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Greetings, I am from the National Bureau of Statistics and we are asking your cooperation to participate in a health

				UNODC United Nations Office on Drugs and Crime
UNITED NATIONS OFFICE ON DRUGS AND CRIME AND FEDERAL MINISTRY OF HEALTH IN COLLABORATION WITH THE NATIONAL BUREAU OF STATISTICS NATIONAL SURVEY ON DRUG USE AND HEALTH - 2016				
CONFIDENTIALITY This survey is being conducted under the authority of the 2007 Statistical Act. The Act requires that the information supplied by you will be treated with utmost confidentiality and used only for statistical purposes.				
<i>Disclaimer: No part of this questionnaire may be used or reproduced in any form without permission in writing from UNODC, FMOH or NBS</i>				
PART A: IDENTIFICATION INFORMATION				
STATE Name:.....		LGA Name:.....		
1. STATE CODE	<input type="text"/>	2. LGA CODE	<input type="text"/>	3. LOCALITY:-----
EA Name:	5. RIC CODE		6. SECTOR	
4. EA Code	<input type="text"/>	<input type="text"/>	Urban.....1	<input type="text"/>
			Rural..... 2	
			7. HH NO.	<input type="text"/>

survey. This survey is funded by the European Union, it is a joint effort of the United Nations and the Federal Ministry of Health, in collaboration with the National Bureau of Statistics of Nigeria. If it is ok with you, I will first ask some questions about the people in your household so that a respondent can be randomly selected. If the selected respondent is at home and agrees to participate, the interview will be conducted privately and will take approximately 40 minutes. Participation is completely voluntary, and the selected participant is not obliged to answer all of the questions if they do not wish and the interview may be terminated at any point.

May I begin?

- Yes, permission is given ⇒ Go to 12 to record the time interview started and then begin the interview.
- No, permission is not given ⇒ Complete 13. Discuss this result with your supervisor.

8. Name of Head of Household	<input type="text"/>				
9. Current Occupancy Status: (Encircle the appropriate code)	1. Owner Occupier	2. Normal Rent	3. Rent Free	4. Subsidized Rent	5. Other (specify) _____
10. Interviewer Name:	Code: <input type="text"/>			Date of Interview	
				<input type="text"/>	2016
11. Field Supervisor Name	Code: <input type="text"/>				
12. Time Interview Started (GMT)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Time Interview Ended (GMT)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13. Result of the interview (Circle the appropriate code)					
Completed = 1	Partially completed = 2	Refusal = 3	Not at home = 4		

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PART B:

SECTION 1: Household Composition and Demographic Characteristics

1.1 Line number	1.2 Names (<i>first name only</i>) of household members who usually live here. Do not list guests, visitors, etc.	1.3 What is the relationship of (<i>name</i>) to the head of household? 01. Head 02. Spouse 03. Son/Daughter (unmarried) 04. Son/Daughter (married) 05. Father/Mother 06. Father/Mother-in-law 07. Brother/Sister 08. Daughter/Son (in law) 09. Other relative 10. Servant/Other non-relative	1.4 Status		1.5 Is (<i>name</i>) male or female?		1.6 How old is (<i>name</i>)? As at last birthday <i>Record in completed years.</i>	1.7 Marital status? 1. Married (monogamous) 2. Married (polygamous). 3. Informal union 4. Divorced 5. Separated. 6. Widow/Widower 7. Never married	1.8*	1.9
			1. Present	2. Temporarily absent	1. Male	2. Female			Circle persons of age 15-64 years	RANK AGED 15-64 YEARS IN COL 1.6 FROM OLD TO YOUNG
Line	Name	Relationship	P	T	M	F	Age	Status		
01		01	1	2	1	2	__ __	__ __	01	
02		__ __	1	2	1	2	__ __	__ __	02	
03		__ __	1	2	1	2	__ __	__ __	03	
04		__ __	1	2	1	2	__ __	__ __	04	
05		__ __	1	2	1	2	__ __	__ __	05	
06		__ __	1	2	1	2	__ __	__ __	06	
07		__ __	1	2	1	2	__ __	__ __	07	
08		__ __	1	2	1	2	__ __	__ __	08	
09		__ __	1	2	1	2	__ __	__ __	09	
10		__ __	1	2	1	2	__ __	__ __	10	
11		__ __	1	2	1	2	__ __	__ __	11	
12		__ __	1	2	1	2	__ __	__ __	12	
13		__ __	1	2	1	2	__ __	__ __	13	
14		__ __	1	2	1	2	__ __	__ __	14	
15		__ __	1	2	1	2	__ __	__ __	15	
16		__ __	1	2	1	2	__ __	__ __	16	
17		__ __	1	2	1	2	__ __	__ __	17	
18		__ __	1	2	1	2	__ __	__ __	18	
19		__ __	1	2	1	2	__ __	__ __	19	

*Circle Personal Number of Eligible Members Aged 15-64 Years in Col 1.8 and according to Col 1.6 rank the eligible members of the household in column 1.9 (*Descending Order of Age*). If the household has more than 19 members, use a continuation sheet of this page.

