <input type="checkbox"/> <sub>99</sub> Refusal
3.7	Do you usually clean your syringes before sharing them?	<input type="checkbox"/> <sub>1</sub> No → 3.9 <input type="checkbox"/> <sub>2</sub> Yes <input type="checkbox"/> <sub>88</sub> DNK <input type="checkbox"/> <sub>99</sub> Refusal

3.8	Which products do you use to clean your syringes when you share them? <b>(Several answers possible)</b>	<input type="checkbox"/> <sub>1</sub> Water <input type="checkbox"/> <sub>2</sub> Bleach <input type="checkbox"/> <sub>3</sub> Boiling <input type="checkbox"/> <sub>4</sub> Disinfectants <input type="checkbox"/> <sub>5</sub> Burning <input type="checkbox"/> <sub>77</sub> Other (Specify): _____ _____ _____ _____ <div style="text-align: right;"><input type="checkbox"/><sub>88</sub> DNK <input type="checkbox"/><sub>99</sub> Refusal</div>
3.9	Have you <u>ever</u> shared your injecting material (containers, water, filter...) with other persons?	<input type="checkbox"/> <sub>1</sub> No                      → 3.11 <input type="checkbox"/> <sub>2</sub> Yes <div style="text-align: right;"><input type="checkbox"/><sub>88</sub> DNK <input type="checkbox"/><sub>99</sub> Refusal</div>
3.10	In the last 6 months, how often have you shared your injecting material (containers, water, filter...)?	<input type="checkbox"/> <sub>1</sub> All the time <input type="checkbox"/> <sub>2</sub> Almost all the time <input type="checkbox"/> <sub>3</sub> Sometimes <input type="checkbox"/> <sub>4</sub> Almost never <input type="checkbox"/> <sub>5</sub> Never <div style="text-align: right;"><input type="checkbox"/><sub>88</sub> DNK <input type="checkbox"/><sub>99</sub> Refusal</div>
3.11	Have you <u>ever</u> reused your own syringe?	<input type="checkbox"/> <sub>1</sub> No                      → 3.15 <input type="checkbox"/> <sub>2</sub> Yes <div style="text-align: right;"><input type="checkbox"/><sub>88</sub> DNK <input type="checkbox"/><sub>99</sub> Refusal</div>
3.12	In the last 6 months, how often did you reuse your own syringe?	<input type="checkbox"/> <sub>1</sub> All the time <input type="checkbox"/> <sub>2</sub> Almost all the time <input type="checkbox"/> <sub>3</sub> Sometimes <input type="checkbox"/> <sub>4</sub> Almost never <input type="checkbox"/> <sub>5</sub> Never                      → 3.15 <div style="text-align: right;"><input type="checkbox"/><sub>88</sub> DNK <input type="checkbox"/><sub>99</sub> Refusal</div>
3.13	Do you usually clean your syringes before reusing them?	<input type="checkbox"/> <sub>1</sub> No                      → 3.15 <input type="checkbox"/> <sub>2</sub> Yes <div style="text-align: right;"><input type="checkbox"/><sub>88</sub> DNK <input type="checkbox"/><sub>99</sub> Refusal</div>
3.14	Which products do you use to clean your syringes when you reuse them? <b>(Several answers possible)</b>	<input type="checkbox"/> <sub>1</sub> Water <input type="checkbox"/> <sub>2</sub> Bleach <input type="checkbox"/> <sub>3</sub> Boiling <input type="checkbox"/> <sub>4</sub> Disinfectants <input type="checkbox"/> <sub>5</sub> Burning <input type="checkbox"/> <sub>77</sub> Other (Specify): _____ _____ _____ _____ <div style="text-align: right;"><input type="checkbox"/><sub>88</sub> DNK <input type="checkbox"/><sub>99</sub> Refusal</div>

3.15	The last time you injected drugs, did you use a new needle and syringe?	<input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> Yes <input type="checkbox"/> <sub>3</sub> I don't remember <span style="float: right;"><input type="checkbox"/><sub>88</sub> DNK <input type="checkbox"/><sub>99</sub> Refusal</span>
3.16	Have you ever experienced an overdose (exceeding the limit of the usual drug amount)?	<input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> Yes <span style="float: right;"><input type="checkbox"/><sub>88</sub> DNK <input type="checkbox"/><sub>99</sub> Refusal</span>

**SECTION 4 SEXUAL RISK BEHAVIORS AND OTHER RISK FACTORS**

“Now I am going to ask you some questions about your sexual behavior and tattoo experience. I remind you again that all your responses are completely confidential, and that you can ask to skip a question if you prefer not to answer.”

