

NIDA Clinical Trials Network

Adverse Events (AD1)

Web Version: 1.0; 3.01; 04-06-15

Adverse event onset date (AEDATE):

Event number (AESEQNUM):

This adverse event has been closed by the Medical Reviewer and may no longer be updated.

1. Adverse event name: (A1DESCPT)

2. Date site became aware of the event: (A1AWARDT)

3. Severity of event: (A1SEVRTY)

4. Is there a reasonable possibility that the study procedures caused the event?
(A1RSTYPR)

If "Unrelated" to study procedures, alternative etiology: (A1ASTYPR)

If "Other," specify: (A1AEBSP)

5. Outcome of event: (A1OUTCM)

6. Date of resolution or medically stable: (A1RESDT)

Except for "None of the following", all selections in the question below will designate this as a Serious Adverse Event (SAE). The Serious Adverse Event Summary (AD2) form should be completed for all Serious Adverse Events reported.

7. Was this event associated with: (A1ASSOC)

a. If "Death", date of death: (A1DTHDT)

b. If "Inpatient admission to hospital or prolongation of hospitalization":

Date of hospital admission: (A1HOSPAD)

Date of hospital discharge: (A1HOSPDC)

Comments: (AD1COMM)

(mm/dd/yyyy)

1-Grade 1 - Mild
2-Grade 2 - Moderate
3-Grade 3 - Severe

No Yes

0-None apparent
1-Study disease
2-Concomitant medication
3-Other pre-existing disease or condition
4-Accident, trauma, or external factors
*Additional Options Listed Below

1-Ongoing
2-Resolved without sequelae
3-Resolved with sequelae
4-Resolved by convention
5-Death

(mm/dd/yyyy)

0-None of the following
1-Death
2-Life-threatening event
3-Inpatient admission to hospital or prolongation of existing hospitalization
4-Persistent or significant incapacity
*Additional Options Listed Below

(mm/dd/yyyy)

(mm/dd/yyyy)

(mm/dd/yyyy)

Additional Selection Options for AD1

Event number (AESEQNUM) (key field):

- 01 -1st Adverse Event of the day
- 02 -2nd Adverse Event of the day
- 03 -3rd Adverse Event of the day
- 04 -4th Adverse Event of the day
- 05 -5th Adverse Event of the day
- 06 -6th Adverse Event of the day
- 07 -7th Adverse Event of the day
- 08 -8th Adverse Event of the day
- 09 -9th Adverse Event of the day
- 10 -10th Adverse Event of the day

Was this event associated with:

- 5- Congenital anomaly or birth defect
- 6- Important medical event that required intervention to prevent any of the above
- 7- Seizure
- 8- Hospitalization for a medical event

NIDA Clinical Trials Network

Alcohol, Smoking, and Substance Involvement Screening Test (AST)

Web Version: 1.0; 2.00; 06-19-14

Segment (PROTSEG):

Visit number (VISNO):

Date of assessment:(ASTASMDT)

(mm/dd/yyyy)

Introduction (Please read to patient)

Thank you for agreeing to take part in this brief interview about alcohol, tobacco products and other drugs. I am going to ask you some questions about your experience of using these substances across your lifetime and in the past three months. These substances can be smoked, swallowed, snorted, inhaled, injected or taken in the form of pills (show drug card).

Some of the substances listed may be prescribed by a doctor (like amphetamines, sedatives, pain medications). For this interview, we will **not** record medications that are used **as prescribed** by your doctor. However, if you have taken such medications for reasons **other** than prescription, or taken them more frequently or at higher doses than prescribed, please let me know. While we are also interested in knowing about your use of various illicit drugs, please be assured that information on such use will be treated as strictly confidential.

For each substance, mark in the appropriate column.

1. In your life, which of the following substances have you <u>ever used</u> ?	No	Yes
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	(ATTOBEVR) <input type="checkbox"/>	<input type="checkbox"/>
b. Alcoholic beverages (beer, wine, liquor, etc.)	(ATALCEVR) <input type="checkbox"/>	<input type="checkbox"/>
c. Cannabis (marijuana, pot, weed, hash, etc.)	(ATTHCEVR) <input type="checkbox"/>	<input type="checkbox"/>
d. Cocaine (coke, crack, etc.)	(ATCOCEVR) <input type="checkbox"/>	<input type="checkbox"/>
e. Amphetamine type stimulants (speed, diet pills, ecstasy, methamphetamine, crystal-meth, etc.)	(ATAMPEVR) <input type="checkbox"/>	<input type="checkbox"/>
f. Inhalants (nitrous, glue, poppers, etc.)	(ATINHEVR) <input type="checkbox"/>	<input type="checkbox"/>
g. Sedatives or sleeping pills (Valium, Rohypnol, Ativan, Xanax, Klonopin, GHB, etc.)	(ATSEDEVR) <input type="checkbox"/>	<input type="checkbox"/>
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	(ATHALEVR) <input type="checkbox"/>	<input type="checkbox"/>
i. Opioids (heroin, morphine, methadone, codeine, buprenorphine, suboxone, Oxycotin, Percocet, Vicodin, etc.)	(ATOPSEVR) <input type="checkbox"/>	<input type="checkbox"/>
j. Other, specify:(ATEVRSP) <input style="width: 150px; height: 15px;" type="text"/>	(ATOTHEVR) <input type="checkbox"/>	<input type="checkbox"/>

2. In the <u>past three months</u> , how often have you used the substances you mentioned:	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	(ATTOB3M) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Alcoholic beverages (beer, wine, liquor, etc.)	(ATALC3M) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cannabis (marijuana, pot, weed, hash, etc.)	(ATTHC3M) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cocaine (coke, crack, etc.)	(ATCOC3M) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Amphetamine type stimulants (speed, diet pills, ecstasy, methamphetamine, crystal-meth, etc.)	(ATAMP3M) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Inhalants (nitrous, glue, poppers, etc.)	(ATINH3M) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sedatives or sleeping pills (Valium, Rohypnol, Ativan, Xanax, Klonopin, GHB, etc.)	(ATSED3M) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	(ATHAL3M) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Opioids (heroin, morphine, methadone, codeine, buprenorphine, suboxone, Oxycotin, Percocet, Vicodin, etc.)	(ATOPS3M) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Other	(ATOTH3M) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. During the <u>past three months</u>, how often have you had a strong desire or urge to use:	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	(ATTOBURG) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Alcoholic beverages (beer, wine, liquor, etc.)	(ATALCURG) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cannabis (marijuana, pot, weed, hash, etc.)	(ATTHCURG) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cocaine (coke, crack, etc.)	(ATCOCURG) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Amphetamine type stimulants (speed, diet pills, ecstasy, methamphetamine, crystal-meth, etc.)	(ATAMPURG) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Inhalants (nitrous, glue, poppers, etc.)	(ATINHURG) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sedatives or sleeping pills (Valium, Rohypnol, Ativan, Xanax, Klonopin, GHB, etc.)	(ATSEBURG) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	(ATHALURG) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Opioids (heroin, morphine, methadone, codeine, buprenorphine, suboxone, Oxycontin, Percocet, Vicodin, etc.)	(ATOPBURG) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Other	(ATOTHURG) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. During the <u>past three months</u> how often has your use of substance(s) below led to health, social, legal or financial problems?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	(ATTOBPRB) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Alcoholic beverages (beer, wine, liquor, etc.)	(ATALCPRB) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cannabis (marijuana, pot, weed, hash, etc.)	(ATTHCPRB) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cocaine (coke, crack, etc.)	(ATCOCPRB) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Amphetamine type stimulants (speed, diet pills, ecstasy, methamphetamine, crystal-meth, etc.)	(ATAMPPRB) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Inhalants (nitrous, glue, poppers, etc.)	(ATINHPRB) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sedatives or sleeping pills (Valium, Rohypnol, Ativan, Xanax, Klonopin, GHB, etc.)	(ATSEDPRB) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	(ATHALPRB) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Opioids (heroin, morphine, methadone, codeine, buprenorphine, suboxone, Oxycontin, Percocet, Vicodin, etc.)	(ATOPSPRB) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Other	(ATOTHPRB) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. During the <u>past three months</u> how often have you failed to do what was normally expected of you because of your use of:	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)					
b. Alcoholic beverages (beer, wine, liquor, etc.)	(ATALCEXP) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cannabis (marijuana, pot, weed, hash, etc.)	(ATTHCEXP) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cocaine (coke, crack, etc.)	(ATCOCEXP) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Amphetamine type stimulants (speed, diet pills, ecstasy, methamphetamine, crystal-meth, etc.)	(ATAMPEXP) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Inhalants (nitrous, glue, poppers, etc.)	(ATINHEXP) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sedatives or sleeping pills (Valium, Rohypnol, Ativan, Xanax, Klonopin, GHB, etc.)	(ATSEDEXP) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	(ATHALEXP) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

i. Opioids (heroin, morphine, methadone, codeine, buprenorphine, suboxone, Oxycontin, Percocet, Vicodin, etc.)	(ATOPSEXP) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Other	(ATOTHEXP) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Has a friend or relative or anyone else <u>ever</u> expressed concern about your use of:	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	(ATTOBWOR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Alcoholic beverages (beer, wine, liquor, etc.)	(ATALCWOR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cannabis (marijuana, pot, weed, hash, etc.)	(ATTHCWOR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cocaine (coke, crack, etc.)	(ATCOCWOR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Amphetamine type stimulants (speed, diet pills, ecstasy, methamphetamine, crystal-meth, etc.)	(ATAMPWOR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Inhalants (nitrous, glue, poppers, etc.)	(ATINHWOR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sedatives or sleeping pills (Valium, Rohypnol, Ativan, Xanax, Klonopin, GHB, etc.)	(ATSEDWOR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	(ATHALWOR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Opioids (heroin, morphine, methadone, codeine, buprenorphine, suboxone, Oxycontin, Percocet, Vicodin, etc.)	(ATOPSWOR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Other	(ATOTHWOR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Have you <u>ever</u> tried and failed to control, cut down or stop using:	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	(ATTOBTRY) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Alcoholic beverages (beer, wine, liquor, etc.)	(ATALCTRY) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cannabis (marijuana, pot, weed, hash, etc.)	(ATTHCTRY) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cocaine (coke, crack, etc.)	(ATCOCTRY) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Amphetamine type stimulants (speed, diet pills, ecstasy, methamphetamine, crystal-meth, etc.)	(ATAMPTRY) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Inhalants (nitrous, glue, poppers, etc.)	(ATINHTRY) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sedatives or sleeping pills (Valium, Rohypnol, Ativan, Xanax, Klonopin, GHB, etc.)	(ATSEDTRY) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	(ATHALTRY) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Opioids (heroin, morphine, methadone, codeine, buprenorphine, suboxone, Oxycontin, Percocet, Vicodin, etc.)	(ATOPSTRY) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Other	(ATOTHTRY) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

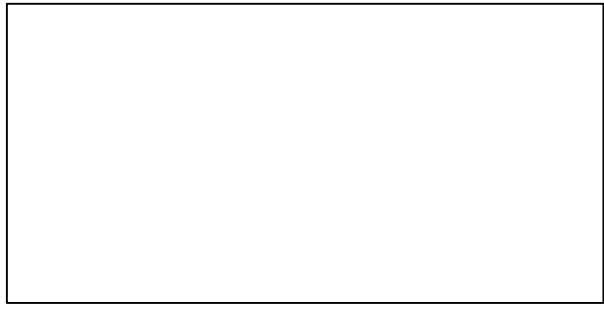
8. Have you ever used any drug by injection?
(NON-MEDICAL USE ONLY)

(ATDRGINJ)

If yes, indicate the pattern of injecting:

(ATINJFRQ)

Comments:(ASTCOMM)



NIDA Clinical Trials Network

Health Survey (AT3)

Web Version: 1.0; 3.00; 11-30-14

Segment (PROTSEG):

Visit number (VISNO):

Welcome!

Start

Thank you for helping with this important research study. This program will ask you about your use of tobacco, alcohol and drugs. We will keep your answers to these questions confidential and they will not be put in your medical record.

It may take up to 10 minutes to answer all questions in this program.

If you need help with anything, ask the study assistant. (ATWELCOM)

These next questions are about **THE PAST 12 MONTHS** (ATINTRO)

Next

1. In the PAST 12 MONTHS, how often have you used any tobacco product (for example, cigarettes, e-cigarettes, cigars, pipes, or smokeless tobacco)? (ATTOBACO)

Daily or almost daily Weekly Monthly Less than monthly Never

2. In the PAST 12 MONTHS, how often have you had 5 or more drinks containing alcohol in one day?

Daily or almost daily Weekly Monthly Less than monthly Never

• 1 standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor.

