

STUDYID

NIDA - CTN

Inclusion/Exclusion Criteria

EPOCH

Protocol Number

Node Number

Site Number

Subject Number

Week

Day of Week

Int Phase

Visit Sequence

Visit Date

IEDTC

USUBJID

VISITNU/VISIT

SPID

Rater Number

IECAT= INCLUSION CRITERIA

IETEST

IEORRES

- | | | |
|--|--------------------------|---------------------------|
| 1. Is patient seeking treatment for a current substance use problem?..... | <input type="radio"/> NO | <input type="radio"/> YES |
| 2. Is the patient at least 18 years old?..... | <input type="radio"/> NO | <input type="radio"/> YES |
| 3. Does the patient currently have a stable living arrangement?..... | <input type="radio"/> NO | <input type="radio"/> YES |
| 4. Does the patient speak, read, and write English?..... | <input type="radio"/> NO | <input type="radio"/> YES |
| 5. Is the patient willing to be randomized into treatment?..... | <input type="radio"/> NO | <input type="radio"/> YES |
| 6. Is the patient willing to be contacted for follow-up interviews 4 and 12 weeks posttreatment?.. | <input type="radio"/> NO | <input type="radio"/> YES |
| 7. Will the patient likely be in the area for the next 4 months?..... | <input type="radio"/> NO | <input type="radio"/> YES |
| 8. Is the patient able to understand and give informed consent?..... | <input type="radio"/> NO | <input type="radio"/> YES |

IECAT= EXCLUSION CRITERIA

IETEST

IEORRES

- | | | |
|---|--------------------------|---------------------------|
| 9. Is the patient seeking detoxification only for substance use problem?..... | <input type="radio"/> NO | <input type="radio"/> YES |
| 10. Is the patient seeking methadone maintenance for substance use problem?..... | <input type="radio"/> NO | <input type="radio"/> YES |
| 11. Is the patient seeking inpatient treatment for substance use problem?..... | <input type="radio"/> NO | <input type="radio"/> YES |
| 12. Does the patient seem to have dementia or untreated/unstable psychotic disorder?..... | <input type="radio"/> NO | <input type="radio"/> YES |
| 13. Has the patient participated in the MET protocol (#0004) at this facility or any other facility?..... | <input type="radio"/> NO | <input type="radio"/> YES |
| 14. Is the patient currently a significant suicidal/homicidal risk?..... | <input type="radio"/> NO | <input type="radio"/> YES |
| 15. Is the patient facing incarceration for a period of greater than three weeks?..... | <input type="radio"/> NO | <input type="radio"/> YES |
| 16. Does the patient have a spouse/SO currently enrolled in the MET protocol?..... | <input type="radio"/> NO | <input type="radio"/> YES |

SC.SCTEST

SC.SCORRES

- | | | |
|---|--------------------------|---------------------------|
| 17. At this point is the patient eligible for the study?..... | <input type="radio"/> NO | <input type="radio"/> YES |
|---|--------------------------|---------------------------|



Randomization Form

DOMAIN: DM, DS, SC

Page 1 of 1

NIDA - CTN

STUDYID

--	--	--	--

Protocol Number

--	--

Node Number

--	--	--	--

Site Number

--	--	--	--

Subject Number

--	--	--

Week

--	--

Day of Week

--	--

Int Phase

--	--

Visit Sequence

EPOCH

		/			/		
--	--	---	--	--	---	--	--

Visit Date

DM.DMDTC / DS.DSDTC

--	--	--	--	--

Rater Number

SC.SCTEST SC.SCORRES

1. Sex ☐ Male ☐ Female

SC.SCTEST

SC.SCORRES

2. Race ☐ Caucasian ☐ African American ☐ Hispanic ☐ Asian ☐ Other

SC.SCTEST

SC.SCORRES

3. Primary Drug

☐ Cocaine ☐ Methamphetamines ☐ Alcohol ☐ Opiods ☐ Marijuana ☐ Benzos ☐ Other

SC.SCTEST

SC.SCORRES

4. Mandated to Treatment ☐ No ☐ Yes

SC.SCTEST SC.SCORRES

5. Employed ☐ No ☐ Yes

DM.ARM / ARMCD

6. Treatment Assignment ☐ Treatment As Usual ☐ MET

DS.DSTERM/DSDECOD

DS.DSSTDTC

7. Date of Randomization

		/			/		
--	--	---	--	--	---	--	--

8. If the client is eligible, but did not get randomized, please mark the reason why the client was not randomized.

DS.DSTERM/DSDECOD

- ☐ Missed Pre-randomization appointments
- ☐ No longer interested in participating in protocol
- ☐ Incarceration
- ☐ Moved out of area
- ☐ Death
- ☐ Unknown
- ☐ Other



Demographic Form

Page 1 of 3

NIDA - CTN

--	--	--	--

Protocol Number

--	--

Node Number

--	--	--	--

Site Number

--	--	--	--

Subject Number

--	--	--

Week

--	--

Day of Week

--	--

Int Phase

--	--

Visit Sequence

		/			/		
--	--	---	--	--	---	--	--

Visit Date

--	--	--	--	--

Rater Number

1. Sex ☐ Male ☐ Female

2. Date of Birth

		/			/		
--	--	---	--	--	---	--	--

3. Ethnicity:

No Yes

- ☐ ☐ White
- ☐ ☐ Black, African American, or Negro
- ☐ ☐ American Indian or Alaskan Native
- ☐ ☐ Spanish/Hispanic
 - ☐ Mexican, Mexican-American, or Chicano
 - ☐ Puerto Rican

☐ Cuban

☐ Other Spanish, Hispanic or Latino: Specify

--

☐ ☐ Asian

☐ Asian Indian

☐ Chinese

☐ Filipino

☐ Japanese

☐ Korean

☐ Vietnamese

☐ Other Asian: Specify

--

☐ ☐ Native Hawaiian or Pacific Islander

☐ Native Hawaiian

☐ Guamanian or Chamorro

☐ Samoan

☐ Other Islander:Specify

--

☐ ☐ Ethnicity Other: Specify

--

☐ Participant chooses not to respond

26385



<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Protocol Number				Node Number		Site Number				Subject Number				Week		Day of Week		Int Phase		Visit Sequence	
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>														
Visit Date								<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rater Number													

4. Years of Education Completed:

(GED = 12)

5. Usual Employment pattern over:**A. Past 3 years**

- ☐ Full time (35+hrs/wk)
☐ Part time(regular hours)
☐ Part time (irreg., day-work)
☐ Student
☐ Service
☐ Retired/Disability
☐ Homemaker
☐ Unemployed
☐ In controlled environment

B. Past 30 days

- ☐ Full time (35+hrs/wk)
☐ Part time(regular hours)
☐ Part time (irreg., day-work)
☐ Student
☐ Service
☐ Retired/Disability
☐ Homemaker
☐ Unemployed
☐ In controlled environment

6. Marital Status:

- ☐ Legally Married
☐ Living with partner/Cohabiting
☐ Widowed
☐ Separated
☐ Divorce
☐ Never Married

9. What if any, legal issues prompted the patient to seek treatment at this time?

- ☐ Patient mandated or referred to treatment as alternative to incarceration
☐ Patient referred by probation or parole officer
☐ Patient referred by other federal, state, or private agency employee
☐ Other legal issue involved
☐ No known legal issue involved



Protocol Number				Node Number		Site Number				Subject Number			Week		Day of Week		Int Phase Visit Sequence			
		/				/														
Visit Date										Rater Number										

7. Substance Use:

Route of Administration

	Past 30 days		Years of Lifetime Use		Oral	Nasal	Smoking	IV or Non-IV	
								injection	N/A
01 Alcohol (Any Use)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
02 Alcohol (To intoxication)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
03 Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
04 Methadone (prescribed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
05 Methadone (illicit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
06 Other Opiates /Analgesic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
07 Barbituates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
08 Other Sedatives/Hypnotics including Benzos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
09 Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10 Amphetamines / Methamphetamines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 Cannabis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 Hallucinogens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Inhalants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 More than 1 substance per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
15 Nicotine (tobacco products)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. According to the interviewer, which substance is the major problem?

