### PATIENT OUTCOME EVALUATION SURVEY

Study Participant ID:
Chart Number:
Interview date:// DD MM YEAR
Patient recruited from (unit or department):
Interviewer initials:
Interview start time: AM or PM (please circle)
Is the information collected in the interview significantly distorted by the participant's misrepresentation?
<ul> <li>No</li> <li>Yes</li> <li>Not sure</li> </ul>
Is the information collected in the interview significantly distorted by the participant's inability to understand?
<ul> <li>No</li> <li>Yes</li> <li>Not sure</li> </ul>

Thank you for contributing to this study. As you go through the survey, please keep in mind that there are no wrong answers. It's very important that you answer as honestly as you can. We realize some of these questions are sensitive. If you do not want to answer a question, you do not have to. It is better for you to refuse to answer a question than to give a false answer. We take your privacy very seriously. All the information that you provide will only be kept between you and me. We never report any individual information.

If there are any questions you don't understand, please stop me and ask for clarification. The interview takes about an hour. If you need a break, let me know and we can stop for a short rest before we finish the interview.

#### First of all we'd like to find out a little bit about you.

- 1. What is your age? \_\_\_\_\_\_ years
- 2. What is your gender?
  - \_\_\_\_ Male
    - ] Female
    - Transgendered
- 3. What ethnic group do you identify with?
  - White
     First Nations
     Métis
     Other
     If you identify with another ethnic group,
    - please specify:

#### A few more questions about you:

	hat is the highest level of education that you have Some junior high school or less Completed junior high school Some high school Completed high school Some college/trade school	Completed college/trade school Some undergraduate university Completed undergraduate university Some graduate university Completed graduate university
. Are	e you in a relationship right now? Yes → Go to Q6 No → Go to Q6a	
. <u>If y</u> □ □ □	<u>es</u> , what type of relationship is it? Legally married Common-law Boyfriend or girlfriend No response Other, please specify:	
a.     	Have you had any children? Yes, how many? No → Go to Q7 Don't know → Go to Q7 No response → Go to Q7	 → Go to Q6b

b. Are they usually in your care (i.e., are you responsible for all or part of their day-to-day care)?

Yes, how many?
No
Don't know
No response

#### Now, I would like to ask you some questions about your living situation.

7. How long have you lived in this city?

0-5 years	26-30 years
6-10 years	Over 30 years, but not all your life
11-15years	All your life
] 16-20 years	From surrounding area
21-25 years	Just visiting

8. In the past 6 months, what types of places have you slept in? (Check all that apply)

Own apartment / house
Hotel / furnished room / boarding house
Transition housing
Hostel / shelter
Friend's place
Family member's place
Camps (squatting)
Working out of town (rigs / work camp)
Reserve or settlement
Couch surfing

couch	501	
Detox		

Jail /	prison

_	
	Hospital

- Street (sleeping rough)
- Don't sleep (walk all night)
- 9. Do you currently have a home?
  - Yes
    - No, but I am wait-listed or have applied and am waiting to hear back
    - No, and as far as I know, I have no housing application pending or am not waiting to hear back from anyone
- 10. How would you describe your current living situation? (Would you say ...)

Very unstable
 A little unstable
 Neither unstable nor stable
 A little stable

Very stable

11. How satisfied are you with your current living situation? (Would you say ...)

Very unsatisfied
 A little unsatisfied
 Neither unsatisfied nor satisfied
 A little satisfied

Very satisfied

## Now we'd like to ask you some general questions about your income. I'm interested in wherever you get your money, legal or not.

12. How much cash/money did you make in the past **30 days**? (*Includes legal and non-legal sources of income as well as assistance cheques*)

\$0-\$100	\$2000-3000
\$100-\$500	\$3000 +
\$500-1000	Prefer not to answer
\$1000-2000	📃 🛛 Don't Know

13. In the last **30 days**, have you been legally employed? (Does not include 'under the table' work)

		No Yes, how many days in the last month have you worked on average Don't know No response	?
14.	In th othe	e last <b>30 days</b> , have you received any assistance cheques? (Alberta \ r)?	Works, AISH, PDD,
		No $\rightarrow$ Go to Q14a Yes, what kind? Don't know $\rightarrow$ Go to Q15 No response $\rightarrow$ Go to Q15	<del>→</del> Go to Q15)
		f no, did you (or anyone acting on your behalf) try to get you set up f neques in the past <b>6 months?</b> No, no attempt to get assistance in the past 6 months	or income assistance
		Yes, attempted to get assistance, but was unsuccessful What kind?	
		Yes, I applied for assistance, and I am still waiting to hear back What kind?	

