

Baseline:

[Organisational logos and headers]

Improving injecting skills and preventing blood borne virus infection in people who inject drugs in the UK

ID number

Type of service recruited from

- ₁ Drug treatment service
- ₂ Needle Exchange
- ₃ Sexual Health Clinic
- ₄ Hostel/ Homeless service

Interview

- ₁ Baseline

Age

Time interview started

Time interview finished

As we previously discussed, we are doing this research to test the feasibility of an intervention to improve injecting skills, reduce blood borne viruses risk behaviours and increase knowledge about how you get or pass on HIV, Hepatitis C and Hepatitis B among people who inject drugs in the UK. Today I would like to ask you some questions about your injecting practices and sexual behaviours, and about how you think HIV, Hepatitis C and Hepatitis B is spread.

Please consider the following questions carefully and answer each one as accurately as you can. Remember that the information you provide will remain completely confidential unless you express current or future intention to harm yourself or someone else.

- How old were you when you **first** injected? _____
- How old are you now? _____
- Are you? Male ₁ Female ₂ Transgender ₃
- Have you used a Needle Exchange (or a pharmacy exchange) in the **last month** (28 days)?

Yes ₁

No ₀

If yes: How many *individual* needles (including ones attached to syringes) did you get from Needle Exchanges during the **last month** (28 days)? _____

How many of these needles were **already attached** to syringes (barrels)? _____

- Are you currently being prescribed a detox or maintenance drug script?

Yes ₁

No ₀

If yes: how long have you been on your **current** script?

Less than a month ₁

1 to 6 months ₂

Over 6 months ₃

- In the **last month** (28 days), have you used any of these drugs by any means, including injecting? (*Tick all that apply*)

	Yes	No		Yes	No
Cocaine	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	Cannabis	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
Amphetamine (speed)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	Solvents or Glue	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
Crack	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	Ketamine	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
Heroin	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	Benzodiazepines	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
Mephedrone (m-cat)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	Other drugs not prescribed to you	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
Methamphetamine	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<i>Specify:</i>		
Ecstasy/'E' (MDMA)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀			

7. Have you injected drugs in the **last month** (28 days)? Yes ; No

*If yes: In the **last month** (28 days) which of the following drugs have you injected? (Tick **all** that apply)*

Heroin Crack Amphetamine (speed) Ketamine
Methadone Cocaine Mephedrone (m-cat) Methamphetamine
Other Drugs Specify:

In the **last month** (28 days), have you **injected both heroin and cocaine together** ("speedball")?

Yes

No

In the **last month** (28 days), have you had:

	Yes	No
An abscess (swelling containing pus), sore, or open wound at an injection site?	<input type="checkbox"/>	<input type="checkbox"/>
Endocarditis (heart infection)	<input type="checkbox"/>	<input type="checkbox"/>
Swelling of hands or feet	<input type="checkbox"/>	<input type="checkbox"/>
Problems getting a vein	<input type="checkbox"/>	<input type="checkbox"/>
Prominent scarring or bruising	<input type="checkbox"/>	<input type="checkbox"/>
Septicaemia (blood infection)	<input type="checkbox"/>	<input type="checkbox"/>
Thrombosis (blocked veins)	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Specify:

In the **last month** (28 days), on how many days have you injected drugs? _____

In the **last month** (28 days), into which parts of your body did you inject drugs? (*Tick all that apply*)

Arms :

Hands :

Groin :

Legs :

Feet :

Neck :

Genitals :

Other :

In the **last month** (28 days), which **drug/s** have you injected most often? _____

In the **last month** (28 days):

To **how many different people** have you passed on your needle or syringe to after you had used it (*including your partner*)? None : 1 : 2 or more :

How many different people's needle or syringe have you used after someone else had used it (*including your partner*)? None : 1 : 2 or more :

In the **last month** (28 days), did you use spoons or other containers for mixing which had previously been used by someone else (*including your partner*)?

Yes :

No :

In the **last month** (28 days), did you pass on spoons or other containers for mixing which you had previously used to someone else (*including your partner*)?

Yes :

No :

In the **last month** (28 days), did you inject with **your own** needle or syringe after it had been cleaned (e.g. with water, bleach or detergent)?

Yes :

No :

In the **last month** (28 days), did you inject with **someone else's** needle or syringe after it had been cleaned (e.g. with water, bleach or detergent)?

Yes :

No :

In the **last month** (28 days), did you use filters which had previously been used by someone else (*including your partner*)?

Yes :

No :

In the **last month** (28 days), did you pass on filters which you had previously used to someone else (*including your partner*)?

Yes :

No :

In the **last month** (28 days), did you share rinse water with someone else (including your partner)?

Yes

No

8. In the **last month** (28 days), have you overdosed (OD-ed, gone-over, gone-under), used drugs to the point where you have lost consciousness?

Yes

No

If yes: How many times in the **last month** (28 days) have you overdosed?

1

2-4

5-9

10 or more

In the **last month** (28 days), did you receive naloxone (the heroin overdose antidote) when you overdosed?

Yes

No

Not Sure

9. Have you **ever** been vaccinated for hepatitis B (hep B jab)?

Yes

No

Not sure

If yes: How many hep B jabs have you had?

1

2

3+

Not sure

At which of the following services did you receive a hep B jab? (Tick **all** that apply)

Needle Exchange

Drug Treatment Service

Sexual Health, GUM or STI Clinic

In Prison

Hostel or Homeless Service

GP or Family Doctor

A&E or Casualty Department

Elsewhere

10. Have you **ever** had a blood test for HIV?

Yes

No

Not sure

If yes: In which year did you **last** have an HIV test? _____

What was the result of your **last** test?

Positive Negative Awaiting result Not sure

11. Have you **ever** had a blood test for hepatitis C?

Yes _1

No _c

Not sure _z

If yes: In which year did you **last** have a hepatitis C test? _____

What was the result of your **last** test?

Positive _1 Negative _c Awaiting result _z Not sure _z

*If tested positive, have you **ever** seen a specialist nurse or doctor (e.g. a hepatologist) about your hepatitis C?*

No _1

Yes, but **not** given any medicine for hepatitis C _c

Yes, and been **given** medicine for hepatitis C _z

12. Have you been homeless in the **last month** (28 days) - that is living in a hostel, having no fixed abode, or living on the streets?

