

Study 02-2 Methamphetamine/Reserpine Interactions

Subject# 00000  
 Admit Date 1/1/2004

**Day 0** 1/1/2004

1	Sadness	0
2	Pessimism	0
3	Past Failure	0
4	Loss of Pleasure	0
5	Guilty Feelings	0
6	Punishment Feelings	0
7	Self-Dislike	0
8	Self-Criticalness	0
9	Suicidal Thoughts or Wishes	0
10	Crying	0
11	Agitation	0
12	Loss of Interest	0
13	Indecisiveness	0
14	Worthlessness	0
15	Loss of Energy	0
16	Changes in Sleeping Pattern	0
17	Irritability	0
18	Changes in Appetite	0
19	Concnetration Difficulty	0
20	Tiredness or Fatigue	0
21	Loss of Interest in Sex	0
<b>score:</b>		<b>0</b>

**Day 3** 1/4/2004

1	Sadness	0
2	Pessimism	0
3	Past Failure	0
4	Loss of Pleasure	0
5	Guilty Feelings	0
6	Punishment Feelings	0
7	Self-Dislike	0
8	Self-Criticalness	0
9	Suicidal Thoughts or Wishes	0
10	Crying	0
11	Agitation	0
12	Loss of Interest	0
13	Indecisiveness	0
14	Worthlessness	0
15	Loss of Energy	0
16	Changes in Sleeping Pattern	0
17	Irritability	0
18	Changes in Appetite	0
19	Concnetration Difficulty	0
20	Tiredness or Fatigue	0
21	Loss of Interest in Sex	0
<b>score:</b>		<b>0</b>

**Day 1** 1/2/2004

1	Sadness	0
2	Pessimism	0
3	Past Failure	0
4	Loss of Pleasure	0
5	Guilty Feelings	0
6	Punishment Feelings	0
7	Self-Dislike	0
8	Self-Criticalness	0
9	Suicidal Thoughts or Wishes	0
10	Crying	0
11	Agitation	0
12	Loss of Interest	0
13	Indecisiveness	0
14	Worthlessness	0
15	Loss of Energy	0
16	Changes in Sleeping Pattern	0
17	Irritability	0
18	Changes in Appetite	0
19	Concnetration Difficulty	0
20	Tiredness or Fatigue	0
21	Loss of Interest in Sex	0
<b>score:</b>		<b>0</b>

**Day 4** 1/5/2004

1	Sadness	0
2	Pessimism	0
3	Past Failure	0
4	Loss of Pleasure	0
5	Guilty Feelings	0
6	Punishment Feelings	0
7	Self-Dislike	0
8	Self-Criticalness	0
9	Suicidal Thoughts or Wishes	0
10	Crying	0
11	Agitation	0
12	Loss of Interest	0
13	Indecisiveness	0
14	Worthlessness	0
15	Loss of Energy	0
16	Changes in Sleeping Pattern	0
17	Irritability	0
18	Changes in Appetite	0
19	Concnetration Difficulty	0
20	Tiredness or Fatigue	0
21	Loss of Interest in Sex	0
<b>score:</b>		<b>0</b>

**Day 2** 1/3/2004

1	Sadness	0
2	Pessimism	0
3	Past Failure	0
4	Loss of Pleasure	0
5	Guilty Feelings	0
6	Punishment Feelings	0
7	Self-Dislike	0
8	Self-Criticalness	0
9	Suicidal Thoughts or Wishes	0
10	Crying	0
11	Agitation	0
12	Loss of Interest	0
13	Indecisiveness	0
14	Worthlessness	0
15	Loss of Energy	0
16	Changes in Sleeping Pattern	0
17	Irritability	0
18	Changes in Appetite	0
19	Concnetration Difficulty	0
20	Tiredness or Fatigue	0
21	Loss of Interest in Sex	0

**Day 5** 1/6/2004

1	Sadness	0
2	Pessimism	0
3	Past Failure	0
4	Loss of Pleasure	0
5	Guilty Feelings	0
6	Punishment Feelings	0
7	Self-Dislike	0
8	Self-Criticalness	0
9	Suicidal Thoughts or Wishes	0
10	Crying	0
11	Agitation	0
12	Loss of Interest	0
13	Indecisiveness	0
14	Worthlessness	0
15	Loss of Energy	0
16	Changes in Sleeping Pattern	0
17	Irritability	0
18	Changes in Appetite	0
19	Concnetration Difficulty	0
20	Tiredness or Fatigue	0
21	Loss of Interest in Sex	0