(ATALCOHL)

2. In the PAST 12 MONTHS, how often have you had 4 or more drinks containing alcohol in one day?

Daily or almost daily Weekly Monthly Less than monthly Never

• 1 standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor.

(ATALCOHL)

3. In the PAST 12 MONTHS, how often have you used any drugs including marijuana, cocaine or crack, heroin, methamphetamine (crystal meth), hallucinogens, ecstasy/MDMA? (ATILLDRG)

Daily or almost daily Weekly Monthly Less than monthly Never

4. In the PAST 12 MONTHS, how often have you used any **prescription medications** just for the feeling, more than prescribed, or that were not prescribed for you?

Daily or almost daily Weekly Monthly Less than monthly Never

• Prescription medications that may be used this way include:

- Opiate pain relievers (for example, OxyContin, Vicodin, Percocet, Methadone)
- Medications for anxiety or sleeping (for example, Xanax, Ativan, Klonopin)
- Medications for ADHD (for example, Adderall or Ritalin)

(ATRXMED)

The following questions are about **THE PAST 3 MONTHS** (ATSECOND)

Next

5. In the PAST 3 MONTHS, did you smoke a cigarette containing tobacco?

(ATTOBSMK)

Yes No

5a. In the PAST 3 MONTHS, did you usually smoke more than 10 cigarettes each day? (ATTBS10C)

Yes No

5b. In the PAST 3 MONTHS, did you usually smoke within 30 minutes after waking? (ATTBSWAK)

Yes No

6. In the PAST 3 MONTHS, did you have a drink containing alcohol?

(ATALCDK)

Yes No

6a. In the PAST 3 MONTHS, did you have 5 or more drinks containing alcohol in a day?

Yes No

• 1 standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor.

(ATALCNUM)

6a. In the PAST 3 MONTHS, did you have 4 or more drinks containing alcohol in a day?

Yes No

• 1 standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor.

(ATALCNUM)

6b. In the PAST 3 MONTHS, have you tried and failed to control, cut down or stop drinking? (ATALCSTP)

Yes No

6c. In the PAST 3 MONTHS, has anyone expressed concern about your drinking? (ATALCCRN)

Yes No

7. In the PAST 3 MONTHS, did you use marijuana (hash, weed)? (ATTHC)

Yes No

7a. In the PAST 3 MONTHS, have you had a strong desire or urge to use marijuana at least once a week or more often? (ATTHC1WK)

Yes No

7b. In the PAST 3 MONTHS, has anyone expressed concern about your use of marijuana? (ATTHCCRN)

Yes No

8. In the PAST 3 MONTHS, did you use cocaine, crack, or methamphetamine (crystal meth)?(ATCOCMET) Yes No

8a. In the PAST 3 MONTHS, did you use cocaine, crack, or methamphetamine (crystal meth) at least once a week or more often? (ATCMT1WK) Yes No

8b. In the PAST 3 MONTHS, has anyone expressed concern about your use of cocaine, crack, or methamphetamine (crystal meth)?(ATCMTCRN) Yes No

9. In the PAST 3 MONTHS, did you use heroin?(ATHEROIN) Yes No

9a. In the PAST 3 MONTHS, have you tried and failed to control, cut down or stop using heroin?(ATHERSTP) Yes No

9b. In the PAST 3 MONTHS, has anyone expressed concern about your use of heroin?(ATHERCRN) Yes No

These next questions are about taking **prescription medications just for the feeling, more than prescribed, or that were not prescribed for you.** Please do NOT report use of 'over the counter' medications.(ATPREMED) Next

10. In the PAST 3 MONTHS, did you use a prescription opiate pain reliever (for example, Percocet, Vicodin) **not** as prescribed or that was **not** prescribed for you?(ATOPIOID) Yes No

10a. In the PAST 3 MONTHS, have you tried and failed to control, cut down or stop using an opiate pain reliever?(ATOPISTP) Yes No

10b. In the PAST 3 MONTHS, has anyone expressed concern about your use of an opiate pain reliever?(ATOPICRN) Yes No

11. In the PAST 3 MONTHS, did you use a medication for anxiety or sleep (for example, Xanax, Ativan, or Klonopin) **not** as prescribed or that was **not** prescribed for you?(ATSEDTIV) Yes No

11a. In the PAST 3 MONTHS, have you had a strong desire or urge to use medications for anxiety or sleep at least once a week or more often? (ATSED1WK) Yes No

11b. In the PAST 3 MONTHS, has anyone expressed concern about your use of medication for anxiety or sleep?(ATSEDCRN) Yes No

12. In the PAST 3 MONTHS, did you use a medication for ADHD (for example, Adderall, Ritalin) **not** as prescribed or that was **not** prescribed for you?(ATSTMLT) Yes No

12a. In the PAST 3 MONTHS, did you use a medication for ADHD (for example, Adderall, Ritalin) at least once a week or more often?(ATSTM1WK) Yes No

12b. In the PAST 3 MONTHS, has anyone expressed concern about your use of a medication for ADHD (for example, Adderall or Ritalin)?(ATSTMCRN) Yes No

13. In the PAST 3 MONTHS, did you use any other illegal or recreational drug (for example, ecstasy/molly, GHB, poppers, LSD, mushrooms, special K, bath salts, synthetic marijuana ('spice'), whip-its, etc.)?(ATOTDRUG) Yes No

13a. In the PAST 3 MONTHS, what were the other drug(s) you used?(ATOTDGSP)

Thank you for your time!

Logout

Please return this device to the study assistant.(ATFINISH)

NIDA Clinical Trials Network

TAPS Tool Part 2 - Interviewer Version (ATL)

Web Version: 1.0; 2.01; 08-05-14

Segment (PROTSEG):

Visit number (VISNO):

These questions ask about psychoactive substances in the PAST 3 MONTHS ONLY

1. In the PAST 3 MONTHS, did you smoke a cigarette containing tobacco? (ATTOBSMK) Yes No
 - a. In the PAST 3 MONTHS, did you usually smoke more than 10 cigarettes each day? (ATTBS10C) Yes No
 - b. In the PAST 3 MONTHS, did you usually smoke within 30 minutes after waking? (ATTBSWAK) Yes No

2. In the PAST 3 MONTHS, did you have a drink containing alcohol? (ATALCDK) Yes No
 - a. In the PAST 3 MONTHS, did you have 4 or more drinks containing alcohol in a day? * (ATALCNUM) Yes No
 - a. In the PAST 3 MONTHS, did you have 5 or more drinks containing alcohol in a day? * (ATALCNUM) Yes No

***1 standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor.**

 - b. In the PAST 3 MONTHS, have you tried and failed to control, cut down or stop drinking? (ATALCSTP) Yes No
 - c. In the PAST 3 MONTHS, has anyone expressed concern about your drinking? (ATALCCRN) Yes No

3. In the PAST 3 MONTHS, did you use marijuana (hash, weed)? (ATTHC) Yes No
 - a. In the PAST 3 MONTHS, have you had a strong desire or urge to use marijuana at least once a week or more often? (ATTHC1WK) Yes No
 - b. In the PAST 3 MONTHS, has anyone expressed concern about your use of marijuana? (ATTHCCRN) Yes No

4. In the PAST 3 MONTHS, did you use cocaine, crack, or methamphetamine (crystal meth)? (ATCOCMET) Yes No
 - a. In the PAST 3 MONTHS, did you use cocaine, crack, or methamphetamine (crystal meth) at least once a week or more often? (ATCMT1WK) Yes No
 - b. In the PAST 3 MONTHS, has anyone expressed concern about your use of cocaine, crack, or methamphetamine (crystal meth)? (ATCMTCRN) Yes No

5. In the PAST 3 MONTHS, did you use heroin? (ATHEROIN) Yes No
 - a. In the PAST 3 MONTHS, have you tried and failed to control, cut down or stop using heroin? (ATHERSTP) Yes No
 - b. In the PAST 3 MONTHS, has anyone expressed concern about your use of heroin? (ATHERCRN) Yes No

6. In the PAST 3 MONTHS, did you use a prescription opiate pain reliever (for example, Percocet, Vicodin) **not** as prescribed or that was **not** prescribed for you? (ATOPIOID) Yes No
 - a. In the PAST 3 MONTHS, have you tried and failed to control, cut down or stop using an opiate pain reliever? (ATOPISTP) Yes No
 - b. In the PAST 3 MONTHS, has anyone expressed concern about your use of an opiate pain reliever? (ATOPICRN) Yes No

7. In the PAST 3 MONTHS, did you use a medication for anxiety or sleep (for example, Xanax, Ativan, or Klonopin) **not** as prescribed or that was **not** prescribed for you? (ATSEDTIV) Yes No
 - a. In the PAST 3 MONTHS, have you had a strong desire or urge to use medications for anxiety or sleep at least once a week or more often? (ATSED1WK) Yes No
 - b. In the PAST 3 MONTHS, has anyone expressed concern about your use of medication for anxiety or sleep? (ATSEDCRN) Yes No

8. In the PAST 3 MONTHS, did you use a medication for ADHD (for example, Adderall, Ritalin) **not** as prescribed or that was **not** prescribed for you? (ATSTMLT) Yes No
 - a. In the PAST 3 MONTHS, did you use a medication for ADHD (for example, Adderall, Ritalin) at least once a week or more often? (ATSTM1WK) Yes No

b. In the PAST 3 MONTHS, has anyone expressed concern about your use of a medication for ADHD (for example, Adderall or Ritalin)?

(ATSTMCRN) Yes No

9. In the PAST 3 MONTHS, did you use any other illegal or recreational drug (for example, ecstasy/molly, GHB, poppers, LSD, mushrooms, special K, bath salts, synthetic marijuana ('spice'), whip-its, etc.)?

(ATOTDRUG) Yes No

In the PAST 3 MONTHS, what were the other drug(s) you used?

(ATOTDGSP)

Comments:(ATLCOMM)

NIDA Clinical Trials Network

Audit-C (AUC)

Web Version: 1.0; 2.00; 11-12-14

Segment (PROTSEG):

Visit number (VISNO):

Now I am going to ask you some questions about your use of alcoholic beverages during this past year. Alcoholic beverages are drinks like beer, wine, and vodka. For the purpose of this interview, a drink is about one glass of wine (5 oz), one beer (12 oz), or one single shot of liquor.

Show participant the NIAAA drink card.

1. How often do you have a drink containing alcohol?(AUDRFRQ)

2. How many standard drinks containing alcohol do you have on a typical day?(AUDRKDAY)

3. How often do you have six or more drinks on one occasion?(AUDRINK6)

Comments:(AUCCOMM)

NIDA Clinical Trials Network

Select CIDI questions - Alcohol (CIA)

Web Version: 1.0; 2.00; 11-12-14

Segment (PROTSEG):

Visit number (VISNO):

1. Was there ever a time IN THE LAST 12 MONTHS when your use of DRUGNAME frequently interfered with your work or responsibilities at school, on a job, or at home? No Yes
(KEY PHRASE: *interfered with your work or school*)(CIINTERF)
2. Was there ever a time IN THE LAST 12 MONTHS when your use of DRUGNAME caused arguments or other serious or repeated problems with your family, friends, neighbors, or co-workers?(CIARGMNT) No Yes
3. Did you continue to use DRUGNAME even though it caused problems with these people? No Yes
(KEY PHRASE: *caused problems with family or friends*) (CIPEOPLE)
4. Were there times IN THE LAST 12 MONTHS when you were often under the influence of DRUGNAME in situations where you could have gotten hurt - for example when riding a bicycle, driving, operating a machine, or anything else? No Yes
(KEY PHRASE: *occurred in situations where you could have gotten hurt*)(CIHURT)
5. IN THE LAST 12 MONTHS, were you arrested or stopped by the police more than once because of driving under the influence of DRUGNAME or because of your behavior while you were under the influence of DRUGNAME? No Yes
(KEY PHRASE: *resulted in problems with the police*)(CIPOLICE)
6. Was there ever a time IN THE LAST 12 MONTHS when you often had such a strong desire to use DRUGNAME that you couldn't stop using or found it difficult to think of anything else? No Yes
(KEY PHRASE: *you had a strong and irresistible urge to use DRUGNAME*) (CIDIFSTP)
7. IN THE LAST 12 MONTHS, did you ever need larger amounts of DRUGNAME to get an effect, or did you ever find that you could no longer get high on the amount you used to use? No Yes
(KEY PHRASE: *you needed larger amounts of DRUGNAME to get an effect*) (CINEEDMR)
8. Was there ever a time IN THE LAST 12 MONTHS when you stopped, cut down, or went without using DRUGNAME and then experienced withdrawal symptoms? No Yes
(KEY PHRASE: *you experienced withdrawal symptoms from DRUGNAME*) (CIEXPWDL)
9. Did you ever have times IN THE LAST 12 MONTHS when you used DRUGNAME to keep from having withdrawal symptoms? No Yes
(KEY PHRASE: *you used DRUGNAME to keep from feeling physical problems*)(CIUSEWDL)
10. Did you ever have times IN THE LAST 12 MONTHS when you used DRUGNAME even though you planned not to or when you used a lot more than you intended? No Yes
(KEY PHRASE: *you used when you planned not to or you used more than you planned*)(CIUSEMR)
11. Were there times IN THE LAST 12 MONTHS when you used DRUGNAME more frequently or for more days in a row than you intended? No Yes
(KEY PHRASE: *you used more frequently than you intended*) (CIMORFRQ)
12. Were there times IN THE LAST 12 MONTHS when you tried to stop or cut down on your use of DRUGNAME and found that you were not able to do so? No Yes
(KEY PHRASE: *you tried but weren't able to stop or cut down using*) (CINOSTOP)
13. IN THE LAST 12 MONTHS, did you ever have several days or more when you spent so much time using or getting over the effects of DRUGNAME use that you had little time for anything else? No Yes
(KEY PHRASE: *you spent periods of several days doing little more than using*)

or getting over the effects of using)(CINOTIME)

