

**ANNEX 7**

**WHO MODEL CORE QUESTIONNAIRE SELF ADMINISTERED FORMAT**

**SECTION 1: FRONT SHEET/ ELIGIBILITY CHECK**

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The following questions are about your use of substances such as alcohol, tobacco and other drugs. Your answers to these questions will help us find out about what substances people are using these days. The information that you give is confidential and you do not have to answer the questions if you do not want to. The information you provide is of vital importance, so try to answer as sincerely and accurately as possible. This is not a test, there are no right or wrong answers. What you tell us is completely confidential and only the researchers will have access to the form. Your name or address will never be linked to any of the information you provide.

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Interview Number (*PRECODED*)

Country/city/area code (*PRECODED*)

(*WRITE IN*) Today's date

Day    Month    Year

Where are you completing this Questionnaire? (*Please CIRCLE ONE CODE*)

1.     In a school
2.     In a home
3.     On the street
4.     In a prison
5.     In a treatment centre (*WRITE IN TYPE*) \_\_\_\_\_
6.     Other location        (*WRITE IN TYPE*) \_\_\_\_\_

**SECTION 2: SOCIODEMOGRAPHICS**

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The following questions are about you - These questions are only asked to help us analyse the results of the study. The information that you give is confidential and you do not have to answer the questions if you do not want to. Your help is of vital importance to our research.

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**S2.1** Are you male or female? (*PLEASE CIRCLE ONE CODE*)

- 1. male
- 2. female

How old are you?

years (*WRITE IN*)

(Option) Which of the following ethnic groups do you consider yourself to be a member of?

**RESPONSE CODED AS LOCALLY APPROPRIATE FOR EACH SITE**

Where are you currently living?

**RESPONSE CODE AS LOCALLY APPROPRIATE FOR EACH SITE**

How many years of formal education have you completed?

years (*WRITE IN NUMBER OF YEARS*)

For most of the last 12 months were you a full-time or part-time student?  
(*CIRCLE ONE CODE*)

- No - not a student
- 2. Yes - part-time
- 3. Yes - full-time

For most of the past 12 months were you working on a paid job full-time or part time?  
(*CIRCLE ONE CODE*)

- No - not working
- 2. Yes - part-time
- 3. Yes - full-time

**S2.8** If working, what type of work do you do? (*WRITE IN TYPE OF WORK*)

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During most of the past 12 months, have you been living mostly in a rural area or village or in town, or in a city? (*CIRCLE ONE CODE*)

- 1 Rural area (or village )
- 2 Town
- 3 City
- 4 Other (*WRITE IN*) \_\_\_\_\_

**S2.10** Which of the following best describes your current marital status? (*CIRCLE ONE CODE*)

- 1 Married
- 2 Widowed
- 3 Divorced or separated
- 4 Living as couple - may be inappropriate in some cultures
- 5 Never married/single

Did you receive money from any of the following during the last 30 days? (*CIRCLE CODES*)

- 0 No source of money
- 1 Salary and wages from a job (including self employment)
- 2 Welfare, government assistance, insurance, charities
- 3 Spouse or family
- 4 Friends
- 5 Illegal income - may be inappropriate in some cultures
- 6 Other (specify) \_\_\_\_\_

### **SECTION 3: CIGARETTES AND OTHER TOBACCO USE**

The following questions are about cigarettes and other tobacco use

**S3.1** Have you ever smoked cigarettes (including hand rolled cigarettes)?

- 1 No - Never smoked cigarettes
- 2 Yes - Once or twice only
- 3 Yes - Occasionally, but not regularly
- 4 Yes - Regularly in the past
- 5 Yes - Regularly now

**S3.2** How old were you when you first smoked a cigarette?

years old (*WRITE IN*) WRITE IN 00 IF NEVER SMOKED A  
CIGARETTE

**S3.3** How many cigarettes a day did you smoke in the past 30 days (or past month)?  
(*CIRCLE ONE CODE*)

- None at all
- 2. Less than 1 cigarette per day
- 3. 1-5 cigarettes per day
- 4. 6-15 cigarettes per day
- 5. 16-25 cigarettes per day
- 6. 26-35 cigarettes per day
- 7. Over 35 cigarettes per day

**S3.4** Have you ever smoked cigarettes daily for 6 months or more? (*CIRCLE ONE CODE*)

- No
- 2. Yes

**S3.5** For how many years did you smoke cigarettes daily?

years (*WRITE IN*) WRITE IN 00 IF NEVER SMOKED  
CIGARETTES  
DAILY

Have you ever smoked any form of tobacco other than cigarettes (e.g. cigars, pipe tobacco, etc.)?