15. Right now, do you have any government-issued ID? (SIN, birth certificate, DL, AHC)

No
Yes
Don't know
No response

16. Right now, do you have prescription drug coverage? (e.g., you pay for only part or none of the cost of your prescriptions)

Yes
No
Don't know

### Now we're going to ask you a few questions about your health. Please answer according to your situation before you came to the hospital and were connected to the addiction consult team.

- 17. Why did you come to the hospital? \_\_\_\_\_\_
- 18. Have you ever been tested for HIV?

Yes	$\rightarrow$	Go	to	Q18a

No  $\rightarrow$  Go to Q19

Don't know  $\rightarrow$  **Go to Q19** No response  $\rightarrow$  **Go to Q19** 

a. When was your last HIV test?

- Within the past month
- 1 to 6 months ago

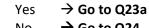
7 to 12 months ago

- More than 1 year but up to 2 years ago
- More than 2 years but less than 4 years ago
- 4 years ago or more
- \_\_\_ Don't know
- \_\_\_\_ No response
- b. What was the result of your most recent HIV test?
- Positive for HIV—you have the virus
- Negative for HIV—you do not have the virus
- Indeterminate result
- You didn't understand the result
- You are still waiting for the result
- Your result is ready but you did not receive it yet
- Don't know
- No response
- 19. Have you ever been tested for Hepatitis C?

] Yes → Go to Q19a

- No  $\rightarrow$  Go to Q20
- $\Box$  Don't know  $\rightarrow$  Go to Q20
- $\Box$  No response  $\rightarrow$  Go to Q20

- a. When was your last Hepatitis C test?
  - Within the past month
  - 1 to 6 months ago
  - 7 to 12 months ago
  - More than 1 year but up to 2 years ago
  - More than 2 years but less than 4 years ago
  - 4 years ago or more
  - Don't know
  - No response
- b. What was the result of your most recent Hepatitis C test?
  - Positive for Hepatitis C—you have the virus
    - If positive, when were you first told you have Hepatitis C? \_\_\_\_\_years ago.
    - Negative for Hepatitis C —you do not have the virus
    - Indeterminate result
    - You didn't understand the result
    - You are still waiting for the result
    - Your result is ready but you did not receive it yet
  - Don't know
    - No response
- 20. Do you currently smoke tobacco?
  - Yes, I smoke tobacco everyday  $\rightarrow$  Go to Q21
  - ] Yes, but I don't smoke it everyday → Go to Q22
  - ] Not at all  $\rightarrow$  Go to Q23
  - Don't know  $\rightarrow$  Go to Q23
  - ] No response  $\rightarrow$  Go to Q23
- 21. If daily smoker, about how many cigarettes do you smoke each day? \_\_\_\_\_/ per day
- 22. During the past 6 months, have you tried to stop smoking?
  - Yes No Don't know No response
- 23. Are you sexually active?



- No → Go to Q24
- a. Do you regularly use condoms during sex?



- b. Do you regularly use contraception (condoms or otherwise)?
  - Yes No
  - Don't know
  - No response
- 24. Over the **past two weeks**, how often have you been bothered by any of the following problems?
  - a. Little interest or pleasure in doing things.
    - Not at all
    - Several days
    - More than half the days
    - ] Nearly every day
  - b. Feeling down, depressed, or hopeless.
    - Not at all
    - Several days
    - ] More than half the days
    - Nearly every day
- 25. By placing a tick in ONE box in each group below, please indicate which statements best describe your own health state. Please answer according to your situation before you came to the hospital and were connected to the addiction consult team.

