

## CHAPS Survey

### Home Screen

0.1 PTID: \_\_\_\_\_ (numeric)

0.2 Re-entry of PTID for confirmation: \_\_\_\_\_ (numeric)

0.3 Date of interview

0.4 Staff Initials

0.5 Recruitment community

Cape town-SA

Uganda (in case Uganda decides to complete the DCE)

Wits-SA

Zimbabwe

*NOTE: This survey will be administered using a tablet computer (paper if required)*

# Socio-Demographics and Waiver of consent

In this section we are going to ask you some general questions about yourself, like your age, education and what kind of house you live in.

## 1.1 How old are you?

\_\_\_\_\_

If less than 18 years old [skip to 1.1a](#)

If more than 18 years old [skip to 1.2](#)

### 1.1a before you start the survey, we would like to know whether you provided consent for the study on your own or with a parent or caregiver?

- I Agreed to take part in the study without my parents/caregiver approval [skip to 1.1b](#)
- I Agreed to take part in the study without my parents/caregiver approval [skip to 1.2](#)

### 1.1b what was the reason for this?

- My parents/caregivers do not know about my personal life (e.g. having a girlfriend or boyfriend, having sex) and I am worried they could find out if I speak to them about this study
- I live with someone else, and not with my parents/caregivers so don't feel my parents/caregivers need to be involved
- Emancipated minor (I do not have parents or someone I consider a caregiver so I am providing consent on my own? (why) .....
- Other (specify).....

## 1.2 What is your gender/ sex

- Man
- Woman
- Transgender
- Other (please specify)

## 1.3 What is the main language that you speak at home? *Allow participant to respond without reading options.*

*Please select one.*

- Afrikaans
- English
- IsiNdebele
- IsiXhosa
- IsiZulu
- Sepedi
- Sesotho
- Setswana
- SiSwati
- Tshivenda
- Xitsonga
- Sign language
- Other (*please specify*): \_\_\_\_\_
- Prefer not to answer

## ZIMBABWE

- English
- Shona
- Ndebele

- Kalanga
- Tonga
- Shangani
- Venda
- Chewa
- Nambiya
- Sign language
- Other (please specify) \_\_\_\_\_

**UGANDA :** What is your ethnic/ tribal background? Allow participant to respond without reading options.

Please select one.

- Muganda
- Munyankore
- Musoga
- Mufumbira
- Munyoro
- Mutooro
- Mufumbira
- Acholi
- Iteso
- Other (please specify): \_\_\_\_\_

**1.4 Are you currently studying? (this includes school or technical training/ college/university)**

- Yes
- No → Skip to question 1.4b
- Prefer not to answer → Skip to question 1.5

**1.4a [If Currently studying=YES] What type of school are you currently at? Please select one.**

- Primary school (Grades 1-7) → Skip to question 1.5
- High school (Grades 8-12) → Skip to question 1.5
- Post-high school (Trade or technical training, college, or university) → Skip to question 1.5
- Other (please specify): \_\_\_\_\_ → Skip to question 1.5
- Prefer not to answer → Skip to question 1.5

**1.4b [If Currently a studying=NO] What is the highest level of education you have finished? Please select one.**

- No formal schooling OR never been to school
- went to primary school but did not finish (up to grade 7):
- finished primary school and did not go to high school (completed grade 7)
- went to high school but did not finish it (up to grade 12):
- finished high school and no further studying (completed grade 12)
- did not finish a post-high school training (Trade or technical training, college, or university):
- finished a post-high school training (Trade or technical training, college, or university)

**1.5 Young people can-get money in different ways. Over the last 3 months are there any ways that you have received money? Please choose all that apply**

- Employed in a job
- Odd jobs / piece jobs (e.g. gardening/painting/cleaning)
- I got money from my boyfriend/ girlfriend
- I got money from my friends
- I got money from my relatives/parents or primary care giver
- Loans (e.g. student loan)
- Social Grant
- Prefer not to answer
- other

1.6 How many adults (18years or older) typically share your home with you (not including you)? By “typically”, I mean that they stay overnight at least 3 times a week.