14. IN THE LAST 12 MONTHS, was there ever a time when you gave up or greatly reduced important activities because of your DRUGNAME use - for example, sports, work, or seeing friends and family? No Yes
(KEY PHRASE: you gave up or reduced important activities because of your use)(CIGAVEUP)

15. IN THE LAST 12 MONTHS, did you ever continue to use DRUGNAME when you knew you had a serious physical or emotional problem that might have been caused by or made worse by using DRUGNAME? No Yes
(KEY PHRASE: you continued to use even though it caused or worsened physical or emotional problems)(CIPROBLM)

Comments:(CIACOMM)

NIDA Clinical Trials Network

Select CIDI questions - Cocaine or Crack (CIC)

Web Version: 1.0; 2.00; 11-12-14

Segment (PROTSEG):

Visit number (VISNO):

1. Was there ever a time IN THE LAST 12 MONTHS when your use of DRUGNAME frequently interfered with your work or responsibilities at school, on a job, or at home? No Yes
(KEY PHRASE: *interfered with your work or school*)(CIINTERF)
2. Was there ever a time IN THE LAST 12 MONTHS when your use of DRUGNAME caused arguments or other serious or repeated problems with your family, friends, neighbors, or co-workers?(CIARGMNT) No Yes
3. Did you continue to use DRUGNAME even though it caused problems with these people? No Yes
(KEY PHRASE: *caused problems with family or friends*) (CIPEOPLE)
4. Were there times IN THE LAST 12 MONTHS when you were often under the influence of DRUGNAME in situations where you could have gotten hurt - for example when riding a bicycle, driving, operating a machine, or anything else? No Yes
(KEY PHRASE: *occurred in situations where you could have gotten hurt*)(CIHURT)
5. IN THE LAST 12 MONTHS, were you arrested or stopped by the police more than once because of driving under the influence of DRUGNAME or because of your behavior while you were under the influence of DRUGNAME? No Yes
(KEY PHRASE: *resulted in problems with the police*)(CIPOLICE)
6. Was there ever a time IN THE LAST 12 MONTHS when you often had such a strong desire to use DRUGNAME that you couldn't stop using or found it difficult to think of anything else? No Yes
(KEY PHRASE: *you had a strong and irresistible urge to use DRUGNAME*) (CIDIFSTP)
7. IN THE LAST 12 MONTHS, did you ever need larger amounts of DRUGNAME to get an effect, or did you ever find that you could no longer get high on the amount you used to use? No Yes
(KEY PHRASE: *you needed larger amounts of DRUGNAME to get an effect*) (CINEEDMR)
8. Was there ever a time IN THE LAST 12 MONTHS when you stopped, cut down, or went without using DRUGNAME and then experienced withdrawal symptoms? No Yes
(KEY PHRASE: *you experienced withdrawal symptoms from DRUGNAME*) (CIEXPWDL)
9. Did you ever have times IN THE LAST 12 MONTHS when you used DRUGNAME to keep from having withdrawal symptoms? No Yes
(KEY PHRASE: *you used DRUGNAME to keep from feeling physical problems*)(CIUSEWDL)
10. Did you ever have times IN THE LAST 12 MONTHS when you used DRUGNAME even though you planned not to or when you used a lot more than you intended? No Yes
(KEY PHRASE: *you used when you planned not to or you used more than you planned*)(CIUSEMR)
11. Were there times IN THE LAST 12 MONTHS when you used DRUGNAME more frequently or for more days in a row than you intended? No Yes
(KEY PHRASE: *you used more frequently than you intended*) (CIMORFRQ)
12. Were there times IN THE LAST 12 MONTHS when you tried to stop or cut down on your use of DRUGNAME and found that you were not able to do so? No Yes
(KEY PHRASE: *you tried but weren't able to stop or cut down using*) (CINOSTOP)
13. IN THE LAST 12 MONTHS, did you ever have several days or more when you spent so much time using or getting over the effects of DRUGNAME use that you had little time for anything else? No Yes
(KEY PHRASE: *you spent periods of several days doing little more than using*)

or getting over the effects of using)(CINOTIME)

14. IN THE LAST 12 MONTHS, was there ever a time when you gave up or greatly reduced important activities because of your DRUGNAME use - for example, sports, work, or seeing friends and family? No Yes
(KEY PHRASE: you gave up or reduced important activities because of your use)(CIGAVEUP)

15. IN THE LAST 12 MONTHS, did you ever continue to use DRUGNAME when you knew you had a serious physical or emotional problem that might have been caused by or made worse by using DRUGNAME? No Yes
(KEY PHRASE: you continued to use even though it caused or worsened physical or emotional problems)(CIPROBLM)

Comments:(CICCOMM)

NIDA Clinical Trials Network

Select questions from CIDI - Composite International Diagnostic Interview - Substance Abuse Module (CID)

Web Version: 1.0; 4.00; 11-12-14

Segment (PROTSEG):

Visit number (VISNO):

Which of the following substances have you used IN THE LAST 12 MONTHS?

Non-medical use only; that were not prescribed to you by a doctor, or when you used more than prescribed or for longer than prescribed.

1. Cigarettes or other tobacco products: (CITOBUSE) No Yes

2. Alcohol: (CIALCUSE) No Yes

3. Marijuana or hashish: (CICANUSE) No Yes

4. Cocaine or crack: (CICOCUSE) No Yes

5. Heroin: (CIHERUSE) No Yes

6. Opiates medications (e.g., morphine, Percocet, vicodin, oxycontin, dilaudid, methadone, buprenorphine): (CIOPIUSE) No Yes

7. Amphetamine containing medications for ADHD: (CIAMPUSE) No Yes

8. Methamphetamine (e.g., crystal meth): (CIMETUSE) No Yes

9. Hallucinogens (e.g., ecstasy/molly /MDMA, LSD, mushrooms, special K): (CIHALUSE) No Yes

If "Yes", specify:

(CIHALSP)

10. Sedatives: (CISEDUSE) No Yes

11. Inhalants: (CIINHUSE) No Yes

12. Other drug: (CIOTHER) No Yes

If other drug, specify:

(CIOTHSP)

Comments:(CIDCOMM)

NIDA Clinical Trials Network

Select CIDI questions - Heroin (CIH)

Web Version: 1.0; 2.00; 11-12-14

Segment (PROTSEG):

Visit number (VISNO):

1. Was there ever a time IN THE LAST 12 MONTHS when your use of DRUGNAME frequently interfered with your work or responsibilities at school, on a job, or at home? No Yes
(KEY PHRASE: *interfered with your work or school*)(CIINTERF)
2. Was there ever a time IN THE LAST 12 MONTHS when your use of DRUGNAME caused arguments or other serious or repeated problems with your family, friends, neighbors, or co-workers?(CIARGMNT) No Yes
3. Did you continue to use DRUGNAME even though it caused problems with these people? No Yes
(KEY PHRASE: *caused problems with family or friends*) (CIPEOPLE)
4. Were there times IN THE LAST 12 MONTHS when you were often under the influence of DRUGNAME in situations where you could have gotten hurt - for example when riding a bicycle, driving, operating a machine, or anything else? No Yes
(KEY PHRASE: *occurred in situations where you could have gotten hurt*)(CIHURT)
5. IN THE LAST 12 MONTHS, were you arrested or stopped by the police more than once because of driving under the influence of DRUGNAME or because of your behavior while you were under the influence of DRUGNAME? No Yes
(KEY PHRASE: *resulted in problems with the police*)(CIPOLICE)
6. Was there ever a time IN THE LAST 12 MONTHS when you often had such a strong desire to use DRUGNAME that you couldn't stop using or found it difficult to think of anything else? No Yes
(KEY PHRASE: *you had a strong and irresistible urge to use DRUGNAME*) (CIDIFSTP)
7. IN THE LAST 12 MONTHS, did you ever need larger amounts of DRUGNAME to get an effect, or did you ever find that you could no longer get high on the amount you used to use? No Yes
(KEY PHRASE: *you needed larger amounts of DRUGNAME to get an effect*) (CINEEDMR)
8. Was there ever a time IN THE LAST 12 MONTHS when you stopped, cut down, or went without using DRUGNAME and then experienced withdrawal symptoms? No Yes
(KEY PHRASE: *you experienced withdrawal symptoms from DRUGNAME*) (CIEXPWDL)
9. Did you ever have times IN THE LAST 12 MONTHS when you used DRUGNAME to keep from having withdrawal symptoms? No Yes
(KEY PHRASE: *you used DRUGNAME to keep from feeling physical problems*)(CIUSEWDL)
10. Did you ever have times IN THE LAST 12 MONTHS when you used DRUGNAME even though you planned not to or when you used a lot more than you intended? No Yes
(KEY PHRASE: *you used when you planned not to or you used more than you planned*)(CIUSEMR)
11. Were there times IN THE LAST 12 MONTHS when you used DRUGNAME more frequently or for more days in a row than you intended? No Yes
(KEY PHRASE: *you used more frequently than you intended*) (CIMORFRQ)
12. Were there times IN THE LAST 12 MONTHS when you tried to stop or cut down on your use of DRUGNAME and found that you were not able to do so? No Yes
(KEY PHRASE: *you tried but weren't able to stop or cut down using*) (CINOSTOP)
13. IN THE LAST 12 MONTHS, did you ever have several days or more when you spent so much time using or getting over the effects of DRUGNAME use that you had little time for anything else? No Yes
(KEY PHRASE: *you spent periods of several days doing little more than using*)

or getting over the effects of using)(CINOTIME)

14. IN THE LAST 12 MONTHS, was there ever a time when you gave up or greatly reduced important activities because of your DRUGNAME use - for example, sports, work, or seeing friends and family? No Yes
(KEY PHRASE: you gave up or reduced important activities because of your use)(CIGAVEUP)

15. IN THE LAST 12 MONTHS, did you ever continue to use DRUGNAME when you knew you had a serious physical or emotional problem that might have been caused by or made worse by using DRUGNAME? No Yes
(KEY PHRASE: you continued to use even though it caused or worsened physical or emotional problems)(CIPROBLM)

Comments:(CIHCOMM)

NIDA Clinical Trials Network

Select CIDI questions - Inhalants (CII)

Web Version: 1.0; 2.00; 11-12-14

Segment (PROTSEG):

Visit number (VISNO):