#### a. Mobility

I have no problems in walking about 🗌
I have some problems in walking about 🗌
I am confined to bed 🗌

#### b. Self-Care

I have no problems with self-care	
I have some problems washing or	dressing myself 🗌
I am unable to wash or dress myse	elf 🗌

#### c. Usual Activities

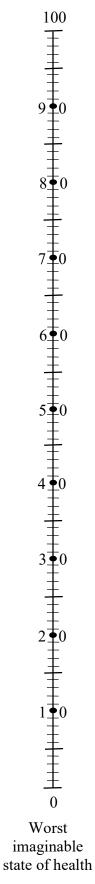
I have no problems with performing my usual activities 🗌
I have some problems with performing my usual activities
I am unable to perform my usual activities 🗌

#### d. Pain/Discomfort

I have no pain or discomfort 🔄	
I have moderate pain or discomfort 🗌	]
I have extreme pain or discomfort 🗌	

#### e. Anxiety/Depression

I am not anxious or depressed 🗌	
I am moderately anxious or depressed	
I am extremely anxious or depressed	



To help people say how good or bad their state of health is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health is, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how

good or bad your state of health is today.

Your own state of health

26. On a scale of 1 to 5, where 1 is 'hardly at all' and 5 is 'totally', how well organized overall would you say all your health care is?

(1 = hardly at all, to totally = 5)
27. In general, do you feel that you yourself have to organize the health care you receive from different persons or different places?
No, the person who follows my case always does it for me.
No, the person who follows my case sometimes does it for me.
Yes, but it is my choice to do so.
Yes, I have to organize my care more than I would like.
Yes, I have to organize my care too much and it is too difficult.
<ul> <li>28. Do you have a family doctor or nurse practitioner you see regularly?</li> <li>Yes</li> <li>No</li> </ul>
29 Do you have a support worker in the community you work with regularly (outreach worker

- 29. Do you have a support worker in the community you work with regularly (outreach worker, social worker, housing worker, etc.)?
  - \_ Yes No

## Next we'd like to ask you about your experience with the addiction consult team. Remember, team members won't know what you said, and honest feedback helps us improve the program.

- 30. Did the team members treating and assessing you introduce themselves?
  - Yes, all of them introduced themselves
  - Some of them introduced themselves
  - Very few or none of them introduced themselves
  - Can't remember
- 31. Did you have enough time to discuss your health or medical problem with the team? Yes, definitely
  - Yes, to some extent
  - No
- 32. Did the team listen to what you had to say?
  - Yes, definitely Yes, to some extent
  - No
- 33. Did the team explain your condition and treatment in a way you could understand?
  - Yes, definitely
  - Yes, to some extent

\_ No

I did not need an explanation

34. If you had any anxieties or fears about your condition or treatment, did the team discuss them with you?

Yes,	definitely	

Yes, to some extent

No

- I did not have anxieties or fears
- 35. Did you have confidence and trust in the doctors and nurses examining and treating you?

	Yes,	definitely
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] Yes, to some extent

No

- 36. In your opinion, did the team know enough about your condition or treatment?
  - All of them knew enough
  - Most of them knew enough
  - Only some of them knew enough
  - None of them knew enough
  - Don't know / Can't say

37. Did the team talk in front of you as if you weren't there?

Yes, definitely
Yes, to some extent
No

#### Next are a couple of questions about how well you understand health information.

38. How often do you have problems learning about your medical condition because of difficulty understanding written information?

Never
Rarely
Sometimes
Often

Always

39. How confident are you filling out medical forms by yourself?

Extremely
Quite a bit
Somewhat
A little bit
Not at all

40. How often do you have someone help you read instructions, pamphlets, or other written materials from your doctor or pharmacy?

Never
Rarely
Sometimes
Often
Always

Here are a few questions about alcohol and drugs. Please answer as correctly and honestly as possible by indicating which answer is right for you.

### \*Pills and methadone do NOT count as drugs if they have been prescribed by a doctor and you take them in the prescribed dosage and by mouth.

- 41. How often do you have a drink containing alcohol? (One drink means 12 oz beer, 5 ounces of wine, or 1.5 oz of hard liquor).
  - Never (Go to Q45)
    Monthly or less
    2-4 times a month
  - 2-3 times a week

  - 4 or more times a week
  - Don't know
  - Refused
- 42. How many standard drinks containing alcohol do you have on a typical day?
  - 1 or 2
     3 or 4
     5 or 6
     7 to 9
     10 or more
     Don't know
     Refused
- 43. How often do you have six or more drinks on one occasion?
  - \_ Never
    \_ Less than monthly
  - \_\_\_\_\_ Monthly
  - \_\_\_\_ Weekly
  - Daily or almost daily
  - \_ Don't know
  - Refused
- 44. In the *last 6 months*, did you drink any non-beverage alcohol (e.g., cooking wine/rubbing alcohol/mouthwash/or cologne/hairspray)?
  - ] Yes ] No (Go to Q45) ] Don't know ] Refused
    - a. How often?
      - 4 or more times a week
        2-3 times a week
        2 to 4 times a month
        Once a month or less
        Don't know
        Refused