--	--



NIDA - CTN																			
Protocol Number				Node Number		Site Number				Subject Number				Week		Day of Week		Int Phase Visit Sequence	
		/				/													
Visit Date												Rater Number							

Addiction Severity Index: GENERAL INFORMATION

G4. Date of admission: / /

G8. CLASS

- ☐ Intake
☐ Follow-up

G9. CONTACT CODE

- ☐ In Person
☐ Phone

G10. GENDER

- ☐ Male
☐ Female

G12. SPECIAL

- ☐ Patient terminated
☐ Patient refused
☐ Patient unable to respond

G14. How long have you lived at your current address?

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
Yrs.			Mos.	

G16. DATE OF BIRTH (DOB) / /

(MM) (DD) (YYYY)

G17. RACE

- ☐ White (Not of Hispanic Origin)
☐ Black (Not of Hispanic Origin)
☐ American Indian
☐ Alaskan Native
☐ Asian or Pacific Islander
☐ Hispanic - Mexican
☐ Hispanic - Puerto Rican
☐ Hispanic - Cuban
☐ Other Hispanic

G18. RELIGIOUS PREFERENCE

- ☐ Protestant
☐ Catholic
☐ Jewish
☐ Islamic
☐ Other _____
☐ None

Comments:

G19. Have you been in a controlled environment in the past 30 days?

- ☐ No
☐ Jail
☐ Alcohol or Drug Treatment
☐ Medical Treatment
☐ Psychiatric Treatment
☐ Other _____

G20. How Many Days?

<input type="text"/>	<input type="text"/>
----------------------	----------------------



Protocol Number				Node Number		Site Number				Subject Number				Week		Day of Week		Int Phase	Visit Sequence
Visit Date												Rater Number							

* **M1.** How many times in your life have you been hospitalized for medical problems? (Include o.d.'s, d.t.'s, exclude detox.)

--	--

M3A. Do you have any chronic medical problems which continue to interfere with your life?

☐ No ☐ Yes

Specify:

--

M4A. Are you taking any prescribed medication on a regular basis for a physical problem?

☐ No ☐ Yes

M5A. Do you receive a pension for a physical disability? (Exclude psychiatric disability.)

☐ No ☐ Yes

Specify:

--

M6. How many days have you experienced medical problems in the past 30 days?

--	--

For questions 7 & 8, please ask patient to use the Patient's Rating Scale

M7. How troubled or bothered have you been by these medical problems in the past 30 days?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

M8. How important to you now is treatment for these medical problems?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Confidence Ratings

Is the above information significantly distorted by:

M10. Patient's misrepresentation? ☐ No ☐ Yes

M11. Patient's inability to understand? ☐ No ☐ Yes

Comments

--

31314



Protocol Number				Node Number		Site Number				Subject Number				Week		Day of Week		Int Phase		Visit Sequence	
		/				/															
Visit Date										Rater Number											

* E1. Education completed
(GED = 12 years)

Yrs.		Mos.	

* E2. Training or technical education completed

Mos.	

E4. Do you have a valid driver's license? ☐ No ☐ Yes

E5. Do you have an automobile available for use?
(Answer No if no valid driver's license.) ☐ No ☐ Yes

E6. How long was your longest full time job? Full time=35+ hours weekly; does not necessarily mean most recent job.

Yrs.		Mos.	

E7A. Usual (or last) occupation

- ☐ Major Professional/Executive
- ☐ Manager/Nurse/Pharmacist/Teacher
- ☐ Administrator/Small Business Owner
- ☐ Clerical/Sales/technicians
- ☐ Skilled Manual/Electrician
- ☐ Semi-skilled/Aide/Driver/Waiter
- ☐ Unskilled/unemployed
- ☐ Homemaker
- ☐ Student/no occupation/disabled

E7B. Please specify your usual (or last) occupation.

--

E9. Does someone contribute the majority of your support? ☐ No ☐ Yes

E10. Usual employment pattern, past three years:

- ☐ Full time (40 hrs/week)
- ☐ Military Service
- ☐ Part time (reg. hrs)
- ☐ Retired/disability
- ☐ Part time (irreg., daywork)
- ☐ Unemployed
- ☐ Student
- ☐ In controlled

E11. How many days were you paid for working in the past 30 days?
(Include "under the table" work.)

--	--

Comments



(continued)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Protocol Number				Node Number		Site Number				Subject Number				Week		Day of Week		Int Phase	Visit Sequence

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Visit Date									

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rater Number					

How much money did you receive from the following sources in the past 30 days?

E12. Employment (net income) \$

E13. Unemployment Compensation \$

E14. Welfare \$

E15. Public assistance, pension, social security \$

E16. Mate, family or friends (Money for personal expenses) \$

E17. Illegal \$

E18. How many people depend on you for the majority of their food, shelter, etc.?

E19. How many days have you experienced employment problems in the past 30 days?

E20. How troubled or bothered have you been by these employment problems in the past 30 days?
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

E21. How important to you now is counseling for these employment problems?
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Confidence Ratings

Is the above information significantly distorted by:

E23. Patient's misrepresentation? ☐ No ☐ Yes

E24. Patient's inability to understand? ☐ No ☐ Yes

Comments



Protocol Number				Node Number		Site Number				Subject Number				Week		Day of Week		Int Phase		Visit Sequence	
/				/																	
Visit Date										Rater Number											