Subject **01357**  
 Date **1/1/2004**

**GCRC**  
**DAY 0 (admit)**

		Actual Time <i>Scheduled Time</i>	10:00	16:00	20:00	
1	<b>Intensity</b>		<b>0</b>	<b>0</b>	<b>0</b>	0=None at all 1=Slight 2=Moderate 3=Considerable 4=Extreme
2	<b>Frequency</b>		<b>0</b>	<b>0</b>	<b>0</b>	0=Never 1=Almost never 2=Several times 3=Regularly 4=Almost constantly
3	<b>Length of time</b>		<b>0</b>	<b>0</b>	<b>0</b>	0=None at all 1=Very short 2=Short 3=Somewhat long 4=Very long
4	<b>Number of times</b>		<b>0</b>	<b>0</b>	<b>0</b>	(Number)
5a	<b>Hours craving</b>		<b>0</b>	<b>0</b>	<b>0</b>	(Number)
5b	<b>Minutes craving</b>		<b>0</b>	<b>0</b>	<b>0</b>	(Number)
6	<b>Worst Day</b>		<b>0</b>	<b>0</b>	<b>0</b>	1=Sunday 2=Monday 3=Tuesday 4=Wednesday 5=Thursday 6=Friday 7=Saturday 8=All Days the same
7	<b>Date of worst day</b>		<b>1/1/2004</b>	<b>1/1/2004</b>	<b>1/1/2004</b>	(Date) or M
8	<b>Intensity worst day</b>		<b>0</b>	<b>0</b>	<b>0</b>	0=None at all 1=Slight 2=Moderate 3=Considerable 4=Extreme
9	<b>2nd Craved Drug</b>		<b>0</b>	<b>0</b>	<b>0</b>	0=None 1=Downers or Sedatives 2=Heroin or other Opiates 3=Cocaine 4=Benzos (Valium,Xanax,etc) 5=Nicotine 6=Marijuana 7=Alcohol 8=Others
10	<b>Intensity 2</b>		<b>0</b>	<b>0</b>	<b>0</b>	0=None at all 1=Slight 2=Moderate 3=Considerable 4=Extreme
11	<b>Frequency 2</b>		<b>0</b>	<b>0</b>	<b>0</b>	0=Never 1=Almost never 2=Several times 3=Regularly 4=Almost constantly
12	<b>Length of time 2</b>		<b>0</b>	<b>0</b>	<b>0</b>	0=None at all 1=Very short 2=Short 3=Somewhat long 4=Very long
13	<b>3rd Craved Drug</b>		<b>0</b>	<b>0</b>	<b>0</b>	0=None 1=Downers or Sedatives 2=Heroin or other Opiates 3=Cocaine 4=Benzos (Valium,Xanax,etc) 5=Nicotine 6=Marijuana 7=Alcohol 8=Others
14	<b>Intensity 3</b>		<b>0</b>	<b>0</b>	<b>0</b>	0=None at all 1=Slight 2=Moderate 3=Considerable 4=Extreme
15	<b>Frequency 3</b>		<b>0</b>	<b>0</b>	<b>0</b>	0=Never 1=Almost never 2=Several times 3=Regularly 4=Almost constantly
16	<b>Length of time 3</b>		<b>0</b>	<b>0</b>	<b>0</b>	0=None at all 1=Very short 2=Short 3=Somewhat long 4=Very long

Subject **01357**  
 Date **1/2/2004**

**GCRC**  
**DAY 1**

		<b>Actual Time</b>	<b>13:00</b>	<b>14:00</b>	<b>16:00</b>	<b>18:00</b>	<b>22:00</b>	
		<i>Scheduled Time</i>	<i>3 hrs post</i>	<i>4 hrs post</i>	<i>6 hrs post</i>	<i>8 hrs post</i>	<i>12 hrs post</i>	
1	<b>Intensity</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0=None at all 1=Slight 2=Moderate 3=Considerable 4=Extreme
2	<b>Frequency</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0=Never 1=Almost never 2=Several times 3=Regularly 4=Almost constantly
3	<b>Length of time</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0=None at all 1=Very short 2=Short 3=Somewhat long 4=Very long
4	<b>Number of times</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	(Number)
5a	<b>Hours craving</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	(Number)
5b	<b>Minutes craving</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	(Number)
6	<b>Worst Day</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	1=Sunday 2=Monday 3=Tuesday 4=Wednesday 5=Thursday 6=Friday 7=Saturday 8=All Days the same
7	<b>Date of worst day</b>		<b>1/1/2004</b>	<b>1/1/2004</b>	<b>1/1/2004</b>	<b>1/1/2004</b>	<b>1/1/2004</b>	(Date) or M
8	<b>Intensity worst day</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0=None at all 1=Slight 2=Moderate 3=Considerable 4=Extreme
9	<b>2nd Craved Drug</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0=None 1=Downers or Sedatives 2=Heroin or other Opiates 3=Cocaine 4=Benzos (Valium, Xanax, etc) 5=Nicotine 6=Marijuana 7=Alcohol 8=Others
10	<b>Intensity 2</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0=None at all 1=Slight 2=Moderate 3=Considerable 4=Extreme
11	<b>Frequency 2</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0=Never 1=Almost never 2=Several times 3=Regularly 4=Almost constantly
12	<b>Length of time 2</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0=None at all 1=Very short 2=Short 3=Somewhat long 4=Very long
13	<b>3rd Craved Drug</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0=None 1=Downers or Sedatives 2=Heroin or other Opiates 3=Cocaine 4=Benzos (Valium, Xanax, etc) 5=Nicotine 6=Marijuana 7=Alcohol 8=Others
14	<b>Intensity 3</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0=None at all 1=Slight 2=Moderate 3=Considerable 4=Extreme
15	<b>Frequency 3</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0=Never 1=Almost never 2=Several times 3=Regularly 4=Almost constantly
16	<b>Length of time 3</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0=None at all 1=Very short 2=Short 3=Somewhat long 4=Very long

