The first set of questions ask about your household and neighborhood. These questions also ask about your experiences and perceptions of your neighborhood and what it is like to live there.

INTRODUCTION: This survey is part of a project that is being carried out with the participation from many organizations in Pereira. The purpose of the survey is to understand your opinions about various topics and behaviors including substance use. Please think carefully about your responses and respond honestly. The information you share with us will be anonymous and will remain confidential. After the survey, you will receive information on substance use and mental health services and resources.

PART 1: Household & Neighborhood Characteristics

1. **How many households are there in this dwelling? \_\_\_\_\_\_\_ households**
2. **How many people make up your household? \_\_\_\_\_\_\_ people**
3. **How long have you lived in this neighborhood or district?**

|  |
| --- |
| * Less than a year
 |
| * 1-2 years
* 3-5 years
* More than 5 years
 |

1. **How would you rate the quality of life in your neighborhood?**

|  |
| --- |
| * Very poor
 |
| * Poor
* Neither Poor nor Good
* Good
* Very good
 |

Next, we would like to ask about some specific aspects of your neighborhood. There are no right or wrong answers—just your perceptions.

1. **Do the stores in your neighborhood sell alcoholic beverages to minors (i.e., youth under the age of 18)?**

|  |
| --- |
| * Yes
 |
| * No
 |

1. **Have you been a victim of a crime in the past 12 months?**

|  |
| --- |
| * Yes
 |
| * No
 |

1. **How frequently do the following problems occur in your district or neighborhood?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never | Sometimes | Often | Always | 1. **In order of importance, which of these problems would you say are the TOP three problems that are most serious in your district or neighborhood? (Indicate 1-3)**
 |
| 1. Garbage on the streets
 | 🞎 | 🞎 | 🞎 | 🞎 |  |
| 1. Inadequate education
 | 🞎 | 🞎 | 🞎 | 🞎 |  |
| 1. Substance use
 | 🞎 | 🞎 | 🞎 | 🞎 |  |
| 1. Buying and selling of drugs
 | 🞎 | 🞎 | 🞎 | 🞎 |  |
| 1. Lack of green/recreational space
 | 🞎 | 🞎 | 🞎 | 🞎 |  |
| 1. Lack of street lighting
 | 🞎 | 🞎 | 🞎 | 🞎 |  |
| 1. Delinquency/lack of security
 | 🞎 | 🞎 | 🞎 | 🞎 |  |
| 1. People who are drunk or on drugs
 | 🞎 | 🞎 | 🞎 | 🞎 |  |
| 1. Poor roads or sidewalks
 | 🞎 | 🞎 | 🞎 | 🞎 |  |
| 1. Prostitution
 | 🞎 | 🞎 | 🞎 | 🞎 |  |
| 1. Alcohol sales to minors
 | 🞎 | 🞎 | 🞎 | 🞎 |  |
| 1. Abandoned buildings where delinquents, gang members, criminals and/or homeless populations (“personas de mal vivir”) can live or hang out
 | 🞎 | 🞎 | 🞎 | 🞎 |  |
| 1. Street partying
 | 🞎 | 🞎 | 🞎 | 🞎 |  |
| 1. Youth using drugs or alcohol
 | 🞎 | 🞎 | 🞎 | 🞎 |  |
| 1. Adults using drugs or alcohol
 | 🞎 | 🞎 | 🞎 | 🞎 |  |

1. **Regarding the public safety in your district or neighborhood….**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Very safe | Safe | Unsafe | Very unsafe |
| 1. How safe do you feel walking at night in your neighborhood?
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. How safe is your neighborhood?
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. How safe is your district?
 | 🞎 | 🞎 | 🞎 | 🞎 |

1. **Which of the following crimes have you experienced in the past 12 months?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Never | A few times: 1-3 | Sometimes: 4-6 | Often: more tan 6 |
| 1. Home robbery
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Car or motorcycle theft
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Theft of car or motorcycle part(s)
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Bike theft
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Robbery/assault
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Threats
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Physical injury
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Sexual attack/rape
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Abduction/attempted abduction
 | 🞎 | 🞎 | 🞎 | 🞎 |

The next series of questions ask about gang activity in your neighborhood, if any.

1. **Is there gang activity in your neighborhood?**

|  |
| --- |
| * Yes
 |
| * No [Skip to item 13]
 |

1. **How often are there problems between gangs in your district or neighborhood?**

|  |
| --- |
| * Never
 |
| * Sometimes
* Often
* Always
 |
|  |
| These next questions are about your direct experiences with a gang or gang members. If you have ever experienced the event, please indicate whether you experienced the event in the past 12 months.  |  | **In the past 12 months….** |
| 1. **Have you ever been approached by a gang member to join a gang?**
 | * Yes
* No
 |  | * Yes
* No
 |
| 1. **Have you ever been beaten up by a gang member because you didn’t join a gang?**
 | * Yes
* No
 | * Yes
* No
 |
| 1. **Have any of your friends ever joined a gang?**
 | * Yes
* No
 | * Yes
* No
 |
| 1. **Has anyone in your household ever joined a gang?**
 | * Yes
* No
 | * Yes
* No
 |