- 1. No - Never
- 2. Yes - Once or twice only
- 3. Yes - Occasionally, but not regularly
- 4. Yes - regularly in the past
- 5. Yes - Regularly now

**S3.7** How old were you when your first smoked any form of tobacco other than cigarettes?

years old (*WRITE IN*) WRITE IN 00 IF NEVER SMOKED ANY  
FORM  
TOBACCO OTHER THAN CIGARETTES

**S3.8** Have you ever smoked a tobacco product other than cigarettes daily for 6 months or more?

- No
- 2. Yes

Have you ever used chewing tobacco, snuff or other smokeless tobacco? (Use local examples eg jarda and pan masala India) - *Only ask where this practice exists (CIRCLE ONE CODE)*

- 1. No - Never
- 2. Yes - Once or twice only
- 3. Yes - Occasionally, but not regularly
- 4. Yes - Regularly in the past
- 5. Yes - Regularly now

**S3.10** How old were you when you first used chewing tobacco, snuff or other smokeless tobacco?

years old (WRITE IN)WRITE IN 00 = IF NEVER USED CHEWING TOBACCO, SNUFF OR OTHER SMOKELESS TOBACCO

How many of these have you smoked (or used) on average per day in the in the past 30 days? (IF NONE WRITE IN 00). *Use local names for these or similar*

- Manufactured cigarettes
- Hand-rolled cigarettes
- Pipefuls of tobacco
- Cigars or cigarillos
- Beedis/goza/hookahs
- Pinches of snuff/quids of tobacco

#### **SECTION 4: ALCOHOL USE**

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The following questions are about alcoholic drinks, that is beers, wines, spirits (*such as give local examples*) and local (traditional) drinks (*such as give local examples eg: samsu Malaysia, tepache Mexico, arack India and scud Zimbabwe*).

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**S4.1** Have you ever had an alcoholic drink?

- No
- 2. Yes

**S4.2** About how old were you the first time you had an alcoholic drink? (Do not include childhood or medicinal sips).

years old (WRITE IN) WRITE IN 00 = IF NEVER HAD AN ALCOHOLIC DRINK

**S4.3** When did you last have an alcoholic drink?

0. Never had an alcoholic drink
1. Today
2. Yesterday
3. In the past week
4. In the past 30 days
5. More than 30 days ago, but less than 12 months ago
6. More than 12 months ago

On how many days in the past 30 days have you had an alcoholic drink?

days (WRITE IN)

**S4.5** Think back over the last 30 days, how many times have you had five or more drinks in a row? ( A drink is (local definition eg  copas Mexico) (CIRCLE ONE CODE)

0. None
1. Once
2. Twice
3. 3 - 5 times
4. 6 - 9 times
5. 10 or more times

**S4.6** On the days that you drank during the last 30 days, about how many drinks did you usually have a day?

Usual number of drinks: \_\_\_\_\_ (WRITE IN) WRITE IN 00 = IF YOU DID NOT HAVE ANY ALCOHOLIC DRINKS IN LAST 30 DAYS.

## SECTION 5: OTHER DRUG USE

### Tranquillizers

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The following questions are about **tranquillizers** which are sometimes prescribed by doctors to calm people down, or relax their muscles. Librium, Rohypnol, Diazepam and Valium are tranquillizers (give local examples as appropriate). They are sometimes called (give local examples).

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**S5.1a** Have you ever taken tranquillizers without a doctor telling you to do so?

1. No
2. Yes

**S5.1b** How old were you when you first took tranquillizers without a doctor telling you to do so?

years old (WRITE IN)WRITE IN 00 = IF YOU HAVE NEVER  
TAKEN  
TRANQUILLIZERS WITHOUT A DOCTOR'S INSTRUCTIONS

**S5.1c** Have you taken tranquillizers in the past 12 months without a doctor telling you to do so?

1. No
2. Yes

**S5.1d** On how many days in the past month (past 30 days) have you taken tranquillizers without a doctor telling you to do so?

0. None
1. On 1-2 days
2. On 3-5 days
3. On 6-9 days
4. On 10-19 days
5. On 20 or more days

OR \_\_\_\_\_ days (WRITE IN NUMBER OF DAYS)WRITE IN 00 = IF YOU DID  
NOT TAKE ANY TRANQUILLIZERS IN THE PAST 30 DAYS WITHOUT A  
DOCTOR'S INSTRUCTIONS

**S5.1e** In what ways have you taken tranquilizers in the past 30 days?  
(CIRCLE ALL THE WAYS YOU HAVE USED IT)

1. Eating/Swallowing
2. Injecting
3. Other ways \_\_\_\_\_ (WRITE IN)

**S5.1f** If you have ever taken tranquilizers, write in the types used below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sedatives and Hypnotics

The following questions are about **sedatives and hypnotics** including **barbiturates** which are sometimes prescribed by doctors to help people to sleep or to relax and methaqualone (Mandrax). They are sometimes called (give local examples).