45. How often do you use drugs other than alcohol? (See list of drugs on Separate Page)

_					
	Never	$\rightarrow$	Go	to	018
	INCVCI	_	<b>U</b> U	ιU	Q70

- Once a month or less often
- 2 4 times a month
- 2 3 times a week
- 4 times a week or more often

46. Do you use more than one type of drug on the same occasion?

Never
Once a month or less often
2 – 4 times a month
2 – 3 times a week
4 times a week or more often

47. How many times do you take drugs on a typical day when you use drugs?



## Now we are going to ask you about any drugs that you SMOKE, SNORT, or SWALLOW ONLY. In other words, any drugs that you use WITHOUT a needle.

- 48. Have you used any NON-injection drugs in the past 6 months?
  - Yes
  - No  $\rightarrow$  Go to Q53
  - Don't know  $\rightarrow$  Go to Q53
  - ] No response  $\rightarrow$  Go to Q53

49. In the **last 6 months**, when you were using, which of the following NON-injection drugs did you use?

ase	
	Heroin (snorted or smoked)
	Morphine (pinks, greys, Kadians)
	Hydromorphone (Dilaudid, dilly's, hydros)
	Codeine (Tylenol 3/4)
	Oxycodone (Percocet, percs)
	Oxycontin (old oxys)
	OxyNeo (new oxys)
	Street Methadone (swallow)
	Street Suboxone (oral)
	Fentanyl (swallow or smoke)
	Propoxyphene (Darvon)
	Meperidine (Demerol)
	Benzodiazepines (Valium, benzos, Ativan, Restoril, Temazepam)
	Wellbutrin
	Cocaine powder (sniffed or snorted)
	Crack cocaine (smoked)
	Methamphetamines (speed, crystal meth, pint)
	Talwin (t's)
	Ritalin (r's)
	Inhalants (nitrous oxide)
	Marijuana (pot, weed)
	GHB
	Ketamine (Special K)
	MDMA (Molly)
	Mushrooms
	LSD
	Non-beverage alcohol (mouthwash, hand sanitizer, cologne, hairspray, cooking
_	wine)
	Other:
	Don't know
	No response

- 50. In the last 6 months, which non-injection drug did you use the most frequently?
- 51. How often did you use that drug?



52. In the last 6 months, have you borrowed, lent, or shared a (crack/meth) pipe/mouthpiece?

Yes
No
Don't smoke crack or meth
Don't know
No response

#### Now we are going to ask you about any drugs that you inject WITH a needle.

53. Have you use used any injection drugs in the past 6 months?

Yes
No <b>→ Go to Q65</b>
Don't know → Go to Q65
No response $\rightarrow$ Go to Q65

54. In the last 6 months, when you were injecting, which injection drugs did you use?

Heroin
Speedballs (heroin/down and cocaine)
Goofballs (heroin/down and crystal meth)
Morphine (pinks, greys, Kadians)
Hydromorphone (Dilaudid, dilly's, hydros)
Codeine (Tylenol 3/4)
Oxycodone (Percocet, percs)
Oxycontin (old oxys)
OxyNeo (new oxys)
Street Methadone
Street Suboxone
Fentanyl
Propoxyphene (Darvon)
Meperidine (Demerol)
Benzodiazepines (Valium, benzos, Ativan, Restoril, Temazepam)
Wellbutrin
Cocaine powder
Crack cocaine
Methamphetamines (speed, crystal meth, pint)
Other:
Don't know
No response