1. **Were you ever a member of a gang?**

|  |
| --- |
| * Yes
 |
| * No [Skip to item 24]
 |

|  |  |  |
| --- | --- | --- |
| 1. Did you wear gang colors on purpose?
 | * Yes
 | * No
 |
| 1. Did you make gang hand signs on purpose?
 | * Yes
 | * No
 |
| 1. Did you take part in a fight representing a gang?
 | * Yes
 | * No
 |
| 1. Did you spray paint gang signs on a wall?
 | * Yes
 | * No
 |
| 1. Did you deliver drugs for a gang?
 | * Yes
 | * No
 |
| 1. Did you hurt a gang member in a fight?
 | * Yes
 | * No
 |
| 1. Did you sell drugs for a gang?
 | * Yes
 | * No
 |
| 1. Did you become a leader of a gang?
 | * Yes
 | * No
 |

1. **In the past 12 months….**

|  |
| --- |
| Next, I’m going to read a list of statements about your Gang membership experiences and I would like for you to answer “Yes” if the statement is true for your Gang membership experiences and “No” if it is not true.  |

1. **I felt close to gang members.**

|  |
| --- |
| * Yes
 |
| * No
 |

1. **Gang members offered me help when I was in a bad situation.**

|  |
| --- |
| * Yes
 |
| * No
 |

1. **I asked gang members for help.**

|  |
| --- |
| * Yes
 |
| * No
 |

1. **I felt I could be myself around gang members.**

|  |
| --- |
| * Yes
 |
| * No
 |

1. **I felt it was important to go along with gang members.**

|  |
| --- |
| * Yes
 |
| * No
 |

PART 2: Personal Characteristics

The next series of questions ask about your relationships and other things related to everyday life, including life stressors and how you respond to such stressors.

1. **How would you describe your relationships between…?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Good | Normal | Poor |
| 1. You and your father
 | 🞎 | 🞎 | 🞎 |
| 1. You and your mother
 | 🞎 | 🞎 | 🞎 |
| 1. Your mother and father
 | 🞎 | 🞎 | 🞎 |
| 1. You and your closest friends
 | 🞎 | 🞎 | 🞎 |

1. **In the last month, how often have you…**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never | Almost never | Sometimes | Fairly often | Very often |
| 1. been upset because of something that happened unexpectedly?
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. felt that you were unable to control the important things in your life?
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. felt nervous and “stressed”?
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. felt confident about your ability to handle your personal problems?
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. felt that things were going your way?
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. found that you could not cope with all the things that you had to do?
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. been able to control irritations in your life?
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. felt that you were on top of things?
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. felt angered because of things outside of your control?
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. felt difficulties were piling up so high that you could not overcome them?
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

1. **For each statement, please tell me if you strongly agree, agree, disagree, or strongly disagree.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly agree | Agree | Neutral | Disagree | Strongly disagree |
| 1. I tend to bounce back quickly after hard times.
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. It does not take me long to recover from a stressful event.
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. I usually come through difficult times with little trouble.
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. I have a hard time making it through stressful events.
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. It is hard for me to snap back when something bad happens.
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. I tend to take a long time to get over set-backs in my life.
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

PART 3: General Opinions

Next, we would like to ask about attitudes toward alcohol and drug use in your neighborhood and among your friends.

1. **Do the majority of your friends consume alcohol?**

|  |
| --- |
| * Yes
 |
| * No
 |

1. **Do the majority of your friends use…**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. Marijuana
 | 🞎 | 🞎 |
| 1. Cocaine paste (basuco)
 | 🞎 | 🞎 |
| 1. Cocaine
 | 🞎 | 🞎 |

1. **Do you believe that the following problems exist in your neighborhood or district:**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Alcohol consumption
 |  |  |  |
| * Yes
 | **How would you describe this problem?** |
| * No
 | It is a serious problem | It is a mild problem | I don’t know/no response |
|  |  |  |  |
|  |  |  |  |
| 1. Consumption of other psychoactive substances
 |  |
| * Yes
 | **How would you describe this problem?** |
| * No
 | It is a serious problem | It is a mild problem | I don’t know/no response |
|  |  |  |  |
|  |  |  |  |
| 1. Trafficking of pyschoactive substances
 |  |
| * Yes
 | **How would you describe this problem?** |
| * No
 | It is a serious problem | It is a mild problem | I don’t know/no response |
|  |  |  |  |

1. **In your opinion, how risky are the following behaviors?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | No risk | Mild risk | Moderate risk | Severe risk | I don’t know how risky it is |
| 1. smoking cigarettes frequently?
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. drinking alcohol frequently?
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. taking non-prescribed tranquilizers or anxiety or sleeping pills once or twice over a three-month period?
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. taking non-prescribed tranquilizers or anxiety or sleeping pills sometimes (occasionally/every once in a while)?
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. taking non-prescribed tranquilizers or anxiety or sleeping pills frequently?
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. smoking marijuana once or twice over a three-month period?
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. smoking marijuana sometimes (occasionally/ every once in a while)?
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. smoking marijuana frequently?
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. consuming cocaine once or twice over a three-month period?
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. consuming cocaine sometimes (occasionally/every once in a while)?
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. consuming cocaine frequently?
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. consuming basuco once or twice over a three-month period?
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. consuming basuco sometimes (occasionally/once in a while)?
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. consuming basuco frequently?
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

1. **Do you think the use of [**….**] should be liberally permitted, controlled, or totally prohibited?**

PART 4: Drug and Alcohol Consumption

|  |  |  |  |
| --- | --- | --- | --- |
|  | liberally permitted | controlled | totally prohibited |
| 1. alcohol
 | 🞎 | 🞎 | 🞎 |
| 1. tobacco
 | 🞎 | 🞎 | 🞎 |
| 1. marijuana
 | 🞎 | 🞎 | 🞎 |
| 1. cocaine paste (basuco)
 | 🞎 | 🞎 | 🞎 |
| 1. cocaine
 | 🞎 | 🞎 | 🞎 |
| 1. inhalants/terokal
 | 🞎 | 🞎 | 🞎 |
| 1. opium/ heroin
 | 🞎 | 🞎 | 🞎 |
| 1. extasy
 | 🞎 | 🞎 | 🞎 |

The next series of questions is about your intentions of use and perceptions of access of substances like marijuana, cocaine, basuco, extasy, heroin and other drugs.

