



Research on  
Interventions for Stability  
and Engagement

# Tier 1 Measures Common Data Elements Resource 2025

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## About This Resource

The Research on Interventions for Stability and Engagement (RISE) Network aims to find solutions to the national opioid public health crisis. The RISE Network consists of 10 Research Projects and a Coordination Center (at RTI International). Projects that are part of the RISE Network are aimed at improving our understanding of the effectiveness and outcomes of implementation of community-based programs and services for people who use drugs.

This guide is a resource that features Tier 1 measures from the RISE Network Common Data Elements, facilitating efficient navigation to domains of interest. These Tier 1 measures are recommended identical measures across all participating Research Projects.

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## » SOCIODEMOGRAPHIC CHARACTERISTICS

### 1. How old are you?

- a. \_\_\_\_\_ (in years)
- b. Don't know
- c. Prefer not to answer

### 2. Do you consider yourself to be Hispanic or Latino(a) or Latine/x?

- a. Yes
- b. No
- c. Don't know
- d. Prefer not to answer

### 3. If Q2 is Yes: Which ethnic group or groups do you identify as? (Select all that apply)

- a. Mexican, Mexican American, Mexicano, or Chicano
- b. Puerto Rican
- c. Central or South American
- d. Cuban or Cuban American
- e. Dominican (from Dominican Republic)
- f. Spanish (from Spain)
- g. Something else: \_\_\_\_\_
- h. None of the above
- i. Don't know
- j. Prefer not to answer

### 4. What is your race? (Select all that apply)

- a. Black or African American
- b. Asian or Asian American, including Chinese, Japanese, and others
- c. American Indian or Alaska Native
- d. Native Hawaiian or Pacific Islander
- e. White
- f. Something else: \_\_\_\_\_
- g. Don't know
- h. Prefer not to answer

### 5. What is your sexual orientation?

- a. Straight/Heterosexual
- b. Gay/Lesbian/Homosexual
- c. Bisexual
- d. Pansexual
- e. Something else: \_\_\_\_\_
- f. Don't know
- g. Prefer not to answer



## » SOCIODEMOGRAPHIC CHARACTERISTICS

**6. In the past year have you been unable to get any of the following when it was really needed? (Select all that apply)**

- a. Housing
- b. Food
- c. Utilities
- d. Medicine or any health care (medical, vision, dental, mental health)
- e. Phone
- f. Clothing
- g. Childcare
- h. Transportation to medical appointments, non-medical appointments, work, or getting other things I need
- i. Internet access
- j. Something else: \_\_\_\_\_
- k. I was able to access all of these resources when I needed them
- l. Don't know
- m. Prefer not to answer

**7. Where have you lived or slept during the past 3 months? (Select all that apply)**

- a. Your own house or apartment (not your parents' house)
- b. Your parents' or other relative's house or apartment
- c. Someone else's house or apartment
- d. Rented room (hotel, motel, or rooming house)
- e. House or apartment for which you share payments
- f. Squatting place, tenting, abandoned building, car or other vehicle, park, or on the streets
- g. Shelter
- h. Welfare-supported residence
- i. Hospital
- j. Jail (prison, detention center, juvenile hall)
- k. Halfway house or substance use disorder treatment facility or detox
- l. None of the above
- m. Somewhere else: \_\_\_\_\_
- n. Don't know
- o. Prefer not to answer



## » SOCIODEMOGRAPHIC CHARACTERISTICS

**8. In what zip code did you spend most of your time over the past 3 months?** *Follow-up questions may be provided to help determine the zip code, such as crossroads or an address.*

- a. Zip code: \_\_\_\_\_
- b. Don't know
- c. Prefer not to answer

**9. In the past 3 months, did you receive any money from any of the following sources? (Select all that apply)**

- a. Regular job, working with a regular salary (full- or part-time)
- b. Temporary work or odd jobs
- c. Recycling cans, returning bottles for deposits
- d. Panhandling
- e. Public assistance or disability
- f. Parents
- g. Friends or family members (not parents)
- h. Husband/wife or domestic partner
- i. Other activities that are not legal
- j. Something else: \_\_\_\_\_
- k. I did not receive any money in the past 3 months
- l. Don't know
- m. Prefer not to answer