1. Was there ever a time IN THE LAST 12 MONTHS when your use of DRUGNAME frequently interfered with your work or responsibilities at school, on a job, or at home? No Yes
(KEY PHRASE: *interfered with your work or school*)(CIINTERF)
2. Was there ever a time IN THE LAST 12 MONTHS when your use of DRUGNAME caused arguments or other serious or repeated problems with your family, friends, neighbors, or co-workers?(CIARGMNT) No Yes
3. Did you continue to use DRUGNAME even though it caused problems with these people? No Yes
(KEY PHRASE: *caused problems with family or friends*) (CIPEOPLE)
4. Were there times IN THE LAST 12 MONTHS when you were often under the influence of DRUGNAME in situations where you could have gotten hurt - for example when riding a bicycle, driving, operating a machine, or anything else? No Yes
(KEY PHRASE: *occurred in situations where you could have gotten hurt*)(CIHURT)
5. IN THE LAST 12 MONTHS, were you arrested or stopped by the police more than once because of driving under the influence of DRUGNAME or because of your behavior while you were under the influence of DRUGNAME? No Yes
(KEY PHRASE: *resulted in problems with the police*)(CIPOLICE)
6. Was there ever a time IN THE LAST 12 MONTHS when you often had such a strong desire to use DRUGNAME that you couldn't stop using or found it difficult to think of anything else? No Yes
(KEY PHRASE: *you had a strong and irresistible urge to use DRUGNAME*) (CIDIFSTP)
7. IN THE LAST 12 MONTHS, did you ever need larger amounts of DRUGNAME to get an effect, or did you ever find that you could no longer get high on the amount you used to use? No Yes
(KEY PHRASE: *you needed larger amounts of DRUGNAME to get an effect*) (CINEEDMR)
8. Was there ever a time IN THE LAST 12 MONTHS when you stopped, cut down, or went without using DRUGNAME and then experienced withdrawal symptoms? No Yes
(KEY PHRASE: *you experienced withdrawal symptoms from DRUGNAME*) (CIEXPWDL)
9. Did you ever have times IN THE LAST 12 MONTHS when you used DRUGNAME to keep from having withdrawal symptoms? No Yes
(KEY PHRASE: *you used DRUGNAME to keep from feeling physical problems*)(CIUSEWDL)
10. Did you ever have times IN THE LAST 12 MONTHS when you used DRUGNAME even though you planned not to or when you used a lot more than you intended? No Yes
(KEY PHRASE: *you used when you planned not to or you used more than you planned*)(CIUSEMR)
11. Were there times IN THE LAST 12 MONTHS when you used DRUGNAME more frequently or for more days in a row than you intended? No Yes
(KEY PHRASE: *you used more frequently than you intended*) (CIMORFRQ)
12. Were there times IN THE LAST 12 MONTHS when you tried to stop or cut down on your use of DRUGNAME and found that you were not able to do so? No Yes
(KEY PHRASE: *you tried but weren't able to stop or cut down using*) (CINOSTOP)
13. IN THE LAST 12 MONTHS, did you ever have several days or more when you spent so much time using or getting over the effects of DRUGNAME use that you had little time for anything else? No Yes
(KEY PHRASE: *you spent periods of several days doing little more than using*)

or getting over the effects of using)(CINOTIME)

14. IN THE LAST 12 MONTHS, was there ever a time when you gave up or greatly reduced important activities because of your DRUGNAME use - for example, sports, work, or seeing friends and family? No Yes
(KEY PHRASE: you gave up or reduced important activities because of your use)(CIGAVEUP)

15. IN THE LAST 12 MONTHS, did you ever continue to use DRUGNAME when you knew you had a serious physical or emotional problem that might have been caused by or made worse by using DRUGNAME? No Yes
(KEY PHRASE: you continued to use even though it caused or worsened physical or emotional problems)(CIPROBLM)

Comments:(CIICOMM)

NIDA Clinical Trials Network

Select CIDI questions - Hallucinogens (CIL)

Web Version: 1.0; 2.00; 11-12-14

Segment (PROTSEG):

Visit number (VISNO):

1. Was there ever a time IN THE LAST 12 MONTHS when your use of DRUGNAME frequently interfered with your work or responsibilities at school, on a job, or at home? No Yes
(KEY PHRASE: *interfered with your work or school*)(CIINTERF)
2. Was there ever a time IN THE LAST 12 MONTHS when your use of DRUGNAME caused arguments or other serious or repeated problems with your family, friends, neighbors, or co-workers?(CIARGMNT) No Yes
3. Did you continue to use DRUGNAME even though it caused problems with these people? No Yes
(KEY PHRASE: *caused problems with family or friends*) (CIPEOPLE)
4. Were there times IN THE LAST 12 MONTHS when you were often under the influence of DRUGNAME in situations where you could have gotten hurt - for example when riding a bicycle, driving, operating a machine, or anything else? No Yes
(KEY PHRASE: *occurred in situations where you could have gotten hurt*)(CIHURT)
5. IN THE LAST 12 MONTHS, were you arrested or stopped by the police more than once because of driving under the influence of DRUGNAME or because of your behavior while you were under the influence of DRUGNAME? No Yes
(KEY PHRASE: *resulted in problems with the police*)(CIPOLICE)
6. Was there ever a time IN THE LAST 12 MONTHS when you often had such a strong desire to use DRUGNAME that you couldn't stop using or found it difficult to think of anything else? No Yes
(KEY PHRASE: *you had a strong and irresistible urge to use DRUGNAME*) (CIDIFSTP)
7. IN THE LAST 12 MONTHS, did you ever need larger amounts of DRUGNAME to get an effect, or did you ever find that you could no longer get high on the amount you used to use? No Yes
(KEY PHRASE: *you needed larger amounts of DRUGNAME to get an effect*) (CINEEDMR)
8. Was there ever a time IN THE LAST 12 MONTHS when you stopped, cut down, or went without using DRUGNAME and then experienced withdrawal symptoms? No Yes
(KEY PHRASE: *you experienced withdrawal symptoms from DRUGNAME*) (CIEXPWDL)
9. Did you ever have times IN THE LAST 12 MONTHS when you used DRUGNAME to keep from having withdrawal symptoms? No Yes
(KEY PHRASE: *you used DRUGNAME to keep from feeling physical problems*)(CIUSEWDL)
10. Did you ever have times IN THE LAST 12 MONTHS when you used DRUGNAME even though you planned not to or when you used a lot more than you intended? No Yes
(KEY PHRASE: *you used when you planned not to or you used more than you planned*)(CIUSEMR)
11. Were there times IN THE LAST 12 MONTHS when you used DRUGNAME more frequently or for more days in a row than you intended? No Yes
(KEY PHRASE: *you used more frequently than you intended*) (CIMORFRQ)
12. Were there times IN THE LAST 12 MONTHS when you tried to stop or cut down on your use of DRUGNAME and found that you were not able to do so? No Yes
(KEY PHRASE: *you tried but weren't able to stop or cut down using*) (CINOSTOP)
13. IN THE LAST 12 MONTHS, did you ever have several days or more when you spent so much time using or getting over the effects of DRUGNAME use that you had little time for anything else? No Yes
(KEY PHRASE: *you spent periods of several days doing little more than using*)

or getting over the effects of using)(CINOTIME)

14. IN THE LAST 12 MONTHS, was there ever a time when you gave up or greatly reduced important activities because of your DRUGNAME use - for example, sports, work, or seeing friends and family? No Yes
(KEY PHRASE: you gave up or reduced important activities because of your use)(CIGAVEUP)

15. IN THE LAST 12 MONTHS, did you ever continue to use DRUGNAME when you knew you had a serious physical or emotional problem that might have been caused by or made worse by using DRUGNAME? No Yes
(KEY PHRASE: you continued to use even though it caused or worsened physical or emotional problems)(CIPROBLM)

Comments:(CILCOMM)

NIDA Clinical Trials Network

Select CIDI questions - Marijuana or Hashish (CIM)

Web Version: 1.0; 2.00; 11-12-14

Segment (PROTSEG):

Visit number (VISNO):

1. Was there ever a time IN THE LAST 12 MONTHS when your use of DRUGNAME frequently interfered with your work or responsibilities at school, on a job, or at home? No Yes
(KEY PHRASE: *interfered with your work or school*)(CIINTERF)
2. Was there ever a time IN THE LAST 12 MONTHS when your use of DRUGNAME caused arguments or other serious or repeated problems with your family, friends, neighbors, or co-workers?(CIARGMNT) No Yes
3. Did you continue to use DRUGNAME even though it caused problems with these people? No Yes
(KEY PHRASE: *caused problems with family or friends*) (CIPEOPLE)
4. Were there times IN THE LAST 12 MONTHS when you were often under the influence of DRUGNAME in situations where you could have gotten hurt - for example when riding a bicycle, driving, operating a machine, or anything else? No Yes
(KEY PHRASE: *occurred in situations where you could have gotten hurt*)(CIHURT)
5. IN THE LAST 12 MONTHS, were you arrested or stopped by the police more than once because of driving under the influence of DRUGNAME or because of your behavior while you were under the influence of DRUGNAME? No Yes
(KEY PHRASE: *resulted in problems with the police*)(CIPOLICE)
6. Was there ever a time IN THE LAST 12 MONTHS when you often had such a strong desire to use DRUGNAME that you couldn't stop using or found it difficult to think of anything else? No Yes
(KEY PHRASE: *you had a strong and irresistible urge to use DRUGNAME*) (CIDIFSTP)
7. IN THE LAST 12 MONTHS, did you ever need larger amounts of DRUGNAME to get an effect, or did you ever find that you could no longer get high on the amount you used to use? No Yes
(KEY PHRASE: *you needed larger amounts of DRUGNAME to get an effect*) (CINEEDMR)
8. Was there ever a time IN THE LAST 12 MONTHS when you stopped, cut down, or went without using DRUGNAME and then experienced withdrawal symptoms? No Yes
(KEY PHRASE: *you experienced withdrawal symptoms from DRUGNAME*) (CIEXPWDL)
9. Did you ever have times IN THE LAST 12 MONTHS when you used DRUGNAME to keep from having withdrawal symptoms? No Yes
(KEY PHRASE: *you used DRUGNAME to keep from feeling physical problems*)(CIUSEWDL)
10. Did you ever have times IN THE LAST 12 MONTHS when you used DRUGNAME even though you planned not to or when you used a lot more than you intended? No Yes
(KEY PHRASE: *you used when you planned not to or you used more than you planned*)(CIUSEMR)
11. Were there times IN THE LAST 12 MONTHS when you used DRUGNAME more frequently or for more days in a row than you intended? No Yes
(KEY PHRASE: *you used more frequently than you intended*) (CIMORFRQ)
12. Were there times IN THE LAST 12 MONTHS when you tried to stop or cut down on your use of DRUGNAME and found that you were not able to do so? No Yes
(KEY PHRASE: *you tried but weren't able to stop or cut down using*) (CINOSTOP)
13. IN THE LAST 12 MONTHS, did you ever have several days or more when you spent so much time using or getting over the effects of DRUGNAME use that you had little time for anything else? No Yes
(KEY PHRASE: *you spent periods of several days doing little more than using*)

or getting over the effects of using)(CINOTIME)

14. IN THE LAST 12 MONTHS, was there ever a time when you gave up or greatly reduced important activities because of your DRUGNAME use - for example, sports, work, or seeing friends and family? No Yes
(KEY PHRASE: you gave up or reduced important activities because of your use)(CIGAVEUP)

15. IN THE LAST 12 MONTHS, did you ever continue to use DRUGNAME when you knew you had a serious physical or emotional problem that might have been caused by or made worse by using DRUGNAME? No Yes
(KEY PHRASE: you continued to use even though it caused or worsened physical or emotional problems)(CIPROBLM)

Comments:(CIMCOMM)

NIDA Clinical Trials Network

Select CIDI questions - Opiates (C10)

Web Version: 1.0; 2.00; 11-12-14

Segment (PROTSEG):

Visit number (VISNO):

