



## Data Collection Worksheet

**Please Note:** The Data Collection Worksheet (DCW) is a tool to aid integration of a PhenX protocol into a study. The PhenX DCW is not designed to be a data collection instrument. Investigators will need to decide the best way to collect data for the PhenX protocol in their study. Variables captured in the DCW, along with variable names and unique PhenX variable identifiers, are included in the PhenX Data Dictionary (DD) files.

<b>CHECK ITEM</b> <b>3.11</b>  For every drug category marked in 1a, mark the corresponding category below and ask 2a-g for each marked drug category.	<b>2a. How old were you when you FIRST used (Name of drug category)?</b>	<b>b. Did you use (Name of drug category) in the last 12 months, about how often did you use (Name of drug category) only, before the last 12 months only, or during both time periods?</b>	<b>c. During the last 12 months, about how often did you use (Name of drug category)?</b>	<b>d. When was the most recent time you used (Name of drug category)?</b>	<b>e. Think about the time when you were using (Name of drug category) the MOST. At that time about how often did you use (it/them)?</b>	<b>f. About how old were you when you FIRST BEGAN using (Name of drug category) that frequently?</b>	<b>g. About how long did that period last when you were using (Name of drug category) that frequently? (If less than 1 week enter 1 week)</b>
				<u>SHOW FLASHCA RD 41</u>		<u>(SHOW FLASHCA RD 42)</u>	
1 [ ] Sedatives or Tranquilizers	Age	1 [ ] Last 12 months only 2 [ ] Prior to	__ __	Day(s) ago OR Week(s)	__ __	Age	Week(s) OR

		last 12 months only - <i>Go to next drug category</i> 3 [ ] Both time periods		ago OR _____ Month(s) ago OR _____ Year(s) ago			Month(s) OR _____ Year(s)
2 [ ] Painkillers	Age	1 [ ] Last 12 months only 2 [ ] Prior to last 12 months only - <i>Go to next drug category</i> 3 [ ] Both time periods	__ __	Day(s) ago OR _____ Week(s) ago OR _____ Month(s) ago OR _____ Year(s) ago	__ __	Age	Week(s) OR _____ Month(s) OR _____ Year(s)
3 [ ] Marijuana	Age	1 [ ] Last 12 months only 2 [ ] Prior to last 12 months only - <i>Go to next drug category</i>	__ __	Day(s) ago OR _____ Week(s) ago OR _____ Month(s) ago OR _____ Year(s)	__ __	Age	Week(s) OR _____ Month(s) OR _____ Year(s)

		3 [ ] Both time periods		ago			
4 [ ] Cocaine or Crack	Age	1 [ ] Last 12 months only 2 [ ] Prior to last 12 months only - <i>Go to next drug category</i> 3 [ ] Both time periods	__ __	Day(s) ago OR Week(s) ago OR Month(s) ago OR Year(s) ago	__ __	Age	Week(s) OR Month(s) OR Year(s)
5 [ ] Stimulants	Age	1 [ ] Last 12 months only 2 [ ] Prior to last 12 months only - <i>Go to next drug category</i> 3 [ ] Both time periods	__ __	Day(s) ago OR Week(s) ago OR Month(s) ago OR Year(s) ago	__ __	Age	Week(s) OR Month(s) OR Year(s)
6 [ ] Club drugs	—	1 [ ] Last 12	__ __	Day(s)	__ __	—	—

	Age	months only  2 [ ] Prior to last 12 months only - <i>Go to next drug category</i>  3 [ ] Both time periods		ago OR  Week(s) ago OR  Month(s) ago OR  Year(s) ago		Age	Week(s) OR  Month(s) OR  Year(s)
7 [ ] Hallucinogens	Age	1 [ ] Last 12 months only  2 [ ] Prior to last 12 months only - <i>Go to next drug category</i>  3 [ ] Both time periods	__ __	Day(s) ago OR  Week(s) ago OR  Month(s) ago OR  Year(s) ago	__ __	Age	Week(s) OR  Month(s) OR  Year(s)
8 [ ] Inhalants/Solvents	Age	1 [ ] Last 12 months only  2 [ ] Prior to last 12 months only -	__ __	Day(s) ago OR  Week(s) ago OR	__ __	Age	Week(s) OR  Month(s) OR

