**Supplementary Table I**. Description of Quantitative measures

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| **Variable/ Measure** | **Question** | **Response option(s)** |
| Ever experienced acute methamphetamine toxicity | * Have you ever experienced effects that made you feel like you needed medical attention when using methamphetamine? | * Yes or No |
| Duration of methamphetamine use | * “How many years ago did you start using methamphetamine?” | * Number of years |
| Frequency of methamphetamine use in past three months | * “In the past 3 months, how often have you used methamphetamine?” | * Never * Daily or almost daily (5-7 days per week) * Weekly (1-4 times per week) * Monthly (average of 1-3 times per month in the last 3 months) * Once or twice in the last 3 months |
| History of opioid and/or other substance overdose | * “Ever overdosed on opioids?” * “Have you ever overdosed on a combination of an opioid and a stimulant?” | * Yes or No * Yes or No |
| Drug mixing behavior in past three months | * “In the past 3 months, have you deliberately taken two or more different kinds of drugs together (e.g., mixing cocaine and heroin into a speedball, or taking pills and alcohol at the same time)?” | * Yes or No |
| \* Methamphetamine mixing in past three months | * “In the past 3 months, have you deliberately taken methamphetamine with any other drugs?” | * Yes or No |
| \* Drugs mixed with methamphetamine in past three months | * “Drugs mixed with methamphetamine in past three months: Which drugs? | * (Check all that apply): Alcohol, Benzodiazepines, Cocaine, Fentanyl, Heroin, Prescription amphetamines, Prescription opioids, Other drug (please specify) |
| Use of Fentanyl test strips | * “When you use drugs, how often do you use a fentanyl test strip?” | * Always, Usually, Sometimes, Rarely, Never. |
| Demographic information | * Age * Gender | * In years * Man/ woman/ Other |

\* Only participants who responded “Yes” to the question prompt on “Drug mixing behavior in past three months” were asked the question.