Yes _1

No _c

How sure are you that you could do what is said in each of the following statements?

13. I can always find a vein when I am injecting drugs

absolutely sure
I cannot

_1

pretty sure I
cannot

_2

pretty sure I
can

_3

absolutely sure
I can

_4

When someone is injecting and sharing drugs, it can be difficult to avoid sharing needles, syringes or other injecting equipment with other people. For the next set of questions, please tell us how sure you are that you could do what is described in each situation, even if you have never been in that exact situation.

14. I can avoid sharing a needle or syringe even if I am in withdrawal.

absolutely sure
I cannot

_1

pretty sure I
cannot

_2

pretty sure I
can

_3

absolutely sure
I can

_4

15. I can refuse to lend out my used needle or syringe even if I am using drugs with people I don't know.

absolutely sure
I cannot

_1

pretty sure I
cannot

_2

pretty sure I
can

_3

absolutely sure
I can

_4

16. I can refuse to lend out my used needle or syringe even if I am pressured by someone who is in withdrawal

absolutely sure
I cannot

_1

pretty sure I
cannot

_2

pretty sure I
can

_3

absolutely sure
I can

_4

17. I can avoid sharing injecting equipment even if I have a very limited supply of filters, cookers/pans or rinse water.

absolutely sure
I cannot

_1

pretty sure I
cannot

_2

pretty sure I
can

_3

absolutely sure
I can

_4

18. I can take the time to clean my needles and syringes the best I can with bleach and water, even if I am in withdrawal

absolutely
sure I cannot

_1

pretty sure I
cannot

_2

pretty sure I
can

_3

absolutely
sure I can

_4

19. I can talk to other drug injectors about safer drug use/harm reduction even if I don't know them

absolutely sure
I cannot

_1

pretty sure I
cannot

_2

pretty sure I
can

_3

absolutely sure
I can

_4

20. I can talk to other drug injectors about safer drug use/harm reduction even if I really need to inject

absolutely sure
I cannot

_1

pretty sure I
cannot

_2

pretty sure I
can

_3

absolutely sure
I can

_4

21. In the last month (28 days), have you done any of the following to avoid withdrawal?

1. Saved a bag/wrap for the next morning

Never Rarely Sometimes Often Very often
_0 _1 _2 _3 _4

2. Put aside additional drugs (e.g., stashing heroin/cocaine not as a wake-up bag/line) to resort to in an emergency

Never Rarely Sometimes Often Very often
_0 _1 _2 _3 _4

3. Stored methadone/buprenorphine(Subutex)

Never Rarely Sometimes Often Very often
_0 _1 _2 _3 _4

4. Put aside money for getting the next bag in an emergency

Never Rarely Sometimes Often Very often
_0 _1 _2 _3 _4

5. How many times did you use other substances (painkillers, benzodiazepines, other drugs) to see you through until you could get your drug of choice?

Never Once 2-5 times 6-10 times 11 or more times
_0 _1 _2 _3 _4

The next set of questions cover sensitive issues about sexual practices. This is not to embarrass you, but it is important for us to know to help us with the research. Please let me know if you feel uncomfortable answering any of these questions.

22. Have you had sex in the **last month** (28 days)?

Yes

No

If yes: With how many **men** in the **last month** (28 days)?
None 1 2-4 5-9 10 or more

With how many **women** in the **last month** (28 days)?
None 1 2-4 5-9 10 or more

Did you use a condom?
Always Sometimes Never

Many people respond differently when it comes to using condoms in various situations. For the following situations, how sure are you that you could use a condom for sex, even if you have never been in that exact situation?

23. When you want to have sex with a regular partner, you can use a condom even if they don't want to

absolutely sure I cannot	pretty sure I cannot	pretty sure I can	absolutely sure I can
<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4

24. When you want to have sex with a casual partner, you can use a condom even if they don't want to

absolutely sure I cannot	pretty sure I cannot	pretty sure I can	absolutely sure I can
<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4

25. When you want to have sex with a regular partner, you can use a condom even if you have been taking drugs or drinking alcohol.

absolutely sure I cannot	pretty sure I cannot	pretty sure I can	absolutely sure I can
<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4

26. When you want to have sex with a casual partner, you can use a condom even if you have been taking drugs or drinking alcohol.

absolutely sure I cannot	pretty sure I cannot	pretty sure I can	absolutely sure I can
<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4

27. You can talk to people about safer sex even if you don't know them

absolutely sure I cannot	pretty sure I cannot	pretty sure I can	absolutely sure I can
<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4

28. Have you received money, goods or drugs in exchange for sex in the last month (28 days)?

Yes _1

No _c



If yes: how sure are you that:

When you receive money, goods or drugs in exchange for sex, how sure are you that you can use a condom even if they don't want to.

absolutely sure
I cannot

_1

pretty sure I
cannot

_2

pretty sure I
can

_3

absolutely sure
I can

_4

When you receive money, goods or drugs in exchange for sex, how sure are you that you can use a condom even if you have been taking drugs or drinking alcohol.

absolutely sure
I cannot

_1

pretty sure I
cannot

_2

pretty sure I
can

_3

absolutely sure
I can

_4

How sure are you that you can talk about safer sex to people who give you money, goods or drugs in exchange for sex?

absolutely sure
I cannot

_1

pretty sure I
cannot

_2

pretty sure I
can

_3

absolutely sure
I can

_4

NOW I'D LIKE TO ASK YOU SOME QUESTIONS ABOUT HOW YOU THINK HIV CAN BE TRANSMITTED

29. How would you describe your understanding about how the HIV virus can be transmitted?

Poor

_0

Fair

_1

Good

_2

Excellent

_3

I AM NOW GOING TO READ A SERIES OF STATEMENTS ABOUT HIV TRANSMISSION, SOME OF THESE STATEMENTS ARE TRUE AND SOME OF THEM ARE FALSE. WHEN I READ EACH STATEMENT PLEASE ANSWER IF YOU THINK THE STATEMENT IS TRUE (TRUE), FALSE (FALSE) OR IF YOU DON'T KNOW IF IT IS TRUE OR FALSE (DON'T KNOW)