Indicate number of people: \_\_\_\_\_

Prefer not to answer

1.7 How many rooms does your family have in your home (all rooms not just bedrooms)?

\_\_\_\_\_

1.8 Are you the head of your household?

Yes → skip to section 2

No

1.8a How old is the head of your household?

Please indicate age in years: \_\_\_\_\_

Don't know

## Survey PrEP questions (preference of on demand Vs Daily PrEP)

### PrEP Attributes and Descriptions

*(Interviewer reads to the participant)* As I explained to you during the consent process, the main objective of this study is to identify the most preferred PrEP option by young individuals like yourself when deciding to prevent HIV. PrEP stands for Pre-Exposure Prophylaxis. In this questionnaire, we would like to start by asking you what PrEP characteristics are most important to you when deciding whether or not to use PrEP to prevent HIV infection.

Before I give you more information about PrEP, I would like to ask you whether you know anything about PrEP.

#### 2.0: Many people are not aware of PrEP – had you heard of it before this study

- Yes
- No
- Don't know

**(PREP DESCRIPTION SCRIPT: Whether they have heard of PrEP or not, provide this introduction to the participant)**

There are now pills that can be used to protect people from HIV. One pill that has been studied, approved and is available in some clinics, is called Oral Pre-Exposure Prophylaxis or oral PrEP. Oral means taken by mouth as a tablet/pill. Oral PrEP can be taken by people who are HIV negative to reduce their risk of becoming infected with HIV. This pill contains two medicines that prevent HIV from making new viruses as it enters the body. In this way, PrEP medicines can help keep the virus from becoming a permanent infection, that is, stops them from being HIV positive. PrEP can be taken by HIV-negative people in different ways, either as a single drug or as a combination of drugs (usually two), and it can be taken every day, before/after having sex, or on a few select days in the week. Taking a pill that tries to stop a germ or virus is not a new thing and has been used to prevent other diseases. For example, when people travel to an area where malaria (malaria is an infection that someone can get by being bitten by a mosquito) is common, they are advised to take a special antibiotic before, during and sometimes after travel to stop getting infected with malaria. Using pills to prevent HIV infection has only been recently studied. When used correctly, PrEP can reduce the risk of someone getting HIV through any type of sex. Would you like me to repeat any of this explanation? *(repeat if the participant does not understand)*

- I will now explain to you the different product characteristics

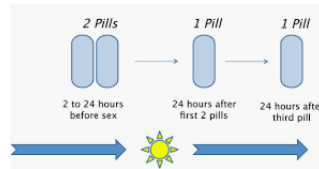
### Dosing Regimen 'Daily PrEP'

One way of taking PrEP is to take a pill every day. A PrEP pill has to be taken every day even if you are not having sex every day, so that you are always protected from HIV when you do have sex. This picture shows a pill you would have to take every day



### 'On Demand PrEP'

Another way of taking PrEP is called "on demand". This means that you take a pill a few hours before sex and a few hours after sex. If you use this method, you are only protected from HIV whilst you are taking the tablets. If you have sex and only take the tablets after sex then you may not be protected from HIV. The picture below shows the pills for this way of taking PrEP. The sun is sex!



There are two main ways in which PrEP can be taken. “Daily PrEP”, which means that you take one pill everyday whether you are having sex or not. The other way is called “on demand” and is taking 2 pills taken before you have sex and 2 pills after sex.

2.1 In a new study we are going to explore whether different dosing of on demand PrEP can prevent HIV. Before we do this we would like to know what option you would find easiest to take. I am going to read you a list of options, please tell me which one of these you would find easy or hard to take.

		easy	hard	don't know
a.	take 2 pills before sex and one after sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	take 2 pills after you have sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	take 2 pills before you have sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	take a pill every day whether you are having sex or not	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.2a Which option would you find the easiest and why you have selected that option. (Drop down box a to d)

.....