Subject **01357**  
 Date **1/3/2004**

**GCRC**  
**DAY 2**

		<b>6:00</b>	<b>10:00</b>	<b>16:00</b>	<b>22:00</b>	
		<i>Scheduled Time</i>	<i>20 hrs post</i>	<i>24 hrs post</i>	<i>30 hrs post</i>	<i>36 hrs post</i>
1	<b>Intensity</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0=None at all 1=Slight 2=Moderate 3=Considerable 4=Extreme
2	<b>Frequency</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0=Never 1=Almost never 2=Several times 3=Regularly 4=Almost constantly
3	<b>Length of time</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0=None at all 1=Very short 2=Short 3=Somewhat long 4=Very long
4	<b>Number of times</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	(Number)
5a	<b>Hours craving</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	(Number)
5b	<b>Minutes craving</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	(Number)
6	<b>Worst Day</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	1=Sunday 2=Monday 3=Tuesday 4=Wednesday 5=Thursday 6=Friday 7=Saturday 8=All Days the same
7	<b>Date of worst day</b>	<b>1/1/2004</b>	<b>1/1/2004</b>	<b>1/1/2004</b>	<b>1/1/2004</b>	(Date) or M
8	<b>Intensity worst day</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0=None at all 1=Slight 2=Moderate 3=Considerable 4=Extreme
9	<b>2nd Craved Drug</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0=None 1=Downers or Sedatives 2=Heroin or other Opiates 3=Cocaine 4=Benzos (Valium, Xanax, etc) 5=Nicotine 6=Marjuana 7=Alcohol 8=Others
10	<b>Intensity 2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0=None at all 1=Slight 2=Moderate 3=Considerable 4=Extreme
11	<b>Frequency 2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0=Never 1=Almost never 2=Several times 3=Regularly 4=Almost constantly
12	<b>Length of time 2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0=None at all 1=Very short 2=Short 3=Somewhat long 4=Very long
13	<b>3rd Craved Drug</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0=None 1=Downers or Sedatives 2=Heroin or other Opiates 3=Cocaine 4=Benzos (Valium, Xanax, etc) 5=Nicotine 6=Marjuana 7=Alcohol 8=Others
14	<b>Intensity 3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0=None at all 1=Slight 2=Moderate 3=Considerable 4=Extreme
15	<b>Frequency 3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0=Never 1=Almost never 2=Several times 3=Regularly 4=Almost constantly
16	<b>Length of time 3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0=None at all 1=Very short 2=Short 3=Somewhat long 4=Very long

