

## Supplementary Figure 1: Questionnaire

### Part A: Socio-Demographic Characteristics

1. Name	
2. Age (In completed Years)	
3. Address	Province
4. Place of residence	1. Home 2. Shelter 3. Homeless
5. Gender	1. Male 2. Female
6. Education	1. No formal education 2. Primary/Basic 3. Secondary 4. Baccalaureate 5. Higher Education 6. Professional/Religious
7. Previous occupation	1. Government 2. Private 3. Both 4. Self-employed 5. Housewife 6. Unemployed
8. Marital Status	1. Single 2. Married 3. Divorced 4. Widow
9. Family contact in the past month	1. No contact 2. Daily 3. Less than daily
10. Lived outside Afghanistan in the past 10 years	1. Yes 2. No
11. Housing situations	1. Owned 2. Rented 3. Tents 4. Without permanent residence

## Part B: Addiction and medical history

12. At what age, you used drugs for first time?	
13. What is the drug you used for first time?	<ol style="list-style-type: none"> <li>1. Hashish</li> <li>2. Opium</li> <li>3. Heroin</li> <li>4. Others ( )</li> </ol>
14. What drugs were you currently using?	<ol style="list-style-type: none"> <li>1. Hashish</li> <li>2. Opium</li> <li>3. Heroin</li> <li>4. Others ( )</li> </ol>
15. How often did you use the drugs?	<ol style="list-style-type: none"> <li>1. Once a day</li> <li>2. Once a week</li> <li>3. More than once a day</li> <li>4. Several times a week</li> </ol>
16. How did you use the drug?	<ol style="list-style-type: none"> <li>1. Sniff (via nose)</li> <li>2. Smoke (like cigarette)</li> <li>3. Oral</li> <li>4. Injection</li> </ol>
17. Reasons for starting the drugs	<ol style="list-style-type: none"> <li>1. Family disputes</li> <li>2. Joy seeking</li> <li>3. Friends offer</li> <li>4. Psychiatric disorders</li> <li>5. Presence of an addicted person in the family</li> <li>6. Economic problems</li> <li>7. Others ( )</li> </ol>
18. Presence of addicted person in the family?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>
19. Attempt to quit in the past?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No (If no go to Q21)</li> </ol>
20. Reasons for failure?	<ol style="list-style-type: none"> <li>1. Lack of social support</li> <li>2. Physical/Medical problems</li> <li>3. Peer pressure</li> <li>4. Economic problems</li> <li>5. Access and availability of drugs in the area</li> <li>6. Others ( )</li> </ol>
21. Treatment facility	<ol style="list-style-type: none"> <li>1. Public</li> <li>2. Private</li> </ol>
22. Brought to health facilities	<ol style="list-style-type: none"> <li>1. Family/Peers</li> <li>2. Self-intent</li> <li>3. Government</li> <li>4. Referred by Doctor</li> <li>5. Others ( )</li> </ol>

23. History of crime	1. Yes 2. No
24. History of imprisonment	1. Yes 2. No

25. How do you rate your general health?	1. Very good 2. Fair 3. Poor 4. Don't know
26. Physical illnesses or injury in the past 30 days?	1. Yes 2. No
27. Hospitalized in the past 30 days?	1. Yes 2. No
28. Ever hospitalized?	1. Yes 2. No
29. Any chronic diseases	1. Yes 2. No
30. If yes what?	

### Part C: Functional Social Support

NO	I get symptoms	NOT AT ALL	A LITTLE	QUITE A BIT	EXTREMELY
1	People who care what happens to me				
2	Love and affection				
3	Chances to talk to someone I trust about my personal and family problems				
4	Useful advice about important things in life				
5	Assistance with transportation				

## Part D: Depression, Anxiety and Stress Scale (DASS-21)

NO		NOT AT	A LITTLE	QUITE A BIT	EXTREMELY
<b>A</b>	<b>Anxiety Sub-Scale</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
1	I was aware of dryness of Mouth				
2	I experienced breathing difficulty (e.g, excessively rapid breathing, breathlessness in the absence of physical exertion)				
3	I experienced trembling (e.g, in Hands)				
4	I was worried about situations in which I might panic and make a fool of myself				
5	I felt I was close to Panic				
6	I felt scared without any good reason				
7	I was aware of the action of my heart in the absence of physical exertion (e.g, Sense of heart rate increase, heart missing a beat)				
<b>B</b>	<b>Depression Sub-Scale</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
8	I couldn't seem to experience any positive feeling at all				
9	I found it difficult to work up the initiative to do things				
10	I felt that I had nothing to look forward to				
11	I felt down-hearted and blue				
12	I was unable to become enthusiastic about anything				
13	I felt I wasn't worth much as a person				
14	I felt that life was meaningless				
<b>B</b>	<b>Stress Sub-Scale</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
15	I found it hard to wind down				
16	I tended to over react to situations				
17	I felt that I was using a lot of nervous energy				
18	I found myself getting agitated				
19	I found it difficult to relax				
20	I was intolerant of anything that kept me from getting on with what I was doing				
21	I felt that I was rather touchy				