4.1	Have you ever had sex?	<input type="checkbox"/> <sub>1</sub> No → 4.6 <input type="checkbox"/> <sub>2</sub> Yes <span style="float: right;"><input type="checkbox"/><sub>88</sub> DNK <input type="checkbox"/><sub>99</sub> Refusal</span>
4.2	Have you ever received money in exchange of sex?	<input type="checkbox"/> <sub>1</sub> No → 4.4 <input type="checkbox"/> <sub>2</sub> Yes <span style="float: right;"><input type="checkbox"/><sub>88</sub> DNK <input type="checkbox"/><sub>99</sub> Refusal</span>
4.3	Is sex work your main source of income?	<input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> Yes <span style="float: right;"><input type="checkbox"/><sub>88</sub> DNK <input type="checkbox"/><sub>99</sub> Refusal</span>
4.4	Have you ever received drug in exchange of sex?	<input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> Yes <span style="float: right;"><input type="checkbox"/><sub>88</sub> DNK <input type="checkbox"/><sub>99</sub> Refusal</span>
4.5	Have you ever had sex with a same-sex partner?	<input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> Yes <span style="float: right;"><input type="checkbox"/><sub>88</sub> DNK <input type="checkbox"/><sub>99</sub> Refusal</span>
4.6	Do you have any tattoo or piercing?	<input type="checkbox"/> <sub>1</sub> No → Section 5 <input type="checkbox"/> <sub>2</sub> Yes <span style="float: right;"><input type="checkbox"/><sub>88</sub> DNK <input type="checkbox"/><sub>99</sub> Refusal</span>
4.7	Where did you do it? <b>(Several answers possible)</b>	<input type="checkbox"/> <sub>1</sub> Professional tattoo parlor <input type="checkbox"/> <sub>2</sub> Temple <input type="checkbox"/> <sub>3</sub> Prison <input type="checkbox"/> <sub>4</sub> With friends <input type="checkbox"/> <sub>77</sub> Other (Specify): _____ _____ _____ _____ <span style="float: right;"><input type="checkbox"/><sub>88</sub> DNK <input type="checkbox"/><sub>99</sub> Refusal</span>



**SECTION 5 HCV KNOWLEDGE AND TESTING**

“Now, I am going to ask you some questions about hepatitis C infection.

If you want to know more about hepatitis C, you can ask questions at the end of the interview and we’ll give you a brochure with information on the disease.

If you want to be tested for hepatitis C virus infection, we can refer you to a free testing facility at the end of the interview.”