2.2 At the moment, do you think that you would prefer “On demand” or “daily PrEP”? Please select one

- On demand →skip to q 2.1a
- Daily →skip to q 2.3a
- Not sure
- No preference

2.1a If you would prefer on demand PrEP, please choose the reasons why? Please tick all that apply to you

- I don't like taking tablets everyday
- I am not at risk most of the time so would not need PrEP everyday
- Less tablets means less chance of getting side effects
- Taking PrEP everyday may make people think that I have HIV. On demand PrEP is different
- There will be less tablets than daily PrEP, so I will be able to store them more easily
- It would be cheaper than taking everyday
- not sure
- Other .....

2.1a1 Which one above is the most important?.....

2.3a If you would prefer Daily PrEP, please choose the reasons why? Please tick all that apply to you

- I am at risk most of the time so I would need PrEP everyday
- Daily PrEP provides protection all the time so I don't need to plan when I have sex
- I think that daily PrEP gives more protection than on demand PrEP
- I like the routine of daily tablets rather than having to remember PrEP just at times of sex.
- I do not plan sex therefore on demand PrEP would be difficult to take
- To reduce the chance of getting side effects
- not sure
- Other.....

2.3a1 Which one above is the most important?.....

**2.4 If the pill (oral PrEP) was available, would you use it to stop you from getting HIV?**

- Yes
- No
- Don't know

**2.5 What would be your concern about taking PrEP if it was available? Tick all that apply**

- I do not like taking pills
- I am afraid that a sexual partner/friend or family member will find the tablets
- I am afraid that the tablets will have side effects
- I am concerned that people will think I am HIV positive and taking ARVs
- I am concerned I will not remember to take the pills
- I think that I would have more risky sex
- If someone found them, they would know that I am having sex
- The cost of paying for PrEP
- Other.....add reason for other

**2.5a Which one above is the most important?.....**

[Now we would like to understand if you would like to talk to speak to someone before taking PrEP. These questions seek to understand the importance of disclosing to someone else before taking PrEP]

**2.6 If you were taking PrEP, do you think that you would tell the partners you have sex with, that you were taking it**

- Yes
- No
- I am not sure

**2.7 Where do you think would be the best places for you to get PrEP from? Tick all that apply**

- Local (government) clinic
- Private Clinic
- Pharmacy
- GP
- Barber / hairdresser
- On line / using the internet
- Vending machines
- Home delivery from a clinic
- Community venues eg library,
- Leisure or recreation facilities eg. bars, clubs, discotheques, lodges
- Young adult and youth centres
- Taxi delivered
- Mobile clinic
- School or university
- Other .....

**2.8 If the cost of PrEP was the same price as buying a hot meal, would you be willing to pay for it each month?.....**

- Yes →skip to 2.8a
- No →skip to 2.8b

**2.8a If Yes, why are you willing to pay?** *Tick all that apply to you*

- It will encourage me not to miss or waste the medicine
- I work and am capable of buying it
- Having to pay will stop young people from getting PrEP and discourage them from having sex
- Having to pay will reduce my promiscuity/ how often I have sex
- My parents will give me pocket money and I will use it to buy PrEP
- If the PrEP works then I am willing to pay
- If you believe that you are at a high risk then you should pay for PrEP
- Other .....

**2.9c If No, why?** *Tick all that apply to you*

- PrEP should be free just like ARV
- PrEP should be free just like condoms
- There is no nearby health centre so I would like to use the money for transport to pick the drugs rather than buying it
- I do not have enough money to pay for PrEP
- Other .....

**2.10 Choose 3 factors listed below that would make it easier for you to use PrEP (list them 1,2,3 with 1 being the most important and 3 being less important)**

PrEP clinics close to where I live	
Support from friends	
Support from family	
Support from partner	
Easy access to advice on how to take PrEP	
Other (specify	

**2.11 Choose 3 factors listed below that would make it difficult for you to use PrEP (list them 1,2,3 with 1 being the most important and 3 being less important)**

Being judged because you are having sex	
People seeing the tablets will think that I have HIV	
Remembering to take the tablets	
No support	
Knowing enough about PrEP to take it the right way	
Other (specify)	