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HOW TO SELECT A RESPONDENT BY KISH GRID:

Example: if the questionnaire number is 3701013110 and total eligible member of household (15 - 64 years) is 3

- To select a member to be interviewed, check the last two digits of the questionnaire = 10;
- Check the number running down the left side of the table equal 10 and;
- The number of the household members that are eligible = 3.
- Match the two numbers; member number 2 within the ranked numbering will be selected.

Total Qualified household member

QUESTIONNAIRE NUMBER ENDS IN	NUMBER OF ELEGIBLE HOUSEHOLD MEMBER, THE RESPONDENT MUST BE DRAWN FROM																						
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
01	1	1	1	3	2	4	1	3	5	8	6	5	12	10	1	6	8	7	19	19	13	21	13
02	1	2	3	4	3	1	2	2	3	4	8	3	7	2	5	14	4	15	4	8	6	16	14
03	1	1	2	1	4	2	7	6	9	3	5	11	2	1	3	11	7	10	16	16	10	5	2
04	1	2	3	2	1	3	5	8	6	2	4	2	4	8	11	10	16	6	9	10	15	11	12
05	1	1	1	4	5	6	3	5	7	5	9	8	14	3	2	13	5	18	1	4	1	20	11
06	1	2	2	2	3	5	6	7	8	7	1	4	9	14	8	2	17	17	14	12	14	22	10
07	1	2	1	1	4	1	4	1	4	6	3	6	5	7	13	9	2	3	13	14	8	2	7
08	1	1	2	3	2	5	1	4	2	1	7	10	6	5	4	15	10	5	2	13	4	17	5
09	1	1	3	2	5	6	2	2	1	9	10	1	10	4	6	6	1	9	10	1	5	6	9
10	1	2	2	4	1	3	3	6	9	10	11	12	3	9	15	7	8	11	6	3	9	4	3
11	1	1	1	3	1	4	5	3	1	6	2	9	13	11	14	4	11	4	15	15	17	1	1
12	1	2	3	1	3	2	7	5	6	5	7	7	8	6	10	3	3	1	12	20	7	13	22
13	1	1	2	1	5	3	6	4	3	4	6	2	11	13	12	1	15	8	7	2	12	15	21
14	1	2	3	2	4	1	4	7	8	2	5	6	11	12	9	16	13	16	11	18	18	14	16
15	1	2	1	4	2	4	3	8	7	7	11	1	3	5	7	12	14	13	8	17	20	19	20
16	1	1	3	3	1	6	5	1	5	9	10	3	2	11	13	8	12	12	5	6	21	8	8
17	1	1	2	3	4	2	6	4	2	3	2	12	5	2	10	13	5	8	18	9	16	10	17
18	1	2	1	4	2	6	4	1	4	8	9	10	7	9	3	12	12	9	7	20	19	9	19
19	1	2	2	1	3	5	2	8	9	10	4	9	8	13	1	1	14	10	19	10	11	18	15
20	1	1	3	2	5	4	1	3	8	1	3	8	6	6	9	5	7	13	4	15	1	7	22
21	1	1	1	2	5	1	7	2	3	2	1	11	4	7	5	3	2	1	3	12	18	5	19
22	1	2	1	3	1	3	2	6	2	1	8	7	1	4	2	11	8	2	17	4	17	21	16
23	1	2	3	4	2	2	6	7	7	8	3	4	9	3	6	2	11	11	16	2	8	11	23
24	1	1	2	1	4	6	3	5	5	3	1	5	13	1	14	8	14	6	15	9	14	3	6
25	1	1	2	3	3	2	4	6	4	7	5	3	12	12	12	4	6	2	17	11	2	12	4



The last two digits of the questionnaire number

- To select eligible household member: the last two digits of the questionnaire = 10;

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Identification of the selected/eligible member of the household via Kish grid

- a) Total number of eligible members in this household as per column 1.9
- b) This is the _____ household with number of eligible members.
- c) Selected member Personal Serial Number as per Column 1.8
- d) Number of attempts to interview from the selected respondent (number)

Read aloud to selected participant.

