

COVID-19 COMMUNITY RESPONSE SURVEY GUIDANCE

The goal of this toolkit is to provide a set of standardized quantitative and qualitative assessments to harmonize data collection efforts and facilitate comparisons of the impact of the novel coronavirus (COVID-19) and promote collaborations across research efforts. This is intended to be a dynamic resource that will evolve as the epidemic does.

Please note that these questions were developed rapidly with input from multiple sources. We have included sources of questions where appropriate. Because the questions were developed rapidly, there was no time for piloting and so we do not have estimates of time required for each module. In addition, we recognize that you might identify errors or inconsistencies after implementation. We would like to hear from you about the modules you are using, time spent per module, modifications you make and any additional feedback you have. We will make modifications as appropriate and share changes with other researchers who are also using this survey.

RECOMMENDED INTRODUCTION FOR SURVEYS

We are conducting a survey to help us better understand how the novel coronavirus (COVID-19) pandemic is affecting people's lives. To help us better understand how people's physical, emotional and mental health are being affected, we would like to ask you questions about your possible exposure to the virus, your experiences with testing and treatment and some questions about how your life has changed as a result of COVID-19 and the preventive measures that have been put in place.

The interview will take us approximately 20-30 minutes, depending on your experiences.

Would it be okay to ask you questions about your COVID-19 related experiences today?

Yes
No

May we call you again over for the next XX months, and possibly longer, to see how you're doing and ask you these questions again?

Yes
No

MODULES WITH RECOMMENDED ORDER

Module	Title	Items	Estimated time for full module ³	Core Items	Optional Items
1	Demographics ¹	24		1-24	
2	Housing and Family Structure	8		1-8	
3	Knowledge & Attitudes towards COVID-19	7		1-7	
4	COVID-19 Symptoms and Testing Experience	18		1-18	
5	Comorbidities and Care Engagement	4		1-2	3-4
6	Mental Health Impacts ²	13		1	2-13
7	Coronavirus Impact and Pandemic Stress	21		21	
8	Social Distancing Impacts ²	16		9-16	1-8
9	Violence and Trauma ²	11		1-3, 7-11	4-6
10	Substance Use	12		1-5, 11-12	6-10
11	Sexual behavior	14		1-7	8-14

¹For existing studies, many items have already been collected and do not need to be asked again

²Some overlap with Coronavirus Impact and Pandemic Stress

³To be updated as information becomes available

**COVID-19 COMMUNITY RESPONSE SURVEY
SUBSTANCE USE**

SOURCE: ALIVE, NSDUH, PATH Study

READ: During this interview, I am going to ask you questions about your lifestyle and behaviors. Some of these questions may be personal, but your answers are important for this research. You may refuse to answer any question. Remember there are no right or wrong answers and your answers are completely confidential.

SMOKING

1. Have you ever smoked cigarettes?

No 0 (SKIP to Q2)
Yes 1

1a. In the past month, on how many days did you smoke part or all of a cigarette?
_____ days (SKIP TO Q2 if Q1a=0)

1b. On the days that you smoked cigarettes in the past month, how many cigarettes did you smoke per day, on average?

Less than one cigarette per day	1
1 cigarette per day	2
2-5 cigarettes per day	3
6-15 cigarettes per day (about ½ pack)	4
16-25 cigarettes per day (about 1 pack)	5
26-35 cigarettes per day (about 1 ½ pack)	6
More than 35 cigarettes per day (about 2 packs or more)	7

2. Have you ever used an e-cigarette or vaping device to vape e-liquids with nicotine?

No 0 (IF Q1 AND Q2 = NO, SKIP TO Q5; IF Q2 = NO AND Q1a>0, SKIP TO Q3)
Yes 1

2a. In the past month, on how many days did you use an electronic nicotine product (e-cigarette, vape)?
_____ days (SKIP TO Q4 if Q2a=0)

2b. On average on the days that you used in the past month, how many times each day did you pick up your electronic nicotine product (e-cigarette, vape) to use it, whether you took one puff or several?
_____ times

2c. Each time in the past month, when you picked up your electronic nicotine product (e-cigarette, vape) to use it, how many puffs did you take?
_____ puffs

3. Have you shared any cigarettes or electronic nicotine products with anyone else in the past month?

Yes	1
No	0
Don't know	97
Refused	98

4. COVID-19 is impacting people's smoking/vaping behaviors in different ways. Have any of the following happened to you because of COVID-19? (Only ask Q4 if Q1=1 or Q2=1)

	No	Yes, a little	Yes, a lot	N/A	Don't know	Refused
a. Smoked/vaped more than usual	1	2	3	4	97	98
b. Smoked/vaped less than usual	1	2	3	4	97	98
c. Wanted to stop smoking/vaping	1	2	3	4	97	98
d. Tried to stop smoking/vaping	1	2	3	4	97	98
e. Could not get the help I needed to stop smoking	1	2	3	4	97	98
f. Worried about smoking because of the risks associated with COVID-19	1	2	3	4	97	98

ALCOHOL

5. Have you ever, even once, had a drink of any type of alcoholic beverage? Please do not include times when you only had a sip or two from a drink.