Past 30 Lifetime Use

	Days	Years		
D1. Alcohol - any use at all	<input type="text"/>	<input type="text"/>	<input type="radio"/> Oral <input type="radio"/> Nasal <input type="radio"/> Smoke	<input type="radio"/> Non IV <input type="radio"/> IV
D2. Alcohol- to intoxication	<input type="text"/>	<input type="text"/>	<input type="radio"/> Oral <input type="radio"/> Nasal <input type="radio"/> Smoke	<input type="radio"/> Non IV <input type="radio"/> IV
D3. Heroin	<input type="text"/>	<input type="text"/>	<input type="radio"/> Oral <input type="radio"/> Nasal <input type="radio"/> Smoke	<input type="radio"/> Non IV <input type="radio"/> IV
D4. Methadone	<input type="text"/>	<input type="text"/>	<input type="radio"/> Oral <input type="radio"/> Nasal <input type="radio"/> Smoke	<input type="radio"/> Non IV <input type="radio"/> IV
D5. Other opiates/analgesics	<input type="text"/>	<input type="text"/>	<input type="radio"/> Oral <input type="radio"/> Nasal <input type="radio"/> Smoke	<input type="radio"/> Non IV <input type="radio"/> IV
D6. Barbiturates	<input type="text"/>	<input type="text"/>	<input type="radio"/> Oral <input type="radio"/> Nasal <input type="radio"/> Smoke	<input type="radio"/> Non IV <input type="radio"/> IV
D7. Other sed/hyp/tranq.	<input type="text"/>	<input type="text"/>	<input type="radio"/> Oral <input type="radio"/> Nasal <input type="radio"/> Smoke	<input type="radio"/> Non IV <input type="radio"/> IV
D8. Cocaine	<input type="text"/>	<input type="text"/>	<input type="radio"/> Oral <input type="radio"/> Nasal <input type="radio"/> Smoke	<input type="radio"/> Non IV <input type="radio"/> IV
D9. Amphetamines	<input type="text"/>	<input type="text"/>	<input type="radio"/> Oral <input type="radio"/> Nasal <input type="radio"/> Smoke	<input type="radio"/> Non IV <input type="radio"/> IV
D10. Cannabis	<input type="text"/>	<input type="text"/>	<input type="radio"/> Oral <input type="radio"/> Nasal <input type="radio"/> Smoke	<input type="radio"/> Non IV <input type="radio"/> IV
D11. Hallucinogens	<input type="text"/>	<input type="text"/>	<input type="radio"/> Oral <input type="radio"/> Nasal <input type="radio"/> Smoke	<input type="radio"/> Non IV <input type="radio"/> IV
D12. Inhalants	<input type="text"/>	<input type="text"/>	<input type="radio"/> Oral <input type="radio"/> Nasal <input type="radio"/> Smoke	<input type="radio"/> Non IV <input type="radio"/> IV
D13. More than one substance per day (Including Alcohol).	<input type="text"/>	<input type="text"/>		

Comments:



Addiction Severity Index for Pretreatment: DRUG/ALCOHOL USE
(continued)

Page 6 of 12

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Protocol Number				Node Number		Site Number				Subject Number				Week		Day of Week		Int Phase Visit		Sequence	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Visit Date																Rater Number					

D17. How many times have you had alcohol d.t.'s?

How many times in your life have you been treated for:

* **D19.** Alcohol Abuse

* **D20.** Drug Abuse

How many of these were detox only?

D21. Alcohol

D22. Drug

How much would you say you spent during the past 30 days on:

D23. Alcohol

\$

D24. Drugs

\$

D25. How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days? (Include NA, AA.

D26. How many days in the past 30 have you experienced alcohol problems?

For questions D28-D31, please ask patient to use the Patient's Rating Scale. The patient is rating the need for additional substance abuse treatment.

D28. How troubled or bothered have you been the past days by these? alcohol problems?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

D30. How important to you now is treatment for these alcohol problems?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

D27. How many days in the past 30 have you experienced drug problems? (Include only: Craving, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to.)

D29. How troubled or bothered have you been the past 30 days by these drug problems?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

D31. How important to you now is treatment for these drug problems?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Comments:

Confidence Ratings: Is the above information significantly distorted by:

D34. Patient's misrepresentation?

☐ No ☐ Yes

D35. Patient's inability to understand?

☐ No ☐ Yes

31314



Protocol Number				Node Number		Site Number				Subject Number				Week		Day of Week		Int Phase		Visit Sequence	
Visit Date				/		/												Rater Number			

L1. Was this admission prompted or suggested by the criminal justice system? ☐ No ☐ Yes

L2. Are you on probation or parole? ☐ No ☐ Yes

How many times in your life have you been arrested and charged with the following:

- * L3. Shoplifting/Vandalism
- * L4. Parole/probation violations
- * L5. Drug charges
- * L6. Forgery
- * L7. Weapons offense
- * L8. Burglary, larceny, B&E
- * L9. Robbery
- * L10. Assault
- * L11. Arson
- * L12. Rape
- * L13. Homicide, manslaughter
- * L14. Prostitution
- * L15. Contempt of Court
- * L16A. Other
- * L17. How many of these charges resulted in convictions?

Comments:



Addiction Severity Index for Pretreatment: LEGAL STATUS
(continued)

Page 8 of 12

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Protocol Number				Node Number		Site Number				Subject Number				Week		Day of Week		Int Phase	Visit Sequence	
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Visit Date										Rater Number										

How many times in your life have you been charged with the following:

- * **L18.** Disorderly conduct, vagrancy, public intoxication
- * **L19.** Driving while intoxicated
- * **L20.** Major driving violations
- * **L21.** How many months were you incarcerated in your life? Mos.
- L24.** Are you presently awaiting charges, trial or sentence? ☐ No ☐ Yes
- L25.** What for?
(If multiple charges, use most severe. Enter number that matches from questions 3 - 16 on previous page and 18 -20 above)
- L26.** How many days in the past 30 were you detained or incarcerated?
- L27.** How many days in the past 30 have you engaged in illegal activities for profit?

For questions 28 & 29, please ask patient to use the Patient's Rating Scale

L28. How serious do you feel your present legal problems are? (Exclude civil problems.)

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

L29. How important to you now is counseling or referral for these legal problems?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Confidence Ratings

Is the above information significantly distorted by:

L31. Patient's misrepresentation? ☐ No ☐ Yes

L32. Patient's inability to understand? ☐ No ☐ Yes

Comments:

31314



Protocol Number				Node Number		Site Number				Subject Number				Week		Day of Week		Int Phase	Visit Sequence
Visit Date												Rater Number							

F1. Marital Status: ☐ Married ☐ Separated
☐ Remarried ☐ Divorced
☐ Widowed ☐ Never Married

F3. Are you satisfied with this situation?

☐ Yes ☐ No ☐ Indifferent

*** F4. Usual living arrangements (past 3 yrs.):**

- ☐ With sexual partner and children
- ☐ With sexual partner alone
- ☐ With children alone
- ☐ With parents
- ☐ With family
- ☐ With friends
- ☐ Alone
- ☐ Controlled environment
- ☐ No stable arrangements

F6. Are you satisfied with these living arrangements?

☐ Yes ☐ No ☐ Indifferent

Do you live with anyone who:

F7. Has a current alcohol problem? ☐ No ☐ Yes

F8. Uses non-prescribed drugs? ☐ No ☐ Yes

F9. With whom do you spend most of your free time?

☐ Family ☐ Friends ☐ Alone

F10. Are you satisfied with spending your free time this way?

☐ Yes ☐ No ☐ Indifferent

Comments:



Protocol Number				Node Number		Site Number			Subject Number			Week		Day of Week		Int Phase Visit		Sequence	
		/				/													
Visit Date										Rater Number									

Have you had significant periods in which you have experienced serious problems getting along with:

Comments:

- | | Past 30 days | Lifetime |
|--------------------------------------|--|--|
| F18. Mother | <input type="radio"/> No <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |
| F19. Father | <input type="radio"/> No <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |
| F20. Brothers/Sisters | <input type="radio"/> No <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |
| F21. Sexual partner/spouse | <input type="radio"/> No <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |
| F22. Children | <input type="radio"/> No <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |
| F23. Other Significant family | <input type="radio"/> No <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |
| F24. Close friends | <input type="radio"/> No <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |
| F25. Neighbors | <input type="radio"/> No <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |
| F26. Co-workers | <input type="radio"/> No <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |

Did any of these people (18-26) abuse you:

F28. Physically (cause you physical harm)?

