

**Appendix: Abbreviated HUH Survey****1. Demographics**

a. Your age:

b. Your sex:

Choose one:

☐ Male ☐ Female ☐ Transgender ☐ Other \_\_\_\_\_

c. Your Race:

Choose multiple:

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American

☐ Native Hawaiian or Pacific Islander ☐ White ☐ Other

d. Are you Hispanic, Latino, or of Spanish origin?

Choose multiple:

☐ No ☐ Yes, Mexican or Mexican American ☐ Yes, Cuban ☐ Yes, Puerto Rican

☐ Yes, Other \_\_\_\_\_

e. Your marital status:

Choose one:

☐ Never Married ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

f. Your educational level:

What is the last grade of school or college you completed? ( )

**2. Homelessness**

- a. How many months have you been homeless or unstably housed in the past year? (#)
- b. How many months have you been homeless or unstably housed in your life? (#)

### 3. Health Conditions:

Have you ever been diagnosed with any of the following conditions?

Arthritis (Y/N)

Major depression (Y/N)

Bipolar Disorder (Y/N)

Post-Traumatic Stress Disorder (Y/N)

Heart Disease (Y/N)

Diabetes (Y/N)

Opioid Use Disorder (Y/N)

Alcohol Use Disorder (Y/N)

Cancer (other than skin cancer) (Y/N)

Methamphetamine Use Disorder (Y/N)

Hypertension (Y/N)

Tobacco Use Disorder (Y/N)

Cocaine Use Disorder (Y/N)

Cannabis Use Disorder (Y/N)

Chronic Pain (longer than 6 months) (Y/N)

Other mental health disorder (ex. schizophrenia, anxiety) (Y/N)

Other physical health disorder (Y/N)

COVID/coronavirus infection (Y/N)

Other Pneumonia/Lung Infection (Y/N)

Do **you** believe you have or have had the following conditions, regardless of diagnosis? (same list as above)

Arthritis (Y/N)

Major depression (Y/N)

Bipolar Disorder (Y/N)

Post-Traumatic Stress Disorder (Y/N)

Heart Disease (Y/N)

Diabetes (Y/N)

Opioid Use Disorder (Y/N)

Alcohol Use Disorder (Y/N)

Cancer (other than skin cancer) (Y/N)

Methamphetamine Use Disorder (Y/N)

Hypertension (Y/N)

Tobacco Use Disorder (Y/N)

Cocaine Use Disorder (Y/N)

Cannabis Use Disorder (Y/N)

Chronic Pain (longer than 6 months) (Y/N)

Other mental health disorder (ex. schizophrenia, anxiety) (Y/N)

Other physical health disorder (Y/N)

COVID/coronavirus (Y/N)

Other Pneumonia/Lung Infection (Y/N)

**4. Pain:**

a. In the past 3 months, how often did you have pain?

Choose one: Never    Some days    Most days    Everyday

b. Over the past 3 months, how often did pain limit your life or work activities?

Choose one: Never    Some days    Most days    Everyday

c. How long have you had pain?

# of months?

# of years?

- d. What number best describes your pain on average in the past week? (#)  
0= no pain, 10 = worst pain I can imagine
- e. What number best describes how, during the past week, pain has interfered with your enjoyment of life? (#)  
0= does not interfere, 10= completely interferes
- f. What number best describes how, during the past week, pain has interfered with your general activity? (#)  
0= does not interfere, 10= completely interferes
- g. If chronic pain, what parts of your body are affected by chronic pain?
- Joints (Y/N)
- Bones (Y/N)
- Muscles (Y/N)
- Nerves (Y/N)
- Back (Y/N)
- Chest (Y/N)
- Head(Y/N)
- Arms (Y/N)
- Legs (Y/N)
- Stomach (Y/N)
- Other (free response)

**5. Prescribed Medications in the Past 4 Weeks:**

- a. How many different prescribed medications have you taken in the past 4 weeks? (#)

- b. If you have chronic pain, have you been prescribed an opioid painkiller in the past 4 weeks? (Y/N)
- c. If you have been prescribed an opioid painkiller, how many days of the past four weeks have you taken this medication? (#)
- d. Do you take other prescribed medications for your chronic pain that are not opioid painkillers? (Y/N)

If yes, which ones? (free response)

- e. How else do you manage your pain besides prescribed opioid painkillers and other prescribed non-opioid painkillers? (free response)

## 6. Healthcare Utilization for Substance-related Services

- a. In the past year, how many times have you been to a clinic for healthcare services or accessed healthcare services remotely (Zoom) for chronic medical conditions, including chronic substance use issues? (#)
- b. In the past year, how many times have you accessed behavioral/mental health services, either in-person or by Zoom? (#)
- c. What makes it hard for you to access care for any chronic medical conditions and behavioral health needs you have?

Transportation (Y/N)

Stigma (Y/N)

Communication with clinic to set up appts (Y/N)

Competing priorities (Y/N)

Clinic hours of operation (Y/N)

- d. Please prioritize the following list of health and social services, with "0" as "not a priority need", "1" as "low priority or need", "2" as "high priority or need", to "3" as "very high" priority or need:

Short-term housing (#)

Long-term housing (#)

Emergency medical care (#)

Primary care (#)

Mental health services (#)

Social Security Assistance (#)

Medicare assistance (#)

Medicaid assistance (#)

Legal services (#)

Food (#)

Workforce/Employment services (#)

Substance use disorder treatment (#)

Overdose prevention (#)

Transportation assistance (ex. bus passes) (#)

Recreation assistance (community centers) (#)

Education/school services (#)

Peer support services (#)