No 0 (SKIP TO Q6)

Yes 1

- 5a. Thinking about the past month, on how many days did you drink one or more alcoholic beverages?
 ___ ___ days

- 5b. On the days that you drank during the past month, how many drinks did you usually have each day? Count a drink as a 12 oz. can or bottle of beer; 5 oz. of wine, like a glass of wine or a wine cooler; or 1.5 oz of liquor, like a shot or a mixed drink or cocktail containing for example gin, rum, tequila, or vodka.

___ ___ drinks

- 5c. Have any of the following happened to your alcohol use because of COVID-19? (Only ask if Q5=1)

	No	Yes, a little	Yes, a lot	N/A	Don't know	Refused
1. Drank more than usual	1	2	3	4	97	98
2. Drank less than usual	1	2	3	4	97	98
3. Unable to go to a meeting/AA meeting	1	2	3	4	97	98
4. Talked more with sponsor or support person	1	2	3	4	97	98
5. Unable to access alcohol treatment program when you needed it	1	2	3	4	97	98

SUBSTANCE USE

6. Have you used cannabis or marijuana in the past month?

No (SKIP to Q7)

Yes

- 6a. In the past month, on how many days did you use cannabis or marijuana?
 ___ ___ days

- 6b. What is the content of the cannabis or marijuana you typically use?

High THC 1
 High CBD 2
 Balanced THC and CBD 3
 Don't Know 4

6c. In the past month, how did you use cannabis or marijuana? (*Select all that apply*)

	Yes	No
a. Smoked in pipe, joint, bong	1	0
b. Vaped marijuana, THC or CBD concentrates, such as waxes, oils, shatter	1	0
c. Dabbed	1	0
d. Ingested/edibles	1	0
e. Oil	1	0
f. Patch/gel/balm/lotion	1	0
g. Other	1	0

6d. Have you shared any pipes, joints, bongs, or other devices to use cannabis or marijuana with anyone else in the past month?

No

Yes

6e. Have any of the following happened to your cannabis or marijuana use because of COVID-19?

	No	Yes, a little	Yes, a lot	N/A	Don't know	Refused
a. Used more cannabis or marijuana than usual	1	2	3	4	97	98
b. Used less cannabis or marijuana than usual	1	2	3	4	97	98
c. Wanted to stop using cannabis or marijuana	1	2	3	4	97	98
d. Tried to stop using cannabis or marijuana	1	2	3	4	97	98
e. Could not get the help I needed to stop using cannabis or marijuana	1	2	3	4	97	98

7. Have you ever used any drugs that were not prescribed to you?

No 0 (*SKIP TO END*)

Yes 1

7a. In the past month, have you used any drugs that were not prescribed to you?

No 0 (*SKIP TO Q11*)

Yes 1

In the past month, which drugs did you use and how did you use them?

	7b. Did you use?		7c. Ingested or Swallowed		7d. Smoked		7e. Snorted		7f. Injected	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1. Powder cocaine <u>by itself</u>	1	0 (2)	1	0	1	0	1	0	1	0
2. Cocaine and heroin together (speedball)	1	0 (3)	1	0	1	0	1	0	1	0
3. Heroin <u>by itself</u>	1	0 (4)	1	0	1	0	1	0	1	0
4. Crack/ready rock/freebase cocaine	1	0 (5)	1	0	1	0	1	0	1	0
5. Poppers/nitrates	1	0 (6)	1	0	1	0	1	0	1	0
6. Ecstasy, E, Molly, MDMA, GHB, or Special K	1	0 (7)	1	0	1	0	1	0	1	0
7. Fentanyl (carfentanil)	1	0 (8)	1	0	1	0	1	0	1	0
8. Non-prescription methadone or buprenorphine	1	0 (9)	1	0	1	0	1	0	1	0
9. Other prescription painkillers (oxycotin, oxycodone, Percocet, codeine, Vicodin, etc.)	1	0 (10)	1	0	1	0	1	0	1	0
10. Prescription tranquilizers (benzodiazepines, klonopin, Xanax, valium, Ativan, etc.)	1	0 (11)	1	0	1	0	1	0	1	0
11. Methamphetamines (crystal, speed)	1	0 (12)	1	0	1	0	1	0	1	0
12. Hallucinogens (LSD, PCP, angel dust)	1	0 (13)	1	0	1	0	1	0	1	0
13. Other (specify in 7g below)	1	0 (8)								

(SKIP to Q11 if all No for Injection [7f])

7g. Specify other drug and how you used it: _____

8. Thinking back over the past month, and all the different drugs you may have injected, on average, how often did you inject?