**S5.2a** Have you ever taken sedatives without a doctor telling you to do so?

1. No
2. Yes

**S5.2b** How old were you when you first took sedatives without a doctor telling you to do so?

\_\_\_\_\_ years old (WRITE IN) WRITE IN 00 = IF YOU HAVE NEVER  
TAKEN SEDATIVES WITHOUT A DOCTOR'S INSTRUCTIONS

**S5.2c** Have you taken sedatives within the past 12 months without a doctor telling you to do so

1. No
2. Yes

**S5.2d** On how many days during the past 30 days have you taken sedatives without a doctor telling you to do so?

0. None
1. On 1-2 days
2. On 3-5 days
3. On 6-9 days
4. On 10-19 days
5. On 20 or more days



OR \_\_\_\_\_ days (WRITE IN) WRITE IN 00 = IF YOU DID NOT TAKE ANY SEDATIVES IN THE PAST 30 DAYS WITHOUT A DOCTOR'S INSTRUCTIONS.

What ways have you taken sedatives in the past 30 days?(CIRCLE ALL THE WAYS YOU HAVE USED IT)

1. Eating/Swallowing
2. Injecting
3. Other ways \_\_\_\_\_ (WRITE IN)

If you have ever taken sedatives, write in the types used below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amphetamines and amphetamine type stimulants

The following questions are about **amphetamines** or **stimulants** which can be prescribed by doctors to help people lose weight or to give people more energy. They are sometimes called (give local examples, eg max Egypt, speed) and also include: methamphetamine, MDMA (ecstasy) and other amphetamine analogues.

**S5.3a** Have you ever taken amphetamines or other stimulants without a doctor telling you to do so?

- No  
2. Yes

**S5.3b** How old were you when you first took amphetamines or other stimulants without a doctor telling you to do so?

\_\_\_\_\_ years old (WRITE IN) WRITE IN 00 = IF YOU HAVE NEVER TAKEN AMPHETAMINES OR OTHER STIMULANTS WITHOUT A DOCTOR'S INSTRUCTIONS

**S5.3c** Have you taken amphetamines or other stimulants in the past 12 months without a doctor telling you to do so?

- No  
2 Yes

**S5.3d** On how many days in the past 30 days have you taken any amphetamines without a doctor telling you to do so

- 0 None
- 1 On 1-2 days
- 2 On 3-5 days
- 3 On 6-9 days
- 4 On 10-19 days
- 5 On 20 or more days

OR \_\_\_\_\_ days (WRITE IN NUMBER OF DAYS) WRITE IN 00 = IF YOU DID NOT TAKE ANY AMPHETAMINES OR OTHER STIMULANTS IN THE PAST 30 DAYS WITHOUT A DOCTOR'S INSTRUCTIONS.

**S5.3e** In what ways have you taken amphetamines or other stimulants in the past 30 days? (CIRCLE ALL THE WAYS YOU HAVE USED THEM)

- 1. Eating/Swallowing
- 2. Smoking
- 3. Sniffing
- 4. Injecting
- 5. Other ways \_\_\_\_\_ (WRITE IN)

**S5.3f** If you have ever taken amphetamines or other stimulants, write in the types used below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cannabis

The following questions are about **cannabis** such as marijuana, hashish, (give local examples as appropriate, eg ganja, bhengi, bango, marihuana, grass).

Have you ever used/tried cannabis?

- 1. No
- 2. Yes

**S5.4b** How old were you when you first used cannabis?

years old (WRITE IN) WRITE IN OO = IF YOU HAVE NEVER USED CANNABIS

**S5.4c** Have you used cannabis in the past 12 months?

- No
2. Yes

**S5.4d** On how many days in the past 30 days have you used cannabis?

0. None
1. On 1-2 days
2. On 3-5 days
3. On 6-9 days
4. On 10-19 days
5. On 20 or more days

OR \_\_\_\_\_ days (WRITE IN) WRITE IN OO = IF YOU HAVE NEVER USED CANNABIS

**S5.4e** In what ways have you used cannabis in the past 30 days?(CIRCLE ALL THE WAYS YOU HAVE USED IT)

1. Eating/Swallowing
2. Smoking
3. Other ways \_\_\_\_\_ (WRITE IN)

### Hallucinogens

The following questions are about **hallucinogens** such as LSD, mescaline, peyote, psilocybin mushrooms, (give local examples, e.g. myzepete Zimbabwe, mescaline Mexico, acid etc.)