Subject **01357**  
 Date **1/4/2004**

**GCRC**  
**DAY 3**

		Actual Time	10:00	16:00	20:00	
		Scheduled Time	10:00	16:00	20:00	
1	<b>Intensity</b>		<b>0</b>	<b>0</b>	<b>0</b>	0=None at all 1=Slight 2=Moderate 3=Considerable 4=Extreme
2	<b>Frequency</b>		<b>0</b>	<b>0</b>	<b>0</b>	0=Never 1=Almost never 2=Several times 3=Regularly 4=Almost constantly
3	<b>Length of time</b>		<b>0</b>	<b>0</b>	<b>0</b>	0=None at all 1=Very short 2=Short 3=Somewhat long 4=Very long
4	<b>Number of times</b>		<b>0</b>	<b>0</b>	<b>0</b>	(Number)
5a	<b>Hours craving</b>		<b>0</b>	<b>0</b>	<b>0</b>	(Number)
5b	<b>Minutes craving</b>		<b>0</b>	<b>0</b>	<b>0</b>	(Number)
6	<b>Worst Day</b>		<b>0</b>	<b>0</b>	<b>0</b>	1=Sunday 2=Monday 3=Tuesday 4=Wednesday 5=Thursday 6=Friday 7=Saturday 8=All Days the same
7	<b>Date of worst day</b>		<b>1/1/2004</b>	<b>1/1/2004</b>	<b>1/1/2004</b>	(Date) or M
8	<b>Intensity worst day</b>		<b>0</b>	<b>0</b>	<b>0</b>	0=None at all 1=Slight 2=Moderate 3=Considerable 4=Extreme
9	<b>2nd Craved Drug</b>		<b>0</b>	<b>0</b>	<b>0</b>	0=None 1=Downers or Sedatives 2=Heroin or other Opiates 3=Cocaine 4=Benzos (Valium,Xanax, etc) 5=Nicotine 6=Marijuana 7=Alcohol 8=Others
10	<b>Intensity 2</b>		<b>0</b>	<b>0</b>	<b>0</b>	0=None at all 1=Slight 2=Moderate 3=Considerable 4=Extreme
11	<b>Frequency 2</b>		<b>0</b>	<b>0</b>	<b>0</b>	0=Never 1=Almost never 2=Several times 3=Regularly 4=Almost constantly
12	<b>Length of time 2</b>		<b>0</b>	<b>0</b>	<b>0</b>	0=None at all 1=Very short 2=Short 3=Somewhat long 4=Very long
13	<b>3rd Craved Drug</b>		<b>0</b>	<b>0</b>	<b>0</b>	0=None 1=Downers or Sedatives 2=Heroin or other Opiates 3=Cocaine 4=Benzos (Valium,Xanax, etc) 5=Nicotine 6=Marijuana 7=Alcohol 8=Others
14	<b>Intensity 3</b>		<b>0</b>	<b>0</b>	<b>0</b>	0=None at all 1=Slight 2=Moderate 3=Considerable 4=Extreme
15	<b>Frequency 3</b>		<b>0</b>	<b>0</b>	<b>0</b>	0=Never 1=Almost never 2=Several times 3=Regularly 4=Almost constantly
16	<b>Length of time 3</b>		<b>0</b>	<b>0</b>	<b>0</b>	0=None at all 1=Very short 2=Short 3=Somewhat long 4=Very long

Subject **01357**  
 Date **1/5/2004**

**GCRC**  
**DAY 4**

		<b>Actual Time</b>	<b>13:00</b>	<b>14:00</b>	<b>16:00</b>	<b>18:00</b>	<b>22:00</b>	
		<i>Scheduled Time</i>	<i>3 hrs post</i>	<i>4 hrs post</i>	<i>6 hrs post</i>	<i>8 hrs post</i>	<i>12 hrs post</i>	
1	<b>Intensity</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0=None at all 1=Slight 2=Moderate 3=Considerable 4=Extreme
2	<b>Frequency</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0=Never 1=Almost never 2=Several times 3=Regularly 4=Almost constantly
3	<b>Length of time</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0=None at all 1=Very short 2=Short 3=Somewhat long 4=Very long
4	<b>Number of times</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	(Number)
5a	<b>Hours craving</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	(Number)
5b	<b>Minutes craving</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	(Number)
6	<b>Worst Day</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	1=Sunday 2=Monday 3=Tuesday 4=Wednesday 5=Thursday 6=Friday 7=Saturday 8=All Days the same
7	<b>Date of worst day</b>		<b>1/1/2004</b>	<b>1/1/2004</b>	<b>1/1/2004</b>	<b>1/1/2004</b>	<b>1/1/2004</b>	(Date) or M
8	<b>Intensity worst day</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0=None at all 1=Slight 2=Moderate 3=Considerable 4=Extreme
9	<b>2nd Craved Drug</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0=None 1=Downers or Sedatives 2=Heroin or other Opiates 3=Cocaine 4=Benzos (Valium, Xanax, etc) 5=Nicotine 6=Marijuana 7=Alcohol 8=Others
10	<b>Intensity 2</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0=None at all 1=Slight 2=Moderate 3=Considerable 4=Extreme
11	<b>Frequency 2</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0=Never 1=Almost never 2=Several times 3=Regularly 4=Almost constantly
12	<b>Length of time 2</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0=None at all 1=Very short 2=Short 3=Somewhat long 4=Very long
13	<b>3rd Craved Drug</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0=None 1=Downers or Sedatives 2=Heroin or other Opiates 3=Cocaine 4=Benzos (Valium, Xanax, etc) 5=Nicotine 6=Marijuana 7=Alcohol 8=Others
14	<b>Intensity 3</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0=None at all 1=Slight 2=Moderate 3=Considerable 4=Extreme
15	<b>Frequency 3</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0=Never 1=Almost never 2=Several times 3=Regularly 4=Almost constantly
16	<b>Length of time 3</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0=None at all 1=Very short 2=Short 3=Somewhat long 4=Very long