**10. What is your employment status? (Select all that apply)**

- a. Working, part-time
- b. Working, full-time
- c. Not working, disabled
- d. Not working, retired
- e. Not working, looking for work
- f. Not working, not looking for work, not receiving benefits
- g. Not working, full-time student
- h. Unable to work, receiving benefits
- i. Something else: \_\_\_\_\_
- j. None of the above
- k. Don't know
- l. Prefer not to answer

**11. What is the highest level of education you have completed?**

- a. 8th grade or less
- b. Some high school (9th to 11th grade)
- c. High school graduate (12th grade) or GED
- d. Some college or technical training
- e. College graduate or higher
- f. Don't know
- g. Prefer not to answer



## » SOCIODEMOGRAPHIC CHARACTERISTICS

**12. Do you currently have health insurance or health care coverage?**

- a. Yes
- b. No
- c. Don't know
- d. Prefer not to answer

**13. If Q12 is Yes: What kind of health insurance or health care coverage do you have? (Select all that apply)**

- a. Private (e.g., Blue Cross, Cigna, Aetna, United, Kaiser)
- b. Medicaid
- c. Medicare/SSDI
- d. VA/TRICARE
- e. Something else: \_\_\_\_\_
- f. None of the above
- g. Don't know
- h. Prefer not to answer

**14. Do you have regular, consistent access to the internet?**

- a. Yes
- b. No
- c. Don't know
- d. Prefer not to answer



## » DRUG USE HISTORY

### Tier 1 Drugs of Use

Heroin
Fentanyl (that you knew was fentanyl at the time of use)
Prescription opioids (not as prescribed)
Methadone or Buprenorphine (not as prescribed)
Xylazine (tranq)
Methamphetamine
Cocaine (powder cocaine) or Crack (rock cocaine)
Hallucinogens (LSD, PCP, Ecstasy, MDMA, ketamine, psilocybin)
Prescription stimulants (not as prescribed)
Benzodiazepines or other prescription sedatives (not as prescribed)
<b>Tier 1 Concurrent Polydrug Use</b> (preference to ask before or after individual substances left to discretion of research project)
Meth + Fentanyl
Meth + Heroin
Cocaine + Fentanyl
Cocaine + Heroin

### Tier 2 Drugs of Use

Optional: Cannabis products that came from a dispensary
Optional: Cannabis products that came from a non-dispensary source
Optional: Inhalants
Optional: Prescription amphetamines (not as prescribed)
Optional: Medetomidine
Optional: Alcohol

#### 15. Have you ever used [DRUG]?

- a. Yes
- b. No
- c. Don't know
- d. Prefer not to answer

#### 16. If Q15 is Yes: How old were you when you first used [DRUG]?

- a. \_\_\_\_ (in years)
- b. Don't know
- c. Prefer not to answer



## » DRUG USE HISTORY

**17. If Q15 is Yes: Have you used [DRUG] in the past 30 days?**

- a. Yes
- b. No
- c. Don't know
- d. Prefer not to answer

**18. If Q17 is Yes: How many days did you use [DRUG] in the past 30 days?**

- a. \_\_\_\_\_ (# of days)
- b. Don't know
- c. Prefer not to answer

**19. If Q17 is Yes: How many days did you inject [DRUG] in the past 30 days?**

- a. \_\_\_\_\_ (# of days)
- b. Don't know
- c. Prefer not to answer

**20. If Q17 is Yes: How many days did you smoke [DRUG] in the past 30 days?**

- a. \_\_\_\_\_ (# of days)
- b. Don't know
- c. Prefer not to answer

**21. If Q17 is Yes: How many days did you snort [DRUG] in the past 30 days?**

- a. \_\_\_\_\_ (# of days)
- b. Don't know
- c. Prefer not to answer

**22. If Q17 is Yes: How many days did you use [DRUG] in any other way in the past 30 days?**

- a. \_\_\_\_\_ (# of days)
- b. Don't know
- c. Prefer not to answer





## » DRUG USE HISTORY

**23. How old were you when you first injected drugs?**

- a. \_\_\_\_\_ (in years)
- b. I have never injected drugs
- c. Don't know
- d. Prefer not to answer

