Matching the Paper Version of your PiTS to the Online Version

You and your team may choose to utilize both paper and digital data collection (i.e., collecting data directly on a tablet, smartphone, PC, or other device) when doing your PiTS. This is a good option for many teams – those with outreach workers doing PiTS in the field, those with high service volume, those with unreliable internet connection, etc.

No matter your reason for collecting your PiTS data both on paper and digitally, you want to make sure both versions of your form align with each other, and are user friendly for your staff, volunteers, and participants. This guidance and the accompanying examples will help you ensure just that.

We will be using this REDCap survey as our example **online** survey: <u>https://redcap.link/examplepits.</u> Please visit this link and refer to it throughout. Feel free to actually do the survey and enter data.

You can find the paper version of the REDCap survey on pages 2-4. When creating your paper survey version, you want to make sure your staff have clear instructions on...

- When to skip to certain questions,
- If and when to stop the survey prior to the end, and
- Any helpful prompts on *how* to write the answers to questions, such as:
 - Should they write dates as 'MM/YYYY' or 'MM/DD/YYYY'?
 - Should only one answer be chosen, or is it choose all that apply?

If you plan to use a hybrid paper/digital survey, when you are pilot testing your survey, you should have staff complete the paper form, then enter that form into your digital system (REDCap, Google Forms, etc.). This may help you determine if your forms need more and/or clearer instructions.



Point in Time Survey Instrument

Survey Date: ______ Interviewer Initials: ______

INTERVIEWERS, ALL YOUR INSTRUCTIONS WILL BE BOLDED, CAPITALIZED, AND HIGHLIGHTED.

READ INSTRUCTIONS TO PARTICIPANT

Thank you for considering taking our survey today. Our goal with the survey is to streamline our grant reporting by collecting demographics in this survey rather than at encounters, understand our clients' access to and use of HIV testing and emergency room visits, and learn about drug use related health risk among our clients.

The survey is 11 questions and should take no more than 10 minutes. If you choose to participate we will not ask your name or any identifying information about you. Your answers will be confidential and will not be able to be connected back to you. Some SSP staff will have access to the data, but will not be able to identify you. If at any point you don't want to answer a question, you can say you'd like to skip that question or that you don't want to answer it. You may stop at any point. If you don't want to take the survey, it won't impact your ability to receive services here. If you finish the survey you will receive a \$10 Visa gift card.

If any of the questions are unclear or you need to clarify something, please interrupt me and let me know. Also, if any of the questions make you uncomfortable, or you don't want to answer them, let me know or you can say you'd like to skip. You can decide to stop taking the survey at any time.

Do you have any questions?

Would you like to participate in the survey today? YES NO

IF YES, CONTINUE BELOW.

IF NO, "Thank you for taking the time to talk to me today. If you change your mind you can take the survey while it is still open."

What is your 4-digit unique ID code?

(Prompt: 4-digit unique ID is the First letter of the street you grew up on, the First initial of your first name, and the day you were born. For example: BK05)

How old are you? _____

- **2.** What race/ethnicity do you identify with? (*Choose all that apply*)
 - American Indian/Alaska Native
 - Asian/South Asian
 - Black/African American
 - Latinx/Hispanic
 - Native Hawaiian/Pacific Islander
 - White
 - Other
 - Declined to answer



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- **3.** Would you describe your housing as...... (Check one)
 - o Homeless
 - o Permanent
 - Temporary or unstable
 - o Declined to answer
- 4. Have you had an HIV test before? (Check one)
 - o Yes
 - o No
 - o Unsure
 - Declined to answer

IF YES, CONTINUE WITH #5.

IF NO, UNSURE, OR DECLINED TO ANSWER, SKIP TO #6.

5. When was your last HIV test? (Please write as MM/YYYY) _____

6. In the last six months, have you injected drugs? (Check one)

- o Yes
- o No
- o Unsure
- o Declined to answer

IF YES, CONTINUE WITH #7 AND #8.

IF NO, UNSURE, OR DECLINED TO ANSWER, SKIP TO #9.

7. In the last six months, have you shared syringes with another person? (Check one)

- o Yes
- **No**
- o Unsure
- Declined to answer

8. In the last six months, have you shared injection equipment (cottons, cookers, etc.) with another person? (*Check one*)

- o Yes
- o No
- o Unsure
- Declined to answer

9. In the last six months, how many times have you overdosed on opioids?

10. In the last six months, how many times have you seen someone else overdose on opioids, where their breathing slowed down or stopped and they couldn't be woken up?

11. In the last six months, how many times have you been to the emergency room to access health care?



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UNIVERSITY of WASHINGTON School of Medicine Thank you for taking the time to talk with me today and answer these questions. If you come back in the next couple of days and someone asks you to take a survey, you can tell them you already took it.

Do you have any questions that I can answer today?

Thank you again for your time.