Subject **01357**  
 Date **1/6/2004**

**GCRC**  
**DAY 5**

	Actual Time	6:00	10:00	16:00	22:00	
	Scheduled Time	20 hrs post	24 hrs post	30 hrs post	36 hrs post	
1	<b>Intensity</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0=None at all 1=Slight 2=Moderate 3=Considerable 4=Extreme
2	<b>Frequency</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0=Never 1=Almost never 2=Several times 3=Regularly 4=Almost constantly
3	<b>Length of time</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0=None at all 1=Very short 2=Short 3=Somewhat long 4=Very long
4	<b>Number of times</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	(Number)
5a	<b>Hours craving</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	(Number)
5b	<b>Minutes craving</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	(Number)
6	<b>Worst Day</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	1=Sunday 2=Monday 3=Tuesday 4=Wednesday 5=Thursday 6=Friday 7=Saturday 8=All Days the same
7	<b>Date of worst day</b>	<b>1/1/2004</b>	<b>1/1/2004</b>	<b>1/1/2004</b>	<b>1/1/2004</b>	(Date) or M
8	<b>Intensity worst day</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0=None at all 1=Slight 2=Moderate 3=Considerable 4=Extreme
9	<b>2nd Craved Drug</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0=None 1=Downers or Sedatives 2=Heroin or other Opiates 3=Cocaine 4=Benzos (Valium,Xanax,etc) 5=Nicotine 6=Marijuana 7=Alcohol 8=Others
10	<b>Intensity 2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0=None at all 1=Slight 2=Moderate 3=Considerable 4=Extreme
11	<b>Frequency 2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0=Never 1=Almost never 2=Several times 3=Regularly 4=Almost constantly
12	<b>Length of time 2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0=None at all 1=Very short 2=Short 3=Somewhat long 4=Very long
13	<b>3rd Craved Drug</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0=None 1=Downers or Sedatives 2=Heroin or other Opiates 3=Cocaine 4=Benzos (Valium,Xanax,etc) 5=Nicotine 6=Marijuana 7=Alcohol 8=Others
14	<b>Intensity 3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0=None at all 1=Slight 2=Moderate 3=Considerable 4=Extreme
15	<b>Frequency 3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0=Never 1=Almost never 2=Several times 3=Regularly 4=Almost constantly
16	<b>Length of time 3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0=None at all 1=Very short 2=Short 3=Somewhat long 4=Very long

Subject **01357**  
 Date **1/7/2004**

**GCRC**  
**DAY 6 (DC)**

Actual Time **10:00**  
 Scheduled Time **10:00**

1	<b>Intensity</b>	<b>0</b>	0=None at all 1=Slight 2=Moderate 3=Considerable 4=Extreme
2	<b>Frequency</b>	<b>0</b>	0=Never 1=Almost never 2=Several times 3=Regularly 4=Almost constantly
3	<b>Length of time</b>	<b>0</b>	0=None at all 1=Very short 2=Short 3=Somewhat long 4=Very long
4	<b>Number of times</b>	<b>0</b>	(Number)
5a	<b>Hours craving</b>	<b>0</b>	(Number)
5b	<b>Minutes craving</b>	<b>0</b>	(Number)
6	<b>Worst Day</b>	<b>0</b>	1=Sunday 2=Monday 3=Tuesday 4=Wednesday 5=Thursday 6=Friday 7=Saturday 8=All Days the same
7	<b>Date of worst day</b>	<b>1/1/2004</b>	(Date) or M
8	<b>Intensity worst day</b>	<b>0</b>	0=None at all 1=Slight 2=Moderate 3=Considerable 4=Extreme
9	<b>2nd Craved Drug</b>	<b>0</b>	0=None 1=Downers or Sedatives 2=Heroin or other Opiates 3=Cocaine 4=Benzos (Valium, Xanax, etc) 5=Nicotine 6=Marijuana 7=Alcohol 8=Others
10	<b>Intensity 2</b>	<b>0</b>	0=None at all 1=Slight 2=Moderate 3=Considerable 4=Extreme
11	<b>Frequency 2</b>	<b>0</b>	0=Never 1=Almost never 2=Several times 3=Regularly 4=Almost constantly
12	<b>Length of time 2</b>	<b>0</b>	0=None at all 1=Very short 2=Short 3=Somewhat long 4=Very long
13	<b>3rd Craved Drug</b>	<b>0</b>	0=None 1=Downers or Sedatives 2=Heroin or other Opiates 3=Cocaine 4=Benzos (Valium, Xanax, etc) 5=Nicotine 6=Marijuana 7=Alcohol 8=Others
14	<b>Intensity 3</b>	<b>0</b>	0=None at all 1=Slight 2=Moderate 3=Considerable 4=Extreme
15	<b>Frequency 3</b>	<b>0</b>	0=Never 1=Almost never 2=Several times 3=Regularly 4=Almost constantly
16	<b>Length of time 3</b>	<b>0</b>	0=None at all 1=Very short 2=Short 3=Somewhat long 4=Very long