**24. If Q19 indicates injection for any drug: In the past 30 days, how many times did you inject drugs using syringes/needles that you know had been used by someone else (including a close friend or lover)?**

- a. \_\_\_\_\_ (# of times)
- b. Don't know
- c. Prefer not to answer

**25. If Q19 indicates injection for any drug: In the past 30 days, how many times did you inject drugs using either a cooker, cotton, or rinse water that you knew had been used by someone else (including a close friend or lover)?**

- a. \_\_\_\_\_ (# of times)
- b. Don't know
- c. Prefer not to answer



## » OVERDOSE EXPERIENCES

### 26. Two options for Question 26:

Note: For sites with 3- and 6-month cohorts, use the respective month timeframe (3 or 6) and if there is a non-zero response, follow up with 30-day harmonized item.

- a. **During the past 30 days, how many times did you overdose on drugs involving heroin, fentanyl, or other opioids? Overdose means that you took enough of the drug that it caused a life-threatening reaction.**
  - i. \_\_\_\_\_ (# of times)
  - ii. Don't know
  - iii. Prefer not to answer
  
- b. **In the past 30 days, how many times did you overdose on drugs involving heroin, fentanyl, or other opioids? By overdose we mean a time when you lost consciousness and someone had to do something to bring you back.**
  - i. \_\_\_\_\_ (# of times)
  - ii. Don't know
  - iii. Prefer not to answer

### 27. If Q26 is non-zero: If someone had to bring you back after you overdosed on drugs involving heroin, fentanyl, or other opioids, what did they do? (Select all that apply)

- a. Called 911
- b. Gave rescue breathing
- c. Walked me around, slapped or otherwise physically stimulated
- d. Applied cold water or ice
- e. Performed chest compressions
- f. Gave naloxone (Narcan)
- g. Gave me something other than naloxone (Narcan)
- h. Something else: \_\_\_\_\_
- i. None of the above
- j. Don't know
- k. Prefer not to answer



## » OVERDOSE EXPERIENCES

**28. If Q26 is non-zero: What symptoms did you experience during your most recent overdose involving heroin, fentanyl, or other opioids? (Select all that apply)**

- a. Difficulty breathing or not breathing
- b. Loss of consciousness (blacked out)
- c. Slowed heart rate
- d. Strong desire to sleep
- e. Unable to motivate yourself to move/get up
- f. Anxiety
- g. Hallucinations (e.g., seeing or hearing someone/something that is not there)
- h. Heart attack
- i. Heart pounding (intense feeling)
- j. Hyperventilation
- k. Paranoia
- l. Rapid heart rate (heart racing)
- m. Seizure
- n. Stroke
- o. I don't remember
- p. Something else: \_\_\_\_\_
- q. None of the above
- r. Don't know
- s. Prefer not to answer

**29. If Q26 is non-zero: Of the number of times you overdosed in the past 30 days, how many times were you revived with naloxone (Narcan)?**

Note: For sites with 3- or 6-month cohorts, use 3- or 6-month timeframe and if there is a non-zero response follow up with 30-day harmonized item.

- a. \_\_\_\_\_ (# of times)
- b. Don't know
- c. Prefer not to answer



## » OVERDOSE EXPERIENCES

- 30. In the past 30 days, how many times did you experience extreme mental or physical effects from using cocaine, methamphetamine, or other stimulant drugs that made you feel like you needed help (even if you didn't seek care)?**

*(Symptoms may include chest pain, racing heart, nausea or vomiting, extreme sweating or high temperature, convulsions, seizures, cardiac arrest, or stroke. Mental health effects may include extreme anxiety, paranoia, or fear; hallucinations; and feeling stuck or frozen.) Note: For sites with 3- or 6-month cohorts, use 3- or 6-month timeframe and if there is a non-zero response follow up with 30-day harmonized item.*

- a. \_\_\_\_\_ (# of times)
- b. Don't know
- c. Prefer not to answer

- 31. If Q30 is non-zero: If you experienced extreme mental or physical effects from using cocaine, methamphetamine, or other stimulant drugs in the past 30 days, did it require hospitalization or other medical intervention?**

Note: For sites with 3- or 6-month cohorts, use 3- or 6-month timeframe and if there is a non-zero response follow up with 30-day harmonized item.