1. **Have you ever been curious to try some substances like marijuana, cocaine, basuco, extasy, heroin or another drug?**

|  |
| --- |
| * Yes
 |
| * No
 |

1. **If you had the chance, would you try one of these substances?**

|  |
| --- |
| * Yes
 |
| * No
 |

1. **In general, how easy or difficult is it to obtain the following substances?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | It would be easy | It would be difficult | I would not be able to obtain it | I don’t know how easy or difficult it is |
| 1. Marijuana
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Cocaine
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Basuco
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Extasy - MDMA
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Inhalants like glue or paint
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Methamphetamines
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Non-prescribed tranquilizers or sedatives
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Non-prescribed stimulants
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Heroin
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. LSD
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Ketamine
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. GHB (liquid extasy)
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Other synthetic drugs (2CB o tusi)
 | 🞎 | 🞎 | 🞎 | 🞎 |

1. **Has someone ever offered to let you try or buy the following substances?**

PART 4: Drug and Alcohol Consumption

*Electronic cigarettes or vaporizers*

|  |  |
| --- | --- |
| * Yes
 |  **When was the last time someone offered you one of the following substances, whether to buy or try?**  |
| * No
 |  | During the past 30 days | More than 30 days ago, but less than 12 months ago | More than 12 months ago | I have never been offered |
|  | 1. Marijuana
 |  |  |  |  |
|  | 1. Cocaine
 |  |  |  |  |
|  | 1. Basuco
 |  |  |  |  |
|  | 1. Extasy
 |  |  |  |  |
|  | 1. Heroin
 |  |  |  |  |
|  | 1. LSD
 |  |  |  |  |
|  | 1. Other
 |  |  |  |  |

The next question is about electronic cigarettes or vaporizers with nicotine.

1. **Have you ever used electronic cigarettes or vaporizers with nicotine?**

|  |  |  |
| --- | --- | --- |
| * Yes
 | a. How old were you when you used for the first time? |  …………………years old |
| * No
 | b. Have you used electronic cigarettes or vaporizers with nicotine in the past 30 days? | * Yes
 |
| * No
 |
| * No response
 |

The next series of questions is about alcohol use.

PART 4: Drug and Alcohol Consumption

*Alcohol*

1. **Do you have close family members that get drunk frequently?**

|  |  |
| --- | --- |
| * Yes
 |  **How many?** |
| * No
 | * One
 |
|  | * Two or more
 |

1. **Do you have friends that get drunk frequently?**

|  |  |
| --- | --- |
| * Yes
 |  **How many?** |
| * No
 | * One
 |
|  | * Two or more
 |

1. **How old were you when you consumed alcohol for the first time?**
* ………………years old
* N/A – I have never consumed alcoholic beverages [Skip to item 48]
1. **Have you consumed alcoholic beverages in the past 12 months?**

|  |  |
| --- | --- |
| * Yes
 | 1. **During the last 12 months, how often did you consume any alcoholic beverage?**
 |
| * No [Skip to item 48]
 | * Once a month
 |
| * No response
 | * 2 to 4 times a month
 |
|  | * 2 to 3 times a week
 |
|  | * 4 or more times a week
 |

1. **Have you consumed alcohol beverages in the past 30 days?**

|  |  |
| --- | --- |
| * Yes
 | 1. **During the last 30 days, how many days did you consume alcohol?………** [1-30]
 |
| * No
 |  |
| * No response
 |  |

1. **In the past 30 days, what type of alcoholic beverage did you drink and how often?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Daily | Weekends | A few times during the week | Not in the last 30 days | None |
| 1. Aguardiente
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Ron
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Whisky
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Brandy, Conac, Vodka, Gin
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Wine
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Chicha, guarapo, chirrinchi
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Medicinal or anti-septic alcohol mixed with flavored drink powders or soda (chamber, Chamberlain)
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. other
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

1. **How many alcohol beverages do you tend to drink in a day of typical consumption?**

|  |  |
| --- | --- |
| * 1 or 2
 | * 7, 8, or 9
 |
| * 3 or 4
 | * 10 or more
 |
| * 5 or 6
 |  |

1. **In the past 30 days, how many days have you gotten drunk? …………….** [1-30]
2. **In the past 12 months, how often do you drink 6 or more alcohol beverages in one day?**

|  |
| --- |
| * Never
 |
| * Less than once a month
 |
| * Monthly
 |
| * Weekly
 |
| * Daily or almost daily
 |

Next, we would like to ask about psychoactive substance use like marijuana, cocaine, basuco, extasy, heroin and other substances.