**2.12: We have already described the two ways of using PrEP to prevent HIV. There are other ways to protect yourself from HIV. I will provide you a list and you tell me what you might be interested to use. *Select all that apply to you.*** Options will be explained if people don't know what they are

- HIV Counselling and Testing
- Male Condoms
- Female condoms
- Vaginal rings (this is put into the vagina by the woman and it stays there for a month at a time)
- Injectable PrEP (this is one injection every 2 months)
- Implants for HIV prevention (this is an implant which remains under the skin in your arm for 1 year)



- Oral PrEP Pill (Pre-exposure prophylaxis)
- Oral PEP pill (Post-exposure prophylaxis – ARV pills taken after being exposed to HIV)
- Having an HIV positive partner who is taking antiretrovirals (and therefore not infectious)
- None → skip to section 3
- Other.....

## Sexual Behaviour

The next section includes some questions about sex. Some of these questions are personal and might make you feel uncomfortable. The survey is confidential, so no one will know your answers. If you would like to complete this section yourself, you are welcome to do so. If you would like me to help you through this section, that's okay too. If during or after you complete this section, you feel your need to speak to a healthcare professional please speak to the interviewer.”?

### 3.0 What is your sexual orientation? (Johannesburg only).

- Heterosexual/Straight
- Lesbian or Gay/ Homosexual
- Bisexual
- I do not identify with any specific sexual orientation
- Undecided
- Other (*please specify*): \_\_\_\_\_
- Prefer not to answer

### 3.1 Who would you choose to have sex with? (Cape Town, Entebbe, Harare, Johannesburg)

- Women only
- Men only
- Both women and men
- Prefer not to answer

### 3.2 Have you ever had sex? By 'sex' I am referring to vaginal, and/or anal sex. Or when a penis is put inside the vagina or anus (butt)

- Yes
- No → Skip to section 4
- Prefer not to answer → Skip to section 4

### 3.2a If yes, How old were you the first time you had sex (either consensual or forced)?

- Age in years: \_\_\_\_\_
- Don't know
  - Prefer not to answer

### 3.3 in the last month approximately how often have you had sex?

- 2 times a day
- Every day
- 2-3 times in a week
- Once week
- Once in a month
- Don't know
- Prefer not to answer

**3.4 The last time you had sex, how far in advance do you know that it was going to happen?**

- <2 hours
- 2 to 12 hours
- 12 to 24 hours
- more than 24 hours

**3.5 in general, how far in advance do you know that sex is going to happen?**

- <2 hours
- 2 to 12 hours
- 12 to 24 hours
- more than 24 hours

***Sexual Partner Characteristics***

I would like to ask some questions about your sexual partner(s)

**3.6 What is your current relationship status?**

- Single (no current sexual partner)
- Boyfriend/girlfriend
- Married (legal or traditional)
- In relationship living together
- Separated/Divorced
- Widowed
- Other (*please specify*): \_\_\_\_\_
- Prefer not to answer

**3.7 In the past 6 months, how many different people have you had sex with?**

- None
- 1
- 2
- 3
- 4
- 5-9
- >=10
- Can't remember

I would now like to ask about your most recent sexual partner

**3.8 How old was this partner?**

\_\_\_\_years

- >5 years younger
- 1-5 years younger
- Same age
- 1-5 years older
- >5 years older
- Don't know
- Prefer not to answer

**3.9 What relationship do/did you have with this sexual partner?**

- Regular sexual partner (boyfriend/girlfriend/husband/wife)
- Casual sexual partner
- One-night stand
- Paying sex partner/client
- Other (please specify): \_\_\_\_\_

**3.10 What is this partner's gender? (not Entebbe)**

- Boy/man
- Girl/women
- Prefer not to answer

**3.11 What type of sex have you had with this partner? Please select all that apply.**

- Vaginal sex
- Anal sex
- Other (please specify): \_\_\_\_\_
- Prefer not to answer

**3.12 Was a condom used the last time you had sex (vaginal or anal) with this partner?**

- Yes
- No
- Prefer not to answer

**3.13 What was this partner's HIV status?**

- HIV-positive (skip to 3.13a)
- HIV-negative (skip to 3.14)
- I don't know (skip to 3.14)
- Prefer not to answer (skip to 3.14)