- a. Yes
- b. No
- c. Don't know
- d. Prefer not to answer



## » HARM REDUCTION SERVICES ACCESS AND UTILIZATION

**32. Do you currently have naloxone (Narcan) with you (for example, in your bag or a pocket)?**

- a. Yes
- b. No
- c. Don't know
- d. Prefer not to answer

**33. Have you ever been trained in how to use naloxone (Narcan)?**

- a. Yes
- b. No
- c. Don't know
- d. Prefer not to answer

**34. If Question 19 indicates injection for any drug: Where have you gotten new/unused syringes in the past 30 days? (Select all that apply)**

- a. Syringe services program or needle exchange (including mobile delivery of supplies from a syringe services program or needle exchange)
- b. Friend, family, or sex partner who went to a syringe services program or needle exchange
- c. Friend, family, or sex partner who did not go to a syringe services program or needle exchange
- d. Someone who sells needles illegally
- e. By mail from an online retailer (e.g., Amazon)
- f. By mail from a harm reduction program that did not charge you for the syringes
- g. Drugstore or pharmacy
- h. Physician/doctor's office
- i. Substance use disorder treatment
- j. Retail store (e.g., veterinary supply store)
- k. Picked up off street or found it
- l. Somewhere else: \_\_\_\_\_
- m. Did not get new/unused syringes in the past 30 days
- n. Don't know
- o. Prefer not to answer



## » HARM REDUCTION SERVICES ACCESS AND UTILIZATION

**35. If Question 20 indicates smoking for any drug: Where have you gotten new/unused pipes in the last 30 days? (Select all that apply)**

- a. Syringe services program or needle exchange (including mobile delivery of supplies from a syringe services program or needle exchange)
- b. Friend, family, or sex partner who went to a syringe services program or needle exchange
- c. Friend, family, or sex partner who did not go to a syringe services program or needle exchange
- d. Someone who sells pipes illegally
- e. By mail from an online retailer (e.g., Amazon)
- f. By mail from a harm reduction program that did not charge you for the pipes
- g. Drugstore or pharmacy
- h. Physician/doctor's office
- i. Substance use disorder treatment
- j. Retail store (e.g., veterinary supply store)
- k. Picked up off street or found it
- l. Somewhere else: \_\_\_\_\_
- m. Did not get new/unused pipes in the past 30 days
- n. Don't know
- o. Prefer not to answer

**36. Have you been to a syringe services program or needle exchange in the past 30 days?**

- a. Yes
- b. No
- c. Don't know
- d. Prefer not to answer

**37. If Q36 is Yes: Did you obtain any of the following harm reduction supplies from a syringe services program or needle exchange in the past 30 days? (Select all that apply)**

- a. Syringes
- b. Works (cookers, cottons, tourniquets, etc.)
- c. Pipes
- d. Test strips
- e. Naloxone (Narcan)
- f. Sharps containers
- g. Safer sex supplies
- h. Something else: \_\_\_\_\_
- i. None of the above
- j. Don't know
- k. Prefer not to answer



## » HARM REDUCTION SERVICES ACCESS AND UTILIZATION

**38. If Q37d is selected: What kind of test strips did you obtain? (Select all that apply)**

- a. Fentanyl test strips
- b. Xylazine test strips
- c. Benzodiazepine test strips
- d. Something else: \_\_\_\_\_
- e. None of the above
- f. Don't know
- g. Prefer not to answer

**39. If you don't use a syringe services program or needle exchange, what are the reasons for not using it? (Select all that apply)**

- a. No source of transportation
- b. Syringe services program or needle exchange is too far or doesn't exist in my area
- c. Someone else gets my supplies from the syringe services program or needle exchange for me
- d. Hours are inconvenient
- e. I don't want to be seen at the syringe services program or needle exchange
- f. I've had a bad experience at the syringe services program or needle exchange
- g. Worried about law enforcement
- h. No childcare
- i. Disability
- j. Homebound
- k. House arrest
- l. I don't need it
- m. Something else: \_\_\_\_\_
- n. None of the above
- o. Don't know
- p. Prefer not to answer