5.1	Have you ever heard of the hepatitis C virus before this interview?	<input type="checkbox"/> <sub>1</sub> No → Section 6 <input type="checkbox"/> <sub>2</sub> Yes <div style="text-align: right;"><input type="checkbox"/><sub>88</sub> DNK <input type="checkbox"/><sub>99</sub> Refusal</div>
5.2	Can you tell the symptoms of the hepatitis C virus infection? <b>(Write all the answers in the order they were mentioned)</b>	<p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <div style="text-align: right;"><input type="checkbox"/><sub>88</sub> DNK <input type="checkbox"/><sub>99</sub> Refusal</div>
5.3	In your opinion, can people be infected with Hepatitis C without having any symptoms?	<input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> Yes <div style="text-align: right;"><input type="checkbox"/><sub>88</sub> DNK <input type="checkbox"/><sub>99</sub> Refusal</div>
5.4	Can you tell what you think is the main route of transmission of the hepatitis C virus? <b>(Write all the answers in the order they were mentioned)</b>	<p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <div style="text-align: right;"><input type="checkbox"/><sub>88</sub> DNK <input type="checkbox"/><sub>99</sub> Refusal</div>
5.5	Have you ever had an HCV test?	<input type="checkbox"/> <sub>1</sub> No → Section 6 <input type="checkbox"/> <sub>2</sub> Yes, in the last 12 months <input type="checkbox"/> <sub>3</sub> Yes, more than 12 months ago <div style="text-align: right;"><input type="checkbox"/><sub>88</sub> DNK <input type="checkbox"/><sub>99</sub> Refusal</div>
5.6	Where have you been tested for HCV?	<input type="checkbox"/> <sub>1</sub> Napneung project at AMS / CMU <input type="checkbox"/> <sub>77</sub> Other (Specify): _____ <p>-----</p> <p>-----</p> <p>-----</p> <div style="text-align: right;"><input type="checkbox"/><sub>88</sub> DNK <input type="checkbox"/><sub>99</sub> Refusal</div>
5.7	What was the result of your last test?	<input type="checkbox"/> <sub>1</sub> Positive <input type="checkbox"/> <sub>2</sub> Negative → Section 6 <input type="checkbox"/> <sub>3</sub> Do not remember → Section 6 <input type="checkbox"/> <sub>4</sub> Result not communicated → Section 6 <div style="text-align: right;"><input type="checkbox"/><sub>88</sub> DNK <input type="checkbox"/><sub>99</sub> Refusal</div>

5.8	Were you offered a treatment?	<input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> Yes (Specify): _____ _____ _____ _____ <div style="text-align: right;"><input type="checkbox"/><sub>88</sub> DNK   <input type="checkbox"/><sub>99</sub> Refusal</div>
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**SECTION 6 ACCESS TO HEALTH CARE**

"I will now ask you some questions about your access to health care services."

6.1	Do you have a health insurance?	<input type="checkbox"/> <sub>1</sub> No                      → 6.3 <input type="checkbox"/> <sub>2</sub> Yes <div style="text-align: right;"><input type="checkbox"/><sub>88</sub> DNK   <input type="checkbox"/><sub>99</sub> Refusal</div>
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6.2	What is your health coverage scheme?	<input type="checkbox"/> <sub>1</sub> Universal health care <input type="checkbox"/> <sub>2</sub> Social Security Scheme <input type="checkbox"/> <sub>3</sub> CSMBS <input type="checkbox"/> <sub>4</sub> Private insurance <input type="checkbox"/> <sub>77</sub> Other (Specify): _____ _____ _____ <div style="text-align: right;"><input type="checkbox"/><sub>88</sub> DNK   <input type="checkbox"/><sub>99</sub> Refusal</div>
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6.3	Where do you usually go when you have a health issue?	<input type="checkbox"/> <sub>1</sub> Do not look for care (Specify why): _____ _____ _____ _____ <input type="checkbox"/> <sub>2</sub> Local health station <input type="checkbox"/> <sub>3</sub> Public hospital <input type="checkbox"/> <sub>4</sub> Private hospital or clinic <input type="checkbox"/> <sub>5</sub> Traditional healer <input type="checkbox"/> <sub>77</sub> Other (Specify): _____ _____ _____ <div style="text-align: right;"><input type="checkbox"/><sub>88</sub> DNK   <input type="checkbox"/><sub>99</sub> Refusal</div>
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6.4	What kind of barriers to access health care have you ever experienced? <i>(Show the card with the answers, several answers possible)</i>	<input type="checkbox"/> <sub>1</sub> Fear of police <input type="checkbox"/> <sub>2</sub> Fear of stigma <input type="checkbox"/> <sub>3</sub> Too expensive <input type="checkbox"/> <sub>4</sub> Too far <input type="checkbox"/> <sub>5</sub> Fear of diagnosis <input type="checkbox"/> <sub>6</sub> None <input type="checkbox"/> <sub>77</sub> Other (Specify): _____ _____ _____ _____ <div style="text-align: right;"><input type="checkbox"/><sub>88</sub> DNK   <input type="checkbox"/><sub>99</sub> Refusal</div>
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6.5	Have you ever been refused medical care?	<input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> Yes	<input type="checkbox"/> <sub>88</sub> DNK <input type="checkbox"/> <sub>99</sub> Refusal
6.6	Have you ever experienced discriminatory attitudes in health care settings in relation to your drug use?	<input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> Yes (Specify): _____ _____ _____ _____ _____	<input type="checkbox"/> <sub>88</sub> DNK <input type="checkbox"/> <sub>99</sub> Refusal
6.7	Have you ever received care for drug addiction problems?	<input type="checkbox"/> <sub>1</sub> No                   → 6.10 <input type="checkbox"/> <sub>2</sub> Yes	<input type="checkbox"/> <sub>88</sub> DNK <input type="checkbox"/> <sub>99</sub> Refusal
6.8	Are you or have you been on MMT?	<input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> Yes (Still receiving MMT: <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> Yes)	<input type="checkbox"/> <sub>88</sub> DNK <input type="checkbox"/> <sub>99</sub> Refusal
6.9	Have you ever been on <u>voluntary</u> drug rehabilitation?	<input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> Yes (Specify where for each time): 1 <sup>st</sup> time: _____ 2 <sup>nd</sup> time: _____ 3 <sup>rd</sup> time: _____ 4 <sup>th</sup> time: _____	<input type="checkbox"/> <sub>88</sub> DNK <input type="checkbox"/> <sub>99</sub> Refusal
6.10	Are you a member of a support group for drug users?	<input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> Yes (Specify): _____	<input type="checkbox"/> <sub>88</sub> DNK <input type="checkbox"/> <sub>99</sub> Refusal
6.11	Have you ever participated in a health survey targeting drug users?	<input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> Yes	<input type="checkbox"/> <sub>88</sub> DNK <input type="checkbox"/> <sub>99</sub> Refusal