		<u>TRUE</u>	<u>FALSE</u>	<u>DON'T KNOW</u>
1	Coughing and sneezing DO NOT spread HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	A person can get HIV by sharing a glass of water with someone who has HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Pulling out the penis before a man climaxes/cums keeps a woman from getting HIV during sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	A woman can get HIV if she has anal sex with a man	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	All pregnant women infected with HIV will have babies born with AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	People who have been infected with HIV quickly show serious signs of being infected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	There is a vaccine that can stop adults from getting HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	People are likely to get HIV by deep kissing, putting their tongue in their partner's mouth, if their partner has HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	A woman cannot get HIV if she has sex during her period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	There is a female condom that can help decrease a woman's chance of getting HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Having sex with more than one partner can increase a person's chance of being infected with HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Taking a test for HIV one week after having sex will tell a person if she or he has HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	A person can get HIV from oral sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Using Vaseline or baby oil with condoms lowers the chance of getting HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOW I'D LIKE TO ASK YOU SOME QUESTIONS ABOUT HOW YOU THINK HEPATITIS C CAN BE TRANSMITTED

30. How would you describe your understanding about how the hepatitis C virus is transmitted?

₀ Poor ₁ Fair ₂ Good ₃ Excellent

I AM NOW GOING TO READ A SERIES OF STATEMENTS ABOUT HEPATITIS C TRANSMISSION, SOME OF THESE STATEMENTS ARE TRUE AND SOME OF THEM ARE FALSE. WHEN I READ EACH STATEMENT PLEASE ANSWER IF YOU THINK THE STATEMENT IS TRUE (TRUE), FALSE (FALSE) OR IF YOU DON'T KNOW IF IT IS TRUE OR FALSE (DON'T KNOW)

		<u>TRUE</u>	<u>FALSE</u>	<u>DON'T KNOW</u>
1	People with hepatitis C can safely share their toothbrushes and razors with other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	There is a hepatitis C vaccine that can be used to prevent people from getting infected with hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Hepatitis C can be spread from shared kitchen cups, plates or utensils.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Once someone's hepatitis C virus has been completely treated and cleared, they <u>cannot</u> get re-infected with hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	People can get infected with hepatitis C from tattoos and body piercings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	People can get more than one type of hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Hepatitis C usually enters the body through blood of another person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	A single or one time exposure is not enough to contract hepatitis C - people usually are infected only if they have been exposed to the hepatitis C virus many times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	No more than a tiny amount of blood (so small that it can't be seen) is needed to pass on hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	People can get hepatitis C through needle stick injuries.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	There is some risk that hepatitis C can be given to someone by snorting cocaine with shared straws, rolled money, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Using `new` (e.g. never used before) needles, syringes, and equipment reduces the risk of being infected with hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	When people share needles, it's easier to get HIV than hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		<u>TRUE</u>	<u>FALSE</u>	<u>DON'T KNOW</u>
14	Hepatitis C can be spread when injecting drug users share their rinse water.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Bleaching needles is a safe way for injecting drug users to avoid getting hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	People can get hepatitis C from sharing filters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	It's safe to share tourniquets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	It's safe to share spoons in the preparation of drugs for injecting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Flushing injecting equipment with boiling water will destroy the hepatitis C virus and makes it safe for others to reuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Sharing injecting equipment with others is safe as long as it's with people you know.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Using cotton filters when drawing up drugs into a syringe will filter out the hepatitis C virus.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	People are still at risk of catching hepatitis C from using a shared needle that has not been used for over a month.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Washing hands before and after injecting will help people to prevent the risk of passing on hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Hepatitis C can be spread by sharing drug preparing water.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Hepatitis C can be spread by sharing pipes when smoking drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Hepatitis C can be spread by wiping one's own injection site with an object (e.g. swab, tissue, hanky, towel) which had been used by another person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Babies born to hepatitis C pregnant women can be infected with Hepatitis C at birth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	There is a low risk that hepatitis C can be given to someone during sexual intercourse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Hepatitis C positive mothers are at risk of transmitting hepatitis C to their child through breastfeeding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	People can get hepatitis C by deep kissing, putting the tongue in the partner's mouth, if the partner has hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Using a condom lowers people's chance of getting hepatitis C through sexual intercourse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	People are more likely to get hepatitis C if they share sex toys.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Anal sex increases the risk of acquiring hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOW I'D LIKE TO ASK YOU SOME QUESTIONS ABOUT HOW YOU THINK HEPATITIS B CAN BE TRANSMITTED

31. How would you describe your understanding about how the hepatitis B virus can be transmitted?

Poor Fair Good Excellent
₀ ₁ ₂ ₃

I AM NOW GOING TO READ A SERIES OF STATEMENTS ABOUT HEPATITIS B TRANSMISSION, SOME OF THESE STATEMENTS ARE TRUE AND SOME OF THEM ARE FALSE. WHEN I READ EACH STATEMENT PLEASE ANSWER IF YOU THINK THE STATEMENT IS TRUE (TRUE), FALSE (FALSE) OR IF YOU DON'T KNOW IF IT IS TRUE OR FALSE (DON'T KNOW)

<i>Hepatitis B can be transmitted.....</i>	<u>True</u>	<u>False</u>	<u>Don't know</u>
1. By having unprotected sex with a person with hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Through mother to child at birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. By kissing a person with hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. By eating food prepared by a person with hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Through the air when a person with hepatitis B coughs or sneezes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. By sharing eating utensils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. By sharing toothbrushes or razor blades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. By sharing injecting equipments, e.g. needles used in acupuncture, tattooing, body piercing or drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural history			
9. Hepatitis B can cause liver damage, including liver cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Most people infected with hepatitis B have no symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. People with hepatitis B are infected for life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical management			
12. Hepatitis B can be cured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. There are effective treatments for hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epidemiology and prevention			
14. There is a vaccination to prevent hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. People with hepatitis B should use condoms when having sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32a. How motivated are you to protect yourself from getting blood borne viruses?