- A. Past 30 days** ☐ No ☐ Yes
- B. In your life** ☐ No ☐ Yes

F29. Sexually (force sexual advances or sexual acts)?

- A. Past 30 days** ☐ No ☐ Yes
- B. In your life** ☐ No ☐ Yes



Addiction Severity Index for Pretreatment: FAMILY/SOCIAL RELATIONSHIPS
(continued)

Page 11 of 12

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
Protocol Number				Node Number		Site Number				Subject Number				Week		Day of Week		Int Phase		Visit Sequence				
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>												<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Visit Date											Rater Number													

For questions 32-35, please ask patient to use the Patient's Rating Scale

For questions F33-F35, ask the patient to use the patient's rating scale.

F30. How many days in the past 30 have you had serious conflicts with your family?

F32. How troubled or bothered have you been in the past 30 days by these family problems?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

F34. How important to you now is treatment or counseling for these family problems?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

F31. How many days in the past 30 have you had serious conflicts with other people (excluding family)?

F33. How troubled or bothered have you been in the past 30 days by social problems?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

F35. How important to you now is treatment or counseling for these social problems?
(Include patient's need to seek treatment for such social problems as loneliness, inability to socialize, and dissatisfaction with friends. Patient rating should refer to dissatisfaction, conflicts, or other serious problems.)

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

CONFIDENCE RATINGS

Is the above information significantly distorted by:

F37. Patient's misrepresentation? ☐ No ☐ Yes

F38. Patient's inability to understand? ☐ No ☐ Yes

Comments:

31314



Protocol Number				Node Number		Site Number				Subject Number			Week		Day of Week		Int Phase Visit Sequence	
		/				/												
Visit Date										Rater Number								

How many times have you been treated for any psychological or emotional problems?

* P 1. In a hospital:

* P 2. As an outpatient or private patient:

P 3. Do you receive a pension for a psychiatric disability?

☐ No ☐ Yes

Have you had a significant period, (that was not a direct result of drug/alcohol use), in which you have:

P 4. Experienced serious depression? Past 30 Days ☐ No ☐ Yes In Your Life ☐ No ☐ Yes

P 5. Experienced serious anxiety or tension? ☐ No ☐ Yes ☐ No ☐ Yes

P 6. Experienced hallucinations? ☐ No ☐ Yes ☐ No ☐ Yes

P 7. Experienced trouble understanding, concentrating or remembering? ☐ No ☐ Yes ☐ No ☐ Yes

P 8. Experienced trouble controlling violent behavior? ☐ No ☐ Yes ☐ No ☐ Yes

P 9. Experienced serious thoughts of suicide? ☐ No ☐ Yes ☐ No ☐ Yes

P 10. Attempted suicide? ☐ No ☐ Yes ☐ No ☐ Yes

P 11. Been prescribed medication for any psychological/emotional problem? ☐ No ☐ Yes ☐ No ☐ Yes

P 12. How many days in the past 30 have you experienced these psychological or emotional problems?

For questions 13 & 14, please ask patient to use the Patient's Rating Scale

P 13. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

P 14. How important to you now is treatment for these psychological problems?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Confidence Ratings

Is the above information significantly distorted by:

P 22. Patient's misrepresentation? ☐ No ☐ Yes

P 23. Patient's inability to ☐ No ☐ Yes

Comments:

31314



STUDYID

QSCAT=

DOMAIN: QS

Page 1 of 8

Attitudes and Expectations Questionnaire

EPOCH

NIDA - CTN

--	--	--	--

Protocol Number

--	--

Node Number

--	--	--	--

Site Number

--	--	--	--

Subject Number

--	--

Week

--	--

Day of Week

--	--

Int Phase

--	--

Visit Sequence

--	--

/

--	--

/

--	--

Visit Date

USUBJID

VISITNUM/VISIT

--	--	--	--

QSEVAL Rater Number

QSDTC

1. People choose to enter treatment for different reasons. Which of the following reasons brought you to treatment?

QSTEST

No Yes

QSORRES

a. Another person asked me to

☐ ☐

b. Medical health reasons

☐ ☐

c. Job reasons

☐ ☐

d. Money reasons

☐ ☐

e. Legal reasons

☐ ☐

f. Family reasons

☐ ☐

g. Social reasons (friends)

☐ ☐

h. Emotional reasons

☐ ☐

i. Other reasons

(list here) NOT ENTERED☐ ☐

2. Which drug did you come into treatment for?

--

3. What is your treatment goal concerning use of that drug?

☐ Stop using☐ Use 1 time per month☐ Use 1 time per week☐ Stop using for awhile and then go back

4. Do you think you will reduce or stop your drug use as a result of this treatment?

☐ I think I will still use☐ I think I might stop☐ I probably will stop☐ I am sure I will stop

50976



STUDYID

QSCAT=

DOMAIN: QS

Attitudes and Expectations Questionnaire

Page 2 of 8

EPOCH

--	--	--	--

Protocol Number

--	--

Node Number

--	--	--	--

Site Number

--	--	--	--

Subject Number

--	--

Week

--	--

Day of Week

--	--

Int Phase

--	--

Visit Sequence

--	--

Visit Date

--	--

--	--

QSDTC

USUBJID

VISITNUM/VISIT

--	--	--	--

QSEVAL

Rater Number

Now we would like to know what things you feel would be most helpful to you in your treatment. Please indicate how helpful you believe each of the following would be for you.

QSTEST

QSORRES

5. Talking about things that happened to me when I was growing up.

- ☐ Not at all
- ☐ Slightly helpful
- ☐ Somewhat helpful
- ☐ Moderately helpful
- ☐ Helpful
- ☐ Very helpful
- ☐ Extremely helpful

6. Learning skills that will help me cope with my problems.

- ☐ Not at all
- ☐ Slightly helpful
- ☐ Somewhat helpful
- ☐ Moderately helpful
- ☐ Helpful
- ☐ Very helpful
- ☐ Extremely helpful

7. Learning how to deal with my family conflicts.

- ☐ Not at all
- ☐ Slightly helpful
- ☐ Somewhat helpful
- ☐ Moderately helpful
- ☐ Helpful
- ☐ Very helpful
- ☐ Extremely helpful

8. Learning more about the effects of drugs/alcohol on my body and mind.

- ☐ Not at all
- ☐ Slightly helpful
- ☐ Somewhat helpful
- ☐ Moderately helpful
- ☐ Helpful
- ☐ Very helpful
- ☐ Extremely helpful