**S5.5a** Have you ever used/tried hallucinogens?

1. No
2. Yes

**S5.5b** How old were you when you first used hallucinogens?

years old (WRITE IN) WRITE IN 00 = IF YOU HAVE NEVER USED HALLUCINOGENS

**S5.5c** Have you used hallucinogens in the past 12 months?

1. No
2. Yes

**S5.5d** On how many days in the past 30 days have you used hallucinogens?

0. None  
On 1-2 days
2. On 3-5 days
3. On 6-9 days
4. On 10-19 days
5. On 20 or more days

OR \_\_\_\_\_ days (WRITE IN) WRITE IN 00 = IF YOU DID NOT USE ANY HALLUCINOGENS IN THE PAST 30 DAYS

**S5.5e** In what ways have you used hallucinogens in the past 30 days?  
(CIRCLE ALL THE WAYS YOU HAVE USED THEM)

1. Eating/Swallowing
2. Smoking
3. Sniffing
4. Injecting
5. Other ways \_\_\_\_\_ (WRITE IN)

**S5.5f** If you have ever used hallucinogens, write in the types used below

\_\_\_\_\_

Cocaine

The following questions are about cocaine, including all the different forms of cocaine such as powder, "crack," free base, and coca paste. Cocaine is sometimes called (give local examples, eg coke, snow, nieve, etc.)

**S5.6a** Have you ever used/tried cocaine?

1. No
2. Yes

How old were you when you first used cocaine?

years old (WRITE IN) WRITE IN OO = IF YOU HAVE NEVER USED COCAINE

Have you used cocaine in the past 12 months?

1. No
2. Yes

**S5.6d** On how many days in the past 30 days have you used cocaine?

0. None
1. On 1-2 days
2. On 3-5 days
3. On 6-9 days
4. On 10-19 days
5. On 20 or more days

OR \_\_\_\_\_ days (WRITE IN) WRITE IN OO = IF YOU DID NOT USE ANY COCAINE IN THE PAST 30 DAYS

**S5.6e** In what ways have you used cocaine in the past 30 days?  
(CIRCLE ALL THE WAYS YOU HAVE USED IT)

1. Eating/Swallowing
2. Smoking
3. Sniffing
4. Injecting
5. Other ways \_\_\_\_\_ (WRITE IN)

**S5.6f** If you have ever used cocaine, write in the used below (e.g., powder, crack free base, coca paste, etc.)

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Heroin

The following questions are about **heroin**. Heroin is sometimes called (give local examples, e.g. brown sugar, etc.).

**S5.7a** Have you ever used/tried heroin?

1. No
2. Yes

**S5.7b** How old were you when you first used heroin?

\_\_\_\_\_ years old (WRITE IN) WRITE IN 00 = IF YOU HAVE NEVER  
USED  
HEROIN

**S5.7c** Have you used heroin in the past 12 months?

1. No
2. Yes

**S5.7d** On how many days in the past 30 days have you used heroin?

0. None
1. On 1-2 days
2. On 3-5 days
3. On 6-9 days
4. On 10-19 days
5. On 20 or more days

OR \_\_\_\_\_ days (WRITE IN) WRITE IN 00 = IF YOU DID NOT USE ANY  
HEROIN IN THE PAST 30 DAYS

**S5.7e** In what ways have you used heroin in the past 30 days?  
(CIRCLE ALL THE WAYS YOU HAVE USED IT)

1. Eating/Swallowing
2. Smoking
3. Sniffing
4. Injecting
5. Other ways \_\_\_\_\_ (WRITE IN)

Opium

**S5.8a** Have you ever used/tried opium?

- No
- 2. Yes

**S5.8b** How old were you when you first used opium?

years old (WRITE IN) WRITE IN OO = IF YOU HAVE NEVER USED OPIUM

**S5.8c** Have you used opium in the past 12 months?

- 1 No
- 2 Yes

**S5.8d** On how many days in the past 30 days have you used opium?

- 0. None
- 1. On 1-2 days
- 2. On 3-5 days
- 3. On 6-9 days
- 4. On 10-19 days
- 5. On 20 or more days

**OR** \_\_\_\_\_ days (WRITE IN) WRITE IN OO = IF YOU DID NOT USE ANY OPIUM IN THE PAST 30 DAYS

**S5.8e** In what ways have you used opium in the past 30 days?  
(CIRCLE ALL THE WAYS YOU HAVE USED IT)

- Eating/Swallowing
- 2. Smoking
- 3 Other ways \_\_\_\_\_ (WRITE IN)

Other Opiate Type Drugs

The following questions about certain other opiate/opiod type drugs which doctors sometimes prescribe to relieve seven pain prevent coughing, or to control diarrhea. These drugs include morphine, codeine, demerol, talwin, and laudanum (give local examples as appropriate, eg. Tidigesic India.

