

<p>Fentanyl test strip instructions for injection:</p> <ol style="list-style-type: none"> 1. Mix your drugs as usual in a clean cooker. 2. Draw into your syringe, but do not shoot up yet. 3. Add ¼ inch of clean water to residue in the cooker. 4. Dip the end of the test strip into the residue for 15 seconds, remove, and lay on a clean flat surface 5. Check strip after 5 minutes, (manufacturer's directions) <p>results may be visible sooner:</p> <p style="padding-left: 40px;">One line means fentanyl (positive) Two lines means no fentanyl (negative)</p> <p><i>* If the strip does not either have one or two lines, the test is invalid.</i></p>	<p>Fentanyl test strip instructions for snorting:</p> <ol style="list-style-type: none"> 1. Take a few grains of drugs. Pills: first crush and mix 2. Put the grains into a clean cooker. 3. Add ¼ inch of clean water to residue in the cooker. 4. Dip the end of the test strip into the residue for 15 seconds, remove, and lay on a clean flat surface 5. Check strip after 5 minutes, (manufacturer's directions) <p>results may be visible sooner:</p> <p style="padding-left: 40px;">One line means fentanyl (positive) Two lines means no fentanyl (negative)</p> <p><i>* If the strip does not either have one or two lines, the test is invalid.</i></p>
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1. Date: ____/____/____
2. What was the result of the test?
 - Positive (1 line)
 - Negative (2 lines)
 - Unclear (*Please explain*) _____
3. When did you use the test strip? (*Select only one*)
 - Before using the drug
 - After using the drug
4. How did you use the drug?
 - IV
 - Sniff
 - Muscle/skin pop
 - Other: _____
5. Have you ever used these fentanyl test strips before today?
 - Yes. About how many times? _____
 - No
6. Were you surprised by the results of the test you did today? Yes No

6a. Please explain your answer: _____
7. What did you do following the test results? (*Select all that apply*)
 - Used as originally intended
 - Used less than originally intended
 - Pushed plunger more slowly than usual
 - Pushed plunger partway and waited to feel how potent the drug was
 - Sniffed/tooted instead of shooting
 - Threw away the drugs
 - I used up all the drug before using the test strip
 - I shared the test results with people in my social network
 - Other: _____
8. Does using a strip to test for fentanyl make you feel better able to protect yourself from overdose?
 - Yes No Don't know/unsure

8a. Please explain: _____

9. What was the color of the drug you tested:
- 9a. Before adding water? (*Select only one*) White Tan Grey Pink Other: _____
- 9b. After adding water? Clear Cloudy/milky Yellow Brown Pink Other: _____
10. How did it taste (before using)? (*Select only one*)
- I did not taste it No taste Bitter Sweet Medicinal Other: _____
11. If you shot the drug, was there a taste in your mouth after shooting?
- Yes → Please describe the taste: _____
- No I did not shoot the drug
12. How intense was the rush compared to usual?
- More intense than usual
- Same intensity as usual
- Less intense than usual
13. How long did the high last compared to usual?
- Longer than usual
- Same as usual
- Shorter than usual
14. How long did the drug you used hold you from withdrawal compared to usual?
- Longer than usual
- Same as usual
- Shorter than usual
15. Did you experience any unusual sensations when you used the drug? (*Check and describe all that apply*).
- No, I did not experience any unusual sensations
- Yes, in face/neck: _____
- Yes, in chest/throat/mouth: _____
- Yes, in other parts of my body _____
- Yes, I had difficulty breathing normally: _____
16. Do you think what you used was: (*Select only one*)?
- Heroin with nothing else
- Mix of fentanyl and heroin
- All fentanyl
- Fentanyl and something other than fentanyl
- Mix of fentanyl, heroin, and something in addition (what else?): _____

The following questions relate to the drug you acquired. Answers will be used to provide safety information to members of the community who use drugs and may help reduce overdose deaths.

17. Please describe the packaging and/or brand of the drugs you used:
- Image (if any) _____ Text (if any) _____ Color ink _____
- No branding/stamp on the bag
18. Location/cross streets where drug was purchased: _____
19. Have you heard of people overdosing with this brand? Yes No
20. If the test was positive, do you think your dealer knew there was fentanyl in the product?
- Yes No Don't know The test was negative
21. Did you want fentanyl when you got the drug? Yes No

Many thanks for answering this survey. Please return it to program staff at your earliest convenience.