**3.13a is your partner taking ARV?**

- Yes
- No
- Don't know

**3.14 How likely is it that this partner is/was having sex with another partner besides you during your relationship?**

- Not at all likely
- Somewhat likely
- Very likely
- Don't know / Prefer not to answer

**3.15 Has this partner ever given you something (eg money or gifts) in exchange for having sex**

- Yes
- No
- Prefer not to answer

**3.16 Have you ever had sex with someone in exchange for something (gifts, money etc.)?**

- Yes
- No
- Prefer not to answer

The next two questions are about your experiences with forced sex. These questions are personal and might make you feel uncomfortable. The survey is confidential so no one will know your answers. If there is a question that makes you feel uncomfortable to answer, you can select 'Prefer Not to Answer'. If during or after you complete this section, you feel your need to speak to a healthcare professional please speak to the interviewer.

3.17 In the last 6 months has anyone physically forced you to have sex with him/her when you did not want to?

- Yes
- No
- Prefer not to answer

3.18 In the last 6 months have you physically forced someone to have sex with you when they did not want to?

- Yes
- No
- refer not to answer

The next questions are about preventing sexually transmitted infections and HIV

3.19 People can use different methods to prevent pregnancy or to avoid getting or transmitting sexually transmitted infections. In the past 6 months, which of the following methods have you or your partner used?

Select all that apply.

- 'The pill' (oral contraceptives)
- Injectable contraceptives
- Implanon (Implant)
- Intrauterine Device
- Male condoms → skip to 3.19a
- Female condoms → skip to 3.19a
- The "morning-after-pill", also known as emergency contraception
- I don't have vaginal sex during ovulation/time of peak fertility (periodic abstinence)
- The withdrawal method (i.e. the male partner pulls out before ejaculation)
- Any other method? (please specify): \_\_\_\_\_
- NONE. I have not used any method to prevent pregnancy or sexually transmitted infections in the past 6 months
- Prefer not to answer

3.19a [if reports use of female or male condoms] In the past 6 months, how often have you used condoms when having sex?

- Always, every time I have had sex
- Sometimes
- Never
- Prefer not to answer

3.20 Which ways to protect yourself from getting HIV have you used in the past 6 months? Select all that apply to you. Options will be explained if people don't know what they are

- HIV Counselling and Testing
- Male Condoms
- Female condoms
- Vaginal rings (this is put into the vagina by the woman and it stays there for a month at a time)
- Injectable PrEP (this is one injection every 2 months)
- Implants for HIV prevention (this is an implant which remains under the skin in your arm for 1 year)
- Oral PrEP Pill (Pre-exposure prophylaxis)

- Oral PEP pill (Post-exposure prophylaxis – ARV pills taken after being exposed to HIV)
- Having an HIV positive partner who is taking antiretrovirals (and therefore not infectious)
- None → skip to section 3
- Other

## Your views about HIV

These are interviewer-administered and should be read aloud directly as written.  
Now I'm going to ask you about your feelings and worries.

4.1 In the past 3 months, what were you worried about in your life? (Interviewer to read all responses aloud to participant. Tick all that apply)

- Money or finances
- Relationships with sexual partner(s)
- Relationships with friends
- Relationships with family
- Housing
- Losing a job
- Not enough Food or water
- Being forced to have sex
- Finding out that a partner is HIV positive
- Finding out that I am HIV positive
- Pregnancy
- Being
- Other: \_\_\_\_\_
- None

4.2 Are you generally a person who takes risks? I am going to read three answer choices and I would like you to tell me which one is closest to the truth about you personally.

- I take risks                       I avoid taking risks                       I am somewhere in between

4.3 Please rate yourself from 0 to 10, where 0 means you are unwilling to take any risks and 10 means you are always willing take risks. (Use ladder scale to help respondent rate their willingness to take risks on a scale 1-10. Mark as one number.)