**S5.9a** Have ever taken any opiate drugs without a doctor telling you to do so:

- 1 No
- 2 Yes

**S5.9b** How old were you when you first took any of these opiate drugs without a doctor telling you to do so?

years old (WRITE IN) WRITE IN OO = IF YOU HAVE NEVER TAKEN ANY OF THESE OPIATE TYPE DRUGS WITHOUT A DOCTOR'S INSTRUCTIONS.

**S5.9c** Have you taken of these opiate drugs in the past 12 months without a doctor telling you to do so?

- 1 No
- 2 Yes

**S5.9d** On how many days in the past 30 days have you used other opiate type drugs?

- 0. None
- 1 On 1-2 days
- 2 On 3-5 days
- 3 On 6-9 days
- 4 On 10-19 days
- 5 On 20 or more days

OR \_\_\_\_\_ days (WRITE IN)WRITE IN OO = IF YOU DID NOT TAKE ANY OF THESE OPIATE TYPE DRUGS IN THE PAST 30 DAYS

**S5.9e** In what ways have you taken any of these opiate drugs in the past 30 days?  
(CIRCLE ALL THE WAYS YOU HAVE TAKEN IT)

- 1. Eating/Swallowing
- 2. Smoking
- 3. Sniffing
- 4. Injecting
- 5. Other ways \_\_\_\_\_ (WRITE IN)

**S5.9f** If you have even taken any of these opiate drugs, write in the types used below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Volatile Inhalants

The following questions are about **volatile inhalants** (such as fluids and gases, aerosol sprays, glue, etc.) that people sniff or breath in to get high or feel different.

**S5.10a** Have you ever sniffed glue, or breathed the contents of aerosol spray cans, or inhaled any other gases, sprays, or fumes from substances such as liquids in order to get high?

1. No
2. Yes

**S5.10b** How old were you when you first sniffed or inhaled something to get high?

years old (WRITE IN) WRITE IN 00 = IF YOU HAVE NEVER  
SNIFFED OR INHALED SOMETHING TO GET HIGH

**S5.10c** Have you sniffed or inhaled something to get high in the last 12 months?

1. No
2. Yes

**S5.10d** On how many days in the past 30 days have you sniffed or inhaled something to get high?

0. None
1. On 1-2 days
2. On 3-5 days
3. On 6-9 days
4. On 10-19 days
5. On 20 or more days

OR \_\_\_\_\_ days (WRITE IN) WRITE IN 00 = IF YOU HAVE NOT  
SNIFFED OR INHALED SOMETHING TO GET HIGH IN THE PAST 30  
DAYS

**S5.10e** If you have ever sniffed or inhaled something to get high, write in the types of things sniffed or inhaled below

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**S5.10f** Are there other drugs not mentioned above that you have used in the past 12 months without a doctor telling you to do so?

1. No
2. Yes

If yes, please write the names of those drugs

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### **SECTION 6: DRUG INJECTION/SHARED USE OF INJECTING EQUIPMENT**

The following questions are about injecting drugs. By this we mean (describe local practices)

Have you ever used a needle to get any drug injected under your skin, into a muscle, or into a vein without a doctor or health worker telling you to do so?

1. No
2. Yes

When was the most recent time you used any drug with a needle without a doctor or health worker telling you to do so?

1. Today
2. Yesterday
3. In the past week
4. In the past 30 days
5. More than 30 days and less than 12 months ago
6. More than 12 months ago
7. Have NEVER used a drug with a needle without a doctor's instructions

Which drugs have you ever used with a needle without a doctor telling you to do so?

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"Sharing a needle" means using a needle for injecting drugs when you know or suspect that the needle has been used by someone else. It also means someone else injecting drugs with a needle you have used. (this is just an example; field investigators should define "sharing" as appropriate for their context)

Have you ever used a needle for injecting drugs when you knew or suspected that the needle had been used by someone else?

- No
- 2 Yes

Has someone else ever injected drugs with a needle after you used the needle?

- No
- 2 Yes