PART 4: Drug or Alcohol Consumption

*Pyschoactive Substances*

1. **Do you have close family members that consume substances like marijuana, cocaine, basuco, extasy, heroin or other?**

|  |  |
| --- | --- |
| * Yes
 |  **How many?** |
| * No
 | * One
 |
|  | * Two or more
 |

1. **Do you have friends that consume substances like marijuana, cocaine, basuco, extasy, heroin, or other?**

|  |  |
| --- | --- |
| * Yes
 |  **How many?** |
| * No
 | * One
 |
|  | * Two or more
 |

1. **Have you consumed the following substances in the past 12 months?**

|  |  |
| --- | --- |
|  | **51. How old were you when you used for the first time?** |
| 1. Non-prescribed tranquilizers or sleeping and anxiety pills like Rivotril, Rohypnol, ruedas, Xanax, Valium, Diazepam, Ativan Lorazepam, Alprazolam, Coquan, Clonazepan, Zolpidem
 | * Yes
* No
* No response
 | ………….years old | [If responded “*Yes*” ask items 52-56] |
| 1. Non-prescribed stimulants like Methylphenidate, /Ritalin/Concerta o Modafinilo/Vigia/Carim
 | * Yes
* No
* No response
 | ………….years old  | [If responded “*Yes*” ask items 57-61] |
| 1. Inhalants like glues, industrial glue, paint, thinner
 | * Yes
* No
* No response
 | ………….years old | [If responded “*Yes*” ask items 62-65] |
| 1. DICK (ladys, fragrance)
 | * Yes
* No
* No response
 | ………….years old | [If responded “*Yes*” ask items 66-68] |
| 1. POPPER
 | * Yes
* No
* No response
 | ………….years old | [If responded “*Yes*” ask item 69] |
| 1. Marijuana
 | * Yes
* No
* No response
 | ………….years old | [If responded “*Yes*” ask item 70-78] |
| 1. Cocaine
 | * Yes
* No
* No response
 | ………….years old | [If responded “*Yes*” ask item 79-87] |
| 1. Basuco
 | * Yes
* No
* No response
 | ………….years old | [If responded “*Yes*” ask items 88-95] |
| 1. Extasy - MDMA
 | * Yes
* No
* No response
 | ………….years old | [If responded “*Yes*” ask items 96-102] |
| 1. Heroin
 | * Yes
* No
* No response
 | ………….years old | [If responded “*Yes*” ask items 103-111] |
| 1. Methamphetamine (o meth, cristal, ice, hielo, speed)
 | * Yes
* No
* No response
 | ………….years old |  |
| 1. Non-prescribed methadone
 | * Yes
* No
* No response
 | ………….years old |  |
| 1. Non-prescribed opioid pain medication like morphine, Oxycontin, Fentanyl, Hydromorphone, Meperidine, Tramadol/ tramal, Hydrocodone/ Vicodin/ Sinalgen/Dovir, codeine/ winadeine/ winadol/ algimide
 | * Yes
* No
* No response
 | ………….years old | [If responded “*Yes*” ask item 112] |
| 1. LSD (o tripi)
 | * Yes
* No
* No response
 | ………….years old | [If responded “*Yes*” ask item 113] |
| 1. Psilocybian mushrooms
 | * Yes
* No
* No response
 | ………….years old | [If responded “*Yes*” to mushrooms, ayahuasca, or cacao sabanero ask item 114] |
| 1. Ayahuasca
 | * Yes
* No
* No response
 | ………….years old |
| 1. Cacao sabanero
 | * Yes
* No
* No response
 | ………….years old |
| 1. Ketamine (o Ketalar)
 | * Yes
* No
* No response
 | ………….years old |  |
| 1. GHB (“G” o liquid extasy)
 | * Yes
* No
* No response
 | ………….years old |  |
| 1. 2CB (tucibi o Nexus)
 | * Yes
* No
* No response
 | ………….years old |  |
| 1. Other drugs: please specify
 | * Yes
* No
* No response
 | ………….years old |  |

The next set of questions is about your use of non-prescribed tranquilizers or sleeping and anxiety pills.

PART 4: Drug and Alcohol Consumption

*a. Non-Prescribed Tranquilizers (Applicable to participants who answered yes to 50a.)*

1. **When was the first time you used non-prescribed tranquilizers or sleeping and anxiety pills like Rivotril, Rohypnol, ruedas, Xanax, Valium, Diazepam, Ativan Lorazepam, Alprazolam, Coquan, Clonazepan, Zolpidem?**

|  |
| --- |
| * In the past 30 days
 |
| * More than 30 days ago, but less than 12 months
 |
| * More than 12 months ago
 |
| * No response
 |

1. **How did you obtain the non-prescribed tranquilizers or sleeping and anxiety pills that you consumed?**

|  |
| --- |
| * From a doctor
 |
| * On the streets
 |
| * At home
 |
| * From a friend
 |
| * At the pharmacy
 |
| * On the interent
 |
| * Social media
 |
| * Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No response
 |

1. **Have you consumed non-prescribed tranquilizers or sleeping and anxiety pills in the past 30 days?**

|  |  |
| --- | --- |
| * Yes
 | 1. **In the past 30 days, how many days did you consume non-prescribed tranquilizers? …………….** [1-30]
 |
| * No
 |
| * No response
 |  |

1. **Have you ever consumed tranquilizers or sleeping and anxiety pills in a way other than orally?**

PART 4: Drug and Alcohol Consumption

*b. Non-Prescribed Stimulants (Applicable to participants who responded yes to 50b.)*

|  |  |
| --- | --- |
| * Yes
 | **How?** |
| * No
 | * Snorted
 |
| * No response
 | * Smoked
 |
|  | * Injected
 |
|  | * Rectal o vaginal
 |
|  | * Other
 |

The next series of questions is about your use of non-prescribed stimulants such as Methylphenidate, Ritalin/Concerta or Modafinilo, Vigia, and Carim.