\_\_\_\_\_ (numeric)

4.4 In the past 3 months, how often have you thought about your risk of getting HIV?

- Never                       Rarely                       Some of the time                       Often

4.5 In the past 3 months, which things or situations have made you think about whether you might get HIV? (Check all that apply)

- Being in a new relationship
- My partner traveling out of town
- Drinking alcohol
- Taking drugs

- Feeling like my partner is hiding something from me
- Not using condoms with my partner
- Feeling forced to have sex
- Knowing someone with HIV
- Learning that my partner has HIV
- Having sex with someone who is older than me
- Other: \_\_\_\_\_
- None

4.6 How worried are you about getting HIV in the next 3 months?

- Not worried                       Somewhat worried                       Very worried

4.7 How likely is it that you will become infected with HIV in the next 3 months?

- No chance               Small chance               Moderate chance               High chance

4.8 What do you think would affect your life more: getting pregnant when you did not want to, or getting infected with HIV?

- Getting pregnant               Getting infected with HIV               They are equally bad

4.9 What do you think would affect your life more: losing a job, or getting infected with HIV?

- Losing a job                       Getting infected with HIV               They are equally bad

4.10 What do you think would be worse: feeling like you don't have friends, or getting infected with HIV?

- Feeling like I don't have friends               Getting infected with HIV               They are equally bad

## Mental Health

In this section we are going to ask you questions about your psychological and emotional health and will ask you to tell us how you have been feeling recently.

5.1 Over the last 2 weeks, how often have you been bothered by any of the following:

	During the last 2 weeks	Not at all	Several days	More than half the days	Nearly every day
a.	Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Trouble falling asleep, staying asleep, or sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Poor appetite or over-eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Feeling bad about yourself – or that you are a failure or have let yourself or your family down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Trouble concentrating on things, such as reading the newspaper or watching television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Moving or speaking so slowly that other people could have noticed. Or the opposite – being so “fidgety” or restless that you have been moving around a lot more than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	Thoughts that you would be better off dead or of hurting yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Anxiety

5.2 Over the last 2 weeks how often have you been bothered by the following problems?

	Over the last 2 weeks how often have you been bothered by the following problems? (use a tick to indicate your answer	Not at all	Several days	More than half the days	Nearly every day
a	Feeling nervous, anxious, or on edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Not being able to stop or control worrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PTSD

Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:

- a serious accident or fire
- a physical or sexual assault or abuse
- an earthquake or flood
- a war
- seeing someone be killed or seriously injured
- having a loved one die through homicide or suicide

5.3 Have you ever experienced this kind of event?

- YES → skip to 5.3a
- NO If no, screen total = → skip to section 6

If yes, please answer the questions below.

### 5.3a In the past month, have you...

1. Had nightmares about the event(s) or thought about the event(s) when you did not want to?  
 YES  
 NO
2. Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?  
 YES  
 NO
3. Been constantly on guard, watchful, or easily startled?  
 YES  
 NO
4. Felt numb or detached from people, activities, or your surroundings?  
 YES  
 NO
5. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?  
 YES  
 NO

## Alcohol and drug use

The next few questions ask about your use of alcohol. This includes all alcoholic beverages including African beer, wine, rum, gin, vodka, or whiskey/cider. For these questions, drinking alcohol *does not* include drinking a few sips of wine for religious purposes.

### 6.1 Do you drink alcohol?

- Yes
- No →skip to Question 6.2
- Prefer not to answer →skip to Question 6.2

### 6.1a [If 4.1=YES] how often do you have 6 or more drinks on more than one occasion?

- Never
- Less than a month
- Monthly
- Weekly
- Daily or almost daily

The next few questions ask about your potential use of drugs other than alcohol. By “drugs” we mean substances used for recreational/enjoyment (non-medical) purposes, including marijuana/dagga, other street drugs, over-the-counter drugs (available in pharmacies without a prescription) taken in excess of the directions, or prescribed drugs taken in excess of prescription. Please remember that all of your responses are confidential.



6.2 have you used drugs in the last 30 days?

- Yes
- No → End

6.2a If yes please tell me which drug(s) .....

6.2b If yes, have you ever felt the need to seek help?

- Yes
- No