**Point in Time Survey Question Bank**

*This resource was developed to accompany a request for applications (RFA),* [Use of Learning Collaborative Model to Build Capacity of Syringe Services Programs to Conduct Point in Time Surveys](http://www.naccho.org/blog/articles/use-of-learning-collaborative-model-to-build-capacity-of-syringe-services-programs-to-conduct-point-in-time-surveys), *released by NACCHO in partnership with the University of Washington. RFA applicants are encouraged to review this document and consider what information they might collect through a point in time survey, however, they are not expected to determine their specific questions as part of the application process.*

Below is a table of questions that syringe services programs (SSPs) may consider including in a point in time survey. Questions are closed-ended, meaning that there are only a certain number of possible answers. Most are multiple choice, with response options included for the survey administrator to read to the survey respondent.

Of note, many questions are time limited, meaning that they aim to assess the occurrence or frequency of a behavior or experience within a specific period of time. Time limited questions rely on memory (also called “self report”) and some experiences that are much more memorable than others. Survey developers will need to weigh the costs and benefits of longer or shorter time frames, such as likelihood that the behavior or experience will occur within the time period provided, and if that can be multiplied to be generalizable. Through *Use of Learning Collaborative Model to Build Capacity of Syringe Services Programs to Conduct Point in Time Surveys*, NACCHO and UW can support SSPs in determining the time frames to use for different questions in their point in time surveys.

**How to use this resource:** This resource is intended to help RFA applicants consider what information they might collect through a point in time survey, however, they are not required to determine their specific questions as part of the application process. For organizations that seek to use this resource to design their survey instrument, we suggest you review these questions and rank all as “high”, “medium”, or “low” priority in terms of what you want to learn about your community. Next, discard all low priority questions and then spend time with each of your medium priority questions, really considering your capacity to analyze and act based on responses for these questions. For example, questions related to HIV service utilization may be considered “high” priority for an SSP that is considering whether to offer or expand these services, whereas an SSP without the ability to offer HIV services may consider these types of questions to be a “low” priority. If you do not have justification that you can easily articulate, do not include it on your final survey. Notably, this list is not exhaustive. Programs may have reasons they wish to include other domains or indicators not seen here. If programs include other questions, they should also be aware that it may not be comparable to data other SSPs are collecting.

Two main source survey tools were used in developing the survey bank below. Many of the questions are framed similarly but we chose to include both to demonstrate how even small differences can make responses highly variable.

Sources:

1. King County Needle Exchange Survey, 2021
2. Core Questionnaire for Supervised Consumption Services (SCS) Evaluations Data Harmonization Meeting Dallas Texas, January 11th and 12th, 2018, <https://astrosstudy.org/SCS_Core_questionnaire.pdf>
3. National Health Care for the Homeless Council, Ask & Code: Documenting Homelessness Throughout the Health Care System, October 2016 <https://nhchc.org/wp-content/uploads/2019/08/ask-code-policy-brief-final.pdf>

Contact Kat Kelley (sharpta@uw.edu) for questions regarding this resource.