- Every day or more often (more than once a day) 1
- A few times a week 2
- About once a week 3
- A few times a month 4
- About once a month or once 5
- Don't know 97
- Refuse to answer 98

9. During the past month, did you...

	Yes	No
a. Give someone else a needle after you used it, even once?	1	0
b. Borrow a needle from someone else that you weren't sure was new, even once?	1	0
c. Buy a needle from someone else that you weren't sure was new, even once?	1	0
d. Go to someone else's place where people had shot up and used someone else's needles there, even once?	1	0
e. Use equipment or works after someone else, even once?	1	0

10. Have you experienced any of the following because of COVID-19 (since March 1, 2020)?

	Yes	No
a. Sharing needles and works more than usual	1	0
b. Sharing needles and works less than usual	1	0
c. Needing clean needles/works and not having any	1	0
d. Injecting drugs you do not normally inject	1	0
e. Injecting less than usual	1	0
f. Injecting more than usual	1	0

11. Have you experienced any of the following because of COVID-19 (since March 1, 2020)?

	No	Yes, a little	Yes, a lot	N/A	Don't know	Refused
a. Wanted to use more	1	2	3	4	97	98
b. Wanted to use less	1	2	3	4	97	98
c. Used more than usual	1	2	3	4	97	98
d. Used less than usual	1	2	3	4	97	98
e. Had withdrawal symptoms	1	2	3	4	97	98
f. Worried about withdrawal symptoms	1	2	3	4	97	98
g. Not been able to get drugs	1	2	3	4	97	98
h. Used more by yourself than usual	1	2	3	4	97	98
i. Used more with other people than usual	1	2	3	4	97	98
j. Worried about overdosing	1	2	3	4	97	98
k. Tried to get help after someone overdosed and couldn't	1	2	3	4	97	98
l. Have had different triggers for using than normal	1	2	3	4	97	98
m. Have tried not to use but have not been able to stop	1	2	3	4	97	98
n. Have traded sex for drugs or money	1	2	3	4	97	98

12. Prior to the COVID-19 pandemic (March 1, 2020), were you in treatment or a program for alcohol or substance use disorder?

No 0 (SKIP to Q13)
Yes 1

12a. What kind of treatment or program was it? (Select all that apply)

	Yes	No
a. Methadone	1	0
b. Buprenorphine	1	0
c. Naltrexone	1	0
d. AA, NA, or other 12-step meetings	1	0
e. Counseling	1	0
f. Other drug or alcohol treatment (inpatient, detox)	1	0

13. Please rate how difficult it was to for you to access each of the following over the past month.

	Not at all difficult	Somewhat difficult	Difficult	Very difficult	N/A
a. Drug or alcohol treatment	1	2	3	4	5
b. Medication assisted treatment (methadone, buprenorphine, naltrexone, etc.)	1	2	3	4	5
c. AA, NA, or other 12-step meetings	1	2	3	4	5
d. Counseling	1	2	3	4	5
e. Narcan or naloxone	1	2	3	4	5
f. Syringes or needle exchange	1	2	3	4	5

14. How does your access to each of the following over the past month compare how it was prior to the COVID-19 pandemic (March 1, 2020)?

	Less difficult	About the same	More difficult	N/A
a. Drug or alcohol treatment	1	2	3	4
b. Medication assisted treatment (methadone, buprenorphine, naltrexone, etc.)	1	2	3	4
c. AA, NA, or other 12-step meetings	1	2	3	4
d. Counseling	1	2	3	4
e. Narcan or naloxone	1	2	3	4
f. Syringes or needle exchange	1	2	3	4

15. Many programs like AA and NA are offering support online or by phone. Have you participated in any program remotely since the COVID-19 pandemic (March 1, 2020)?

- Yes 1
- No, I do not have access to a phone or computer with internet 2
- No, I do not have information on how to join group remotely 3
- No, I do not want to join a remote group 4
- No, I do not currently participate in AA or NA 5