<b>SECTION 7 CONTACT WITH THE POLICE/PRISON/CORRECTION AND SIMILAR FACILITIES</b>			
"Now I am going to ask you about your contacts with the police and/or other representatives of law."			
7.1	Have you <u>ever</u> been arrested by the police in relation to your drug use?	<input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> Yes	<input type="checkbox"/> <sub>88</sub> DNK <input type="checkbox"/> <sub>99</sub> Refusal
7.2	Have you <u>ever</u> been in prison?	<input type="checkbox"/> <sub>1</sub> No                   → 7.6 <input type="checkbox"/> <sub>2</sub> Yes	<input type="checkbox"/> <sub>88</sub> DNK <input type="checkbox"/> <sub>99</sub> Refusal

7.3	Have you <u>ever</u> used drugs while in prison?	<input type="checkbox"/> <sub>1</sub> No → 7.6 <input type="checkbox"/> <sub>2</sub> Yes <input type="checkbox"/> <sub>88</sub> DNK <input type="checkbox"/> <sub>99</sub> Refusal
7.4	Have you <u>ever</u> injected drugs while in prison?	<input type="checkbox"/> <sub>1</sub> No → 7.6 <input type="checkbox"/> <sub>2</sub> Yes <input type="checkbox"/> <sub>88</sub> DNK <input type="checkbox"/> <sub>99</sub> Refusal
7.5	Have you shared syringes with other persons while in prison?	<input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> Yes <input type="checkbox"/> <sub>88</sub> DNK <input type="checkbox"/> <sub>99</sub> Refusal
7.6	Have you ever been in <u>compulsory</u> drug treatment?	<input type="checkbox"/> <sub>1</sub> No → Section 8 <input type="checkbox"/> <sub>2</sub> Yes (Specify how many times): _____ <input type="checkbox"/> <sub>88</sub> DNK <input type="checkbox"/> <sub>99</sub> Refusal
7.7	What was the compulsory drug treatment? <b>(Several answers possible)</b>	<input type="checkbox"/> <sub>1</sub> Inpatient <input type="checkbox"/> <sub>2</sub> Outpatient <input type="checkbox"/> <sub>3</sub> Military boot camp <input type="checkbox"/> <sub>77</sub> Other (Specify): _____ _____ <input type="checkbox"/> <sub>88</sub> DNK <input type="checkbox"/> <sub>99</sub> Refusal