1. **When was the first time you consumed non-prescribed stimulants?**

|  |
| --- |
| * In the past 30 days
 |
| * More than 30 days ago, but less than 12 months
 |
| * More than 12 months ago
 |
| * No response
 |

1. **How did you get the non-prescribed stimulants you consumed?**

|  |
| --- |
| * From a doctor
 |
| * On the streets
 |
| * At home
 |
| * From a friend
 |
| * At the pharmacy
 |
| * On the internet
 |
| * Social media
 |
| * Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No response
 |

1. **Have you consumed non-prescribed stimulants in the past 30 days?**

|  |  |
| --- | --- |
| * Yes
 | 1. **In the past 30 days, on how many days did you consume non-prescribed stimulants? …………….** [1-30]
 |
| * No
 |
| * No response
 |  |

1. **Have you ever consumed stimulants in a way other than orally?**

PART 4: Drug and Alcohol Consumption

 *C. Inhalants (Applicable to participants who answered yes in 50c.)*

|  |  |
| --- | --- |
| * Yes
 |  **How?** |
| * No
 | * Snorted
 |
| * No response
 | * Smoked
 |
|  | * Injected
 |
|  | * Rectal o vaginal
 |
|  | * Other
 |

Next, we would like to ask about your use of inhalants.

1. **When was the first time you used inhalants?**

|  |
| --- |
| * In the past 30 days
 |
| * More than 30 days ago, but less than 12 months
 |
| * More than 12 months ago
 |
| * No response
 |

1. **During the last 12 months, how frequently did you use inhalants?**

|  |
| --- |
| * Once
 |
| * A few times in the past 12 months
 |
| * A few times monthly
 |
| * A few times weekly
 |
| * Daily
 |
| * No response
 |

1. **Have you consumed inhalants in the past 30 days?**

|  |
| --- |
| * Yes
 |
| * No
 |
| * No response
 |

1. **How did you obtain the inhalants that you consumed?**

|  |
| --- |
| * From the internet
 |
| * From social media
 |
| * Location of drug deals (e.g., “en la olla”)
 |
| * Friends
 |
| * At home
 |
| * Public space
 |
| * Entertainment establishments/venues (bars, dance clubs)
 |
| * Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No response
 |
| The next set of items ask about your use of specific inhalants such as DICK, Ladys, fragrance or POPPER. |

1. **When was the first time you consumed DICK, Ladys o fragrance?**

PART 4: Drug and Alcohol Consumption

 *D. DICK, Ladys or fragrance (Applicable to participants who responded yes to 50d.)*

|  |
| --- |
| * In the past 30 days
 |
| * More than 30 days ago, but less than 12 months
 |
| * More than 12 months ago
 |
| * No response
 |

1. **During the last 12 months, how frequently did you use DICK, Ladys or fragrance?**

|  |
| --- |
| * Once
 |
| * A few times during the past 12 months
 |
| * A few times monthly
 |
| * A few times weekly
 |
| * Daily
 |
| * No response
 |

1. **Have you consumed DICK, Ladys or fragrance in the past 30 days?**

PART 4: Drug and Alcohol Consumption

*E. POPPER (Applicable to participants who responded yes to 50e.)*

|  |
| --- |
| * Yes
 |
| * No
 |
| * No response
 |

1. **Have you consumed POPPER in the past 30 days?**

PART 4: Drug and Alcohol Consumption

*F. Marijuana (Applicable to participants who responded yes to 50f.)*

|  |
| --- |
| * Yes
 |
| * No
 |
| * No response
 |

This next set of items ask about your use of marijuana.

1. **When was the first time you consumed marijuana?**

|  |
| --- |
| * In the past 30 days
 |
| * More than 30 days ago, but less than 12 months
 |
| * More than 12 months ago
 |
| * No response
 |

1. **During the last 12 months, how frequently did you consume marijuana?**

|  |
| --- |
| * Once
 |
| * A few times during the last 12 months
 |
| * A few times monthly
 |
| * A few times weekly
 |
| * Daily
 |
| * No response
 |

1. **Have you consumed marijuana in the past 30 days?**

|  |  |
| --- | --- |
| * Yes
 | 1. **In the past 30 days, how many days did you consume marijuana? …………….** [1-30]
 |
| * No
 |
| * No response
 | 1. **In the past 30 days, how much money did you spend on marijuana?**

**$......................**  |

1. **On average, how many joints/blunts of marijuana do you smoke monthly? …………….** joints/blunts
2. **Do you know how much a joint/blunt of marijuana costs?**

|  |  |
| --- | --- |
| * Yes
 | **Cost $......................**  |
| * No
 |

1. **How did you obtain the marijuana you consumed?**

|  |
| --- |
| * From the internet
 |
| * From social media
 |
| * Location of drug deals (e.g., “en la olla”)
 |
| * Friends
 |
| * At home
 |
| * Public space
 |
| * Entertainment establishments/venues (bars, clubs)
 |
| * Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| * No response
 |

1. **Have you ever consumed marijuana in a way other than smoking it?**

PART 4: Drug or Alcohol Consumption

*G. Cocaine (Applicable to participants who responded yes to 50g.)*

|  |  |
| --- | --- |
| * Yes
 |  **How?** |
| * No
 | * Orally or ingested (pastries, cookies, brownie or other types of foods)
 |
| * No contesta
 | * Inhaled (vaporizer)
 |
|  | * Injected
 |
|  | * Rectal o vaginal
 |
|  | * Other
 |

Next, we would like to ask you questions about your use of cocaine.