1. Was there ever a time IN THE LAST 12 MONTHS when your use of DRUGNAME frequently interfered with your work or responsibilities at school, on a job, or at home? No Yes
(KEY PHRASE: *interfered with your work or school*)(CIINTERF)
2. Was there ever a time IN THE LAST 12 MONTHS when your use of DRUGNAME caused arguments or other serious or repeated problems with your family, friends, neighbors, or co-workers?(CIARGMNT) No Yes
3. Did you continue to use DRUGNAME even though it caused problems with these people? No Yes
(KEY PHRASE: *caused problems with family or friends*) (CIPEOPLE)
4. Were there times IN THE LAST 12 MONTHS when you were often under the influence of DRUGNAME in situations where you could have gotten hurt - for example when riding a bicycle, driving, operating a machine, or anything else? No Yes
(KEY PHRASE: *occurred in situations where you could have gotten hurt*)(CIHURT)
5. IN THE LAST 12 MONTHS, were you arrested or stopped by the police more than once because of driving under the influence of DRUGNAME or because of your behavior while you were under the influence of DRUGNAME? No Yes
(KEY PHRASE: *resulted in problems with the police*)(CIPOLICE)
6. Was there ever a time IN THE LAST 12 MONTHS when you often had such a strong desire to use DRUGNAME that you couldn't stop using or found it difficult to think of anything else? No Yes
(KEY PHRASE: *you had a strong and irresistible urge to use DRUGNAME*) (CIDIFSTP)
7. IN THE LAST 12 MONTHS, did you ever need larger amounts of DRUGNAME to get an effect, or did you ever find that you could no longer get high on the amount you used to use? No Yes
(KEY PHRASE: *you needed larger amounts of DRUGNAME to get an effect*) (CINEEDMR)
8. Was there ever a time IN THE LAST 12 MONTHS when you stopped, cut down, or went without using DRUGNAME and then experienced withdrawal symptoms? No Yes
(KEY PHRASE: *you experienced withdrawal symptoms from DRUGNAME*) (CIEXPWDL)
9. Did you ever have times IN THE LAST 12 MONTHS when you used DRUGNAME to keep from having withdrawal symptoms? No Yes
(KEY PHRASE: *you used DRUGNAME to keep from feeling physical problems*)(CIUSEWDL)
10. Did you ever have times IN THE LAST 12 MONTHS when you used DRUGNAME even though you planned not to or when you used a lot more than you intended? No Yes
(KEY PHRASE: *you used when you planned not to or you used more than you planned*)(CIUSEMR)
11. Were there times IN THE LAST 12 MONTHS when you used DRUGNAME more frequently or for more days in a row than you intended? No Yes
(KEY PHRASE: *you used more frequently than you intended*) (CIMORFRQ)
12. Were there times IN THE LAST 12 MONTHS when you tried to stop or cut down on your use of DRUGNAME and found that you were not able to do so? No Yes
(KEY PHRASE: *you tried but weren't able to stop or cut down using*) (CINOSTOP)
13. IN THE LAST 12 MONTHS, did you ever have several days or more when you spent so much time using or getting over the effects of DRUGNAME use that you had little time for anything else? No Yes
(KEY PHRASE: *you spent periods of several days doing little more than using*)

or getting over the effects of using)(CINOTIME)

14. IN THE LAST 12 MONTHS, was there ever a time when you gave up or greatly reduced important activities because of your DRUGNAME use - for example, sports, work, or seeing friends and family? No Yes
(KEY PHRASE: you gave up or reduced important activities because of your use)(CIGAVEUP)

15. IN THE LAST 12 MONTHS, did you ever continue to use DRUGNAME when you knew you had a serious physical or emotional problem that might have been caused by or made worse by using DRUGNAME? No Yes
(KEY PHRASE: you continued to use even though it caused or worsened physical or emotional problems)(CIPROBLM)

Comments:(CIOCMM)

NIDA Clinical Trials Network

Select CIDI questions - Amphetamine containing medications for ADHD (CIP)

Web Version: 1.0; 2.00; 11-12-14

Segment (PROTSEG):

Visit number (VISNO):

1. Was there ever a time IN THE LAST 12 MONTHS when your use of DRUGNAME frequently interfered with your work or responsibilities at school, on a job, or at home? No Yes
(KEY PHRASE: *interfered with your work or school*)(CIINTERF)
2. Was there ever a time IN THE LAST 12 MONTHS when your use of DRUGNAME caused arguments or other serious or repeated problems with your family, friends, neighbors, or co-workers?(CIARGMNT) No Yes
3. Did you continue to use DRUGNAME even though it caused problems with these people? No Yes
(KEY PHRASE: *caused problems with family or friends*) (CIPEOPLE)
4. Were there times IN THE LAST 12 MONTHS when you were often under the influence of DRUGNAME in situations where you could have gotten hurt - for example when riding a bicycle, driving, operating a machine, or anything else? No Yes
(KEY PHRASE: *occurred in situations where you could have gotten hurt*)(CIHURT)
5. IN THE LAST 12 MONTHS, were you arrested or stopped by the police more than once because of driving under the influence of DRUGNAME or because of your behavior while you were under the influence of DRUGNAME? No Yes
(KEY PHRASE: *resulted in problems with the police*)(CIPOLICE)
6. Was there ever a time IN THE LAST 12 MONTHS when you often had such a strong desire to use DRUGNAME that you couldn't stop using or found it difficult to think of anything else? No Yes
(KEY PHRASE: *you had a strong and irresistible urge to use DRUGNAME*) (CIDIFSTP)
7. IN THE LAST 12 MONTHS, did you ever need larger amounts of DRUGNAME to get an effect, or did you ever find that you could no longer get high on the amount you used to use? No Yes
(KEY PHRASE: *you needed larger amounts of DRUGNAME to get an effect*) (CINEEDMR)
8. Was there ever a time IN THE LAST 12 MONTHS when you stopped, cut down, or went without using DRUGNAME and then experienced withdrawal symptoms? No Yes
(KEY PHRASE: *you experienced withdrawal symptoms from DRUGNAME*) (CIEXPWDL)
9. Did you ever have times IN THE LAST 12 MONTHS when you used DRUGNAME to keep from having withdrawal symptoms? No Yes
(KEY PHRASE: *you used DRUGNAME to keep from feeling physical problems*)(CIUSEWDL)
10. Did you ever have times IN THE LAST 12 MONTHS when you used DRUGNAME even though you planned not to or when you used a lot more than you intended? No Yes
(KEY PHRASE: *you used when you planned not to or you used more than you planned*)(CIUSEMR)
11. Were there times IN THE LAST 12 MONTHS when you used DRUGNAME more frequently or for more days in a row than you intended? No Yes
(KEY PHRASE: *you used more frequently than you intended*) (CIMORFRQ)
12. Were there times IN THE LAST 12 MONTHS when you tried to stop or cut down on your use of DRUGNAME and found that you were not able to do so? No Yes
(KEY PHRASE: *you tried but weren't able to stop or cut down using*) (CINOSTOP)
13. IN THE LAST 12 MONTHS, did you ever have several days or more when you spent so much time using or getting over the effects of DRUGNAME use that you had little time for anything else? No Yes
(KEY PHRASE: *you spent periods of several days doing little more than using*)

or getting over the effects of using)(CINOTIME)

14. IN THE LAST 12 MONTHS, was there ever a time when you gave up or greatly reduced important activities because of your DRUGNAME use - for example, sports, work, or seeing friends and family? No Yes
(KEY PHRASE: you gave up or reduced important activities because of your use)(CIGAVEUP)

15. IN THE LAST 12 MONTHS, did you ever continue to use DRUGNAME when you knew you had a serious physical or emotional problem that might have been caused by or made worse by using DRUGNAME? No Yes
(KEY PHRASE: you continued to use even though it caused or worsened physical or emotional problems)(CIPROBLM)

Comments:(CIPCOMM)

NIDA Clinical Trials Network

Select CIDI questions - Methamphetamine (CIR)

Web Version: 1.0; 2.00; 11-12-14

Segment (PROTSEG):

Visit number (VISNO):

1. Was there ever a time IN THE LAST 12 MONTHS when your use of DRUGNAME frequently interfered with your work or responsibilities at school, on a job, or at home? No Yes
(KEY PHRASE: *interfered with your work or school*)(CIINTERF)
2. Was there ever a time IN THE LAST 12 MONTHS when your use of DRUGNAME caused arguments or other serious or repeated problems with your family, friends, neighbors, or co-workers?(CIARGMNT) No Yes
3. Did you continue to use DRUGNAME even though it caused problems with these people? No Yes
(KEY PHRASE: *caused problems with family or friends*) (CIPEOPLE)
4. Were there times IN THE LAST 12 MONTHS when you were often under the influence of DRUGNAME in situations where you could have gotten hurt - for example when riding a bicycle, driving, operating a machine, or anything else? No Yes
(KEY PHRASE: *occurred in situations where you could have gotten hurt*)(CIHURT)
5. IN THE LAST 12 MONTHS, were you arrested or stopped by the police more than once because of driving under the influence of DRUGNAME or because of your behavior while you were under the influence of DRUGNAME? No Yes
(KEY PHRASE: *resulted in problems with the police*)(CIPOLICE)
6. Was there ever a time IN THE LAST 12 MONTHS when you often had such a strong desire to use DRUGNAME that you couldn't stop using or found it difficult to think of anything else? No Yes
(KEY PHRASE: *you had a strong and irresistible urge to use DRUGNAME*) (CIDIFSTP)
7. IN THE LAST 12 MONTHS, did you ever need larger amounts of DRUGNAME to get an effect, or did you ever find that you could no longer get high on the amount you used to use? No Yes
(KEY PHRASE: *you needed larger amounts of DRUGNAME to get an effect*) (CINEEDMR)
8. Was there ever a time IN THE LAST 12 MONTHS when you stopped, cut down, or went without using DRUGNAME and then experienced withdrawal symptoms? No Yes
(KEY PHRASE: *you experienced withdrawal symptoms from DRUGNAME*) (CIEXPWDL)
9. Did you ever have times IN THE LAST 12 MONTHS when you used DRUGNAME to keep from having withdrawal symptoms? No Yes
(KEY PHRASE: *you used DRUGNAME to keep from feeling physical problems*)(CIUSEWDL)
10. Did you ever have times IN THE LAST 12 MONTHS when you used DRUGNAME even though you planned not to or when you used a lot more than you intended? No Yes
(KEY PHRASE: *you used when you planned not to or you used more than you planned*)(CIUSEMR)
11. Were there times IN THE LAST 12 MONTHS when you used DRUGNAME more frequently or for more days in a row than you intended? No Yes
(KEY PHRASE: *you used more frequently than you intended*) (CIMORFRQ)
12. Were there times IN THE LAST 12 MONTHS when you tried to stop or cut down on your use of DRUGNAME and found that you were not able to do so? No Yes
(KEY PHRASE: *you tried but weren't able to stop or cut down using*) (CINOSTOP)
13. IN THE LAST 12 MONTHS, did you ever have several days or more when you spent so much time using or getting over the effects of DRUGNAME use that you had little time for anything else? No Yes
(KEY PHRASE: *you spent periods of several days doing little more than using*)

or getting over the effects of using)(CINOTIME)

14. IN THE LAST 12 MONTHS, was there ever a time when you gave up or greatly reduced important activities because of your DRUGNAME use - for example, sports, work, or seeing friends and family? No Yes
(KEY PHRASE: you gave up or reduced important activities because of your use)(CIGAVEUP)

15. IN THE LAST 12 MONTHS, did you ever continue to use DRUGNAME when you knew you had a serious physical or emotional problem that might have been caused by or made worse by using DRUGNAME? No Yes
(KEY PHRASE: you continued to use even though it caused or worsened physical or emotional problems)(CIPROBLM)

Comments:(CIRCOMM)

NIDA Clinical Trials Network

Select CIDI questions - Sedatives (CIS)

Web Version: 1.0; 2.00; 11-12-14

Segment (PROTSEG):

Visit number (VISNO):

1. Was there ever a time IN THE LAST 12 MONTHS when your use of DRUGNAME frequently interfered with your work or responsibilities at school, on a job, or at home? No Yes
(KEY PHRASE: *interfered with your work or school*)(CIINTERF)
2. Was there ever a time IN THE LAST 12 MONTHS when your use of DRUGNAME caused arguments or other serious or repeated problems with your family, friends, neighbors, or co-workers?(CIARGMNT) No Yes
3. Did you continue to use DRUGNAME even though it caused problems with these people? No Yes
(KEY PHRASE: *caused problems with family or friends*) (CIPEOPLE)
4. Were there times IN THE LAST 12 MONTHS when you were often under the influence of DRUGNAME in situations where you could have gotten hurt - for example when riding a bicycle, driving, operating a machine, or anything else? No Yes
(KEY PHRASE: *occurred in situations where you could have gotten hurt*)(CIHURT)
5. IN THE LAST 12 MONTHS, were you arrested or stopped by the police more than once because of driving under the influence of DRUGNAME or because of your behavior while you were under the influence of DRUGNAME? No Yes
(KEY PHRASE: *resulted in problems with the police*)(CIPOLICE)
6. Was there ever a time IN THE LAST 12 MONTHS when you often had such a strong desire to use DRUGNAME that you couldn't stop using or found it difficult to think of anything else? No Yes
(KEY PHRASE: *you had a strong and irresistible urge to use DRUGNAME*) (CIDIFSTP)
7. IN THE LAST 12 MONTHS, did you ever need larger amounts of DRUGNAME to get an effect, or did you ever find that you could no longer get high on the amount you used to use? No Yes
(KEY PHRASE: *you needed larger amounts of DRUGNAME to get an effect*) (CINEEDMR)
8. Was there ever a time IN THE LAST 12 MONTHS when you stopped, cut down, or went without using DRUGNAME and then experienced withdrawal symptoms? No Yes
(KEY PHRASE: *you experienced withdrawal symptoms from DRUGNAME*) (CIEXPWDL)
9. Did you ever have times IN THE LAST 12 MONTHS when you used DRUGNAME to keep from having withdrawal symptoms? No Yes
(KEY PHRASE: *you used DRUGNAME to keep from feeling physical problems*)(CIUSEWDL)
10. Did you ever have times IN THE LAST 12 MONTHS when you used DRUGNAME even though you planned not to or when you used a lot more than you intended? No Yes
(KEY PHRASE: *you used when you planned not to or you used more than you planned*)(CIUSEMR)
11. Were there times IN THE LAST 12 MONTHS when you used DRUGNAME more frequently or for more days in a row than you intended? No Yes
(KEY PHRASE: *you used more frequently than you intended*) (CIMORFRQ)
12. Were there times IN THE LAST 12 MONTHS when you tried to stop or cut down on your use of DRUGNAME and found that you were not able to do so? No Yes
(KEY PHRASE: *you tried but weren't able to stop or cut down using*) (CINOSTOP)
13. IN THE LAST 12 MONTHS, did you ever have several days or more when you spent so much time using or getting over the effects of DRUGNAME use that you had little time for anything else? No Yes
(KEY PHRASE: *you spent periods of several days doing little more than using*)

or getting over the effects of using)(CINOTIME)