SECTION 8 EXPECTATIONS OF HEALTH CARE SYSTEM		
8.1	If you need information about health issues, where do you look for them? <b>(Show the card with the answers, several answers possible)</b>	<input type="checkbox"/> <sub>1</sub> Ask health care professionals <input type="checkbox"/> <sub>2</sub> Ask friends <input type="checkbox"/> <sub>3</sub> Search on the internet <input type="checkbox"/> <sub>77</sub> Other (Specify): _____ _____ <input type="checkbox"/> <sub>88</sub> DNK <input type="checkbox"/> <sub>99</sub> Refusal
8.2	<b>(Skip this question in case the person already knows that she/he is infected with HCV)</b> Would you be interested in knowing your HCV status?	<input type="checkbox"/> <sub>1</sub> No (Specify why): _____ _____ <input type="checkbox"/> <sub>2</sub> Yes <input type="checkbox"/> <sub>88</sub> DNK <input type="checkbox"/> <sub>99</sub> Refusal
8.3	If there was a new HCV treatment available in Thailand, would you like to be informed?	<input type="checkbox"/> <sub>1</sub> No → 8.5  (Specify why): _____ _____ <input type="checkbox"/> <sub>2</sub> Yes <input type="checkbox"/> <sub>88</sub> DNK <input type="checkbox"/> <sub>99</sub> Refusal

8.4	What would be the best way to inform you?	<input type="checkbox"/> <sub>1</sub> Poster/leaflet in a NGO <input type="checkbox"/> <sub>2</sub> Website <input type="checkbox"/> <sub>3</sub> Text messages <input type="checkbox"/> <sub>4</sub> Telephone call <input type="checkbox"/> <sub>77</sub> Other (Specify): _____ _____ <div style="text-align: right;"><input type="checkbox"/><sub>88</sub> DNK   <input type="checkbox"/><sub>99</sub> Refusal</div>
8.5	What suggestions do you have to improve the governmental policies toward people who inject drugs? <b><i>(Write down all answers)</i></b>	_____ _____ _____ _____ _____ _____ <div style="text-align: right;"><input type="checkbox"/><sub>88</sub> DNK   <input type="checkbox"/><sub>99</sub> Refusal</div>



**SECTION 10 INTERVIEWER'S EVALUATION*****To be completed once the interviewee has left the room***

10.1	Time interview end	_ _  H  _ _  M
10.2	The interview was performed:	<input type="checkbox"/> <sub>1</sub> Without any interruption <input type="checkbox"/> <sub>2</sub> The person showed signs that he/she wanted to stop the interview <input type="checkbox"/> <sub>3</sub> Was interrupted several times
10.3	Describe the person interviewed : <b><i>(Can be more than one answer)</i></b>	<input type="checkbox"/> <sub>1</sub> Has a visible physical problem or handicap <input type="checkbox"/> <sub>2</sub> Was relaxed <input type="checkbox"/> <sub>3</sub> Was OK <input type="checkbox"/> <sub>4</sub> Was very emotional <input type="checkbox"/> <sub>5</sub> Was watching at the time <input type="checkbox"/> <sub>6</sub> Had difficulty understanding <input type="checkbox"/> <sub>7</sub> Had difficulty expressing her/himself <input type="checkbox"/> <sub>8</sub> Had difficulty remembering events <input type="checkbox"/> <sub>9</sub> Was physically tired
10.4	The answers seemed:	<input type="checkbox"/> <sub>1</sub> Very reliable <input type="checkbox"/> <sub>2</sub> Reliable <input type="checkbox"/> <sub>3</sub> Not reliable <input type="checkbox"/> <sub>4</sub> Not at all reliable <input type="checkbox"/> <sub>88</sub> Don't know
10.5	Comments:	----- ----- ----- ----- ----- ----- ----- ----- ----- ----- ----- ----- ----- ----- ----- ----- -----