

**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 ___ ___ / ___ ___ / ___ ___
M D 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?

YES1
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?

YES1
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?

YES1
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?

YES1
NO.....2

WIHS ID#:

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

YES1
NO.....2

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

YES1
NO.....2

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

YES1
NO.....2