14. IN THE LAST 12 MONTHS, was there ever a time when you gave up or greatly reduced important activities because of your DRUGNAME use - for example, sports, work, or seeing friends and family? No Yes
(KEY PHRASE: you gave up or reduced important activities because of your use)(CIGAVEUP)

15. IN THE LAST 12 MONTHS, did you ever continue to use DRUGNAME when you knew you had a serious physical or emotional problem that might have been caused by or made worse by using DRUGNAME? No Yes
(KEY PHRASE: you continued to use even though it caused or worsened physical or emotional problems)(CIPROBLM)

Comments:(CISCOMM)

NIDA Clinical Trials Network

Select CIDI questions - Cigarettes or Other Tobacco Products (CIT)

Web Version: 1.0; 3.00; 11-12-14

Segment (*PROTSEG*):

Visit number (*VISNO*):

1. Was there ever a time IN THE LAST 12 MONTHS when your use of DRUGNAME frequently interfered with your work or responsibilities at school, on a job, or at home?
(KEY PHRASE: *interfered with your work or school*)(*CIINTERF*) No Yes
2. Was there ever a time IN THE LAST 12 MONTHS when your use of DRUGNAME caused arguments or other serious or repeated problems with your family, friends, neighbors, or co-workers?(*CIARGMNT*) No Yes
3. Did you continue to use DRUGNAME even though it caused problems with these people?
(KEY PHRASE: *caused problems with family or friends*) (*CIPEOPLE*) No Yes
4. Were there times IN THE LAST 12 MONTHS when you were often under the influence of DRUGNAME in situations where you could have gotten hurt - for example when riding a bicycle, driving, operating a machine, or anything else?
(KEY PHRASE: *occurred in situations where you could have gotten hurt*)(*CIHURT*) No Yes
5. Was there ever a time IN THE LAST 12 MONTHS when you often had such a strong desire to use DRUGNAME that you couldn't stop using or found it difficult to think of anything else?
(KEY PHRASE: *you had a strong and irresistible urge to use DRUGNAME*) (*CIDIFSTP*) No Yes
6. IN THE LAST 12 MONTHS, did you ever need larger amounts of DRUGNAME to get an effect, or did you ever find that you could no longer get high on the amount you used to use?
(KEY PHRASE: *you needed larger amounts of DRUGNAME to get an effect*) (*CINEEDMR*) No Yes
7. Was there ever a time IN THE LAST 12 MONTHS when you stopped, cut down, or went without using DRUGNAME and then experienced withdrawal symptoms?
(KEY PHRASE: *you experienced withdrawal symptoms from DRUGNAME*) (*CIEXPWDL*) No Yes
8. Did you ever have times IN THE LAST 12 MONTHS when you used DRUGNAME to keep from having withdrawal symptoms?
(KEY PHRASE: *you used DRUGNAME to keep from feeling physical problems*)(*CIUSEWDL*) No Yes
9. Did you ever have times IN THE LAST 12 MONTHS when you used DRUGNAME even though you planned not to or when you used a lot more than you intended?
(KEY PHRASE: *you used when you planned not to or you used more than you planned*)(*CIUSEMR*) No Yes
10. Were there times IN THE LAST 12 MONTHS when you used DRUGNAME more frequently or for more days in a row than you intended?
(KEY PHRASE: *you used more frequently than you intended*) (*CIMORFRQ*) No Yes
11. Were there times IN THE LAST 12 MONTHS when you tried to stop or cut down on your use of DRUGNAME and found that you were not able to do so?
(KEY PHRASE: *you tried but weren't able to stop or cut down using*) (*CINOSTOP*) No Yes
12. IN THE LAST 12 MONTHS, did you ever have several days or more when you spent so much time using or getting over the effects of DRUGNAME use that you had little time for anything else?
(KEY PHRASE: *you spent periods of several days doing little more than using or getting over the effects of using*)(*CINOTIME*) No Yes
13. IN THE LAST 12 MONTHS, was there ever a time when you gave up or greatly reduced important activities because of your DRUGNAME use - for example, sports, work, or seeing friends and family? No Yes

(KEY PHRASE: you gave up or reduced important activities because of your use)(CIGAVEUP)

14. IN THE LAST 12 MONTHS, did you ever continue to use DRUGNAME when you knew you had a serious physical or emotional problem that might have been caused by or made worse by using DRUGNAME? No Yes

(KEY PHRASE: you continued to use even though it caused or worsened physical or emotional problems)(CIPROBLM)

Comments:(CITCOMM)

NIDA Clinical Trials Network

Select CIDI questions - Other Drug (CIY)

Web Version: 1.0; 2.00; 11-12-14

Segment (PROTSEG):

Visit number (VISNO):

1. Was there ever a time IN THE LAST 12 MONTHS when your use of DRUGNAME frequently interfered with your work or responsibilities at school, on a job, or at home? No Yes
(KEY PHRASE: *interfered with your work or school*)(CIINTERF)
2. Was there ever a time IN THE LAST 12 MONTHS when your use of DRUGNAME caused arguments or other serious or repeated problems with your family, friends, neighbors, or co-workers?(CIARGMNT) No Yes
3. Did you continue to use DRUGNAME even though it caused problems with these people? No Yes
(KEY PHRASE: *caused problems with family or friends*) (CIPEOPLE)
4. Were there times IN THE LAST 12 MONTHS when you were often under the influence of DRUGNAME in situations where you could have gotten hurt - for example when riding a bicycle, driving, operating a machine, or anything else? No Yes
(KEY PHRASE: *occurred in situations where you could have gotten hurt*)(CIHURT)
5. IN THE LAST 12 MONTHS, were you arrested or stopped by the police more than once because of driving under the influence of DRUGNAME or because of your behavior while you were under the influence of DRUGNAME? No Yes
(KEY PHRASE: *resulted in problems with the police*)(CIPOLICE)
6. Was there ever a time IN THE LAST 12 MONTHS when you often had such a strong desire to use DRUGNAME that you couldn't stop using or found it difficult to think of anything else? No Yes
(KEY PHRASE: *you had a strong and irresistible urge to use DRUGNAME*) (CIDIFSTP)
7. IN THE LAST 12 MONTHS, did you ever need larger amounts of DRUGNAME to get an effect, or did you ever find that you could no longer get high on the amount you used to use? No Yes
(KEY PHRASE: *you needed larger amounts of DRUGNAME to get an effect*) (CINEEDMR)
8. Was there ever a time IN THE LAST 12 MONTHS when you stopped, cut down, or went without using DRUGNAME and then experienced withdrawal symptoms? No Yes
(KEY PHRASE: *you experienced withdrawal symptoms from DRUGNAME*) (CIEXPWDL)
9. Did you ever have times IN THE LAST 12 MONTHS when you used DRUGNAME to keep from having withdrawal symptoms? No Yes
(KEY PHRASE: *you used DRUGNAME to keep from feeling physical problems*)(CIUSEWDL)
10. Did you ever have times IN THE LAST 12 MONTHS when you used DRUGNAME even though you planned not to or when you used a lot more than you intended? No Yes
(KEY PHRASE: *you used when you planned not to or you used more than you planned*)(CIUSEMR)
11. Were there times IN THE LAST 12 MONTHS when you used DRUGNAME more frequently or for more days in a row than you intended? No Yes
(KEY PHRASE: *you used more frequently than you intended*) (CIMORFRQ)
12. Were there times IN THE LAST 12 MONTHS when you tried to stop or cut down on your use of DRUGNAME and found that you were not able to do so? No Yes
(KEY PHRASE: *you tried but weren't able to stop or cut down using*) (CINOSTOP)
13. IN THE LAST 12 MONTHS, did you ever have several days or more when you spent so much time using or getting over the effects of DRUGNAME use that you had little time for anything else? No Yes
(KEY PHRASE: *you spent periods of several days doing little more than using*)

or getting over the effects of using)(CINOTIME)

14. IN THE LAST 12 MONTHS, was there ever a time when you gave up or greatly reduced important activities because of your DRUGNAME use - for example, sports, work, or seeing friends and family? No Yes
(KEY PHRASE: you gave up or reduced important activities because of your use)(CGAVEUP)

15. IN THE LAST 12 MONTHS, did you ever continue to use DRUGNAME when you knew you had a serious physical or emotional problem that might have been caused by or made worse by using DRUGNAME? No Yes
(KEY PHRASE: you continued to use even though it caused or worsened physical or emotional problems)(CIPROBLM)

Comments:(CIYCOMM)

NIDA Clinical Trials Network

Demographics (DEM)

Web Version: 1.0; 2.02; 07-11-14

1. Date of birth: (DEBRTHDT)

(mm/dd/yyyy)

2. Age: (DEAGE)

(xx)

3. Gender: (DEGENDER)

Male Female Don't know Refused

4. Does the participant consider him or herself to be Hispanic/Latino? (DEHISPNC) No Yes Don't know Refused

If "Yes", indicate the group that represents his or her Hispanic origin or ancestry: (DEHISPSP)

5. What race does the participant consider him or herself to represent:

(Check all that apply)

White: (DEWHITE)

Black/ African American: (DEBLACK)

Indian (American): (DEAMEIND)

Alaska native: (DEALASKA)

Native Hawaiian: (DEHAWAII)

Guamanian: (DEGUAM)

Samoa: (DESAMOAN)

Other Pacific Islander: (DEPACISL) Specify: (DEPACISO)

Asian Indian: (DEASAIN)

Chinese: (DECHINA)

Filipino: (DEFILIPN)

Japanese: (DEJAPAN)

Korean: (DEKOREA)

Vietnamese: (DEVIETNM)

Other Asian: (DEASIAN) Specify: (DEASIAOT)

Some other race: (DERACEOT) Specify: (DERACESP)

-OR-

Don't know: (DERACEDK)

Refuse: (DERACERF)

6. What is the highest grade or level of school the participant has completed or the highest degree they have received? (DEEDUCTN)

7. We would like to know about what the participant does -- is he/she working now, looking for work, retired, keeping house, a student, or what? *(DEJOB)*

If "Other", specify: *(DEJOBSP)*

8. Is the participant married, widowed, divorced, separated, never married, or living with a partner? *(DEMARTL)*

Comments: *(DEMCOMM)*

Additional Selection Options for DEM

If "Yes", indicate the group that represents his or her Hispanic origin or ancestry:

- 6-Cuban
- 7-Cuban American
- 8-Central or South American
- 9-Other Latin American
- 99-Other Hispanic
- 98-Refused
- 97-Don't know

What is the highest grade or level of school the participant has completed or the highest degree they have received?

- 05-5th grade
- 06-6th grade
- 07-7th grade
- 08-8th grade
- 09-9th grade
- 10-10th grade
- 11-11th grade
- 12-12th grade, no diploma
- 13-High school graduate
- 14-GED or equivalent
- 15-Some college, no degree
- 16-Associate's degree: occupational, technical, or vocational program
- 17-Associate's degree: academic program
- 18-Bachelor's degree (e.g., BA, AB, BS, BBA)
- 19-Master's degree (e.g., MA, MS, MEng, MEd, MBA)
- 20-Professional school degree (e.g., MD, DDS, DVM, JD)
- 21-Doctoral degree (e.g., PhD, EdD)
- 98-Refused
- 97-Don't know

We would like to know about what the participant does -- is he/she working now, looking for work, retired, keeping house, a student, or what?