1. **When was the first time you consumed cocaine?**

|  |
| --- |
| * In the past 30 days
 |
| * More than 30 days ago, but less than 12 months
 |
| * More than 12 months ago
 |
| * No response
 |

1. **During the last 12 months, how frequently did you use cocaine?**

|  |
| --- |
| * Once
 |
| * A few times during the last 12 months
 |
| * A few times monthly
 |
| * A few times weekly
 |
| * Daily
 |
| * No response
 |

1. **Have you consumed cocaine in the past 30 days?**

|  |  |
| --- | --- |
| * Yes
 | 1. **In the past 30 days, how many days did you consume cocaine? …………….** [1-30]
 |
| * No
 |
| * No response
 | 1. **How much money did you spend on cocaine in the past 30 days?**

**$......................**  |

1. **On average, how many grams of cocaine do you consume a month? …………….**grams
2. **Do you know how much a gram of cocaine costs?**

|  |  |
| --- | --- |
| * Yes
 | **Cost $......................**  |
| * No
 |

1. **How did you obtain the cocaine you consumed?**

|  |
| --- |
| * From the internet
 |
| * From social media
 |
| * Location of drug deals (e.g., “en la olla”)
 |
| * Friends
 |
| * At home
 |
| * Public space
 |
| * Entertainment establishments (bars, clubs)
 |
| * Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| * No response
 |

1. **Have you ever consumed cocaine in a way other than snorting it?**

PART 4: Drug and Alcohol Consumption

*H. Basuco (Applicable to participants who responded yes to 50h.)*

|  |  |
| --- | --- |
| * Yes
 |  **How?** |
| * No
 | * Smoked
 |
| * No response
 | * Injected
 |

The next series of questions ask about your use of basuco.

1. **When was the first time you consumed basuco?**

|  |
| --- |
| * In the past 30 days
 |
| * More than 30 days ago, but less than 12 months
 |
| * More than 12 months ago
 |
| * No response
 |

1. **During the last 12 months, how frequently have you used basuco?**

|  |
| --- |
| * Once
 |
| * A few times during the last 12 months
 |
| * A few times monthly
 |
| * A few times weekly
 |
| * Daily
 |
| * No response
 |

1. **Have you consumed basuco in the past 30 days?**

|  |  |
| --- | --- |
| * Yes
 | 1. **In the past 30 days, how many days did you consume basuco? …………….** [1-30]
 |
| * No
 |
| * No response
 | 1. **How much money did you spend on basuco in the past 30 days?**

**$......................**  |

1. **On average, how many packets (“papeletas/bichas”) of basuco do you consume each month? ………….**packets

1. **Do you know how much a packet (“papeletas/bichas”) of basuco costs?**

|  |  |
| --- | --- |
| * Yes
 | **Cost $......................**  |
| * No
 |

1. **How did you obtain the basuco that you consumed?**

|  |
| --- |
| * From the internet
 |
| * From social media
 |
| * Location of drug deals (e.g., “en la olla”)
 |
| * Friends
 |
| * At home
 |
| * Public space
 |
| * Entertainment establishments (bars, clubs)
 |
| * Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| * No response

PART 4: Drug and Alcohol Consumption *I. Extasy (Applicable to participants who responded yes to 50i.)*The next set of items ask about your use of extasy.  |

1. **When was the first time you consumed extasy?**

|  |
| --- |
| * In the past 30 days
 |
| * More than 30 days ago, but less than 12 months
 |
| * More than 12 months ago
 |
| * No response
 |

1. **During the last 12 months, how often have you used extasy?**

|  |
| --- |
| * Once
 |
| * A few times in the last 12 months
 |
| * A few times monthly
 |
| * A few times weekly
 |
| * Daily
 |
| * No response
 |

1. **Have you consumed extasy in the past 30 days?**

|  |  |
| --- | --- |
| * Yes
 | 1. **In the past 30 days, what was the maximum number of pills you consumed in one day? …………….** pills
 |
| * No
 |
| * No response
 | 1. **In the past 30 days, have you consumed an alcoholic beverage at the same time you used extasy?**
 |
|  | * Yes
 |
|  | * No
 |
|  | * No response
 |

1. **The last time you bought extasy, how much did you pay for a pill or gram of crystalized extasy?**

**$……………………**

1. **How did you obtain the extasy you consumed?**

PART 4: Drug and Alcohol Consumption

*J. Heroin (Applicable to participants who responded yes to 50j.)*

|  |
| --- |
| * From the internet
 |
| * From social media
 |
| * Location of drug deals (e.g., “en la olla”)
 |
| * Friends
 |
| * At home
 |
| * Public space
 |
| * Entertainment establishments (bars, clubs)
 |
| * Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| * No response
 |

The next set of items ask about your use of heroin.

