**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.