- 06-Keeping house
- 07-Student
- 99-Other

Is the participant married, widowed, divorced, separated, never married, or living with a partner?

- 06-Living with partner
- 98-Refused
- 99-Don't know

NIDA Clinical Trials Network

0059B (ENR)

Web Version: 1.0; 2.01; 01-06-15

Date of assessment:(R6ASMDT)

 (mm/dd/yyyy)

Inclusion Criteria

In order to meet eligibility ALL Inclusion answers must be "Yes".

1. Participant is a primary care patient age 18 years or older:(R6PTAGE)

 No Yes

2. Participant is able to provide informed consent:(R6INFORM)

 No Yes

If "Yes", date informed consent provided:(R6ICDT)

 (mm/dd/yyyy)

Exclusion Criteria

In order to meet eligibility ALL Exclusion answers must be "No".

1. Participant is unable to comprehend spoken English:(R6ENGLISH)

 No Yes

2. Participant is unable to self-administer the iPad tool due to physical limitations:
(R6PHYSIC)

 No Yes

3. Participant was previously enrolled in this study:(R6PRVENR)

 No Yes

Eligibility for Randomization

1. Is the participant eligible for the study?(R6ELGSTY)

 No Yes

Comments:(R6COMM)

For the original consent

IRB approval date of ICF:(R6IRBDT)

 (mm/dd/yyyy)

NIDA Clinical Trials Network

Fagerstrom Test for Nicotine Dependence (FND)

Web Version: 1.0; 1.01; 10-21-13

Segment (PROTSEG):

Visit number (VISNO):

Date of assessment:(FNDASMDT)

(mm/dd/yyyy)

Do you currently smoke cigarettes?(FNSSMOKE)

No Yes

If "Yes", read each question below. For each question enter the answer choice which best describes your response.

1. How soon after you wake up do you smoke your first cigarette?(FNFIRST)

2. Do you find it difficult to refrain from smoking in places where it is forbidden (e.g., in church, at the library, in cinema, etc.)?(FNFORBDN)

No Yes

3. Which cigarette would you hate most to give up?(FNGIVEUP)

The first one in the morning All others

4. How many cigarettes/day do you smoke?(FNNODAY)

5. Do you smoke more frequently during the first hours after waking than during the rest of the day?(FNFREQ)

No Yes

6. Do you smoke if you are so ill that you are in bed most of the day?(FNSICK)

No Yes

Comments:(FNDCOMM)

NIDA Clinical Trials Network

Oral Fluid Testing (OFT)

Web Version: 1.0; 2.00; 05-07-14

Segment (*PROTSEG*):

Visit number (*VISNO*):

1. Was consent given to submit a sample for oral fluid testing? (*OFCONSNT*)

No Yes

If "Yes", date of consent: (*OFCNSTDT*)

(mm/dd/yyyy)

2. Was a sample submitted for oral fluid testing? (*OFSAMPLE*)

No Yes

If "Yes", sample ID: (*OFSAMPID*)

Comments: (*OFTCOM*)

NIDA Clinical Trials Network

Protocol Deviation Review (PDR)

Web Version: 1.0; 2.00; 03-24-14

Date of deviation (PDDATE):
Protocol deviation number (PDSEQNUM):

Completed by Protocol Specialist:

1. What section of the protocol does this deviation refer to?(PDSECTN)

2. Does the report of this deviation require site staff retraining?(PDTRAIN)

No Yes

If "Yes", specify plan for retraining:(PDPLATRA)

3. Deviation was discussed with Lead Investigative Team on:(PDDISCDT)

(mm/dd/yyyy)

4. Deviation is categorized as:(PDCA TGRY)

Major Minor

5. Deviation assessment by Protocol Specialist complete:(PDPSCMP)

No Yes

Protocol Specialist reviewer:(PDPSRVID)

(initials)

Completed by Protocol Monitor:

6. Corrective action for this deviation was completed and documented on-site as described:(PDACTDOC)

No Yes

If "No", specify reason:(PDSITESP)

7. Deviation was reported to the IRB as required:(PDIRBRPT)

No Yes

If "No", specify reason: *(PDIRBSP)*

8. Preventive action plan related to this event was completed and documented on-site as described: *(PDPREVENT)*

No Yes

9. Review by Protocol Monitor is complete: *(PDPMCMP)*

No Yes

Protocol Monitor reviewer: *(PDPMRVID)*

(initials)

Comments: *(PVCOMM)*

Additional Selection Options for PDR

Protocol deviation number (*PDSEQNUM*) (key field):

- 01 -1st Protocol Deviation of the day
- 02-2nd Protocol Deviation of the day
- 03-3rd Protocol Deviation of the day
- 04-4th Protocol Deviation of the day
- 05-5th Protocol Deviation of the day
- 06-6th Protocol Deviation of the day
- 07-7th Protocol Deviation of the day
- 08-8th Protocol Deviation of the day
- 09-9th Protocol Deviation of the day
- 10-10th Protocol Deviation of the day

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Protocol Deviation (PDV)

Web Version: 1.0; 1.00; 03-21-14

Date of deviation (*PDDATE*):
Protocol deviation number (*PDSEQNUM*):

1. Date deviation identified: (*PDVDATE*)

 (mm/dd/yyyy)

2. Deviation type: (*PDTYPE*)

If "Other", specify: (*PDTYPSP*)

3. Brief description of what occurred: (*PDESCPT*)

4. Brief description of the actual or expected corrective action for this event: (*PDACTION*)

5. Brief description of the plan to prevent recurrence: (*PDPREVRE*)

6. Is this deviation reportable to your IRB? (*PDIRBREP*)

No Yes

If "Yes", will the IRB be notified at the time of continuing review?(PDIRBCON)

No Yes

If "Yes", date of planned submission:(PDIRBPD)

(mm/d/yyyy)

If "No", date of actual submission:(PDIRBADT)

(mm/d/yyyy)

Comments:(PDVCOMM)

Additional Selection Options for PDV

Protocol deviation number (PDSEQNUM) (key field):

01-1st Protocol Deviation of the day
02-2nd Protocol Deviation of the day
03-3rd Protocol Deviation of the day
04-4th Protocol Deviation of the day
05-5th Protocol Deviation of the day
06-6th Protocol Deviation of the day
07-7th Protocol Deviation of the day
08-8th Protocol Deviation of the day
09-9th Protocol Deviation of the day
10-10th Protocol Deviation of the day

Deviation type:

01E--- Informed consent process not properly conducted and/or documented
01Z--- Other (specify)
Z02-INCLUSION/EXCLUSION CRITERIA
02A--- Ineligible participant randomized/inclusion/exclusion criteria not met
02Z--- Other (specify)
Z04-LABORATORY ASSESSMENTS
04A--- Biologic specimen not collected/processed as per protocol
04Z--- Other (specify)
Z05-STUDY PROCEDURES/ASSESSMENTS
05A--- Protocol required visit/assessment not scheduled or conducted
05B--- Study assessments not completed/followed as per protocol
05C--- Inappropriate unblinding
05Z--- Other (specify)
Z06-ADVERSE EVENT
06A--- AE not reported
06B--- SAE not reported
06C--- AE/SAE reported out of protocol specified reporting time frame
06D--- AE/SAE not elicited, observed and/or documented as per protocol
06E--- Safety assessment (e.g. labs, ECG, clinical referral to care) not conducted per protocol
06Z--- Other (specify)
Z07-RANDOMIZATION PROCEDURES
07A--- Stratification error
07Z--- Other (specify)
Z08-STUDY MEDICATION MANAGEMENT
08A--- Medication dispensed to ineligible participant
08B--- Medication dispensed to incorrect participant
08C--- Medication dosing errors (protocol specified dose not dispensed)
08D--- Participant use of protocol prohibited medication
08Z--- Other (specify)
Z09-STUDY BEHAVIORAL INTERVENTION
09A--- Study behavioral intervention was not provided/performed as per protocol
09Z--- Other (specify)
Z99-OTHER SIGNIFICANT DEVIATIONS
99A--- Destruction of study materials without prior authorization from sponsor
99B--- Breach of Confidentiality
99Z--- Other (specify)

NIDA Clinical Trials Network

TAPS Tool Part 1 - Interviewer Version (QSC)

Web Version: 1.0; 4.00; 10-14-14

Segment (PROTSEG):

Visit number (VISNO):

	Daily or Almost Daily	Weekly	Monthly	Less Than Monthly	Never
1. In the PAST 12 MONTHS, how often have you used any tobacco product (for example, cigarettes, e-cigarettes, cigars, pipes, or smokeless tobacco)?	(QSTOBACO) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In the PAST 12 MONTHS, how often have you had 5 or more drinks containing alcohol in one day? • 1 standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor.	(QSALCOHL) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. In the PAST 12 MONTHS, how often have you had 4 or more drinks containing alcohol in one day? • 1 standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor.	(QSALCOHL) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. In the PAST 12 MONTHS, how often have you used any drugs including marijuana, cocaine or crack, heroin, methamphetamine (crystal meth), hallucinogens, ecstasy/MDMA?	(QSILLDRG) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. In the PAST 12 MONTHS, how often have you used any prescription medications just for the feeling, more than prescribed or that were not prescribed for you? • Prescription medications that may be used this way include: • Opiate pain relievers (for example, OxyContin, Vicodin, Percocet, Methadone) • Medications for anxiety or sleeping (for example, Xanax, Ativan, Klonopin) • Medications for ADHD (for example, Adderall or Ritalin)	(QSRXMED) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:(QSCCOMM)

NIDA Clinical Trials Network

Recruitment Form: The TAPS Tool (RCT)

Web Version: 1.0; 2.00; 08-05-14

Recruitment date (RCTDATE):

- Approached: (RCAPPRCH)
- 1. Declined screening: (RCDECLNE)
- 2. Screened: (RCSCREEN)
 - a. Ineligible - language: (RCLANG)
 - b. Ineligible - age: (RCAGE)
 - c. Ineligible - physical: (RCPHYSCL)
 - d. Ineligible - not patient: (RCNOTPT)
 - e. Ineligible - can't consent: (RCCONSNT)
 - f. Ineligible - repeat: (RCREPEAT)
 - g. Ineligible - other: (RCINELOT) If "Other", specify:(RCINELSP)
 - h. Eligible and declined - no time: (RCNOTIME)
 - i. Eligible and declined - computer: (RCCOMPTR)
 - j. Eligible and declined - other: (RCDECLNOT) If "Other", specify:(RCDECLNSP)
 - k. Eligible and enrolled: (RCENROLL)

Comments:

(RCTCOMM)

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Recent Prescription Medication Use (RPM)

Web Version: 1.0; 1.01; 05-05-14

Segment (PROTSEG):

Visit number (VISNO):

Were any medications prescribed by a health care provider for use as a pain reliever, stimulant (for example medications for ADHD), tranquilizer or sedative (for example medications for anxiety or sleep), used in the past week, and taken as prescribed (i.e., taken for the reason for which it was prescribed, and at the prescribed frequency and dosage)? (RPRXMEDS)
If "Yes", list all medications below.