Extremely motivated

 1

Quite motivated

 2

Neither motivated or not motivated

 3

Not motivated

 4

Not at all motivated

 5

32b. How motivated are you to protect other people from getting blood borne viruses?

Extremely motivated

 1

Quite motivated

 2

Neither motivated or not motivated

 3

Not motivated

 4

Not at all motivated

 5

VIGNETTES

Scenario 1

You are in a treatment service and you meet someone who tells you they have got some heroin. They ask you to try it out, but there is only one spoon. What would you do? Why?

Scenario 2

You are lying in bed and you've had no money for a few days. You are finally drifting off to sleep for the first time in days when a friend turns up at your door with a big bag of coke. They have no needles but you have one. What would you do? Why?

**Scenario 3**

You wake up in the morning withdrawing. Your flatmate offers to square you up as they can see you are suffering, you have no needles but the person you share a flat with has a used needle, and offers to let you inject after them. They say they are the only one that has used it and that they don't have Hepatitis C. What would you do? Why?



HEALTH SERVICES

This section asks about your use of health and social resources in the past month. Please read each question carefully and remember each question relates to the **past month only**.

Hospital and Primary Health Care Services

In the **past month** how many times have you visited an accident and emergency department as a patient?

--	--	--

In the **past month** how many nights have you spent in hospital as an inpatient?

--	--	--

In the **past month** how many times have you attended hospital as an outpatient?

--	--	--

In the **past month** how many times have you attended a day hospital? (i.e. you have been admitted to hospital but not kept in overnight)

--	--	--

In the **past month** how many times have you been taken to hospital in an emergency ambulance?

--	--	--

In the **past month** how many times have you been taken to or from hospital using a patient transport service?

--	--	--

In the **past month** how many times have you visited a doctor at your GP practice?

--	--	--

In the **past month** how many times has a doctor visited you at home?

--	--	--

In the **past month** how many times have you visited the nurse at your GP practice?

--	--	--

In the **past month** how many times has a nurse visited you at home?

--	--	--

How many times have you received a prescription in the **past month**?

--	--	--

In the **past month** have you visited any other health care professional other than a doctor or nurse at your GP surgery?

Professional visited

No times

--	--	--

--	--	--

DRUG SERVICES

In the **past month** how many times have you visited a key worker at a drug service?

--	--	--

In the **past month** how many times have you participated in group work at a drug service?

--	--	--

In the **past month** how many times have you visited a specialist drug service for methadone dispensing?

--	--	--

In the **past month** how many times have you visited a pharmacist for methadone dispensing?

--	--	--

In the **past month** how many times have you visited a nurse at a drug service?

--	--	--

In the **past month** how many times have you visited a needle exchange?

--	--	--

In the **past month** how many times have you had contact with an outreach worker?

--	--	--

In the **past month** how many times have you been tested for HIV, hepatitis B or hepatitis C?

--	--	--

In the **past month** how many times have you had treatment for HIV?

--	--	--

In the **past month** how many times have you had treatment for hepatitis C?

--	--	--

In the **past month** how many times have you had treatment for hepatitis B?

--	--	--

OTHER SERVICES

In the **past month** how many times have you visited a mental health specialist?

--	--	--

In the **past month** how many times have you visited a social worker?

--	--	--

In the **past month** how many times have you visited a dentist?

--	--	--

In the **past month** how many times have you visited a family planning clinic?

--	--	--

In the **past month** how many times have you visited a sexual health clinic, GUM or STI clinic?

--	--	--

The next set of questions asks about criminal justice issues and therefore, may be considered sensitive. We want to remind you that your responses are confidential and for the purposes of the research only.

POLICE AND CRIMINAL JUSTICE SYSTEM CONTACTS

In the **past month** how many times have you been arrested, cautioned or received an on the spot fine?

--	--	--

Have you appeared in court in the **past month**?

Yes

--

No

--

If **yes** how many times have you appeared in a magistrates court (days)

--	--	--

If **yes** how many times have you appeared in a crown court (times)

--	--	--

Have you been in prison in **past month**?

Yes

--

No

--

If **yes** how many days in total?

--	--	--

MEDICATIONS

Please tell us below what medication(s) you are currently taking, filling in the table in the same way as the example given

Medication	Daily dose	Reason
E.G. Frusemide	E.G. 20MG	E.G. Heart Failure

HEALTH QUESTIONNAIRE

Under each heading, please tick the ONE box that best describes your health TODAY.

MOBILITY

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

SELF-CARE

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

USUAL ACTIVITIES *(e.g. work, study, housework, family or leisure activities)*

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

PAIN / DISCOMFORT

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

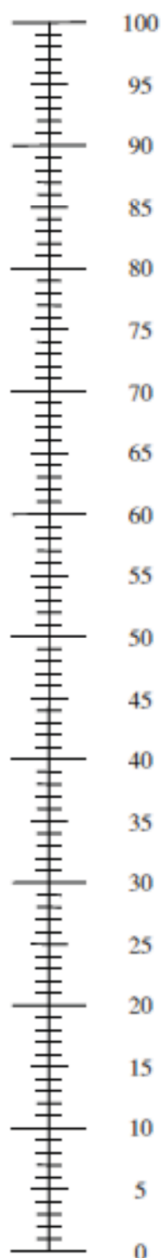
ANXIETY / DEPRESSION

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.
0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY =

The best health
you can imagine



The worst health
you can imagine

Follow-up:

[Organisational logos and headers]

Improving injecting skills and preventing blood borne virus infection in people who inject drugs in the UK

ID number

Interview

₂ End of intervention

₃ One month post intervention

Time interview started

Time interview finished

As we previously discussed, we are doing this research to test the feasibility of an intervention to improve injecting skills, reduce blood borne viruses risk behaviours and increase knowledge about how you get or pass on HIV, Hepatitis C and Hepatitis B among people who inject drugs in the UK. Today I would like to ask you some questions about your injecting practices and sexual behaviours, and about how you think HIV, Hepatitis C and Hepatitis B is spread.