STUDYID

QSCAT=

DOMAIN: QS

Page 3 of 8

Attitudes and Expectations Questionnaire

EPOCH

--	--	--	--

Protocol Number

--	--

Node Number

--	--	--	--

Site Number

--	--	--	--

Subject Number

--	--	--

Week

--	--

Day of Week

--	--

Int Phase

--	--

Visit Sequence

--	--

Visit Date

--	--

QSDTC

--	--

USUBJID

VISITNUM/VISIT

--	--	--	--

QSEVAL

Rater Number

QSTEST

QSORRES

9. Teaching my family about how to help me stop using.

- ☐ Not at all
- ☐ Slightly helpful
- ☐ Somewhat helpful
- ☐ Moderately helpful
- ☐ Helpful
- ☐ Very helpful
- ☐ Extremely helpful

10. Going to AA,CA,NA meetings.

- ☐ Not at all
- ☐ Slightly helpful
- ☐ Somewhat helpful
- ☐ Moderately helpful
- ☐ Helpful
- ☐ Very helpful
- ☐ Extremely helpful

11. Monitoring of my drug use through urine testing.

- ☐ Not at all
- ☐ Slightly helpful
- ☐ Somewhat helpful
- ☐ Moderately helpful
- ☐ Helpful
- ☐ Very helpful
- ☐ Extremely helpful

12. Learning skills on how to deal with situations that tempt me to use drugs/alcohol.

- ☐ Not at all
- ☐ Slightly helpful
- ☐ Somewhat helpful
- ☐ Moderately helpful
- ☐ Helpful
- ☐ Very helpful
- ☐ Extremely helpful



STUDYID

QSCAT=

DOMAIN: QS

Page 4 of 8

Attitudes and Expectations Questionnaire

EPOCH

--	--	--	--

Protocol Number

--	--

Mode Number

--	--	--	--

Site Number

--	--	--	--

Subject Number

--	--	--

Week

--	--

Day of Week

--	--

Int Phase

--	--

Visit Sequence

--	--

--	--

Visit Date

--	--

QSDTC

USUBJID

VISITNUM/VISIT

--	--	--	--

QSEVAL

Rater Number

QSTEST

QSORRES

13. Being able to call sober friends when I need help.

- ☐ Not at all
- ☐ Slightly helpful
- ☐ Somewhat helpful
- ☐ Moderately helpful
- ☐ Helpful
- ☐ Very helpful
- ☐ Extremely helpful

14. Treatment for emotional problems like depression or anxiety.

- ☐ Not at all
- ☐ Slightly helpful
- ☐ Somewhat helpful
- ☐ Moderately helpful
- ☐ Helpful
- ☐ Very helpful
- ☐ Extremely helpful

15. Just being in treatment.

- ☐ Not at all
- ☐ Slightly helpful
- ☐ Somewhat helpful
- ☐ Moderately helpful
- ☐ Helpful
- ☐ Very helpful
- ☐ Extremely helpful

16. Helping me get along better with the people who are important to me and improving my social life.

- ☐ Not at all
- ☐ Slightly helpful
- ☐ Somewhat helpful
- ☐ Moderately helpful
- ☐ Helpful
- ☐ Very helpful
- ☐ Extremely helpful



STUDYID

QSCAT=

DOMAIN: QS

Page 5 of 8

Attitudes and Expectations Questionnaire

EPOCH

--	--	--	--

Protocol Number

--	--

Node Number

--	--	--	--

Site Number

--	--	--	--

Subject Number

--	--	--

Week

--	--

Day of Week

--	--

Int Phase

--	--

Visit Sequence

--	--

--	--

Visit Date

--	--

QSDTC

USUBJID

VISITNUM/VISIT

--	--	--	--

QSEVAL

Rater Number

Some people have strong ideas of the type of counselor that would be able to help them with their problem. We would like to know how you feel about these following things.

17. How important is it to you that your counselor is supportive?

QSTEST

☐ Not at all

QSORRES

☐ Slightly important☐ Somewhat important☐ Moderately important☐ Important☐ Very important☐ Extremely important

18. How important is it to you that your counselor is detached?

☐ Not at all☐ Slightly important☐ Somewhat important☐ Moderately important☐ Important☐ Very important☐ Extremely important

19. How important is it to you that your counselor is logical?

☐ Not at all☐ Slightly important☐ Somewhat important☐ Moderately important☐ Important☐ Very important☐ Extremely important

20. How important is it to you that your counselor is sensitive?

☐ Not at all☐ Slightly important☐ Somewhat important☐ Moderately important☐ Important☐ Very important☐ Extremely important

STUDYID

QSCAT=

DOMAIN: QS

Attitudes and Expectations Questionnaire

Page 6 of 8

EPOCH

--	--	--	--

Protocol Number

--	--

Node Number

--	--	--	--

Site Number

--	--	--	--

Subject Number

--	--	--

Week

--	--

Day of Week

--	--

Int Phase

--	--

Visit Sequence

--	--

--	--

Visit Date

--	--

QSDTC

USUBJID

VISITNUM/VISIT

--	--	--	--

QSEVAL

Rater Number

QSTEST

QSORRES

21. How important is it to you that your counselor gives you advice?

- ☐ Not at all
- ☐ Slightly important
- ☐ Somewhat important
- ☐ Moderately important
- ☐ Important
- ☐ Very important
- ☐ Extremely important

22. How important is it to you that your counselor just listens to you?

- ☐ Not at all
- ☐ Slightly important
- ☐ Somewhat important
- ☐ Moderately important
- ☐ Important
- ☐ Very important
- ☐ Extremely important

23. How important is it to you that your counselor has a background like yours?

- ☐ Not at all
- ☐ Slightly important
- ☐ Somewhat important
- ☐ Moderately important
- ☐ Important
- ☐ Very important
- ☐ Extremely important

24. How important is it to you that your counselor is critical of you?

- ☐ Not at all
- ☐ Slightly important
- ☐ Somewhat important
- ☐ Moderately important
- ☐ Important
- ☐ Very important
- ☐ Extremely important



STUDYID

QSCAT=

DOMAIN: QS

Page 7 of 8

Attitudes and Expectations Questionnaire

EPOCH

--	--	--	--

Protocol Number

--	--

Mode Number

--	--	--	--

Site Number

--	--	--	--

Subject Number

--	--	--

Week

--	--

Day of Week

--	--

Int Phase

--	--

Visit Sequence

--	--

--	--

Visit Date

--	--

QSDTC

USUBJID

VISITNUM/VISIT

--	--	--	--

QSEVAL

Rater Number

QSTEST

QSORRES

25. How important is it to you that your counselor relieves any guilt you have about drug/alcohol use?

- ☐ Not at all
- ☐ Slightly important
- ☐ Somewhat important
- ☐ Moderately important
- ☐ Important
- ☐ Very important
- ☐ Extremely important

Some people are more comfortable talking with people who are "like they are". We would like to know how you feel about these following things.