		<p><i>Go to next drug category</i></p> <p>3 [ ] Both time periods</p>		<p>Month(s) ago OR</p> <p>Year(s) ago</p>			<p>Year(s)</p>
9 [ ] Heroin	Age	<p>1 [ ] Last 12 months only</p> <p>2 [ ] Prior to last 12 months only - <i>Go to next drug category</i></p> <p>3 [ ] Both time periods</p>	__ __	<p>Day(s) ago OR</p> <p>Week(s) ago OR</p> <p>Month(s) ago OR</p> <p>Year(s) ago</p>	__ __	Age	<p>Week(s) OR</p> <p>Month(s) OR</p> <p>Year(s)</p>
10 OTHER	Age	<p>1 [ ] Last 12 months only</p> <p>2 [ ] Prior to last 12 months only - <i>Go to next drug category</i></p> <p>3 [ ] Both time</p>	__ __	<p>Day(s) ago OR</p> <p>Week(s) ago OR</p> <p>Month(s) ago OR</p> <p>Year(s) ago</p>	__ __	Age	<p>Week(s) OR</p> <p>Month(s) OR</p> <p>Year(s)</p>

		periods					
<b>CHECK ITEM 3.12</b> <p>What is the time period marked in 2b for marijuana?</p> <p>When did respondent use marijuana?</p>				<p>1 [ ] Last 12 months only</p> <p>2 [ ] Before last 12 months only - <i>SKIP to 4</i></p> <p>3 [ ] Both time periods</p> <p>4 [ ] Never - <i>SKIP to Check Item 3.13</i></p>			
<p><b>3. Now I would like to know a little more about your use of marijuana.</b></p> <p><b>On the days that you used marijuana in the last 12 months, about how many joints did you usually smoke in a single day?</b></p>				<p>_____ Number</p>			
<p><b>4. (Now I would like to know a little more about your use of marijuana.)</b></p> <p><b>At the time you were using marijuana the MOST, about how many joints did you usually smoke in a single day?</b></p>				<p>_____ Number</p>			
<b>CHECK ITEM 3.13</b> <p>What is the time period marked in 2b for cocaine or crack?</p> <p>When did respondent use cocaine or crack?</p>				<p>1 [ ] Last 12 months only</p> <p>2 [ ] Before last 12 months only - <i>SKIP to 6</i></p> <p>3 [ ] Both time periods</p> <p>4 [ ] Never - <i>SKIP to Check Item 3.13A</i></p>			
<p><b>5. Now I would like to know a little more about your use of cocaine or crack.</b></p> <p><b>On the days that you used cocaine or crack in the last 12 months, about how many grams, lines or rocks did you usually use in a single day?</b></p>				<p>_____ Gram(s)</p> <p>OR</p> <p>_____ Line(s)</p> <p>OR</p>			

	<p>____ Rock(s)</p>
<p><b>6. (Now I would like to know a little more about your use of cocaine or crack.)</b></p> <p><b>At the time you were using cocaine or crack the MOST, about how many grams, lines or rocks did you usually use in a single day?</b></p>	<p>____ Gram(s)</p> <p>OR</p> <p>____ Line(s)</p> <p>OR</p> <p>____ Rock(s)</p>
<p><b>7a. In which of the following ways have you used cocaine or crack?</b></p> <p><i>Read each response category.</i></p> <p><i>Mark (X) all that apply,</i></p>	<p>1 [ ] IV, through the veins?</p> <p>2 [ ] Injection under the skin?</p> <p>3 [ ] Smoking, freebasing?</p> <p>4 [ ] Snorting, sniffing, breathing?</p> <p>5 [ ] By mouth, drinking?</p> <p>6 [ ] Other method?</p>
<p><b>CHECK ITEM 3.13A</b></p> <p>Is respondent only a marijuana user?</p>	<p>1 [ ] Yes - <i>END QUESTIONS</i></p> <p>2 [ ] No</p>
<p><b>CHECK ITEM 3.13B</b></p> <p>Did respondent use stimulants in the last 12 months?</p>	<p>1 [ ] Yes</p> <p>2 [ ] No - <i>SKIP to Check Item 3.13C</i></p>
<p><b>7b. In the last 12 months, did you use Add'-erall, Concerta, Sy'-lert, Pro-vig'-il, Ritalin, Dexedrine, or any other prescription stimulants ON YOUR OWN?</b></p>	<p>1 [ ] Yes</p> <p>2 [ ] No</p>
<p><b>c. In the last 12 months, did you use a stimulant other than a prescription stimulant?</b></p>	<p>1 [ ] Yes</p> <p>2 [ ] No</p>