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| --- | --- | --- |
| Domain | Indicator | Sample Question (Source) |
| Demographic | Gender | * What best describes your gender? (1)
* What is your gender? (2)
 |
| Sex | * What sex were you assigned at birth?
 |
| Age | * How old are you? (1, 2)
 |
| Race | * What race/ethnicity are you? (circle all that apply) (1)
* What is your race? (check all that apply) (2)
 |
| Ethnicity | * Do you consider yourself to be Hispanic or Latinx? (2)
 |
| Languages | * What language do you feel most comfortable speaking?
 |
| Housing Status | * Would you describe your housing as… (*Read list: Temporary/Unstable, Homeless, Permanent*) (1, 3)
* In the last 6 months, have you spent one or more nights sleeping on the streets, in a park, in a vehicle, or at a shelter? (2)
 |
| Syringe Coverage*Note that sufficiency of access to syringes cannot be measured by just one of these questions and a series will be required to get an accurate estimate* | Proximity and program reach | * What ZIP code do you live in? *(or usually stay in?)* (1)
 |
| Injection frequency | * In the last 7 days, on how many days did you inject any drug? (1)
* On an average injecting day, how many times do you inject? (1)
 |
| Sufficiency | * In the last 30 days, how many days did you not have enough new syringes for every injection? (1)
* On average, about how many times do you use a syringe before you get rid of it *(don’t count misses)*? (1)
 |
| Secondary exchange | * Including yourself, how many people are you getting syringes for today? (1)
 |
| Exchange frequency | * Including today, how many times did you get syringes from an exchange in the last 30 days? (1)
 |
| HCV | HCV Testing | * How long ago was your last hepatitis C test? (1)
* Have you ever received a Hepatitis C test result? (2)
* Have you had an Hepatitis C test in the last 6 months? (2)
 |
| HCV Diagnosis | * Has a health care provider ever told you that you had hepatitis C? (1)
* Did you ever get a HCV test result indicating that you were currently infected with hepatitis C? (1)
* Has a doctor, nurse, or counselor ever told you that you have Hepatitis C? (2)
 |
| HCV Linkage/Engagement | * Have you ever spoken with a medical provider about treatment for hepatitis C?
 |
| Treatment for HCV | * Have you ever been treated for hepatitis C?
* Have you ever completed or are you currently receiving treatment for Hepatitis C? (2)
 |
| HCV cure | * Were you told you were cured of hepatitis C?
 |
| Reinfection |  |
| HIV | Sexual risk for HIV | * In the last 12 months, have you had sex with…? *Circle all that apply.*
 |
| HIV Testing | * Have you ever received an HIV test result? (2)
* How long ago was your last HIV test? (1)
* Have you had an HIV test in the last 6 months? (2)
 |
| Living with HIV | * Has a doctor, nurse, or counselor ever told you that you have HIV? (2)
 |
| Treatment for HIV | * Are you currently taking pills or other medicines to treat your HIV, some times called antiretroviral or ARTs? (1)
* Are you currently taking HIV treatment medications? (2)
 |
| PrEP | * Have you ever heard of HIV pre-exposure prophylaxis or PrEP? (1)
 |
| Opioid and Stimulant Overdose | Overdose risk | * How often are you alone when you inject? (1)
* In the last 30 days, how many times have you injected in a location where no one would quickly find you if you overdosed? (2)
 |
| Naloxone access | * The last time you injected, did you or someone there with you have naloxone? (1)
* Have you ever been trained to use naloxone (Narcan)? (2)
* Are you currently carrying at least one dose of naloxone (Narcan)? (2)
 |
| Overdose experience | * In the last 3 months, have you ever felt like you were having a heart attack, stroke or seizure while on meth? (1)
* In the last 3 months, have you ever felt like you were losing your mind, manic, or psychotic while on meth? (1)
* In the last 3 months, how many times have you been to an emergency room because of medical or psychiatric problems related to meth? (1)
 |
| Overdose experience | * In the last 6 months, how many times have you overdosed on opioids, where your breathing slowed down or stopped and you couldn't be woken up? (1)
* In the last 6 months, how many times have you had an opioid-related overdose? By overdose we mean a time when you lost consciousness and someone had to do something to bring you back? (2)
 |
| Overdose witness | * In the last 6 months, how many times have you seen someone else overdose on opioids, where their breathing slowed down or stopped and they couldn't be woken up? (1)
 |
| Substance Use Disorder Treatment | Treatment | * What types of drug treatment, if any, did you get in the past 12 months? (1)
* What types of treatment, if any, are you currently getting for your drug use? (1)
* What types of help would you want if they were easy to get? (1)
* In what type of treatment are you currently enrolled? (2)
 |
| MOUD | * In the past 6 months, which medicines, that were prescribed by a doctor or other healthcare provider, did you take to treat drug use? Check all that apply (1)
* In the last 6 months, have you received a referral to methadone, buprenorphine (e.g., Subutex, suboxone), or naltrexone (e.g., Vivitrol)? (2)
* From where have you received a referral to methadone, buprenorphine (e.g., Subutex, suboxone), or naltrexone (e.g., Vivitrol)? (2)
* In the last 6 months, have you been enrolled in methadone, buprenorphine (e.g., Subutex, suboxone), suboxone or naltrexone (e.g., Vivitrol)? (2)
* Are you currently enrolled in methadone, buprenorphine (e.g., Subutex, suboxone) or naltrexone (e.g., Vivitrol)? (2)
 |
| Polysubstance use | Stimulant use | * In the last 30 days, how many days did you use any stimulant including methamphetamine, Crack or powder cocaine? (2)