“This interview is part of a countrywide survey on health and related issues. The interview should not take long to complete. The questions cover various aspects of issues related to your health. It is confidential and anonymous and no information obtained in this interview will be traced back to you as an individual. It is important that you understand that your participation in this interview is voluntary, there are no risks involved and you are not obliged to answer all of the questions if you do not wish to and you may terminate the interview at any point.”

May I start now?

- Yes, permission is given**
- No, permission is not given ⇒ Complete 13. Discuss this result with your supervisor.**

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SECTION 2: Demographic Information of the Respondent
First I would like to ask you some general background information about you.

Q/N	QUESTION ITEM	RESPONSE	ENTRY	SKIP
Q 2.1	How long have you been living in this address?	<i>Please state the number of years or months</i>	a. Years _____ b. Months _____	
Q 2.2	Are you able to read and write a simple statement in any language with understanding?	1. Yes 2. No	<input type="checkbox"/>	If No ⇒ Q. 2.4
Q 2.3	What is the highest level of education you have completed?	1. Below primary 2. Primary 3. JSS 4. Vocational/ Commercial 5. SSS 6. NCE/OND/Nursing 7. First degree /HND/BA/BSc. 8. Masters degree 9. Doctorate, MD, other professional 10. Others (Specify) _____	<input type="checkbox"/>	
Q 2.4	Are you currently working for monetary or in kind compensation?	1. Regular full- time work 2. Regular part-time 3. Irregular jobs 4. Not working	<input type="checkbox"/>	⇒ Q. 2.6
Q 2.5	If employed, what type of job do you do?	1. Own private business 2. Govt. Employee 3. Private business employee 4. Crop/Vegetable farming 5. Livestock/Poultry Framing 6. Fish Farming 7. Farmer with no ownership of land 8. Others (specify) _____	<input type="checkbox"/>	⇒ Q. 2.7
Q 2.6	If you are currently not working, how would you describe your current status?	1. Unemployed seeking work 2. Unemployed (not seeking work) 3. Long term sick/Disabled 4. Housekeeping/Looking after family 5. Retired/ Pensioner 6. Student 7. Other (Specify) _____	<input type="checkbox"/>	
Q 2.7	Do you receive financial support from...?	1. Family 2. Government 3. NGO 4. Community 5. Faith Based Organization 6. Friend 7. Others	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Write the appropriate code Yes =1, No=2
Q2.8	Are you involved in any voluntary social, religious, cultural, art or recreation activity in your community?	1. Yes 2. No 3. Refused 4. Don't know	<input type="checkbox"/>	If No, Refused, Don't know ⇒ Q. 3.1
Q2.9	How often do you participate in any of these voluntary activities (social, religious, cultural, art and recreation) in your community?	1. Once a week 2. Once a month 3. More than once per month	<input type="checkbox"/>	

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SECTION 3: General Health Information

Please may I ask you a few questions about your health in general?

Q 3.1	How would you rate your health today?	1. Very good 2. Good 3. Moderate 4. Bad 5. Very Bad	<input type="text"/>	
Q 3.2	Have you ever been diagnosed with high blood pressure by a health practitioner?	1. Yes, 2. No	<input type="text"/>	If No ⇒ Q3.4
Q 3.3	If yes, are you currently under any treatment/ medication for high blood pressure?	1. Yes, 2. No	<input type="text"/>	
Q 3.4	Have you ever been diagnosed with any heart disease by a health practitioner?	1. Yes, 2. No	<input type="text"/>	If No ⇒ Q3.6
Q 3.5	If yes, are you currently under any treatment/ medication for heart disease?	1. Yes, 2. No	<input type="text"/>	
Q 3.6	Have you ever been diagnosed with diabetes by a health practitioner?	1. Yes, 2. No	<input type="text"/>	If No ⇒ Q3.8
Q 3.7	If yes, are you currently under any treatment/ medication for diabetes?	1. Yes, 2. No	<input type="text"/>	
Q 3.8	Have you ever been diagnosed with asthma by a health practitioner?	1. Yes, 2. No	<input type="text"/>	If No ⇒ Q3.10
Q 3.9.	If yes are you currently under any treatment/ medication for asthma?	1. Yes, 2. No	<input type="text"/>	
Q3.10	Have you ever been diagnosed by a health practitioner for a condition with chronic pain?	1. Yes, 2. No	<input type="text"/>	If No ⇒ Q3.12
Q3.11	If yes are you currently under any treatment/ medication for a chronic pain condition?	1. Yes, 2. No	<input type="text"/>	
Q 3.12	Is there any other health problem or illness that has been diagnosed by a health practitioner? (specify)_____	1. Yes, 2. No	<input type="text"/>	If No ⇒ Q 3.14
Q3.13.	If yes are you currently under any treatment/ medication for that condition?	1. Yes, 2. No	<input type="text"/>	
Q 3.14	Now, I'd like to ask you a few questions about HIV/AIDS. First, can you mention three modes of transmission of HIV/AIDS? (Interviewer: don't read the options below aloud to the respondent) Through.... 1. Transfusion of infected blood or blood products. 2. Unprotected sexual intercourse with infected person. 3. Sharing of needles and syringes with-out sterilisation 4. Infected mother to her baby during pregnancy, birth process and through breast – feeding. 5. Don't know 6. Refuse to answer 7. Have never heard of HIV/AIDS		<input type="text"/> <input type="text"/> <input type="text"/>	