55. In the last 6 months, which injection drug did you use the most frequently?

- 56. How often did you use that drug?
  - Daily
  - A few times a week
  - Once a week
  - A few times a month
  - Once a month
  - Don't know
  - No response
- 57. In the **past 6 months**, where did you get your new rigs (needle/syringes) from? (check all that apply)
  - Borrowed (not bought) on the street Bought on the street
  - Friends/partner
  - Pharmacy
    - Boyle Street Community Services [Streetworks]
  - Streetworks Van
  - Boyle MacCauley Health Centre
  - HIV Edmonton
  - George Spady Centre
  - STI Clinic
  - Other (please specify): \_\_\_\_\_
- 58. In the last 6 months, what percentage of your new rigs came from a needle exchange program?
  - None
  - Not many (less than 25%)
  - Some (25%-75%)
  - Most (more than 75%)
  - All (100%)  $\rightarrow$  Go to Q60
- 59. Do you ever find it hard to get new rigs when you need them?
  - $\exists Yes \rightarrow Go to Q59a$ 
    - Sometimes → Go to Q59a
      - No  $\rightarrow$  Go to Q60
    - a. If yes or sometimes, why do you find it hard to get new rigs? (check all that apply)
      - Out of the needle exchange area
         Hard to find new needles at night
         Don't like going to the needle exchange
         Too drug sick or high
         Missed the needle exchange van
      - Refused by pharmacy or store
      - Needle exchange hours of operation
      - Incarcerated

60.	In the last 6 months, if you wanted to f	fix but didn't h	nave a new rig,	, what did you do?	(check all
	that apply)				

Reuse	one	of	mv	old	ones
ncusc	One	01	1119	oiu	Unco

- Use a rig that is not my own
- Clean it
- Don't clean it
- Go to the needle exchange
- Buy one
- Use the drugs a different way
- Borrow a rig from someone I know
- Steal one
- I don't fix if I don't have a new rig/always have a new rig
- 61. In the **last 6 months**, did you fix with **a rig** (or other equipment such as cookers, filters, etc.) that had already been used by someone else?

Yes
No

62. In the last 6 months did you lend a used rig to someone else?

Yes
No
Don't know
Refused

- 63. Has a healthcare provider, such as a nurse or someone else, ever shown you how to inject safely?
  - Yes
  - ] No
- 64. In the **last 6 months,** how often did you inject drugs in public places (washrooms, shelter, outside, alley, river valley, etc., NOT at a private residence)?
  - Always (100% of the time)
  - Usually (more than 75% of the time)
  - Sometimes (26% to 74% of the time)
  - Occasionally (less than 25% of the time)
  - Never

No

65. In the last **6 months**, did you go on any runs or binges (that is, when you use non-injection or injection drugs more than usual)?



Yes, how often did you binge?	/month	OR	/6 months

- Don't know
- No response

66. In the last **6 months** have you overdosed by accident (i.e., where you had a negative reaction from using too much drugs)?

Yes
No
Don't know
No response

67. Have you ever been given take-home Narcan/Naloxone and trained on how to use it on someone if they overdose?

No	)
Ye	s <b>→Go to Q68</b>
Do	on't know <b>→Go to Q68</b>
No	o response →Go to Q68
a.	If no. why not? [Check one]

If no, why not? [Check one] Didn't know it was available/allowed Never been offered Not interested Don't feel comfortable using it Don't use opiates or down Other:\_\_\_\_\_ Don't know No response

# Now we are going to ask you some questions about your addiction and mental health status and some of the services you may have used recently. We are asking about how things were BEFORE you came to the hospital.

68. Before you came to the hospital, had a health professional ever told you that you have an addiction?

Yes, in the past 12 months

- Yes, but not in the past 12 months
- Yes (don't know when)

] No

] Don't know

No response

- 69. Has a health professional ever told you that you have a mental disorder?
  - Yes, in the past 12 months

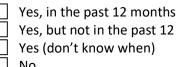
Yes, but not in the past 12 months

] Yes (don't know when)

\_ No

- Don't know
- No response

70. Do you think you have ever had an addiction problem that has not been diagnosed by a professional? (By addiction problem I mean misuse of things like alcohol, street drugs, or prescription medications to get high, or engaging in behaviours like gambling, sex, or work in a way that creates problems in life)?



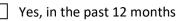
Yes, but not in the past 12 months Yes (don't know when)

No

Don't know

No response

71. Do you think you have ever had a mental health problem that has not been diagnosed by a professional?



- Yes, but not in the past 12 months
- Yes (don't know when)

- Don't know
- No response
- 72. In the past 12 months before you came to the hospital this time, did you receive information (about treatments or available services) because of problems with your emotions, mental health, or use of alcohol or drugs? (Check ONE only).