Please consider the following questions carefully and answer each one as accurately as you can. Remember that the information you provide will remain completely confidential unless you express current or future intention to harm yourself or someone else.

1. Have you used a Needle Exchange (or a pharmacy exchange) in the last month (28 days)?

Yes 1

No 0

If yes: How many *individual* needles (including ones attached to syringes) did you get from Needle Exchanges during the **last month** (28 days)? _____

How many of these needles were **already attached** to syringes (barrels)? _____

2. Are you currently being prescribed a detox or maintenance drug script?

Yes 1

No 0

If yes: how long have you been on your **current** script?

Less than a month 1

1 to 6 months 2

Over 6 months 3

3. In the **last month** (28 days), have you used any of these drugs by any means, including injecting? (*Tick **all** that apply*)

	Yes	No		Yes	No
Cocaine	<input type="checkbox"/> 1	<input type="checkbox"/> 0	Cannabis	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Amphetamine (speed)	<input type="checkbox"/> 1	<input type="checkbox"/> 0	Solvents or Glue	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Crack	<input type="checkbox"/> 1	<input type="checkbox"/> 0	Ketamine	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Heroin	<input type="checkbox"/> 1	<input type="checkbox"/> 0	Benzodiazepines	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Mephedrone (m-cat)	<input type="checkbox"/> 1	<input type="checkbox"/> 0	Other drugs not prescribed to you	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Methamphetamine	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<i>Specify:</i>		
Ecstasy/'E' (MDMA)	<input type="checkbox"/> 1	<input type="checkbox"/> 0			

4. Have you injected drugs in the **last month** (28 days)? Yes 1 No 0

If yes: In the **last month** (28 days) which of the following drugs have you injected? (Tick **all** that apply)

Heroin Crack Amphetamine (speed) Ketamine
Methadone Cocaine Mephedrone (m-cat) Methamphetamine

Other Drugs Specify:

In the **last month** (28 days), have you **injected both heroin and cocaine together** ("speedball")?

Yes

No

In the **last month** (28 days), have you had:

	Yes	No
An abscess (swelling containing pus), sore, or open wound at an injection site?	<input type="checkbox"/>	<input type="checkbox"/>
Endocarditis (heart infection)	<input type="checkbox"/>	<input type="checkbox"/>
Swelling of hands or feet	<input type="checkbox"/>	<input type="checkbox"/>
Problems getting a vein	<input type="checkbox"/>	<input type="checkbox"/>
Prominent scarring or bruising	<input type="checkbox"/>	<input type="checkbox"/>
Septicaemia (blood infection)	<input type="checkbox"/>	<input type="checkbox"/>
Thrombosis (blocked veins)	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Specify:

In the **last month** (28 days), on how many days have you injected drugs? _____

In the **last month** (28 days), into which parts of your body did you inject drugs? (*Tick all that apply*)

Arms :

Hands :

Groin :

Legs :

Feet :

Neck :

Genitals :

Other :

In the **last month** (28 days), which **drug/s** have you injected most often? _____

In the **last month** (28 days):

To **how many different people** have you passed on your needle or syringe to after you had used it (*including your partner*)? None : 1 : 2 or more :

How many different people's needle or syringe have you used after someone else had used it (*including your partner*)? None : 1 : 2 or more :

In the **last month** (28 days), did you use spoons or other containers for mixing which had previously been used by someone else (*including your partner*)?

Yes :

No :

In the **last month** (28 days), did you pass on spoons or other containers for mixing which you had previously used to someone else (*including your partner*)?

Yes :

No :

In the **last month** (28 days), did you inject with **your own** needle or syringe after it had been cleaned (e.g. with water, bleach or detergent)?

Yes :

No :

In the **last month** (28 days), did you inject with **someone else's** needle or syringe after it had been cleaned (e.g. with water, bleach or detergent)?

Yes :

No :

In the **last month** (28 days), did you use filters which had previously been used by someone else (*including your partner*)?

Yes :

No :

In the **last month** (28 days), did you pass on filters which you had previously used to someone else (*including your partner*)?

Yes :

No :

In the **last month** (28 days), did you share rinse water with someone else (including your partner)?

Yes

No

5. In the **last month** (28 days), have you overdosed (OD-ed, gone-over, gone-under), used drugs to the point where you have lost consciousness?

Yes

No

If yes: How many times in the **last month** (28 days) have you overdosed?

1

2-4

5-9

10 or more

In the **last month** (28 days), did you receive naloxone (the heroin overdose antidote) when you overdosed?

Yes

No

Not Sure

6. Have you **ever** been vaccinated for hepatitis B (hep B jab)?

Yes

No

Not sure

If yes: How many hep B jabs have you had?

1

2

3+

Not sure

At which of the following services did you receive a hep B jab? (Tick **all that apply**)

Needle Exchange

Drug Treatment Service

Sexual Health, GUM or STI Clinic

In Prison

Hostel or Homeless Service

GP or Family Doctor

A&E or Casualty Department

Elsewhere

7. Have you **ever** had a blood test for HIV?

Yes

No

Not sure

If yes: In which year did you **last** have an HIV test? _____

What was the result of your **last** test?

Positive Negative Awaiting result Not sure

8. Have you **ever** had a blood test for hepatitis C?

Yes _1

No _c

Not sure _z

If yes:

In which year did you **last** have a hepatitis C test? _____

What was the result of your **last** test?

Positive _1

Negative _c

Awaiting result _z

Not sure _z

*If tested positive, have you **ever** seen a specialist nurse or doctor (e.g. a hepatologist) about your hepatitis C?*

No _1

Yes, but **not** given any medicine for hepatitis C _c

Yes, and been **given** medicine for hepatitis C _z

9. Have you been homeless in the **last month** (28 days) - that is living in a hostel, having no fixed abode, or living on the streets?

Yes _1

No _c

How sure are you that you could do what is said in each of the following statements?

10. I can always find a vein when I am injecting drugs

absolutely sure
I cannot

_1

pretty sure I
cannot

_2

pretty sure I
can

_3

absolutely sure
I can

_4

When someone is injecting and sharing drugs, it can be difficult to avoid sharing needles, syringes or other injecting equipment with other people. For the next set of questions, please tell us how sure you are that you could do what is described in each situation, even if you have never been in that exact situation.