26. How important is it that your counselor is the same gender?

- ☐ Not at all
- ☐ Slightly important
- ☐ Somewhat important
- ☐ Moderately important
- ☐ Important
- ☐ Very important
- ☐ Extremely important

27. How important is it that your counselor is the same race?

- ☐ Not at all
- ☐ Slightly important
- ☐ Somewhat important
- ☐ Moderately important
- ☐ Important
- ☐ Very important
- ☐ Extremely important



STUDYID

QSCAT=

DOMAIN: QS

Page 8 of 8

Attitudes and Expectations Questionnaire

EPOCH

--	--	--	--

Protocol Number

--	--

Node Number

--	--	--	--

Site Number

--	--	--	--

Subject Number

--	--	--

Week

--	--

Day of Week

--	--

Int Phase

--	--

Visit Sequence

		/			/		
--	--	---	--	--	---	--	--

Visit Date

USUBJID

VISITNUM/VISIT

--	--	--	--	--

QSEVAL

Rater Number

QSDTC

28. How important is it that your counselor is of the same sexual orientation?

- ☐ Not at all
- ☐ Slightly important
- ☐ Somewhat important
- ☐ Moderately important
- ☐ Important
- ☐ Very important
- ☐ Extremely important

29. How important is it that your counselor understands your family situation?

- ☐ Not at all
- ☐ Slightly important
- ☐ Somewhat important
- ☐ Moderately important
- ☐ Important
- ☐ Very important
- ☐ Extremely important

30. How important is it that your counselor understands your culture?

- ☐ Not at all
- ☐ Slightly important
- ☐ Somewhat important
- ☐ Moderately important
- ☐ Important
- ☐ Very important
- ☐ Extremely important



Substance Use for Pretreatment Phase

Page 1 of 2

NIDA - CTN

Protocol Number

Node Number

Site Number

Subject Number

Week

Day of Week

Int Phase

Visit Sequence

Visit Date

Rater Number

48961

Primary Drug

☐ Alcohol ☐ Cocaine ☐ Marijuana ☐ Opioids ☐ Benzos ☐ Methamphetamine ☐ Other

please specify

Day 1
(Date of 1st day of 28 day block)

Date: / /

Day 2

Day 3

Day 4

Day 5

Day 6

Day 7

No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
Alcohol <input type="radio"/>	<input type="radio"/>	Alcohol <input type="radio"/>	<input type="radio"/>	Alcohol <input type="radio"/>	<input type="radio"/>	Alcohol <input type="radio"/>	<input type="radio"/>	Alcohol <input type="radio"/>	<input type="radio"/>	Alcohol <input type="radio"/>	<input type="radio"/>	Alcohol <input type="radio"/>	<input type="radio"/>
Cocaine <input type="radio"/>	<input type="radio"/>	Cocaine <input type="radio"/>	<input type="radio"/>	Cocaine <input type="radio"/>	<input type="radio"/>	Cocaine <input type="radio"/>	<input type="radio"/>	Cocaine <input type="radio"/>	<input type="radio"/>	Cocaine <input type="radio"/>	<input type="radio"/>	Cocaine <input type="radio"/>	<input type="radio"/>
Marijuana <input type="radio"/>	<input type="radio"/>	Marijuana <input type="radio"/>	<input type="radio"/>	Marijuana <input type="radio"/>	<input type="radio"/>	Marijuana <input type="radio"/>	<input type="radio"/>	Marijuana <input type="radio"/>	<input type="radio"/>	Marijuana <input type="radio"/>	<input type="radio"/>	Marijuana <input type="radio"/>	<input type="radio"/>
Opioids <input type="radio"/>	<input type="radio"/>	Opioids <input type="radio"/>	<input type="radio"/>	Opioids <input type="radio"/>	<input type="radio"/>	Opioids <input type="radio"/>	<input type="radio"/>	Opioids <input type="radio"/>	<input type="radio"/>	Opioids <input type="radio"/>	<input type="radio"/>	Opioids <input type="radio"/>	<input type="radio"/>
Benzos <input type="radio"/>	<input type="radio"/>	Benzos <input type="radio"/>	<input type="radio"/>	Benzos <input type="radio"/>	<input type="radio"/>	Benzos <input type="radio"/>	<input type="radio"/>	Benzos <input type="radio"/>	<input type="radio"/>	Benzos <input type="radio"/>	<input type="radio"/>	Benzos <input type="radio"/>	<input type="radio"/>
Methamph <input type="radio"/>	<input type="radio"/>	Methamph <input type="radio"/>	<input type="radio"/>	Methamph <input type="radio"/>	<input type="radio"/>	Methamph <input type="radio"/>	<input type="radio"/>	Methamph <input type="radio"/>	<input type="radio"/>	Methamph <input type="radio"/>	<input type="radio"/>	Methamph <input type="radio"/>	<input type="radio"/>
Other <input type="radio"/>	<input type="radio"/>	Other <input type="radio"/>	<input type="radio"/>	Other <input type="radio"/>	<input type="radio"/>	Other <input type="radio"/>	<input type="radio"/>	Other <input type="radio"/>	<input type="radio"/>	Other <input type="radio"/>	<input type="radio"/>	Other <input type="radio"/>	<input type="radio"/>

Day 8

Day 9

Day 10

Day 11

Day 12

Day 13

Day 14

Date:

No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
Alcohol <input type="radio"/>	<input type="radio"/>	Alcohol <input type="radio"/>	<input type="radio"/>	Alcohol <input type="radio"/>	<input type="radio"/>	Alcohol <input type="radio"/>	<input type="radio"/>	Alcohol <input type="radio"/>	<input type="radio"/>	Alcohol <input type="radio"/>	<input type="radio"/>	Alcohol <input type="radio"/>	<input type="radio"/>
Cocaine <input type="radio"/>	<input type="radio"/>	Cocaine <input type="radio"/>	<input type="radio"/>	Cocaine <input type="radio"/>	<input type="radio"/>	Cocaine <input type="radio"/>	<input type="radio"/>	Cocaine <input type="radio"/>	<input type="radio"/>	Cocaine <input type="radio"/>	<input type="radio"/>	Cocaine <input type="radio"/>	<input type="radio"/>
Marijuana <input type="radio"/>	<input type="radio"/>	Marijuana <input type="radio"/>	<input type="radio"/>	Marijuana <input type="radio"/>	<input type="radio"/>	Marijuana <input type="radio"/>	<input type="radio"/>	Marijuana <input type="radio"/>	<input type="radio"/>	Marijuana <input type="radio"/>	<input type="radio"/>	Marijuana <input type="radio"/>	<input type="radio"/>
Opioids <input type="radio"/>	<input type="radio"/>	Opioids <input type="radio"/>	<input type="radio"/>	Opioids <input type="radio"/>	<input type="radio"/>	Opioids <input type="radio"/>	<input type="radio"/>	Opioids <input type="radio"/>	<input type="radio"/>	Opioids <input type="radio"/>	<input type="radio"/>	Opioids <input type="radio"/>	<input type="radio"/>
Benzos <input type="radio"/>	<input type="radio"/>	Benzos <input type="radio"/>	<input type="radio"/>	Benzos <input type="radio"/>	<input type="radio"/>	Benzos <input type="radio"/>	<input type="radio"/>	Benzos <input type="radio"/>	<input type="radio"/>	Benzos <input type="radio"/>	<input type="radio"/>	Benzos <input type="radio"/>	<input type="radio"/>
Methamph <input type="radio"/>	<input type="radio"/>	Methamph <input type="radio"/>	<input type="radio"/>	Methamph <input type="radio"/>	<input type="radio"/>	Methamph <input type="radio"/>	<input type="radio"/>	Methamph <input type="radio"/>	<input type="radio"/>	Methamph <input type="radio"/>	<input type="radio"/>	Methamph <input type="radio"/>	<input type="radio"/>
Other <input type="radio"/>	<input type="radio"/>	Other <input type="radio"/>	<input type="radio"/>	Other <input type="radio"/>	<input type="radio"/>	Other <input type="radio"/>	<input type="radio"/>	Other <input type="radio"/>	<input type="radio"/>	Other <input type="radio"/>	<input type="radio"/>	Other <input type="radio"/>	<input type="radio"/>