Yes, in the past 12 months  $\rightarrow$  Go to Q72a

No, but I think I needed this kind of help in the past 12 months  $\rightarrow$  Go to Q72b

No, I did not need this kind of help in the past 12 months  $\rightarrow$  Go to Q73

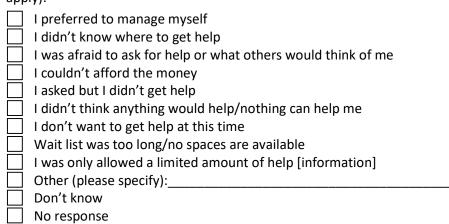
Don't know  $\rightarrow$  **Go to Q73** 

No response  $\rightarrow$  Go to Q73

- a. Do you think you got as much information as you needed?
  - No → Go to Q72b Yes → Go to Q73 Don't know  $\rightarrow$  Go to Q73 No response  $\rightarrow$  Go to Q73

**Baseline Survey** 

b. Please indicate if each of the following reasons stopped you from getting any or enough help in the past 12 months before you came to the hospital (Check all that apply).



73. In the past 12 months, before you came to the hospital this time, did you receive medication (or tablets) because of problems with your emotions, mental health, or use of alcohol or drugs? (*e.g., methadone, antidepressants, benzodiazepines etc.*) (Check ONE).

Yes, in the past 12 months $ ightarrow$ Go to Q73a
No, but I think I needed this kind of help in the past 12 months $ ightarrow$ Go to Q73b
No, I did not need this kind of help in the past 12 months $ ightarrow$ Go to Q74
Don't know → Go to Q74
No response → Go to Q74

a. Do you think you got as much medication as you needed?

No <b>→ Go to Q73b</b>
Yes → Go to question Q74
Don't know $\rightarrow$ Go to Q74
No response $\rightarrow$ Go to Q74

b. Please indicate if each of the following reasons stopped you from getting any or enough help in the past 12 months (Check all that apply).

I preferred to manage myself
I didn't know where to get help
I was afraid to ask for help or what others would think of me
I couldn't afford the money
I asked but I didn't get help
I didn't think anything would help/nothing can help me
I don't want to get help at this time
Wait list was too long/no spaces are available
I was only allowed a limited amount of help [medication]
Other (please specify):
Don't know
No response

74. In the past 12 months, before you came to the hospital this time, did you receive hospital care (overnight or longer) because of problems with your emotions, mental health, or use of alcohol or drugs? (e.g., treating an infection or abscess, overdose, psychosis, etc.) (Check ONE).

Yes, in the past 12 months $ ightarrow$ Go to Q74a
No, but I think I needed this kind of help in the past 12 months $ ightarrow$ Go to Q74b
No, I did not need this kind of help in the past 12 months $\rightarrow$ Go to question Q75
Don't know $\rightarrow$ Go to Q75
No response $\rightarrow$ Go to Q75
a. Do you think you got as much hospital care as you needed?

, , ,
No <b>→ Go to Q74b</b>
Yes → Go to question Q75
Don't know → Go to Q75
No response $\rightarrow$ Go to Q75

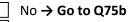
b. Please indicate if each of the following reasons stopped you from getting any or enough help in the past 12 months (Check all that apply).

I preferred to manage myself
I didn't know where to get help
I was afraid to ask for help or what others would think of me
I couldn't afford the money
I asked but I didn't get help
I didn't think anything would help/nothing can help me
I don't want to get help at this time
Wait list was too long/no spaces are available
I was only allowed a limited amount of help [hospital care]
Other (please specify):
Don't know
No response

75. In the past 12 months, before you came to the hospital this time, did you receive counselling (outside of a hospital including any kind of help to talk through your problems) because of problems with your emotions, mental health, or use of alcohol or drugs? (Check ONE).

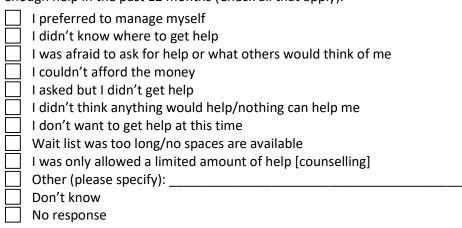
Yes

- Yes, in the past 12 months  $\rightarrow$  Go to Q75a
- No, but I think I needed this kind of help in the past 12 months ightarrow Go to Q75b
- No, I did not need this kind of help in the past 12 months ightarrow Go to Q76
- Don't know  $\rightarrow$  Go to Q76
- No response → Go to Q76
- a. Do you think you got as much counselling as you needed?