11. I can avoid sharing a needle or syringe even if I am in withdrawal.

absolutely sure
I cannot

_1

pretty sure I
cannot

_2

pretty sure I
can

_3

absolutely sure
I can

_4

12. I can refuse to lend out my used needle or syringe even if I am using drugs with people I don't know.

absolutely sure
I cannot

_1

pretty sure I
cannot

_2

pretty sure I
can

_3

absolutely sure
I can

_4

13. I can refuse to lend out my used needle or syringe even if I am pressured by someone who is in withdrawal

absolutely sure
I cannot

_1

pretty sure I
cannot

_2

pretty sure I
can

_3

absolutely sure
I can

_4

14. I can avoid sharing injecting equipment even if I have a very limited supply of filters, cookers/pans or rinse water.

absolutely sure
I cannot

_1

pretty sure I
cannot

_2

pretty sure I
can

_3

absolutely sure
I can

_4

15. I can take the time to clean my needles and syringes the best I can with bleach and water, even if I am in withdrawal

absolutely
sure I cannot

_1

pretty sure I
cannot

_2

pretty sure I
can

_3

absolutely
sure I can

_4

16. I can talk to other drug injectors about safer drug use/harm reduction even if I don't know them

absolutely sure
I cannot

_1

pretty sure I
cannot

_2

pretty sure I
can

_3

absolutely sure
I can

_4

17. I can talk to other drug injectors about safer drug use/harm reduction even if I really need to inject

absolutely sure
I cannot

_1

pretty sure I
cannot

_2

pretty sure I
can

_3

absolutely sure
I can

_4

18. In the last month (28 days), have you done any of the following to avoid withdrawal?

1. Saved a bag/wrap for the next morning

Never

_1

Rarely

_2

Sometimes

_3

Often

_4

Very often

_5

2. Put aside additional drugs (e.g., stashing heroin//cocaine not as a wake-up bag/line) to resort to in an emergency

Never

_1

Rarely

_2

Sometimes

_3

Often

_4

Very often

_5

3. Stored methadone/ buprenorphine(Subutex)

Never

_1

Rarely

_2

Sometimes

_3

Often

_4

Very often

_5

4. Put aside money for getting the next bag in an emergency

Never

_1

Rarely

_2

Sometimes

_3

Often

_4

Very often

_5

5. How many times did you use other substances (painkillers, benzodiazepines, other drugs) to see you through until you could get your drug of choice?

Never

_1

Once

_2

2-5 times

_3

6-10 times

_4

11 or more times

_5

The next set of questions cover sensitive issues about sexual practices. This is not to embarrass you, but it is important for us to know to help us with the research. Please let me know if you feel uncomfortable answering any of these questions.

19. Have you had sex in the **last month** (28 days)?

Yes

No

<i>If yes:</i>	With how many men in the last month (28 days)?			
None <input type="checkbox"/>	1 <input type="checkbox"/>	2-4 <input type="checkbox"/>	5-9 <input type="checkbox"/>	10 or more <input type="checkbox"/>
	With how many women in the last month (28 days)?			
None <input type="checkbox"/>	1 <input type="checkbox"/>	2-4 <input type="checkbox"/>	5-9 <input type="checkbox"/>	10 or more <input type="checkbox"/>
	Did you use a condom?			
	Always <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Never <input type="checkbox"/>	

Many people respond differently when it comes to using condoms in various situations. For the following situations, how sure are you that you could use a condom for sex, even if you have never been in that exact situation?

20. When you want to have sex with a regular partner, you can use a condom even if they don't want to

absolutely sure I cannot	pretty sure I cannot	pretty sure I can	absolutely sure I can
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

21. When you want to have sex with a casual partner, you can use a condom even if they don't want to

absolutely sure I cannot	pretty sure I cannot	pretty sure I can	absolutely sure I can
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

22. When you want to have sex with a regular partner, you can use a condom even if you have been taking drugs or drinking alcohol.

absolutely sure I cannot	pretty sure I cannot	pretty sure I can	absolutely sure I can
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

23. When you want to have sex with a casual partner, you can use a condom even if you have been taking drugs or drinking alcohol.

absolutely sure I cannot	pretty sure I cannot	pretty sure I can	absolutely sure I can
<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4

24. You can talk to people about safer sex even if you don't know them

absolutely sure I cannot	pretty sure I cannot	pretty sure I can	absolutely sure I can
<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4

25. Have you received money, goods or drugs in exchange for sex in the last month (28 days)?

Yes _1 No _2

If yes: how sure are you that:

When you receive money, goods or drugs in exchange for sex, how sure are you that you can use a condom even if they don't want to.

absolutely sure I cannot	pretty sure I cannot	pretty sure I can	absolutely sure I can
<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4

When you receive money, goods or drugs in exchange for sex, how sure are you that you can use a condom even if you have been taking drugs or drinking alcohol.

absolutely sure I cannot	pretty sure I cannot	pretty sure I can	absolutely sure I can
<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4

How sure are you that you can talk about safer sex to people who give you money, goods or drugs in exchange for sex?

absolutely sure I cannot	pretty sure I cannot	pretty sure I can	absolutely sure I can
<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4

NOW I'D LIKE TO ASK YOU SOME QUESTIONS ABOUT HOW YOU THINK HIV CAN BE TRANSMITTED

26. How would you describe your understanding about how the HIV virus can be transmitted?

Poor Fair Good Excellent
₀ ₁ ₂ ₃

I AM NOW GOING TO READ A SERIES OF STATEMENTS ABOUT HIV TRANSMISSION, SOME OF THESE STATEMENTS ARE TRUE AND SOME OF THEM ARE FALSE. WHEN I READ EACH STATEMENT PLEASE ANSWER IF YOU THINK THE STATEMENT IS TRUE (TRUE), FALSE (FALSE) OR IF YOU DON'T KNOW IF IT IS TRUE OR FALSE (DON'T KNOW)