## » HARM REDUCTION SERVICES ACCESS AND UTILIZATION

**40. Have you used any of the following drug checking strategies in the past 30 days? (Select all that apply)**

- a. Test strips
- b. Onsite drug checking machine read by a professional
- c. Mail-in drug checking services
- d. Reagent testing (liquid drops that cause a color change)
- e. Something else: \_\_\_\_\_
- f. I have not used any of these drug checking methods in the past 30 days
- g. Don't know
- h. Prefer not to answer

**41. If Q40a is selected: What kind of test strips did you use? (Select all that apply)**

- a. Fentanyl test strips
- b. Xylazine test strips
- c. Benzodiazepine test strips
- d. Something else: \_\_\_\_\_
- e. None of the above
- f. Don't know
- g. Prefer not to answer





## » SUBSTANCE USE DISORDER TREATMENT

**42. In the past 6 months, have you had any of the following kinds of substance use disorder treatment? (Select all that apply)**

- a. Buprenorphine (i.e., Subutex, Suboxone)
- b. Methadone
- c. Naltrexone/XR-NTX (i.e., Vivitrol)
- d. Outpatient program
- e. Partial hospitalization
- f. Detox
- g. Residential or Inpatient program
- h. Sober Living or Board and Care
- i. Something else: \_\_\_\_\_
- j. I have not had any substance use disorder treatment in the past 6 months
- k. Don't know
- l. Prefer not to answer

**43. If Q42 indicates receipt of any type of substance use disorder treatment: Are you currently receiving any of the following kinds of substance use disorder treatment? (Select all that apply)**

- a. Buprenorphine (i.e., Subutex, Suboxone)
- b. Methadone
- c. Naltrexone/XR-NTX (i.e., Vivitrol)
- d. Outpatient program
- e. Partial hospitalization
- f. Detox
- g. Residential or Inpatient program
- h. Sober Living or Board and Care
- i. Something else: \_\_\_\_\_
- j. I am not currently receiving any substance use disorder treatment
- k. Don't know
- l. Prefer not to answer



## » HCV-HIV TREATMENT

**44. Have you ever been told you have Hepatitis C?**

- a. Yes
- b. No
- c. Don't know
- d. Prefer not to answer

**45. If Q44 is Yes: Have you ever completed or are you currently receiving treatment for Hepatitis C?**

- a. Yes
- b. No
- c. Don't know
- d. Prefer not to answer

**46. Have you ever been told you have HIV?**

- a. Yes
- b. No
- c. Don't know
- d. Prefer not to answer

**47. If Q46 is Yes: Are you currently taking antiretroviral (ARV) medication for HIV?**

- a. Yes
- b. No
- c. Don't know
- d. Prefer not to answer

**48. Have you ever taken a medication to prevent HIV, called pre-exposure prophylaxis, or PrEP, to prevent getting HIV?**

- a. Yes
- b. No
- c. Don't know
- d. Prefer not to answer



## » SKIN AND SOFT TISSUE INFECTION OCCURRENCE

**49. If Q19 indicates injection for any drug: In the past 30 days, have you had an abscess or oozing sore in areas of your body where you usually inject yourself?**

- a. Yes
- b. No
- c. Don't know
- d. Prefer not to answer



## » CRIMINAL LEGAL SYSTEM INVOLVEMENT

**50. In the past 30 days, how many times were you stopped by the police (even if it didn't lead to arrest or further legal consequences)?**

- a. \_\_\_\_\_ (# of times)
- b. Don't know
- c. Prefer not to answer

**51. In the past 30 days, how many times have you been arrested?**

- a. \_\_\_\_\_ (# of times)
- b. Don't know
- c. Prefer not to answer

**52. In the past 30 days, how many nights have you been held overnight in jail or prison?**

- a. \_\_\_\_\_ (# of times)
- b. Don't know
- c. Prefer not to answer

**53. At any time in the past 30 days have you been on probation or parole?**

- a. Yes
- b. No
- c. Don't know
- d. Prefer not to answer