- Yes **→ Go to Q76**
- Don't know  $\rightarrow$  Go to Q76
- No response → Go to Q76

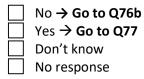
b. Please indicate if each of the following reasons stopped you from getting any or enough help in the past 12 months (Check all that apply).



76. In the past 12 months, before you came to the hospital this time, did you receive social interventions (to help sort out practical issues such as housing or money problems) because of problems with your emotions, mental health, or use of alcohol or drugs? (e.g., income support, shelters, housing, etc.) (Check ONE).

Yes, in the past 12 months $ ightarrow$ Go to Q76a
No, but I think I needed this kind of help in the past 12 months $ ightarrow$ Go to Q76b
No, I did not need this kind of help in the past 12 months $\rightarrow$ Go to question Q77
Don't know → Go to Q77
No response → Go to Q77

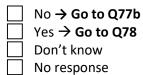
a. Do you think you got as much social interventions as you needed?



b. Please indicate if each of the following reasons stopped you from getting any or enough help in the past 12 months (Check all that apply).

	I preferred to manage myself
	I didn't know where to get help
	I was afraid to ask for help or what others would think of me
	I couldn't afford the money
	I asked but I didn't get help
	I didn't think anything would help/nothing can help me
	I don't want to get help at this time
	Wait list was too long/no spaces are available
	I was only allowed a limited amount of help [social interventions/supports]
	Other (please specify):
	Don't know
$\square$	No response

- 77. In the past 12 months, before you came to the hospital this time, did you receive skills training (help to improve your ability to work, care for yourself, use your time or to meet people) because of problems with your emotions, mental health, or use of alcohol or drugs? (Check ONE).
  - Yes, in the past 12 months → Go to Q77a
     No, but I think I needed this kind of help in the past 12 months → Go to Q77b
     No, I did not need this kind of help in the past 12 months → Go to Q78
     Don't know → Go to Q78
     No response → Go to Q78
    - a. Do you think you got as much skills training as you needed?



b. Please indicate if each of the following reasons stopped you from getting any or enough help in the past 12 months (Check all that apply).

I preferred to manage myself
I didn't know where to get help
I was afraid to ask for help or what others would think of me
I couldn't afford the money
I asked but I didn't get help
I didn't think anything would help/nothing can help me
I don't want to get help at this time
Wait list was too long/no spaces are available
I was only allowed a limited amount of help [skills training]
Other (please specify):
Don't know

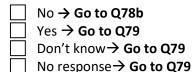
78. In the past 12 months, before you came to the hospital this time, did you received access to harm reduction (services [like needle exchange or overdose prevention] to reduce the risk of harm related to using drugs) because of problems with your use of alcohol or drugs? (Check ONE).

165	Ye
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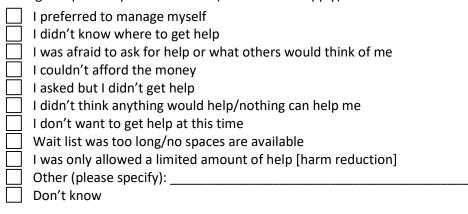
- Yes, in the past 12 months  $\rightarrow$  Go to Q78a
- No, but I think I needed this kind of help in the past 12 months  $\rightarrow$  Go to Q78b
- No, I did not need this kind of help in the past 12 months  $\rightarrow$  Go to Q79
- Don't know  $\rightarrow$  Go to Q79

No response → Go to Q79

a. Do you think you got as much harm reduction services as you needed?



b. Please indicate if each of the following reasons stopped you from getting any or enough help in the past 12 months (Check all that apply).