		<u>TRUE</u>	<u>FALSE</u>	<u>DON'T KNOW</u>
1	Coughing and sneezing DO NOT spread HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	A person can get HIV by sharing a glass of water with someone who has HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Pulling out the penis before a man climaxes/cums keeps a woman from getting HIV during sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	A woman can get HIV if she has anal sex with a man	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	All pregnant women infected with HIV will have babies born with AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	People who have been infected with HIV quickly show serious signs of being infected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	There is a vaccine that can stop adults from getting HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	People are likely to get HIV by deep kissing, putting their tongue in their partner's mouth, if their partner has HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	A woman cannot get HIV if she has sex during her period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	There is a female condom that can help decrease a woman's chance of getting HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Having sex with more than one partner can increase a person's chance of being infected with HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		<u>TRUE</u>	<u>FALSE</u>	<u>DON'T KNOW</u>
12	Taking a test for HIV one week after having sex will tell a person if she or he has HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	A person can get HIV from oral sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Using Vaseline or baby oil with condoms lowers the chance of getting HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOW I'D LIKE TO ASK YOU SOME QUESTIONS ABOUT HOW YOU THINK HEPATITIS C CAN BE TRANSMITTED

27. How would you describe your understanding about how the hepatitis C virus is transmitted?

₀ Poor ₁ Fair ₂ Good ₃ Excellent

I AM NOW GOING TO READ A SERIES OF STATEMENTS ABOUT HEPATITIS C TRANSMISSION, SOME OF THESE STATEMENTS ARE TRUE AND SOME OF THEM ARE FALSE. WHEN I READ EACH STATEMENT PLEASE ANSWER IF YOU THINK THE STATEMENT IS TRUE (TRUE), FALSE (FALSE) OR IF YOU DON'T KNOW IF IT IS TRUE OR FALSE (DON'T KNOW)

		<u>TRUE</u>	<u>FALSE</u>	<u>DON'T KNOW</u>
1	People with hepatitis C can safely share their toothbrushes and razors with other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	There is a hepatitis C vaccine that can be used to prevent people from getting infected with hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Hepatitis C can be spread from shared kitchen cups, plates or utensils.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Once someone's hepatitis C virus has been completely treated and cleared, they <u>cannot</u> get re-infected with hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	People can get infected with hepatitis C from tattoos and body piercings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	People can get more than one type of hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Hepatitis C usually enters the body through blood of another person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	A single or one time exposure is not enough to contract hepatitis C - people usually are infected only if they have been exposed to the hepatitis C virus many times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	No more than a tiny amount of blood (so small that it can't be seen) is needed to pass on hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		TRUE	FALSE	DON'T KNOW
10	People can get hepatitis C through needle stick injuries.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	There is some risk that hepatitis C can be given to someone by snorting cocaine with shared straws, rolled money, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Using `new` (e.g. never used before) needles, syringes, and equipment reduces the risk of being infected with hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	When people share needles, it's easier to get HIV than hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Hepatitis C can be spread when injecting drug users share their rinse water.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Bleaching needles is a safe way for injecting drug users to avoid getting hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	People can get hepatitis C from sharing filters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	It's safe to share tourniquets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	It's safe to share spoons in the preparation of drugs for injecting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Flushing injecting equipment with boiling water will destroy the hepatitis C virus and makes it safe for others to reuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Sharing injecting equipment with others is safe as long as it's with people you know.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Using cotton filters when drawing up drugs into a syringe will filter out the hepatitis C virus.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	People are still at risk of catching hepatitis C from using a shared needle that has not been used for over a month.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Washing hands before and after injecting will help people to prevent the risk of passing on hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Hepatitis C can be spread by sharing drug preparing water.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Hepatitis C can be spread by sharing pipes when smoking drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Hepatitis C can be spread by wiping one's own injection site with an object (e.g. swab, tissue, hanky, towel) which had been used by another person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Babies born to hepatitis C pregnant women can be infected with Hepatitis C at birth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	There is a low risk that hepatitis C can be given to someone during sexual intercourse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Hepatitis C positive mothers are at risk of transmitting hepatitis C to their child through breastfeeding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	People can get hepatitis C by deep kissing, putting the tongue in the partner's mouth, if the partner has hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		<u>TRUE</u>	<u>FALSE</u>	<u>DON'T KNOW</u>
31	Using a condom lowers people`s chance of getting hepatitis C through sexual intercourse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	People are more likely to get hepatitis C if they share sex toys.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Anal sex increases the risk of acquiring hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOW I'D LIKE TO ASK YOU SOME QUESTIONS ABOUT HOW YOU THINK HEPATITIS B CAN BE TRANSMITTED

28. How would you describe your understanding about how the hepatitis B virus can be transmitted?

Poor Fair Good Excellent
₀ ₁ ₂ ₃

I AM NOW GOING TO READ A SERIES OF STATEMENTS ABOUT HEPATITIS B TRANSMISSION, SOME OF THESE STATEMENTS ARE TRUE AND SOME OF THEM ARE FALSE. WHEN I READ EACH STATEMENT PLEASE ANSWER IF YOU THINK THE STATEMENT IS TRUE (TRUE), FALSE (FALSE) OR IF YOU DON'T KNOW IF IT IS TRUE OR FALSE (DON'T KNOW)

<i>Hepatitis B can be transmitted.....</i>	<u>True</u>	<u>False</u>	<u>Don't know</u>
1. By having unprotected sex with a person with hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Through mother to child at birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. By kissing a person with hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. By eating food prepared by a person with hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Through the air when a person with hepatitis B coughs or sneezes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. By sharing eating utensils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. By sharing toothbrushes or razor blades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. By sharing injecting equipments, e.g. needles used in acupuncture, tattooing, body piercing or drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural history			
9. Hepatitis B can cause liver damage, including liver cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Most people infected with hepatitis B have no symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. People with hepatitis B are infected for life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>Hepatitis B can be transmitted.....</i>	True	False	Don't know
Clinical management			
12. Hepatitis B can be cured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. There are effective treatments for hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epidemiology and prevention			
14. There is a vaccination to prevent hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. People with hepatitis B should use condoms when having sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29a. How motivated are you to protect yourself from getting blood borne viruses?