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<p>Q 3.15 Generally, when you fall sick and need medical attention, where or from whom do you seek assistance?</p> <ol style="list-style-type: none"> 1. Government hospital 2. Private hospital 3. Primary health care 4. Community Health Workers 5. Homeopathic physician 6. Pharmacies 7. Patent Medicine Vendors 8. Traditional/Alternative Medicine practitioner 9. Spiritual healer 10. Seek advice from family/friend/neighbor 11. Self- medication (took medicines available at home) 12. Other (specify) 	<p>Q 3.18: Have you ever been admitted in the <u>PAST 12 MONTHS</u> in hospital or other health facility for any health condition?</p> <ol style="list-style-type: none"> 1. Yes 2. No \Rightarrow (Q 3.20) <p>Q 3.19: If yes, what was the condition for which you were hospitalised?</p> <hr/> <hr/>
<p>Q 3.16: Have you <u>EVER</u> taken medicine(s) for any health conditions without the advice of a health professional?</p> <ol style="list-style-type: none"> 1. Yes 2. No \Rightarrow (Q3.18) <p>Q 3.17: If yes, for what condition. (most frequent/latest condition)</p> <p>Condition</p> <hr/>	<p>Q 3.20: Have you taken medicine(s) in the <u>PAST 12 MONTHS</u> for any health conditions without the advice of a health professional?</p> <ol style="list-style-type: none"> 1. Yes 2. No \Rightarrow [to Q4.1] <p>Q 3.21: If yes, for what condition. (most frequent/latest condition)</p> <p>Condition</p> <hr/>

SECTION 4: Size of Personal Network

Now I'm going to ask you some questions that will help us understand the size of your personal network. So, how many people who fit the following definitions, you know personally, with whom you have had a meal in the past-year...

Category	Number
Q 4.1: Of the women you know personally, how many gave birth in the last 12 months?	
Q 4.2: How many young men aged 15-19 do you know personally who are attending secondary school?	
Q 4.3: How many young women aged 15-19 do you know personally who are attending secondary school?	
Q4.4: How many women do you know personally who died in the last 12 months?	
Q 4.5: How many secondary school teachers that you know personally?	
Q 4.6: How many nurses do you know personally?	
Q 4.7: How many people do you know personally who work for the Nigerian postal service (NIPOST)?	

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SECTION 5: Prescription Drug Misuse

Read: Sometimes people use medicine for relaxation (without the advice of a doctor), to feel good, or to get high on their own or a friend's suggestion. In the following questions I'm going to ask you about your possible use of some of these substances.

Type of substance	Q 5.1: Have you ever used...? 1. Yes 2. No (If "No" to all, -->Q6.1)	Q 5.2: What was your age at first use? (approx.)	Q 5.3: Have you used in the last 12 months? 1. Yes 2. No (If "No" to all, -->Q6.1)	Q 5.4: * In the past-30 days, how many days did you use?	Q 5.5: What is the usual method of use? 1. Inject 2. Eat/Drink 3. Both 4. Smoke 5. Inhale 6. No Response	Q 5.6: What is the average amount you spent per day during the last 30 days on this substance? (Naira)
a) Tranquilizers or Sedatives such as valium						
b) Opioids Painkillers such as tramadol or codeine						
c) Amphetamines such as ritalin or dexedrine						

*Code for How Often Use (Q 5.4)

- | | | | |
|----------------------|-----------------------|---------------------------------|----------------------|
| 1. Once a month | 2. 2 - 3 days a month | 3. Once a week | 4. 2 - 3 days a week |
| 5. 4 - 6 days a week | 6. Every day | 7. Not used in the past 30 days | 8. Don't know |

SECTION 6: Tobacco Use

Now I will ask you some questions about your possible use of cigarettes or other tobacco products [Circle correct answer or write in number where appropriate].