## **7. Non-Prescribed Substances in the Past Four Weeks:**

- a. Have you used street opioids (ex. fentanyl, heroin) in the past four weeks? (Y/N)
- b. If yes, which ones? (free response)
- c. How many days did you use? (#)
  
- d. Have you used cannabis in the past four weeks? (Y/N)
- e. If yes, how many days? (#)
  
- f. Have you used methamphetamine in the past four weeks? (Y/N)
- g. If yes, how many days? (#)
  
- h. Have you used tobacco in the past four weeks (smoked cigarettes, chewed tobacco, etc)? (Y/N)
- i. If yes, how many days? (#)

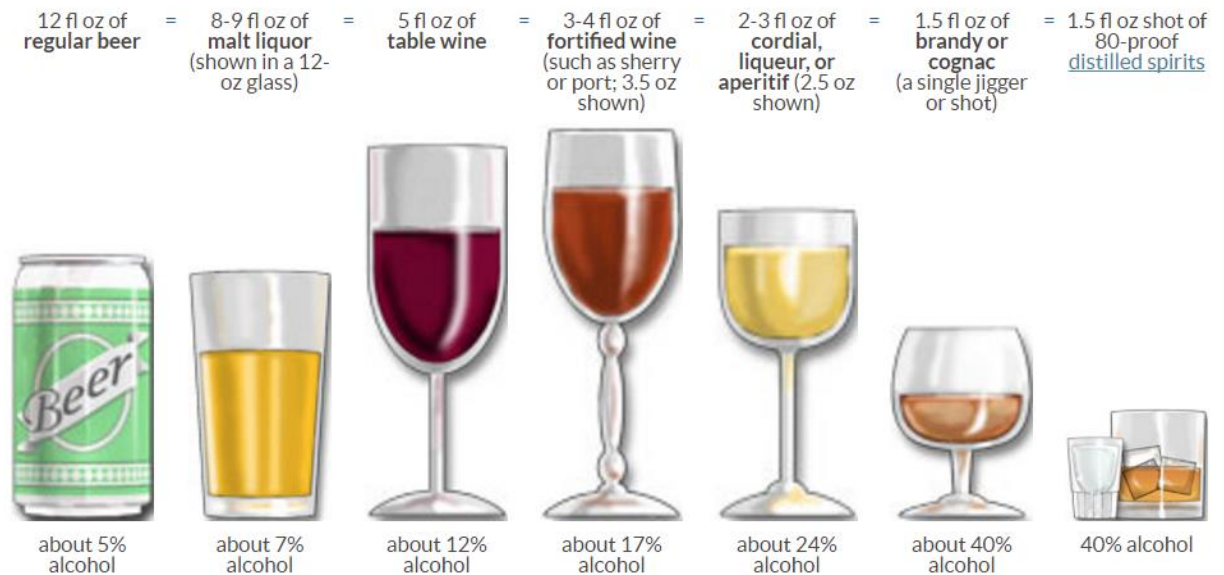
- j. If you have smoked, how many cigarettes per day? (#)
- k. Have you used any substances by injecting them into your body in the past four weeks? (Y/N)

**8. Alcohol consumption and Hazardous Drinking:**

- a. Have you used alcohol in the past four weeks? (Y/N)
- b. If yes, was it non-beverage alcohol (ex. mouthwash, rubbing alcohol, hand sanitizer)? (Y/N)
- c. Did you consume beverage alcohol? (Y/N)
- d. Did you consume both non-beverage and beverage alcohol? (Y/N)
- e. How many days of the past 4 weeks did you consume alcohol? (#)
- f. How many drinks of beverage alcohol did you consume on average each day that you drank (see graphic below)?

Think about your drinking behaviors during the last month (i.e., past 30 days) for the following questions. With respect to alcohol consumption, 1 standard drink is equivalent to 12 oz beer OR 5 oz wine OR 1.5oz shot of liquor straight or in a mixed drink.

Please review the image below carefully as it will help you understand what exactly counts as a standard drink of alcohol.



- g. If you drink alcohol, do you drink more than one bottle of spirits each day, or the equivalent, like 3 bottles of wine or 15 bottles of beer (Y/N)
- h. Have you ever had a seizure from alcohol withdrawal before? (Y/N)
- i. Have you ever had hallucinations (seeing or hearing things that others don't see or hear) from alcohol withdrawal before? (Y/N)
- j. Do you usually shake, sweat, and feel nauseated or vomit as soon as you wake up in the morning? (Y/N)

## 9. Managed Alcohol Program:

Okay, great, so now I'd like to talk with you about managed alcohol programs. They can operate a lot of different ways, but basically, they provide alcohol to individuals with an alcohol use disorder, especially homeless or unstably housed individuals, as a way to reduce the use of unsafe alcohol like mouthwash, rubbing alcohol, and hairspray. These programs are also focused on reducing harms that can be caused by withdrawing from alcohol, which can be deadly.

- a. Do you believe that your community would accept a managed alcohol program?



- b. Do you think a managed alcohol program would be feasible in your community?
- c. From what you have learned or know about managed alcohol programs, do you think you would benefit from a managed alcohol program?
- d. Do you think other people experiencing homelessness would benefit from a managed alcohol program?
- e. What might prevent you from being able to access managed alcohol program services in your community if you needed them?
- f. If your community started a managed alcohol program, where do you think it should be located?  
(For example, they could be connected to a shelter or a treatment center or a mobile unit that goes out in the community?)

#### **10. Safe Consumption Site/Overdose Prevention Center**

For those who use lots of alcohol AND other substances like opioids (fentanyl, heroin, etc.) and/or stimulants like methamphetamine and cocaine, do you think your community should provide a safe place for people to use these substances? (aka “safer consumption site”, “overdose prevention site”)?  
(free response)