Extremely motivated

₁

Quite motivated

₂

Neither motivated or not motivated

₃

Not motivated

₄

Not at all motivated

₅

29b. How motivated are you to protect other people from getting blood borne viruses?

Extremely motivated

₁

Quite motivated

₂

Neither motivated or not motivated

₃

Not motivated

₄

Not at all motivated

₅

VIGNETTES

Scenario 1

You are in a treatment service and you meet someone who tells you they have got some heroin. They ask you to try it out, but there is only one spoon. What would you do? Why?

Scenario 2

You are lying in bed and you've had no money for a few days. You are finally drifting off to sleep for the first time in days when a friend turns up at your door with a big bag of coke. They have no needles but you have one. What would you do? Why?

Scenario 3

You wake up in the morning withdrawing. Your flatmate offers to square you up as they can see you are suffering, you have no needles but the person you share a flat with has a used needle, and offers to let you inject after them. They say they are the only one that has used it and that they don't have Hepatitis C. What would you do? Why?



HEALTH SERVICES

This section asks about your use of health and social resources in the past month. Please read each question carefully and remember each question relates to the **past month only**.

Hospital and Primary Health Care Services

In the **past month** how many times have you visited an accident and emergency department as a patient?

--	--	--

In the **past month** how many nights have you spent in hospital as an inpatient?

--	--	--

In the **past month** how many times have you attended hospital as an outpatient?

--	--	--

In the **past month** how many times have you attended a day hospital? (i.e. you have been admitted to hospital but not kept in overnight)

--	--	--

In the **past month** how many times have you been taken to hospital in an emergency ambulance?

--	--	--

In the **past month** how many times have you been taken to or from hospital using a patient transport service?

--	--	--

In the **past month** how many times have you visited a doctor at your GP practice?

--	--	--

In the **past month** how many times has a doctor visited you at home?

--	--	--

In the **past month** how many times have you visited the nurse at your GP practice?

--	--	--

In the **past month** how many times has a nurse visited you at home?

--	--	--

How many times have you received a prescription in the **past month**?

--	--	--

In the **past month** have you visited any other health care professional **other than a doctor or nurse** at your GP surgery?

Professional visited

No times

--	--	--

--	--	--

DRUG SERVICES

In the **past month** how many times have you visited a key worker at a drug service?

In the **past month** how many times have you participated in group work at a drug service?

In the **past month** how many times have you visited a specialist drug service for methadone dispensing?

In the **past month** how many times have you visited a pharmacist for methadone dispensing?

In the **past month** how many times have you visited a nurse at a drug service?

In the **past month** how many times have you visited a needle exchange?

In the **past month** how many times have you had contact with an outreach worker?

In the **past month** how many times have you been tested for HIV, hepatitis B or hepatitis C?

In the **past month** how many times have you had treatment for HIV?

In the **past month** how many times have you had treatment for hepatitis C?

In the **past month** how many times have you had treatment for hepatitis B?

OTHER SERVICES

In the **past month** how many times have you visited a mental health specialist?

In the **past month** how many times have you visited a social worker?

In the **past month** how many times have you visited a dentist?

In the **past month** how many times have you visited a family planning clinic?

In the **past month** how many times have you visited a sexual health clinic, GUM or STI clinic?

The next set of questions asks about criminal justice issues and therefore, may be considered sensitive. We want to remind you that your responses are confidential and for the purposes of the research only.

POLICE AND CRIMINAL JUSTICE SYSTEM CONTACTS

In the **past month** how many times have you been arrested, cautioned or received an on the spot fine?

Have you appeared in court in the **past month**? **Yes** **No**

If **yes** how many times have you appeared in a magistrates court (days)

If **yes** how many times have you appeared in a crown court (times)

Have you been in prison in **past month**? **Yes** **No**

If **yes** how many days in total?

MEDICATIONS

Please tell us below what medication(s) you are currently taking, filling in the table in the same way as the example given

Medication	Daily dose	Reason
E.G. Frusemide	E.G. 20MG	E.G. Heart Failure

HEALTH QUESTIONNAIRE

Under each heading, please tick the ONE box that best describes your health TODAY.

MOBILITY

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

SELF-CARE

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

USUAL ACTIVITIES (*e.g. work, study, housework, family or leisure activities*)

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

PAIN / DISCOMFORT

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

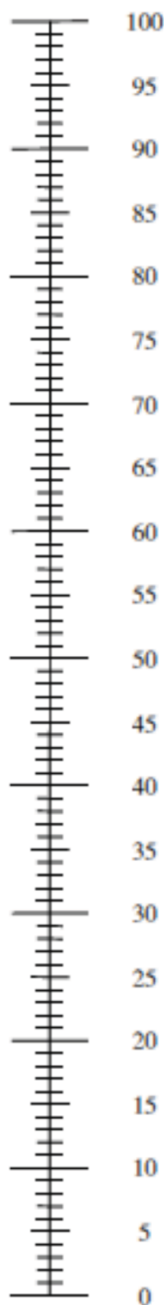
ANXIETY / DEPRESSION

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.
0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY =

The best health
you can imagine



The worst health
you can imagine

30a. On a scale of 0-10, where 0 is not useful at all and 10 is extremely useful, how would you rate the information leaflet you were given on hepatitis C and hepatitis B (the orange one)?

0 1 2 3 4 5 6 7 8 9 10

Any other comments on leaflet:

30b. Would you recommend it to other injectors you know?

Yes

No

31a. On a scale of 0-10, where 0 is not useful at all and 10 is extremely useful, how would you rate the information leaflet you were given on HIV?

0 1 2 3 4 5 6 7 8 9 10

Any other comments on leaflet:

31b. Would you recommend it to other injectors you know?

Yes

No

32. Why did you decide to take part in the study?

33. How did you find the randomisation process?

For intervention group participants only:

34. Why did you decide to attend/not attend the sessions?

For control group participants only:

35. Did anyone who attended the group programme for this study discuss the content of the programme with you?

Yes

No

What did they tell you?