- 79. Have you ever been in a substance use treatment program such as detox, AA, NA, CA, inpatient treatment, recovery house, etc.? (*this does not include methadone or suboxone*)
  - $\neg$  Yes, in the past 12 months  $\rightarrow$  **Go to Q79a**
  - Yes, but not in the past 12 months  $\rightarrow$  Go to Q79a
  - $\square$  No → Go to Q80
  - ☐ Don't know  $\rightarrow$  Go to Q80
  - ] No response  $\rightarrow$  Go to Q80
    - a. If yes, how many times have you been in treatment before?
      - 1 time
      - 2-3 times
      - 4-5 times
      - 5-8 times
      - 8 or more times
      - Don't know
      - ] No response
    - b. What kinds of treatment programs did you attend?
      - Detox/youth detox
      - Daytox (outpatient detox)
      - Recovery house
      - Treatment centre
      - Sessions with a counsellor
      - NA, CA, AA, SMART or other self-help group
      - In-patient or residential treatment
      - Out-patient treatment (includes day, evening, and weekend programs)
      - Drug treatment court
      - Other (please specify): \_\_\_\_\_
      - Don't know
      - No response

80. Have you ever been on methadone or suboxone for problems with opiates [down]?

Yes → Go to Q80a
No → Go to Q80c
Don't know → Go to Q81
No response $\rightarrow$ Go to Q81

a. Were you on a methadone/suboxone treatment program just before you came to the hospital?

No → Go to Q80b
Yes <b>→ Go to Q81</b>
Don't know → Go to Q81
No response $\rightarrow$ Go to Q81

- b. Why did you stop taking methadone/suboxone?
  - Didn't want to take it anymore

Side effects
Could not get to pharmacy
Didn't comply with the program and taken off by my doctor
Went to jail

- Other (please specify):\_\_\_\_\_
- Don't know
- No response
- $\rightarrow$  Go to Q81
- c. If you've never been on methadone/suboxone, why not? [Check all that apply].
  - Waiting list
  - Don't know about it or any programs
  - Turned down by a program/doctor
  - No program nearby
  - \_\_\_ Not interested
  - \_\_\_\_\_ Too inconvenient
  - Don't want to stop using drugs
  - Don't trust methadone, worried about side effects
  - Prefer abstinence/not a solution
  - I have no problems with opiates [down]
  - Don't know
  - No response
- 81. Have you received mental health care in the past 6 months from a psychologist, psychiatrist, counsellor or other trained mental health professional?

Yes
No
Don't know
No response

Next, a few questions about your experience with the justice system. We are asking these questions because sometimes people who experience alcohol or drug problems end up involved with the criminal justice system, remember that your answers are confidential.

82. V	32. What is your current legal status? (Check all that apply)		
		Under no judicial restraint (None of the options below apply)	
		On parole	
		On probation	
		Serving a conditional or community sentence	
		Under bail, pending charges, or warrant	
		Fines	
		Other, please specify:	

83. In the last 6 months, have you been attacked or assaulted (including sexual assault), or suffered any kind of violence?



Yes: How many times has this happened? \_\_\_\_\_ No Don't know Refused

84. In the last 6 months, have you been the **victim** of a theft, robbery, fraud or other kind of property crime?

Yes: How many times has this happened?
No
Don't know
Refused

85. In the last 6 months, have you been involved in any of the following activities?

Activity		# of occurrences
	Break and enter	
	Theft under \$5000	
	Theft over \$5000	
	Breached probation	
	Failed to appear	
	Possession of stolen property	
	Possession of drugs for the purpose of trafficking/dealing	
	Robbery	
	Shoplifting	
	Assault	
	Mischief/disorderly conduct	
	Other (please specify):	

#### The next section is going to ask about how you feel others have treated you.

- 86. Have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because of your race, ethnicity or colour?
  - a. At school? Never Once 2-3 times 4 or more times b. Getting hired or getting a job? Never Once 2-3 times 4 or more times c. At work? Never Once 2-3 times 4 or more times d. Getting housing? Never Once 2-3 times 4 or more times e. Getting medical care? Never Once 2-3 times 4 or more times f. Getting service in a store or restaurant? Never Once 2-3 times 4 or more times g. Getting financial advice or help? Never

    - 2-3 times
    - 4 or more times

h. On the street or in a public setting?

	Never
	Once Once
	2-3 times
	4 or more times
i.	From the police or in the courts?
	Never

Once
2-3 times
4 or more times

Next, we would like to learn more about things that might have happened while you were growing up. This is so we can understand our patients and make sure we have the right kind of program to help. You don't have to answer any or all of these questions. Let us know if you would like to skip this section.

As a child, did you ever witness abuse in your household (physical, sexual, emotional)?
Yes
No
As a child, did you ever experience abuse (physical, sexual, emotional)?
Yes
No
Did you ever spend time in foster care?
Yes
No
Did you ever spend time in a residential school?
Yes
No