Q6.1: Have you ever smoked/ used tobacco?	Yes	No	If No → 7.1
Q6.2: Do you currently smoke/use tobacco?	Yes	No	If No → 6.4
Q6.3: If yes, how often? (write in number under best time interval)	Per day	Per week	Per month
a. Manufactured cigarettes (sticks)			
b. Hand-rolled cigarettes			
c. Pipe full of tobacco			
d. Cigar, cheroots, or cigarillos			
e. Water pipe			
f. Tobacco snuff			
g. Other (specify) _____			
Q6.4: If only in the past, how often did you smoke or use tobacco?	Daily	Weekly	Don't know

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SECTION 7: Alcohol Use

Now I will ask you some questions about alcohol use

Alcohol Questions		Response		
Q7.1	Have you ever consumed an alcoholic drink such as beer, wine, spirits, fermented cider, palm wine etc.	Yes1 No2	<input type="text"/>	If No ⇒ Q8.1
Q7.2	Have you consumed an alcoholic drink within the past 12 months ?	Yes1 No2	<input type="text"/>	If No ⇒ Q8.1
Q7.3	During the past 12 months, how frequently have you had at least one alcoholic drink?	1. Once a month 2. 2-3 days a month 3. Once a week 4. 2-3 days a week 5. 4-6 days a week 6. Everyday 7. Don't know	<input type="text"/>	
Q7.4	Have you consumed an alcoholic drink within the past 30 days ?	Yes1 No.....2	<input type="text"/>	If No ⇒ Q8.1
Q7.5	During the past 30 days, on how many occasions did you have at least one alcoholic drink?	Number Don't know 99	<input type="text"/> <input type="text"/>	
Q7.6	During the past 30 days, when you drank alcohol, on average , how many standard alcoholic drinks did you consume on a single drinking occasion?	Number Don't know 99	<input type="text"/> <input type="text"/>	
Q7.7	During the past 30 days, what was the largest number of standard alcoholic drinks you consumed on a single occasion, counting all types of alcoholic drinks together?	Largest number Don't Know 99	<input type="text"/> <input type="text"/>	
Q7.8	During the past 30 days, how many times did you buy (men only) five or more standard alcoholic drinks in a single drinking occasion?	Number of times Don't Know 99	<input type="text"/> <input type="text"/>	
Q7.9	During the past 30 days, how many times did you buy (women only) four or more standard alcoholic drinks in a single drinking occasion?	Number of times Don't Know 99	<input type="text"/> <input type="text"/>	

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SECTION 8: Knowledge and Awareness of Various Substances

[Probe for other drug types or common names for drugs: If they fall under any of the categories, do not list as "other"]

Type of substance <i>(The names in bold are commonly used local names)</i>	Q 8.1: Have you ever heard of... as a substance of abuse? 1. Yes 2. No	Q 8.2: * Where did you hear about it? <i>(see footnote for codes)</i>
a) Cannabis (herb or resin (hashish)) [Wee Wee; Weed; Marijuana; Mary & Joan; Choko; Yoyo; Kush; Skunk; Green Leaf; Ghanja; Grass; Indian Hemp; Blaze; Taba; Ndedeko; Bendel Market; Genye]		
b) Prescription opioids or painkillers such as tramadol or codeine [Relief; TM; Tar; Tramol]		
c) Tranquilizer/sedatives such as valium [Pills;]		
d) Amphetamine such as dexedrine		
e) Methamphetamine [Players; Boys; Nuts]		
f) Cocaine [Coke; Powder; Thailand White; Brown/Black; Off White; Charlie]		
g) Crack cocaine		
h) Ecstasy [Yan Wasa]		
i) Cough syrups containing codeine such as coldex or benlyn [Koko; Crude oil; Slow; Yaro Mantuwa]		
j) Heroin [Gabji; Market]		
k) Hallucinogens such as LSD or PCP [Players; Italian White; Boys]		
l) Solvents/Inhalants (such as glue) [Shaba; Dogua; Helicopter; Sholisho]		
m) Other (specify) _____		

*Code for (Q 8.2)

- | | | | | |
|--------------|----------------------------|-------------------|--------------------------|--------------|
| 1. Newspaper | 2. TV/Radio | 3. Friend | 4. In school/college | 5. Workplace |
| 6. Family | 7. Neighborhood/ community | 8. Medical Doctor | 9. Other (specify) | |

