

**NIDA IMMUNOLOGY/VIROLOGY SUBSTUDY  
FORM NV01: NIDA IMMUNOLOGY/VIROLOGY ENROLLMENT INTERVIEW**

**SECTION A: GENERAL INFORMATION**

- A1. PARTICIPANT ID: ENTER NUMBER HERE ONLY IF ID LABEL IS NOT AVAILABLE  
|\_|- |\_|\_| - |\_|\_|\_|\_| - |\_|
- A2. WIHS VISIT #: \_ \_
- A3. FORM VERSION:  $\frac{1}{M} \frac{1}{D} / \frac{1}{M} \frac{5}{D} / \frac{9}{M} \frac{7}{Y}$
- A4. DATE OF NIDA INTERVIEW  $\frac{\_}{M} \frac{\_}{D} / \frac{\_}{M} \frac{\_}{D} / \frac{\_}{Y}$
- A5. INTERVIEWER'S INITIALS: \_ \_ \_
- A6. TIME MODULE BEGAN: |\_|\_| : |\_|\_| AM.....1  
PM.....2

**INTRODUCTION:**

I would like to ask you a few additional questions about your use of street drugs and prescribed antiretroviral drugs. These questions should last no more than 3 - 5 minutes. Some of the questions may overlap or repeat those you've answered before but the time frame is different. I apologize in advance for any repetition and ask that you bear with me so I may obtain important information.

**SECTION B: HISTORY OF DRUG USE**

B1. Have you ever in your lifetime injected street drugs such as heroin, cocaine, speedball, or street methadone?

YES .....1  
NO.....2 (B2)

a. How old were you when you first injected street drugs such as heroin, cocaine, speedball, or street methadone? (PROBE: Please give me your best estimate.)

|\_|\_| YEARS OLD

B2. Have you ever in your lifetime snorted or smoked crack, cocaine, heroin, or speedball?

YES .....1  
NO.....2 (END)

a. How old were you when you first snorted or smoked crack, cocaine, heroin, or speedball? (PROBE: Please give me your best estimate.)

|\_|\_| YEARS OLD

B3. I would like to ask additional questions specifically about snorting drugs. Did you ever snort cocaine, heroin, or speedball?

YES .....1  
NO.....2 (END)

B4. Which drugs did you snort?

Was it:	YES	NO
a. Cocaine?.....	1	2
b. Heroin?.....	1	2
c. Speedball? .....	1	2
d. Another drug?.....	1	2
(SPECIFY) _____		

B5. Did you ever share straws while snorting?

YES .....1  
NO.....2

WIHS ID#:

B6. Did you ever snort drugs three or more times per day?

YES .....1  
NO.....2

B7. Was your nose ever bleeding when you were snorting drugs?

YES .....1  
NO.....2

B8. Did you ever notice a bloody nose in someone else who was snorting drugs with you?

YES .....1  
NO.....2