Substance Use for Pretreatment Phase

Page 2 of 2

Protocol Number

Node Number

Site Number

Subject Number

Week

Day of Week

Int Phase

Visit Sequence

 / /

Visit Date

Rater Number

48961

Day 15

Day 16

Day 17

Day 18

Day 19

Day 20

Day 21

Date:

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Other ☐ ☐

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Other ☐ ☐

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Other ☐ ☐

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Other ☐ ☐

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Other ☐ ☐

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Other ☐ ☐

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Other ☐ ☐

Day 22

Day 23

Day 24

Day 25

Day 26

Day 27

Day 28

Date:

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Other ☐ ☐

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Other ☐ ☐

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Other ☐ ☐

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Other ☐ ☐

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Other ☐ ☐

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Other ☐ ☐

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Other ☐ ☐

Alcohol Breathalyzer Result Form

NIDA - CTN

The diagram illustrates the layout of the data entry form, organized into two rows of boxes. The first row contains eight boxes: a 1x4 box labeled 'Protocol Number', a 1x2 box labeled 'Node Number', a 1x4 box labeled 'Site Number', a 1x4 box labeled 'Subject Number', a 1x2 box labeled 'Week', a 1x2 box labeled 'Day of Week', a 1x2 box labeled 'Int Phase', and a 1x2 box labeled 'Visit Sequence'. The second row contains three boxes: a 1x2 box labeled 'Visit Date', a 1x2 box labeled 'Visit Date', and a 1x4 box labeled 'Rater Number'. A red line points to the second 'Visit Date' box.

1. Was Alcohol Breathalyzer Performed:

☐ No ☐ Yes ☐ Unknown

2. Date Alcohol Breathalyzer Performed:

--	--

 /

--	--

 /

--	--

3. Alcohol Breathalyzer Result:

•

--	--	--

 mg/ml

Comments:

--

Protocol Number				Node Number		Site Number				Subject Number				Week		Day of Week		Int Phase		Visit Sequence	
		/				/															
Visit Date										Rater Number											

7. I generally respect the therapist's views about me.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly	Disagree	Slightly	Slightly	Agree	Strongly
Disagree		Disagree	Agree		Agree

8. The procedures used in my therapy are not well suited to my needs.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly	Disagree	Slightly	Slightly	Agree	Strongly
Disagree		Disagree	Agree		Agree

9. I like the therapist as a person.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly	Disagree	Slightly	Slightly	Agree	Strongly
Disagree		Disagree	Agree		Agree

10. In most sessions, the therapist and I find a way to work on my problems together.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly	Disagree	Slightly	Slightly	Agree	Strongly
Disagree		Disagree	Agree		Agree

11. The therapist relates to me in ways that slow up the progress of the therapy.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly	Disagree	Slightly	Slightly	Agree	Strongly
Disagree		Disagree	Agree		Agree

12. A good relationship has formed with my therapist.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly	Disagree	Slightly	Slightly	Agree	Strongly
Disagree		Disagree	Agree		Agree

13. The therapist appears to be experienced in helping people.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly	Disagree	Slightly	Slightly	Agree	Strongly
Disagree		Disagree	Agree		Agree



Protocol Number				Node Number		Site Number				Subject Number				Week		Day of Week		Int Phase		Visit Sequence	
		/				/															
Visit Date										Rater Number											

14. I want very much to work out my problems.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly	Disagree	Slightly	Slightly	Agree	Strongly
Disagree		Disagree	Agree		Agree

15. The therapist and I have meaningful exchanges.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly	Disagree	Slightly	Slightly	Agree	Strongly
Disagree		Disagree	Agree		Agree

16. The therapist and I sometimes have unprofitable exchanges.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly	Disagree	Slightly	Slightly	Agree	Strongly
Disagree		Disagree	Agree		Agree

17. From time to time, we both talk about the same important events in my past.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly	Disagree	Slightly	Slightly	Agree	Strongly
Disagree		Disagree	Agree		Agree

18. I believe the therapist likes me as a person.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly	Disagree	Slightly	Slightly	Agree	Strongly
Disagree		Disagree	Agree		Agree

19. At times the therapist seems distant.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly	Disagree	Slightly	Slightly	Agree	Strongly
Disagree		Disagree	Agree		Agree



Helping Alliance Questionnaire- Therapist Form

Page 1 of 3

NIDA - CTN

--	--	--	--

Protocol Number

--	--

Node Number

--	--	--	--

Site Number

--	--	--	--

Subject Number

--	--	--

Week

--	--

Day of Week

--	--

Int Phase

--	--

Visit Sequence

--	--

--	--

--	--

Visit Date

--	--	--	--	--

Rater Number

Instructions: These are ways that a person may feel or behave in relation to another person - their client. Consider carefully your relationship with your client, and then mark each statement according to how strongly you agree or disagree . **Please mark every one.**

1. The patient feels he/she can depend upon me.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly	Disagree	Slightly	Slightly	Agree	Strongly
Disagree		Disagree	Agree		Agree

2. He/she feels I understand him/her.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly	Disagree	Slightly	Slightly	Agree	Strongly
Disagree		Disagree	Agree		Agree

3. The patient feels I want him/her to achieve the goals.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly	Disagree	Slightly	Slightly	Agree	Strongly
Disagree		Disagree	Agree		Agree

4. At times the patient distrusts my judgment

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly	Disagree	Slightly	Slightly	Agree	Strongly
Disagree		Disagree	Agree		Agree

5. The patient feels he/she is working together with me in a joint effort.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly	Disagree	Slightly	Slightly	Agree	Strongly
Disagree		Disagree	Agree		Agree

6. I believe we have similar ideas about the nature of his/her problems.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly	Disagree	Slightly	Slightly	Agree	Strongly
Disagree		Disagree	Agree		Agree

50380



<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Protocol Number				Node Number		Site Number				Subject Number				Week		Day of Week		Int Phase	Visit Sequence				
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>											<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Visit Date																		Rater Number					

7. The patient generally respects my views about him/her.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly	Disagree	Slightly	Slightly	Agree	Strongly
Disagree		Disagree	Agree		Agree

8. The patient believes the procedures used in his/her therapy are not well suited to his/her needs.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly	Disagree	Slightly	Slightly	Agree	Strongly
Disagree		Disagree	Agree		Agree

9. The patient likes me as a person.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly	Disagree	Slightly	Slightly	Agree	Strongly
Disagree		Disagree	Agree		Agree

10. In most sessions, we find a way to work on his/her problems together.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly	Disagree	Slightly	Slightly	Agree	Strongly
Disagree		Disagree	Agree		Agree