 |
| Opioid use | * In the last 30 days, how many days did you use any opioid including heroin, fentanyl and prescription opiates? (2)
 |
| Fentanyl preference | * How interested are you in using fentanyl or substances cut with fentanyl? (1)
 |
| Benzodiazepine use | * In the last 30 days, how many days did you use any Benzodiazepine including valium, Klonopin, Atavan, or Xanax? (2)
 |
| Alcohol use | * In the last 30 days, how many days did you drink a beverage containing alcohol, including beer, wine or hard liquor? (2)
 |
| Alternate approach: Polysubstance use table | * Which of these drugs have you used in the last 3 months? *Read each drug and circle Y or N. For each drug used, also ask “Did you inject it? Did you smoke it?* and *“How many days in the last 7 days did you use it?” (Enter 0 = if no use in last 7 days)* (1)
 |
| Drug of choice | * Which of the drugs just listed is your MAIN drug? (1)
 |
| Smoking | * In the last 30 days, how many days have you smoked crack, cocaine, methamphetamine, heroin or other opioids? (2)
 |
| Healthcare access | Insurance coverage | * What kind of health insurance do you have? (1)
 |
| Entry points | * In the last 12 months, in which of these places did you get medical care? (1)
 |
| Primary Care Access | * Do you currently have a primary care provider?
* When was the last time you received primary care
 |
| Emergency Services Utilization | * In the last 12 months, how many times did you access medical care at the emergency room? (1)
* In the last 6 months, how many times have you been to the emergency room to access health care? (2)
 |
| Hospitalization | * In the last 6 months, how many nights have you spent in the hospital? (2)
 |
| Case Management | * Do you have a case manager?
 |
| Sexual/reproductive health | * In the last six months, have you traded sex for money, drugs, housing, or another need?
* In the last 12 months, have you had a sexually transmitted disease? (1)
* Have you been pregnant in the last 12 months? (1)
* Would you know how to access reproductive healthcare if you need it?
 |
| Vaccine access | * Have you ever been vaccinated against hepatitis A?
* Have you ever been vaccinated against hepatitis B?
* Have you ever been vaccinated against Covid-19?
 |
| Injection Drug Use | Injecting frequency | * In the last 30 days, how many times have you injected drugs? (2)
 |
| Injection site | * In the last month, have you injected into any of these areas? (*Read list. Circle all that apply – Arms, Legs, Neck, Hands, Feet, Groin/femoral vein) (1)*
* In the last 30 days, have you injected in the neck or the groin? (2)
 |
| SSTI frequency | * In the last 12 months, how many times have you had an abscess or skin infection like cellulitis? (1)
* In the last 6 months, have you had an abscess or other soft tissue infection related to injection drug use? (2)
 |
| Blood infection frequency | * In the last 12 months, how many times have you been hospitalized for sepsis or endocarditis? (1)
* In the last 6 months has a doctor, nurse or counselor told you that you have endocarditis (i.e., an infection in your heart valve)? (2)
 |
| Works sharing | * In the last 30 days, how many different people did you share cookers, cotton, water or backload with? (1)
 |
| Syringe sharing*When used in sequence, these data may support calculation of PWID network size* | * In the last 30 days, how many different people did you share a syringe with — either you used it first or they did? (1)
* In the last 30 days, how many times did you inject using syringes/needles that you know had been used by someone else (including a close friend or lover)? (2)
 |
| Receptive injection | * In the last 30 days, how many times have you been injected by another person? (2)
 |
| Privacy | * How often do you inject in a PUBLIC place, like a business, alley, public bathroom or outside? (1)
* In the last 30 days, how many times have you injected in a public place where a person could see you? (2)
* In the last 30 days, how many times have you rushed your injection because you were concerned someone would see or interrupt you? (2)
* Have you ever used drugs in a bathroom at a social service agency that monitored for overdose safety? (2)
 |
| Program Evaluation | Syringe Disposal | * What could [SSP Name] do to reduce syringe litter like syringes left in parks, bathrooms, streets and camps? (1)
* In the last 30 days, how many used syringes have you gotten rid of or disposed of by leaving them in a public place (street, sidewalk, park, or parking lot)? (2)
* In the last 30 days, how many used syringes have you discarded in a bio-hazardous waste container? (2)
 |
| Unmet needs | * What safer use supplies (if any) would you like to access at [SSP Name] that are currently not available? (list)
* What times of day or week (if any) would you like [SSP Name] to be open that we currently are not?
 |
| Quality | * On a scale of 1 to 5, how accessible are services at [SSP Name]?
* On a scale of 1 to 5, how responsive are team members at [SSP Name]?
 |
| Comprehensiveness | * In the last 12 months, did someone at [SSP Name] help you get any of the following services? (*Read list. Circle all that apply: Health insurance, drug treatment, primary care, wound care, naloxone, reproductive health care)*
 |
| Expansion | * If the following services were offered at [SSP Name] would you access them? (*Read list. Circle all that apply: Hep C treatment, Drug treatment, Medical or dental care, Mental health services, Safe injection room, PrEP, Some other service?* *Specify*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) (1)
 |
| Advisory board | * If there were opportunities to provide input into policies and programs at [SSP Name], what would they entail? (Read list)
 |