<p><b>CHECK ITEM 3.13C</b></p> <p>Did respondent use stimulants before 12 months ago?</p>	<p>1 [ ] Yes 2 [ ] No - <i>SKIP to 8</i></p>
<p><b>7d. Did you use Add'-erall, Concerta, Sy'-lert, Pro-vig'-il, Ritalin, Dexedrine, or any other prescription stimulants ON YOUR OWN before 12 months ago?</b></p>	<p>1 [ ] Yes 2 [ ] No</p>
<p><b>e. Did you use a stimulant other than a prescription stimulant before 12 months ago?</b></p>	<p>1 [ ] Yes 2 [ ] No</p>
<p><b>8. Have you EVER taken ANY medicines or drugs that we just talked about ON YOUR OWN by injection with a needle?</b></p>	<p>1 [ ] Yes 2 [ ] No - <i>END QUESTIONS</i></p>
<p><b>9. Did you take ANY medicines or drugs that we just talked about ON YOUR OWN by injection with a needle in the last 12 months?</b></p>	<p>1 [ ] Yes 2 [ ] No - <i>SKIP to 12</i></p>
<p><b>10. About how often in the last 12 months, did you inject a medicine or drug with a needle?</b></p>	<p>1 [ ] Every day 2 [ ] Nearly every day 3 [ ] 3 to 4 times a week 4 [ ] 1 to 2 times a week 5 [ ] 2 to 3 times a month 6 [ ] Once a month 7 [ ] 7 to 11 times in the last year 8 [ ] 3 to 6 times in the last year 9 [ ] 2 times in the last year</p>

	10 [ ] Once in the last year
11. Did you take ANY medicines or drugs that we just talked about ON YOUR OWN by injection with a needle BEFORE 12 months ago?	<p>1 [ ] Yes</p> <p>2 [ ] No - SKIP to 13</p>
( <a href="#">SHOW FLASHCARD 41</a> )	<p>1 [ ] Every day</p> <p>2 [ ] Nearly every day</p> <p>3 [ ] 3 to 4 times a week</p> <p>4 [ ] 1 to 2 times a week</p> <p>5 [ ] 2 to 3 times a month</p> <p>6 [ ] Once a month</p> <p>7 [ ] 7 to 11 times in the last year</p> <p>8 [ ] 3 to 6 times in the last year</p> <p>9 [ ] 2 times in the last year</p> <p>10 [ ] Once in the last year</p>
13. About how long did that period last when you were taking a medicine or drug by injection the MOST? <i>(If less than 1 week enter 1 week)</i>	<p>_____ Week(s)</p> <p>OR</p> <p>_____ Month(s)</p> <p>OR</p> <p>_____ Year(s)</p>
14. About how old were you when you first injected any medicine or drug?	_____ Age
CHECK ITEM 3.13D  Did respondent inject any medicines or	<p>1 [ ] Yes</p> <p>2 [ ] No - SKIP to 16</p>

<p>drugs in the last 12 months?</p>	
<p><b>15. I would like to ask you a few questions about needle sharing. By needle sharing, I mean using someone else's needles, syringes, or other injection equipment, like filters, spoons, cookers or washers, or letting someone else use yours.</b></p> <p>In the last 12 months did you take ANY medicines or drugs using a needle or other injection equipment that you knew or suspected had been used by someone else, or did you let someone else use yours?</p>	<p>1 [ ] Yes 2 [ ] No</p>
<p><b>CHECK ITEM 3.13E</b></p> <p>Did respondent inject any medicine or drug before 12 months ago?</p>	<p>1 [ ] Yes 2 [ ] No - <i>SKIP to 17</i></p>
<p><b>16. (I would like to ask you a few questions about needle sharing. By needle sharing, I mean using someone else's needles, syringes, or other injection equipment, like filters, spoons, cookers or washers, or letting someone else use yours.</b></p> <p><b>BEFORE 12 months ago did you take ANY medicines or drugs using a needle or other injection equipment that you knew or suspected had been used by someone else, or did you let someone else use yours? Did this happen BEFORE 12 months ago?</b></p>	<p>1 [ ] Yes 2 [ ] No</p>
<p><b>CHECK ITEM 3.14</b></p> <p>Is 15 or 16 marked "Yes"?</p>	<p>1 [ ] Yes 2 [ ] No - <i>END QUESTIONS</i></p>

**17. About how many people shared a needle or other injection equipment the last time you shared?**

1 [ ] 1

2 [ ] 2

3 [ ] 3

4 [ ] 4

5 [ ] 5 or more

Protocol source: <https://www.phenxtoolkit.org/protocols/view/511803>