Subject **01357**  
 Date **1/2/2004**

**DDRC**  
**DAY 1**

		Actual Time	9:45	10:05	10:15	10:30	11:00	12:00	
		Scheduled Time	Pre	5 min post	15 min post	30 min post	1 hr post	2 hrs post	
1	<b>Intensity</b>		0	0	0	0	0	0	0=None at all 1=Slight 2=Moderate 3=Considerable 4=Extreme
2	<b>Frequency</b>		0	0	0	0	0	0	0=Never 1=Almost never 2=Several times 3=Regularly 4=Almost constantly
3	<b>Length of time</b>		0	0	0	0	0	0	0=None at all 1=Very short 2=Short 3=Somewhat long 4=Very long
4	<b>Number of times</b>		0	0	0	0	0	0	(Number)
5a	<b>Hours craving</b>		0	0	0	0	0	0	(Number)
5b	<b>Minutes craving</b>		0	0	0	0	0	0	(Number)
6	<b>Worst Day</b>		0	0	0	0	0	0	1=Sunday 2=Monday 3=Tuesday 4=Wednesday 5=Thursday 6=Friday 7=Saturday 8=All Days the same
7	<b>Date of worst day</b>		1/1/2004	1/1/2004	1/1/2004	1/1/2004	1/1/2004	1/1/2004	(Date) or M
8	<b>Intensity worst day</b>		0	0	0	0	0	0	0=None at all 1=Slight 2=Moderate 3=Considerable 4=Extreme
9	<b>2nd Craved Drug</b>		0	0	0	0	0	0	0=None 1=Downers or Sedatives 2=Heroin or other Opiates 3=Cocaine 4=Benzos (Valium,Xanax,etc) 5=Nicotine 6=Marijuana 7=Alcohol 8=Others
10	<b>Intensity 2</b>		0	0	0	0	0	0	0=None at all 1=Slight 2=Moderate 3=Considerable 4=Extreme
11	<b>Frequency 2</b>		0	0	0	0	0	0	0=Never 1=Almost never 2=Several times 3=Regularly 4=Almost constantly
12	<b>Length of time 2</b>		0	0	0	0	0	0	0=None at all 1=Very short 2=Short 3=Somewhat long 4=Very long
13	<b>3rd Craved Drug</b>		0	0	0	0	0	0	0=None 1=Downers or Sedatives 2=Heroin or other Opiates 3=Cocaine 4=Benzos (Valium,Xanax,etc) 5=Nicotine 6=Marijuana 7=Alcohol 8=Others
14	<b>Intensity 3</b>		0	0	0	0	0	0	0=None at all 1=Slight 2=Moderate 3=Considerable 4=Extreme
15	<b>Frequency 3</b>		0	0	0	0	0	0	0=Never 1=Almost never 2=Several times 3=Regularly 4=Almost constantly
16	<b>Length of time 3</b>		0	0	0	0	0	0	0=None at all 1=Very short 2=Short 3=Somewhat long 4=Very long

Subject **01357**  
 Date **1/5/2004**

**DDRC**  
**DAY 4**

		Actual Time	9:45	10:05	10:15	10:30	11:00	12:00	
		Scheduled Time	Pre	5 min post	15 min post	30 min post	1 hr post	2 hrs post	
1	<b>Intensity</b>		0	0	0	0	0	0	0=None at all 1=Slight 2=Moderate 3=Considerable 4=Extreme
2	<b>Frequency</b>		0	0	0	0	0	0	0=Never 1=Almost never 2=Several times 3=Regularly 4=Almost constantly
3	<b>Length of time</b>		0	0	0	0	0	0	0=None at all 1=Very short 2=Short 3=Somewhat long 4=Very long
4	<b>Number of times</b>		0	0	0	0	0	0	(Number)
5a	<b>Hours craving</b>		0	0	0	0	0	0	(Number)
5b	<b>Minutes craving</b>		0	0	0	0	0	0	(Number)
6	<b>Worst Day</b>		0	0	0	0	0	0	1=Sunday 2=Monday 3=Tuesday 4=Wednesday 5=Thursday 6=Friday 7=Saturday 8=All Days the same
7	<b>Date of worst day</b>		1/1/2004	1/1/2004	1/1/2004	1/1/2004	1/1/2004	1/1/2004	(Date) or M
8	<b>Intensity worst day</b>		0	0	0	0	0	0	0=None at all 1=Slight 2=Moderate 3=Considerable 4=Extreme
9	<b>2nd Craved Drug</b>		0	0	0	0	0	0	0=None 1=Downers or Sedatives 2=Heroin or other Opiates 3=Cocaine 4=Benzos (Valium,Xanax,etc) 5=Nicotine 6=Marijuana 7=Alcohol 8=Others
10	<b>Intensity 2</b>		0	0	0	0	0	0	0=None at all 1=Slight 2=Moderate 3=Considerable 4=Extreme
11	<b>Frequency 2</b>		0	0	0	0	0	0	0=Never 1=Almost never 2=Several times 3=Regularly 4=Almost constantly
12	<b>Length of time 2</b>		0	0	0	0	0	0	0=None at all 1=Very short 2=Short 3=Somewhat long 4=Very long
13	<b>3rd Craved Drug</b>		0	0	0	0	0	0	0=None 1=Downers or Sedatives 2=Heroin or other Opiates 3=Cocaine 4=Benzos (Valium,Xanax,etc) 5=Nicotine 6=Marijuana 7=Alcohol 8=Others
14	<b>Intensity 3</b>		0	0	0	0	0	0	0=None at all 1=Slight 2=Moderate 3=Considerable 4=Extreme
15	<b>Frequency 3</b>		0	0	0	0	0	0	0=Never 1=Almost never 2=Several times 3=Regularly 4=Almost constantly
16	<b>Length of time 3</b>		0	0	0	0	0	0	0=None at all 1=Very short 2=Short 3=Somewhat long 4=Very long