1. **When was the first time you consumed heroin?**

|  |
| --- |
| * In the past 30 days
 |
| * More than 30 days ago, but less than 12 months
 |
| * More than 12 months ago
 |
| * No response
 |

1. **During the last 12 months, how frequently have you consumed heroin?**

|  |
| --- |
| * Once
 |
| * A few times during the last 12 months
 |
| * A few times monthly
 |
| * A few times weekly
 |
| * Daily
 |
| * No response
 |

1. **In the past 6 months, how have you consumed heroin? (indicate the primary and second most common way)**

|  |  |
| --- | --- |
| * Smoked
 | ***How?*** * Smoked with marijuana
* Smoked with no other substances
 |
| * Inhaled (aluminum, spoon and lighter) (“en lata, balazo, modo chino”)
 |
| * Snorted (by way of nose)
* Injected
 | * Smoked with other substances
 |

1. **Have you consumed heroin in the past 30 days?**

|  |  |
| --- | --- |
| * Yes
 | 1. **In the past 30 days, how many days have you consumed heroin? …………….** [1-30]
 |
| * No
 |
| * No response
 | 1. **How much money did you spend on heroin in the past 30 days? $......................**
 |

1. **On average, how many doses of heroin do you consume each month? …………….**doses
2. **Do you know how much a dose of heroin costs?**

|  |  |
| --- | --- |
| * Yes
 | **Cost $......................**  |
| * No
 |

1. **How did you obtain the heroin that you consumed?**

PART 4: Drug and Alcohol Consumption

*M. Other Substances – Opioid Pain Medication (Applicable to participants who responded yes to 50m.)*

|  |
| --- |
| * From the internet
 |
| * From social media
 |
| * Location of drug deals (e.g., “en la olla”)
 |
| * Friends
 |
| * At home
 |
| * Public spaces
 |
| * Entertainment establishments (bars, clubs)
 |
| * Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| * No response
 |

The next set of items ask about other substance use.

1. **Have you consumed opioid pain medications in the past 30 days?**

|  |
| --- |
| * Yes
 |
| * No
 |
| * No response

*N. Other Substances - LSD (Applicable to participants who responded yes to 50n.)* |

1. **Have you consumed LSD in the past 30 days?**

*O. Other Substances – Mushrooms, Ayahuasca, Cacao Sabanero (Applicable to participants who responded yes to 50o.)*

|  |
| --- |
| * Yes
 |
| * No
 |
| * No response
 |

1. **Have you consumed mushrooms, ayahuasca, cacao sabanero in the past 30 days?**

|  |
| --- |
| * Yes
 |
| * No
 |
| * No response
 |

Next, we would like to ask you questions about your thoughts on substance use behaviors and treatment you may have received, if applicable.

PART 4: Drug and Alcohol Consumption

*Abuse, dependence, and treatment*

1. [Only applicable to participants who responded “Yes” to item 40 or any of the substances listed in 50a-u. If no alcohol or drug consumption in past 12 months, indicate “N/A” below and skip to item 118]

**Please respond “Yes” if true or “No” if not true.**

|  |  |  |  |
| --- | --- | --- | --- |
| **In the past 12 months,** | Yes | No | * N/A – no alcohol or drug consumption in past 12 months
 |
| 1. have you ever felt you should cut down on your drinking or drug use?
 | 🞎 | 🞎 |  |
| 1. have people annoyed you by criticizing your drinking or drug use?
 | 🞎 | 🞎 |
| 1. have you ever felt bad or guilty about your drinking or drug use?
 | 🞎 | 🞎 |
| 1. have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?
 | 🞎 | 🞎 |

1. **In the past 12 months, have you felt the need to seek help to quit the use of alcohol or other psychoactive substances? Mark all that apply.**

|  |
| --- |
| * Yes, for alcohol.
 |
| * Yes, for other psychoactive substances.
* No, I have never felt the need.
 |

1. **In the past 12 months have you ever sought counseling or treatment to reduce the consumption of psychoactive substances, alcohol, or other substance?**

|  |
| --- |
| * Yes
 |
| * No
* No response
 |

1. **Are you in or have you been in treatment for consumption of psychoactive substances?**

|  |
| --- |
| * Currently in treatment
 |
| * Yes, in the past 12 months
* Yes, but more than 12 months ago
* Never [Skip to item 120]
* N/A – Never used psychoactive substances [Skip to item 120]
 |

1. **What substance primarily contributed to you getting treatment?**

|  |
| --- |
| * Alcohol
 |
| * Marijuana
* Cocaine
* Basuco
* Heroin
* Other
* Does not know
 |
| The next set of questions is about your emotional well-being, which may affect the way you think, feel, and act.  |
|  |

1. **During the past 30 days to what extent did you…**

PART 5: Mental Health

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not at all | Slightly | Moderately | Quite a bit | Extremely |
| 1. Feel tense?
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Feel sad?
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Feel irritated?
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Feel inferior?
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Have trouble sleeping in the past week?
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Have suicidal thoughts?
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

1. **During the past 30 days did you attempt suicide because of feelings of sadness and hopelessness?**

PART 6: Neighborhood Support & Involvement

|  |
| --- |
| * Yes
 |
| * No
 |

The next series of questions is about your neighborhood involvement and the support you and your neighbors receive from police officers, public officials, and local organizations.