No Yes

Medication Name	Indication
1. (RPMEDS01)	(RPTYPE01)
2. (RPMEDS02)	(RPTYPE02)
3. (RPMEDS03)	(RPTYPE03)
4. (RPMEDS04)	(RPTYPE04)
5. (RPMEDS05)	(RPTYPE05)
6. (RPMEDS06)	(RPTYPE06)
7. (RPMEDS07)	(RPTYPE07)
8. (RPMEDS08)	(RPTYPE08)
9. (RPMEDS09)	(RPTYPE09)
10. (RPMEDS10)	(RPTYPE10)
11. (RPMEDS11)	(RPTYPE11)

12. (RPMEDS 12)

(RPTYPE 12)

13. (RPMEDS 13)

(RPTYPE 13)

14. (RPMEDS 14)

(RPTYPE 14)

15. (RPMEDS 15)

(RPTYPE 15)

16. (RPMEDS 16)

(RPTYPE 16)

17. (RPMEDS 17)

(RPTYPE 17)

18. (RPMEDS 18)

(RPTYPE 18)

Comments:(RPM COMM)

NIDA Clinical Trials Network

Screening Tool Logistics (STL)

Web Version: 1.0; 1.00; 02-25-15

Segment (PROTSEG):

Visit number (VISNO):

Self-Administered Survey

1. Time required to complete the tool: (STSATIME)

(Min)

2. Number of times the participant requested assistance: (STSAASTN)

(xx)

3. Type of assistance requested

a. Reading: (STSAREAD)

Yes

b. Comprehension: (STSACOMP)

Yes

c. Use of the iPad: (STSAIPAD)

Yes

d. Other type of assistance: (STSAROTH)

Yes

If "Yes", specify: (STSAROSP)

Interviewer-Administered Survey

4. Time required to complete the tool: (STIA TIME)

(Min)

5. Number of times the participant requested assistance: (STIAASTN)

(xx)

6. Type of assistance requested

a. Comprehension: (STIACOMP)

Yes

b. Other type of assistance: (STIAROTH)

Yes

If "Yes", specify: (STIAROSP)

Comments (STLCOMM)

NIDA Clinical Trials Network

Smokeless Tobacco Questionnaire (STQ)

Web Version: 1.0; 2.01; 01-13-15

Segment (PROTSEG):

Visit number (VISNO):

Date of assessment:(STQASMDT)

(mm/dd/yyyy)

During the past three months:

1. Did you use any smokeless tobacco product (snus, dissolvable tobacco tablets, chewing tobacco, or any other product containing tobacco) for more than 5 times a day?(STUSE5XD) No Yes

2. Did you use any smokeless tobacco product (snus, dissolvable tobacco products, chewing tobacco, or any other product containing tobacco) for more than 10 times a day?(STUSE10X) No Yes

3. Did you usually use a smokeless tobacco product within 30 minutes after waking?(STWAKE30) No Yes

4. Did you use e-cigarettes (an electronic nicotine delivery device or personal vaporizer)?(STECIG) No Yes

If "Yes", how many times per day?(STECIGNM)

(xx)

Comments:(STQCOMM)

NIDA Clinical Trials Network

Screening Tool Survey (STS)

Web Version: 1.0; 2.01; 09-02-14

Segment (*PROTSEG*):

Visit number (*VISNO*):

Date of assessment: (*STSASMDT*)

(mm/dd/yyyy)

How much do you agree with the following statements on a scale of 1-5 where:

- 1 = Strongly Disagree
- 2 = Disagree
- 3 = Neither Agree nor Disagree
- 4 = Agree
- 5 = Strongly Agree

	1 Strongly Disagree	2 Disagree	3 Neither Agree nor Disagree	4 Agree	5 Strongly Agree	Not Applicable
1. These questions were easy to understand.	(<i>STEASY</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. I was comfortable answering these questions.	(<i>STCOMFT</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. I answered these questions as honestly as I could.	(<i>STHONEST</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. I would be willing to answer questions like these at my doctor's office.	(<i>STWILNGS</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. I think my friends would answer these questions honestly at their doctor's office.	(<i>STWILNGF</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. The iPad touch screen was easy to use.	(<i>STTOUCH</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. I would prefer that a person asked me these questions in the doctor's office instead of answering them myself on an iPad.	(<i>STPERSON</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. I would prefer answering these questions on an iPad instead of having a person ask me.	(<i>STIPAD</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. The voice recording was helpful.	(<i>STVOICE</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(<i>STVOICNA</i>) <input type="checkbox"/>
10. I would be comfortable sharing my answers about drug use with my doctor.	(<i>STSHARE</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments: (*STSCOMM*)

NIDA Clinical Trials Network

Study Termination (STT)

Web Version: 1.0; 2.03; 09-16-14

Segment (PROTSEG):

1. Date of study completion or last attended study visit:(STTRMDT)

 (mm/dd/yyyy)

2. Did the participant complete the study?(STCOMPLT)

 No Yes

If "No", select the primary reason for not completing the study:(STTRMRES)

If "Participant terminated for other reason", specify:(STTRMOSP)

Comments:(STTCOMM)

Investigator's Signature

I have reviewed all the data recorded on all CRF pages and certify that they are accurate and complete to the best of my knowledge.

Principal Investigator:(STPISIGN)

Date:(STPISGDT)

 (mm/dd/yyyy)

Additional Selection Options for STT

If "No", select the primary reason for not completing the study:

25-Psychiatric symptoms

26-Research Assistant unable to complete interview (unrelated to participant)

27-Technical difficulties (unrelated to participant)

28-Full assessment battery incomplete (unrelated to participant)

99-Participant terminated for other reason

NIDA Clinical Trials Network

TLFB Assessment Period (TAP)

Web Version: 1.0; 3.02; 07-11-14

Segment (PROTSEG):

Visit number (VISNO):

Date of assessment:(TAPASMDT)

(mm/dd/yyyy)

1. Assessment period:(TATFSTDT)

From: (mm/dd/yyyy)

(TATFENDT)

To: (mm/dd/yyyy)

2. Have any illicit substances or alcohol been taken during this assessment period? (TASUBALC)

No Yes

Comments:(TAPCOMM)

NIDA Clinical Trials Network

Health Survey Tutorial (TUT)

Web Version: 1.0; 1.01; 08-05-14

Segment (*PROTSEG*):

Visit number (*VISNO*):

Welcome!

Start

This tutorial will help you get acquainted with the ePro system. Tap your finger on START to continue. (*WELCOME*)

To use this program, you will need to tap your finger on a button on the screen to answer each question.

Next

- Once you tap on an answer, the program automatically goes to the next question.
- You can change your answer by tapping on the 'Back' button at the bottom of the screen
- You can turn my voice off or on by tapping on the 'Listen' button.
- For some screens, you need to tap the 'Next' button to move forward.

(*DIRECT*)

Before you begin, would you like to try a couple of practice questions?

Yes No

(*PRACTICE*)

This type of question asks you to choose one button that best fits your answer.

Daily or almost daily Weekly Monthly Less than monthly Never

In the past 12 months, how many times did you ride in an airplane? (*PLANEYR*)

This is another type of question you will see.

Yes No

In the past 3 months, did you ride in an airplane? (*PLANE3MO*)

Do you want to change your answer to that last question?

No

Tap your finger on the back button if so. (*BACK*)

Thank you for completing these practice questions.

Next

If you're ready to begin, click 'Next' to get started.

If you want to review anything first, click the 'Back' button. (*READY*)

NIDA Clinical Trials Network

Timeline Followback (T59)

Web Version: 1.0; 2.01; 01-19-15

TFB week start date (TFWKSTDY):

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date	(TLDATE1) <input type="text"/>	(TLDATE2) <input type="text"/>	(TLDATE3) <input type="text"/>	(TLDATE4) <input type="text"/>	(TLDATE5) <input type="text"/>	(TLDATE6) <input type="text"/>	(TLDATE7) <input type="text"/>
1. Have any illicit substances or alcohol been used on this day?	(TLSUBAL1) <input type="checkbox"/> No <input type="checkbox"/> Yes	(TLSUBAL2) <input type="checkbox"/> No <input type="checkbox"/> Yes	(TLSUBAL3) <input type="checkbox"/> No <input type="checkbox"/> Yes	(TLSUBAL4) <input type="checkbox"/> No <input type="checkbox"/> Yes	(TLSUBAL5) <input type="checkbox"/> No <input type="checkbox"/> Yes	(TLSUBAL6) <input type="checkbox"/> No <input type="checkbox"/> Yes	(TLSUBAL7) <input type="checkbox"/> No <input type="checkbox"/> Yes
2. Alcohol number of standard drinks (x):	(TLALCHL1) <input type="text"/>	(TLALCHL2) <input type="text"/>	(TLALCHL3) <input type="text"/>	(TLALCHL4) <input type="text"/>	(TLALCHL5) <input type="text"/>	(TLALCHL6) <input type="text"/>	(TLALCHL7) <input type="text"/>
3. Cannabinoids/ Marijuana:	(TLTHCR1) <input type="text"/>	(TLTHCR2) <input type="text"/>	(TLTHCR3) <input type="text"/>	(TLTHCR4) <input type="text"/>	(TLTHCR5) <input type="text"/>	(TLTHCR6) <input type="text"/>	(TLTHCR7) <input type="text"/>
4. Cocaine:	(TLCOCR1) <input type="text"/>	(TLCOCR2) <input type="text"/>	(TLCOCR3) <input type="text"/>	(TLCOCR4) <input type="text"/>	(TLCOCR5) <input type="text"/>	(TLCOCR6) <input type="text"/>	(TLCOCR7) <input type="text"/>
5. Crack:	(TLCAKR1) <input type="text"/>	(TLCAKR2) <input type="text"/>	(TLCAKR3) <input type="text"/>	(TLCAKR4) <input type="text"/>	(TLCAKR5) <input type="text"/>	(TLCAKR6) <input type="text"/>	(TLCAKR7) <input type="text"/>
6. Amphetamine containing medications for ADHD:	(TLAMP1) <input type="text"/>	(TLAMP2) <input type="text"/>	(TLAMP3) <input type="text"/>	(TLAMP4) <input type="text"/>	(TLAMP5) <input type="text"/>	(TLAMP6) <input type="text"/>	(TLAMP7) <input type="text"/>
7. Methamphetamine (crystal meth):	(TLMCMR1) <input type="text"/>	(TLMCMR2) <input type="text"/>	(TLMCMR3) <input type="text"/>	(TLMCMR4) <input type="text"/>	(TLMCMR5) <input type="text"/>	(TLMCMR6) <input type="text"/>	(TLMCMR7) <input type="text"/>
8. Opioid analgesics, including methadone:	(TLMTDR1) <input type="text"/>	(TLMTDR2) <input type="text"/>	(TLMTDR3) <input type="text"/>	(TLMTDR4) <input type="text"/>	(TLMTDR5) <input type="text"/>	(TLMTDR6) <input type="text"/>	(TLMTDR7) <input type="text"/>
9. Heroin:	(TLHERR1) <input type="text"/>	(TLHERR2) <input type="text"/>	(TLHERR3) <input type="text"/>	(TLHERR4) <input type="text"/>	(TLHERR5) <input type="text"/>	(TLHERR6) <input type="text"/>	(TLHERR7) <input type="text"/>
10. Hallucinogens, including MDMA/ecstasy:	(TLMGAR1) <input type="text"/>	(TLMGAR2) <input type="text"/>	(TLMGAR3) <input type="text"/>	(TLMGAR4) <input type="text"/>	(TLMGAR5) <input type="text"/>	(TLMGAR6) <input type="text"/>	(TLMGAR7) <input type="text"/>
11. Sedatives and hypnotics, excluding Benzodiazepines:	(TLBARR1) <input type="text"/>	(TLBARR2) <input type="text"/>	(TLBARR3) <input type="text"/>	(TLBARR4) <input type="text"/>	(TLBARR5) <input type="text"/>	(TLBARR6) <input type="text"/>	(TLBARR7) <input type="text"/>
12. Benzodiazepines:	(TLBZOR1) <input type="text"/>	(TLBZOR2) <input type="text"/>	(TLBZOR3) <input type="text"/>	(TLBZOR4) <input type="text"/>	(TLBZOR5) <input type="text"/>	(TLBZOR6) <input type="text"/>	(TLBZOR7) <input type="text"/>
13. Inhalants:	(TLINHR1) <input type="text"/>	(TLINHR2) <input type="text"/>	(TLINHR3) <input type="text"/>	(TLINHR4) <input type="text"/>	(TLINHR5) <input type="text"/>	(TLINHR6) <input type="text"/>	(TLINHR7) <input type="text"/>
Other Drugs							

14. Other drug 1 use:	<input type="checkbox"/> (TLOT1R1)	<input type="checkbox"/> (TLOT1R2)	<input type="checkbox"/> (TLOT1R3)	<input type="checkbox"/> (TLOT1R4)	<input type="checkbox"/> (TLOT1R5)	<input type="checkbox"/> (TLOT1R6)	<input type="checkbox"/> (TLOT1R7)
Specify other drug 1:	<input type="text"/> (TLOTSP1)	<input type="text"/> (TLOTSP12)	<input type="text"/> (TLOTSP13)	<input type="text"/> (TLOTSP14)	<input type="text"/> (TLOTSP15)	<input type="text"/> (TLOTSP16)	<input type="text"/> (TLOTSP17)
15. Other drug 2 use:	<input type="checkbox"/> (TLOT2R1)	<input type="checkbox"/> (TLOT2R2)	<input type="checkbox"/> (TLOT2R3)	<input type="checkbox"/> (TLOT2R4)	<input type="checkbox"/> (TLOT2R5)	<input type="checkbox"/> (TLOT2R6)	<input type="checkbox"/> (TLOT2R7)
Specify other drug 2:	<input type="text"/> (TLOTSP21)	<input type="text"/> (TLOTSP22)	<input type="text"/> (TLOTSP23)	<input type="text"/> (TLOTSP24)	<input type="text"/> (TLOTSP25)	<input type="text"/> (TLOTSP26)	<input type="text"/> (TLOTSP27)

Comments: (T59COMM)