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SECTION 9: Information about substance use by people personally known and in the household

Often people use different substances, some of which we have mentioned above, in order to avoid worries, stress, etc. Can you please tell me if any of the people you personally know, and with whom you have had a meal in the past year, use ... in this area

Type of substance <i>(The names in bold are commonly used local names) use flash cards (pictures of drugs)</i>	Q 9.1: People personally known using... 1. Yes 2. No <input type="checkbox"/> Next Type	Q 9.2. How many
a) Cannabis (herb or resin (hashish)) [Wee Wee; Weed; Marijuana; Mary & Joan; Choko; Yoyo; Kush; Skunk; Green Leaf; Ghanja; Grass; Indian Hemp; Blaze; Taba; Ndedeko; Bendel Market; Genye]		
b) Prescription opioids or painkillers such as tramadol or codeine [Relief; TM; Tar; Tramol]		
c) Tranquilizer/sedatives such as valium [Pills]		
d) Amphetamine such as dexedrine		
e) Methamphetamine [Players; Boys; Nuts]		
f) Cocaine [Coke; Powder; Thailand White; Brown/Black; Off White; Charlie]		
g) Crack cocaine		
h) Ecstasy [Yan Wasa]		
i) Cough syrups containing codeine such as coldex or benyln [Koko; Crude oil; Slow; Yaro Mantuwa]		
j) Heroin [Gabji; Market]		
k) Hallucinogens such as LSD or PCP [Italian White]		
l) Solvents/Inhalants (such as glue) [Shaba; Dogua; Helicopter; Sholisho]		
m) Other (specify)_____		

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Now, I will ask you if you can please tell me if any of your household members use any of the following substances, whether bought by themselves or given by other family members?

Type of substance <i>(The names in bold are commonly used local names)</i>	Q 9.3: Household member 1. Yes 2. No <input type="checkbox"/> Next type)	Q 9.4: Approximate number	Q 9.5: Generally, whether obtained/bought.....? 1= Themselves, 2= Other family members, 3=Others 4=Don't Know
a) Cannabis (herb or resin (hashish)) [Wee Wee; Weed; Marijuana; Mary & Joan; Choko; Yoyo; Kush; Skunk; Green Leaf; Ghanja; Grass; Indian Hemp; Blaze; Taba; Ndedeko; Bendel Market; Genye]			
b) Prescription opioids or painkillers such as tramadol or codeine [Relief; TM; Tar; Tramol]			
c) Tranquilizer/sedatives such as valium [Pills]			
d) Amphetamine such as dexedrine			
e) Methamphetamine [Players; Boys; Nuts]			
f) Cocaine [Coke; Powder; Thailand White; Brown/Black; Off White; Charlie]			
g) Crack cocaine			
h) Ecstasy [Yan Wasa]			
i) Cough syrups containing codeine such as coldex or benyln [Koko; Crude oil; Slow; Yaro Mantuwa]			
j) Heroin [Gabji; Market]			
k) Hallucinogens such as LSD or PCP [Italian White]			
l) Solvents/Inhalants (such as glue) [Shaba; Dogua; Helicopter; Sholisho]			
m) Other (specify) _____			

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Type of substance	Q 10.1: Have you ever used...? 1. Yes 2. No → next item	Q 10.2: What was your age at first use?	Q 10.3: Have you use in the last 12 months? 1. Yes 2. No → next item	Q 10.4*: In the past-30 days, how often do you use it?	Q 10.5*: What is the usual method by which you use?	Q 10.6: What is the average amount you spent per day during last 30 days on this substance? (Naira)
a) Cannabis (herb or resin (hashish)) [Wee Wee; Weed; Marijuana; Mary & Joan; Choko; Yoyo; Kush; Skunk; Green Leaf; Ghanja; Grass; Indian Hemp; Blaze; Taba; Ndedeko; Bendel Market; Genye]						
b) Prescription opioids or painkillers such as tramadol or codeine [Relief; TM; Tar; Tramol]						
c) Tranquilizer/sedatives such as valium [Pills;]						
d) Amphetamine such as dexedrine						
e) Methamphetamine [Players; Boys; Nuts]						
f) Cocaine [Coke; Powder; Thailand White; Brown/Black; Off White; Charlie]						
g) Crack cocaine						
h) Ecstasy [Yan Wasa]						
i) Cough syrups containing codeine such as coldex or benlyn [Koko; Crude oil; Slow; Yaro Mantuwa]						
j) Heroin [Gabji; Market]						
k) Hallucinogens such as LSD or PCP [Italian White;]						
l) Solvents/Inhalants (such as glue) [Shaba; Dogua; Helicopter; Sholisho]						
m) Other (specify) _____						