1. **Do your neighbors receive the support from the police to ensure the safety and security of your community?**

|  |
| --- |
| * Yes
 |
| * No
 |

1. **Are public officials (like the mayor, comisaria and others) dedicated to improving the lives of your neighbors?**

|  |
| --- |
| * Yes
 |
| * No
 |

1. **Do local organizations/non-profits provide services (like housing, health, and other services) that meet your needs and the needs of your neighbors?**

|  |
| --- |
| * Yes
 |
| * No
 |

1. **During the last 12 months, how often did you hear or read any messages or advertisements about the harms of using the following…**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Never | A few times | Several times | Atleast once a month |
| 1. Alcohol
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Cigarettes or tobacco
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Marijuana
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Electronic cigarettes or vaping devices to vape nicotine
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Heroin
 | 🞎 | 🞎 | 🞎 | 🞎 |

1. **What is your main source for information about drugs? drogas?**

|  |
| --- |
| * [CEDRO or drug prevention organization in Pereira]
 |
| * Educational institution/work
 |
| * Books/magazines
 |
| * Newspapers
 |
| * Radio
 |
| * Television
 |
| * Courses/workshops
 |
| * Local community coalition
* Local preventive organizations
 |
| * School preventive committees
 |
| * Locales
 |
| * Internet
 |
| * Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

**In the last 12 months, how often have you…**

PART 7: Impact of the COVID-19 Pandemic

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never | A few times: 1-3 | Sometimes: 4-6 | Often: more than 6 | N/A |
| 1. **Attended a coalition meeting in your neighborhood or district?**
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. **Worked on a project to improve**

 **your neighborhood or district?**  | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. **Informed your neighbors about matters or projects in your district or neighborhood?**
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. **Contacted municipal officials to recommend any changes?**
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. **Attended a public meeting to advocate for change to rules or ordinances?**
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. **Taken some action to improving a public space like a sports field or park?**
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

The COVID-19 pandemic has impacted many aspects of life such as employment and health. It may also affect neighborhood violence and how people use substances. The following questions are about COVID-19 and its impact on your neighborhood and personal experiences.

1. **Since the novel coronavirus (COVID-19) pandemic (March 1, 2020), has the level of violence in your neighborhood increased, decreased, or stayed the same?**

|  |
| --- |
| * Increased
 |
| * Decreased
 |
| * Stayed the same
 |

1. **Since the COVID-19 pandemic (March 1, 2020), has crime in your neighborhood increased, decreased, or stayed the same?**

|  |
| --- |
| * Increased
 |
| * Decreased
 |
| * Stayed the same
 |

1. [Only applicable to participants who have consumed substances in past 12 months. Specifically, if participant responded “Yes” to item 40 (alcohol use) or any of the substances listed in item 50a-u. If participant has not used any substances in the last 12 months, e.g., responded “No” to items 40 and 50a-u, skip to item 137.]

**The COVID-19 pandemic may impact people’s substance use in different ways. Have any of the following happened to your use because of COVID-19? Check all that apply.** If substance was not consumed in past 12 months, indicate “N/A” and continue to next substance on list.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Started using** | **Used more than usual** | **Used less than usual** | **Wanted to stop** | **Tried to stop** | **Could not get the help needed to stop** | **No change**  | **N/A – substance not consumed in past 12 months**  |
| a. alcohol |  |  |  |  |  |  |  |  |
| b. marijuana |  |  |  |  |  |  |  |  |
| c. cocaine |  |  |  |  |  |  |  |  |
| d. heroin |  |  |  |  |  |  |  |  |
| e. basuco |  |  |  |  |  |  |  |  |
| f. other substance:  |  |  |  |  |  |  |  |  |
| g. other substance:  |  |  |  |  |  |  |  |  |

1. **Have you experienced any of the following because of COVID-19? Check all that apply.**

PART 8: Demographics

|  |
| --- |
| * Sharing needles and works more than usual
 |
| * Sharing needles and works less than usual
 |
| * Needing clean needles/works and not having any
 |
| * Injecting drugs you do not normally inject
 |
| * Injecting less than usual
 |
| * Injecting more than usual
 |

Lastly, please answer the following demographic questions.

1. **Biological Sex**

|  |  |
| --- | --- |
| Male | Female |
|  |  |

1. **What is your birth year? \_\_\_\_\_\_\_\_ ona?**
2. **Does your home receive electrical/utility power services?**
* Yes
* No
1. **Stratus for tariffs of public utilities**

|  |
| --- |
| * Stratus 1 (Lowest)
 |
| * Stratus 2 (Low)
 |
| * Stratus 3 (Low-Mid)
 |
| * Stratus 4 (Middle)
 |
| * Stratus 5 (Mid-High)
 |
| * Stratus 6 (High)
 |
| * Pirated connection
 |
| * Does not know or has an electric generator
 |

1. **What level of education have you obtained?**

|  |
| --- |
| * None
 |
| * Pre-school
 |
| * Elementary school (1-5)
 |
| * Middle/junior high school (6-9)
 |
| * High school (10-13)
 |
| * Technical school
 |
| * University
 |
| * Post-graduate school
 |
| * Does not know, does not respond
 |

1. **Sexual orientation is understood as the attraction a person may have towards the opposite sex (heterosexual), the same sex (homosexual), or both sexes (bisexual).**

**Which of these define your sexual orientation?**

|  |
| --- |
| * Heterosexual (attracted towards the opposite sex)
 |
| * Gay/ lesbiana (attracted towards the same sex)
 |
| * Bisexual (attracted to both sexes)
 |
| * Other
 |

1. **Gender identity refers to how a person feels or identifies in respect to their gender. A person’s gender identity may or may not correlate with their biological sex.**

**How do you describe yourself?**

|  |
| --- |
| * Man
 |
| * Woman
 |
| * Transgender (TransMan or TransWoman)
 |
| * Other, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

*Thank you for your participation!*

[Distribute incentive and post card with information about drug addiction and substance use treatment and mental health services.]