**GCRC-COLLECTED PHYSIO DATA, ALL DAYS (0-6)**

<b>SUBJECT:</b>
<b>DATE</b> <small>admit</small> :
<b>TIME</b> <small>admit</small> :

<b>METH DOSE TIME (Day 1):</b>
<b>RESERPINE DOSE TIME (Day 3):</b>
<b>METH DOSE TIME (Day 4):</b>

**Day 0 (ADMIT)**

Time		
Scheduled	Relative	Actual*
10:00 AM	PRE -24h	
4:00 PM		
8:00 PM		

Orthostatics										
Supine 0°			Standing 2min			O <sub>2</sub> Sat	Resp Rate	Temperatures		
SYS BP	DIAS BP	HEART RATE	SYS BP	DIAS BP	HEART RATE			Core	Skin	Room

**Day 1 (1st methamphetamine dose)**

Time			BP 45° SYS	BP 45° DIAS
Scheduled	Relative	Actual*		
1:00 PM	3 HR			
2:00 PM	4 HR			
4:00 PM	6 HR			
6:00 PM	8 HR			
10:00 PM	12 HR			

Heart Rate	O <sub>2</sub> Sat	Resp Rate	Temperatures		
			Core	Skin	Room

**Day 2**

Time			BP 45° SYS	BP 45° DIAS
Scheduled	Relative	Actual*		
6:00 AM	20 hr			
10:00 AM	24 hr			
4:00 PM	30 hr			
10:00 PM	36 hr			

Orthostatics										
Supine 0°			Standing 2min			O <sub>2</sub> Sat	Resp Rate	Temperatures		
SYS BP	DIAS BP	HEART RATE	SYS BP	DIAS BP	HEART RATE			Core	Skin	Room

**DAY 3 (reserpine)**

Time		
Scheduled	Relative	Actual*
10:00 AM	48 hr	
4:00 PM		
8:00 PM		
10:00 PM		

Orthostatics										
Supine 0°			Standing 2min			O <sub>2</sub> Sat	Resp Rate	Temperatures		
SYS BP	DIAS BP	HEART RATE	SYS BP	DIAS BP	HEART RATE			Core	Skin	Room

**Day 4 (2nd methamphetamine dose)**

Time			BP 45° SYS	BP 45° DIAS
Scheduled	Relative	Actual*		
1:00 PM	3 HR			
2:00 PM	4 HR			
4:00 PM	6 HR			
6:00 PM	8 HR			
10:00 PM	12 HR			

Heart Rate	O <sub>2</sub> Sat	Resp Rate	Temperatures		
			Core	Skin	Room

**Day 5**

Time			BP 45° SYS	BP 45° DIAS
Scheduled	Relative	Actual*		
6:00 AM	20 hr			
10:00 AM	24 hr			
4:00 PM	30 hr			
10:00 PM	36 hr			

Orthostatics										
Supine 0°			Standing 2min			O <sub>2</sub> Sat	Resp Rate	Temperatures		
SYS BP	DIAS BP	HEART RATE	SYS BP	DIAS BP	HEART RATE			Core	Skin	Room

**Day 6 (Discharge)**

Time		
Scheduled	Relative	Actual*
10:00 AM	48 hr	

Orthostatics										
Supine 0°			Standing 2min			O <sub>2</sub> Sat	Resp Rate	Temperatures		
SYS BP	DIAS BP	HEART RATE	SYS BP	DIAS BP	HEART RATE			Core	Skin	Room