Code for How Often Used (Q 10.4)*

1. Once a month; 2. 2 - 3 days a month; 3. Once a week; 4. 2 - 3 days a week; 5. 4 - 6 days a week; 6. Every day; 7. Not used in past 30 days

8. Don't know

Code for Usual Method of Use (Q 10.5) **

1. Inject; 2. Smoke; 3. Eat / Drink; 4. Sniff; 5. Inhale; 6. Tin foil; 7. Don't know 8. Other (specify) _____

SECTION 10: Self-reported substance use

Now I am going to ask you questions on your possible use of some substances

Q10.7: If Yes to any of the substance in Q10.1, What is the name of the substance you first used?

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SECTION 11: Information about Drug Dependence and Drug Use Disorder

[These questions should be asked from those who have reported using any illicit substance (including tranquilizers and sedatives) in the past 12 months. These questions are meant to record, if the person had a substance use dependence or disorder. These questions will be asked from a person having Code = 1 (yes used in the past 12 months), either in Section-5 Q 5.3 or Section-10 Q 10.3.]

If the person has not used any substances in the past 12 months skip to section 13

Think about your use of _____ (one substance that might be the substance of choice or the primary substance of abuse) which you have been using regularly during the last 12 months and answer the following questions:

- | | | | | |
|--|------------------------------------|--|----------------------------|---------------------------------|
| a) Solvents/Inhalants (such as Solution, Glue) | b) Methamphetamine | c) Cocaine | d) Crack cocaine | e) Ecstasy |
| f) Cannabis (Herb/Resin, Marijuana) | g) Cough Syrups containing codeine | h) Heroin | i) Hallucinogens (LSD,PCP) | |
| j) Pain killer such as tramadol, codeine pentazocine | | k)Tranquillizer and sedatives as valium Lexotan, Ativan etc. | | l)Amphetamines such as Ritalin. |
| m) Others (specify _____) | | | | |

During past 12 months.....

<p>Q 11.1: Was there a month or more when you spent a lot of your time getting or using.....?</p> <p>1. Yes <input type="text"/></p> <p>2. No</p> <p>3. Don't know/refused</p>	<p>Q 11.2: Was there a month or more when you spent a lot of your time getting over the effects of the you used?</p> <p>1. Yes <input type="text"/></p> <p>2. No</p> <p>3. Don't know/refused</p>
<p>Q 11.3: Did you try to set limits on how often or how muchyou would use?</p> <p>1. Yes <input type="text"/></p> <p>2. No</p> <p>3. Don't know/refused } (⇒ Q 11.5)</p>	<p>Q 11.4: Were you able to keep to the limit you set, or did you often use more than you intended to?</p> <p>1. Usually kept to the limit set <input type="text"/></p> <p>2. Often used more than intended</p> <p>3. Don't know/refused</p>
<p>Q 11.5: During the past 12 months, did you need to use more than you used to in order to get the effect you wanted?</p> <p>1. Yes <input type="text"/></p> <p>2. No</p> <p>3. Don't know/refused</p>	<p>Q 11.6: Did you notice that using the same amount of has less effect on you than it used to?</p> <p>1. Yes <input type="text"/></p> <p>2. No</p> <p>3. Don't know/refused</p>
<p>Q 11.7: Did you want to try to cut down or stop using.....?</p> <p>1. Yes <input type="text"/></p> <p>2. No</p> <p>3. Don't know/refused } (⇒ go to Q 11.10)</p>	<p>Q 11.8: Were you able to cut down or stop using every time you wanted to or tried to?</p> <p>1. Yes <input type="text"/></p> <p>2. No</p> <p>3. Don't know/refused } (⇒ go to Q 11.10)</p>

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<p>Q 11.9: After you cut back or stopped using..... did you feel sick or have withdrawal symptoms that lasted for more than a day?</p> <p>1. Yes 2. No 3. Don't know/refused</p> <input type="checkbox"/>	<p>Q 11.10: Did you have any problem with your emotions, nerves or mental health that were probably caused or made worse by your use of?</p> <p>1. Yes 2. No 3. Don't know/refused</p> <input type="checkbox"/> <p>} (⇒ Q 11.12)</p>
<p>Q 11.11: Did you continue to use even though you thought it was causing you to have problems with your emotions, nerves or mental health?</p> <p>1. Yes 2. No 3. Don't know/refused</p> <input type="checkbox"/>	<p>Q 11.12: Did you have any physical health problems that were probably caused or made worse by your use of?</p> <p>1. Yes 2. No 3. Don't know/refused</p> <input type="checkbox"/> <p>} (⇒ Q 11.14)</p>
<p>Q 11.13: Did you continue to useeven though you thought it was causing you to have physical problems?</p> <p>1. Yes 2. No 3. Don't know/refused</p> <input type="checkbox"/>	
<p>Q 11.14: During the past 12 months did using cause you to give up or spend less time working, going to school, taking care of children, doing hobbies or sports and spending time with your friends and family?</p> <p>1. Yes 2. No 3. Don't Know/refused</p> <input type="checkbox"/>	

Some people who use (the substance) have serious problems at home, work or school such as: missing work or school; doing a poor job at work or school; losing a job or dropping out of school; neglecting their children or family.

During the past 12 months	
<p>Q 11.15 Did using cause you to have serious problems like this either at home, work or school?</p> <p>1. Yes 2. No 3. Don't Know/refused</p> <input type="checkbox"/>	<p>Q 11.16: Did you regularly use and then do something where using might have put you into physical danger?</p> <p>1. Yes 2. No 3. Don't Know/refused</p> <input type="checkbox"/>
<p>Q 11.17: Did using cause you to do things that repeatedly got you in trouble with the law?</p> <p>1. Yes 2. No 3. Don't Know/refused</p> <input type="checkbox"/>	<p>Q 11.18: Did you have any problem with family or friends that were probably caused by your use of?</p> <p>1. Yes 2. No 3. Don't Know/refused</p> <input type="checkbox"/>
<p>Q 11.19: Did you continue to use it even though you thought it might cause problems with family or friends?</p> <p>1. Yes 2. No 3. Don't know /refused</p> <input type="checkbox"/>	

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SECTION 12: Arrest and Treatment history

<p>Q 12.1: Have you ever been arrested on a drug related charge?</p> <p>1. Yes <input style="width: 50px; height: 20px;" type="text"/></p> <p>2. No (⇨ Q 12.3)</p> <p>3. Don't know /refused (⇨Q 12.3)</p>	<p>Q 12.2: Were you arrested in the past 12 months on a drug-related charge? (possession of drugs, dealing or trafficking of drugs)</p> <p>1. Yes <input style="width: 50px; height: 20px;" type="text"/></p> <p>2. No</p> <p>3. Don't know /refused</p>
<p>Q 12.3: Have you ever been treated for problems related to drug use?</p> <p>1. Yes <input style="width: 50px; height: 20px;" type="text"/></p> <p>2. No (End the interview)</p> <p>3. Don't know/refused (End the interview)</p>	<p>Q 12.4: How many times have you been treated in your entire life for drug related problems?</p> <p>1. Once 2. 2 to 3 times <input style="width: 50px; height: 20px;" type="text"/></p> <p>3. 4 to 6 times 4. 7 or more times</p>
<p>Q 12.5: How many times have you been treated in past 12 months?</p> <p>1. Once 2. 2 to 3 times</p> <p>3. 4 to 6 times 4. 7 or more times</p> <p>5. Never</p> <p style="text-align: right;"><input style="width: 50px; height: 20px;" type="text"/></p>	<p>Q 12.6: Where were you treated the last time?</p> <p>1. Private clinic <input style="width: 50px; height: 20px;" type="text"/></p> <p>2. Psychiatric hospital</p> <p>3. Other Government Hospitals</p> <p>4. NGO/treatment center</p> <p>5. At home</p> <p>6. Faith Based Treatment Centre</p> <p>7. Other (specify)</p>

SECTION 13: Brief Assessment of Harms from Others' Drug Use

Finally, I am going to ask you questions about some issues you may have experienced yourself because of someone else's drug use

Thinking about the last 12 months, please tell me if each of the following has happened because of the drug use of people in your social network

	Questions	1. Yes	2. No	9. Don't know/Refused
13.1	In the past 12 months, has someone, who had been using drugs harmed you physically?			
13.2	In the past 12 months, did you feel threatened or afraid because of someone's drug use at home or in some other private settings?			
13.3	In the past 12 months, have you had family problems or marriage difficulties due to a family member's use of drugs			
13.4	In the past 12 months, have you had problems with a friend or neighbour due to their drug use?			
13.5	Did you stop seeing any friend, relative or neighbor because of their drug use?			
13.6	Did someone in the household spend less time working, going to school, taking care of children, doing hobbies or sports and spending time with family because of their drug use			
13.7	Did a family member or friend take money or valuables that were yours because of their drug use?			