**DDRC-COLLECTED PHYSIO DATA, METHAMPETAMINE DOSE DAYS (1 AND 4)**

**SUBJECT:** 00000

**DATE:** 1/5/2004

**DOSE TIME:** \_\_\_\_\_

*DAY 1*

TIME		TEMPERATURE							
Relative	Actual	SBP	DBP	HR	O <sub>2</sub> SAT	CORE	SKIN	ROOM	RR
PRE -15 min									
5 min									
15 min									
30 min									
1 hr									
2 hr									

**DATE:** 1/8/2004

**DOSE TIME:** \_\_\_\_\_

*DAY 4*

TIME		TEMPERATURE							
Relative	Actual	SBP	DBP	HR	O <sub>2</sub> SAT	CORE	SKIN	ROOM	RR
PRE -15 min									
5 min									
15 min									
30 min									
1 hr									
2 hr									

## 02-2 URINE COLLECTION DATA

There should be 6 24-Hour samples per subject.

**Subject:** 04050

**Date<sub>admit</sub>:** 8/1/2004

Sample #	Total Volume (ml)	pH	Serial #	Inits
1	m		00000000	
2	m		00000001	
3	m		00000002	
4	m		00000003	
5	m		00000004	
6	m		00000005	
Add notes here (if any)				

02-2 Reserpine  
Data entry form

VISUAL ANALOG SCALE

Subject:		00000		
Date:		1/1/2004		
Study Day:		0		
Actual Time:				
Scheduled Time:		10:00	16:00	20:00
1	GOOD DRUG EFFECT			
2	BAD DRUG EFFECT			
3	DESIRE FOR METHAMPHETAMINE			
4	HAVING FOR METHAMPHETAMINE			
5	QUALITY OF METHAMPHETAMINE			

Subject:		00000				
Date:		1/2/2004				
Study Day:		1				
Actual Time:						
Scheduled Time:		3 Hrs Post	4 Hrs Post	6 Hrs Post	8 Hrs Post	12 Hrs Post
1	GOOD DRUG EFFECT					
2	BAD DRUG EFFECT					
3	DESIRE FOR METHAMPHETAMINE					
4	HAVING FOR METHAMPHETAMINE					
5	QUALITY OF METHAMPHETAMINE					

Subject:		00000			
Dose Date:		1/3/2004			
Study Day:		2			
Actual Time:					
Scheduled Time:		6:00	10:00	16:00	22:00
1	GOOD DRUG EFFECT				
2	BAD DRUG EFFECT				
3	DESIRE FOR METHAMPHETAMINE				
4	HAVING FOR METHAMPHETAMINE				
5	QUALITY OF METHAMPHETAMINE				

Subject:		00000		
Dose Date:		1/4/2004		
Study Day:		3		
Actual Time:				
Scheduled Time:		10:00	16:00	20:00
1	GOOD DRUG EFFECT			
2	BAD DRUG EFFECT			
3	DESIRE FOR METHAMPHETAMINE			
4	HAVING FOR METHAMPHETAMINE			
5	QUALITY OF METHAMPHETAMINE			

Subject:		00000				
Dose Date:		1/5/2004				
Study Day:		4				
Actual Time:						
Scheduled Time:		3 Hrs Post	4 Hrs Post	6 Hrs Post	8 Hrs Post	12 Hrs Post
1	GOOD DRUG EFFECT					
2	BAD DRUG EFFECT					
3	DESIRE FOR METHAMPHETAMINE					
4	HAVING FOR METHAMPHETAMINE					
5	QUALITY OF METHAMPHETAMINE					

Subject:		00000		
Dose Date:		1/6/2004		
Study Day:		5		
Actual Time:				

02-2 Reserpine

**Data entry form**

**VISUAL ANALOG SCALE**

Subject:		00000					
Date:		1/2/2004					
Study Day:		1					
Actual Time:							
Scheduled Time:		Pre	Post 5 min	Post 15 min	Post 30 min	Post 60 min	Post 120 min
1	GOOD DRUG EFFECT						
2	BAD DRUG EFFECT						
3	DESIRE FOR METHAMPHETAMINE						
4	GRAVING FOR METHAMPHETAMINE						
5	QUALITY OF METHAMPHETAMINE						

Subject:		00000					
Dose Date:		1/5/2004					
Study Day:		4					
Actual Time:							
Scheduled Time:		Pre	Post 5 min	Post 15 min	Post 30 min	Post 60 min	Post 120 min
1	GOOD DRUG EFFECT						
2	BAD DRUG EFFECT						
3	DESIRE FOR METHAMPHETAMINE						
4	GRAVING FOR METHAMPHETAMINE						
5	QUALITY OF METHAMPHETAMINE						