11. The patient believes I relate to him/her in ways that slow up the progress of the therapy.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly	Disagree	Slightly	Slightly	Agree	Strongly
Disagree		Disagree	Agree		Agree

12. The patient believes a good relationship has formed between us.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly	Disagree	Slightly	Slightly	Agree	Strongly
Disagree		Disagree	Agree		Agree

13. The patient believes I am experienced in helping people.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly	Disagree	Slightly	Slightly	Agree	Strongly
Disagree		Disagree	Agree		Agree



<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Protocol Number				Node Number		Site Number				Subject Number				Week		Day of Week		Int Phase	Visit Sequence				
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>											<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Visit Date										Rater Number													

14. I want very much for the patient to work out his/her problems.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly	Disagree	Slightly	Slightly	Agree	Strongly
Disagree		Disagree	Agree		Agree

15. The patient and I have meaningful exchanges.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly	Disagree	Slightly	Slightly	Agree	Strongly
Disagree		Disagree	Agree		Agree

16. The patient and I sometimes have unprofitable exchanges.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly	Disagree	Slightly	Slightly	Agree	Strongly
Disagree		Disagree	Agree		Agree

17. From time to time, we both talk about the same important events in his/her past.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly	Disagree	Slightly	Slightly	Agree	Strongly
Disagree		Disagree	Agree		Agree

18. The patient believes I like him/her as a person.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly	Disagree	Slightly	Slightly	Agree	Strongly
Disagree		Disagree	Agree		Agree

19. At times the patient sees me as distant.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly	Disagree	Slightly	Slightly	Agree	Strongly
Disagree		Disagree	Agree		Agree



HIV Risk-Taking Behavior Scale

Page 1 of 3

NIDA - CTN

--	--	--	--

--	--

--	--	--	--

--	--	--	--

--	--	--

--	--

--	--

--	--

Protocol Number

Node Number

Site Number

Subject Number

Week

Day of Week

Int Phase

Visit Sequence

--	--

--	--

--	--

Visit Date

--	--	--	--	--

Rater Number

Needle Use Behavior

1. How many times have you hit up (i.e., injected yourself with any drugs or were injected by someone else) in the last 30 days?
 - ☐ Hasn't hit up
 - ☐ Once
 - ☐ More than once
 - ☐ Once a day
 - ☐ 2-3 times a day
 - ☐ More than three times a day
2. How many times in the last 30 days have you used a needle after someone else had already used it? Please include the number of times you used a needle after your partner in addition to the number of times you used a needle after others.
 - ☐ No times
 - ☐ One time
 - ☐ Two times
 - ☐ 3-5 times
 - ☐ 6-10 times
 - ☐ More than ten times
3. How many different people (including your partner) have used a needle before you in the last 30 days?
 - ☐ None
 - ☐ One person
 - ☐ Two people
 - ☐ 3-5 times
 - ☐ 6-10 people
 - ☐ More than ten people
4. How many times in the last 30 days has someone else used a needle after you used it?
 - ☐ No times
 - ☐ One time
 - ☐ Two times
 - ☐ 3-5 times
 - ☐ 6-10 times
 - ☐ More than ten times



HIV Risk-Taking Behavior Scale

Page 2 of 3

Protocol Number				Node Number		Site Number				Subject Number				Week		Day of Week		Int Phase		Visit Sequence	
/		/																			
Visit Date				Rater Number																	

5. How often, in the last 30 days have you cleaned needles before re-using them?

- ☐ Does not re-use
- ☐ Every time
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

6. Before using needles again, how often in the last 30 days did you use bleach to clean them?

- ☐ Does not re-use
- ☐ Every time
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

Sexual Behavior

7. How many people, including regular partners, casual acquaintances and clients, have you had sex with in the last 30 days?

- ☐ None
- ☐ One person
- ☐ Two people
- ☐ 3-5 times
- ☐ 6-10 people
- ☐ More than ten people

(If no sex in the last month, end the interview here)

8. How often, in the last 30 days, have you used condoms when having sex with your regular partner(s)?

- ☐ No regular partner/no penetrative sex
- ☐ Every time
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never



HIV Risk-Taking Behavior Scale

Page 3 of 3

Protocol Number				Node Number		Site Number				Subject Number				Week		Day of Week		Int Phase		Visit Sequence	
Visit Date																					
Rater Number																					

9. How often, in the last 30 days, have you used condoms when having sex with casual partners (acquaintances)?

- ☐ No casual partner/no penetrative sex
- ☐ Every time
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

10. How often, in the last 30 days, have you used condoms when you have been paid for sex with money or drugs or when you have paid for sex with money or drugs?

- ☐ No penetrative sex
- ☐ Every time
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

11. How many times have you had anal sex in the last 30 days?

- ☐ No times
- ☐ One time
- ☐ Two times
- ☐ 3-5 times
- ☐ 6-10 times
- ☐ More than ten times

12. How often have you used condoms during anal sex in the last 30 days?

- ☐ No penetrative sex
- ☐ Every time
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never



Short Inventory of Problems Revised (SIP-R)

Page 1 of 2

NIDA - CTN

Protocol Number				Node Number		Site Number				Subject Number				Week		Day of Week		Int Phase Visit Sequence	
Visit Date																		Rater Number	

INSTRUCTIONS: Here are a number of events that drinkers or drug users sometimes experience. Read each one carefully and indicate how often each one has happened to you **DURING THE PAST 3 MONTHS** (Never, Once or a few times, etc.). If an item does not apply to you, bubble in 'Never'.

DURING THE PAST 3 MONTHS, about how often has this happened to you?
(bubble one answer for each item)

1. I have been unhappy because of my drinking or drug use.

☐ Never ☐ Once or a few times ☐ Once or twice a week ☐ Daily or almost daily

2. Because of my drinking or drug use, I have lost weight or not eaten properly.

☐ Never ☐ Once or a few times ☐ Once or twice a week ☐ Daily or almost daily

3. I have failed to do what is expected of me because of my drinking or drug use.

☐ Never ☐ Once or a few times ☐ Once or twice a week ☐ Daily or almost daily

4. I have felt guilty or ashamed because of my drinking or drug use.

☐ Never ☐ Once or a few times ☐ Once or twice a week ☐ Daily or almost daily

5. I have taken foolish risks when I have been drinking or using drugs.

☐ Never ☐ Once or a few times ☐ Once or twice a week ☐ Daily or almost daily

6. When drinking or using drugs, I have done impulsive things that I regretted later.

☐ Never ☐ Once or a few times ☐ Once or twice a week ☐ Daily or almost daily

7. Drinking or using one drug has caused me to use other drugs more.

☐ Never ☐ Once or a few times ☐ Once or twice a week ☐ Daily or almost daily

8. I have gotten into trouble because of drinking or drug use.

☐ Never ☐ Once or a few times ☐ Once or twice a week ☐ Daily or almost daily

9. The quality of my work has suffered because of my drinking or drug use.

☐ Never ☐ Once or a few times ☐ Once or twice a week ☐ Daily or almost daily

49367



Protocol Number				Node Number		Site Number				Subject Number				Week		Day of Week		Int Phase		Visit Sequence	
/		/																			
Visit Date														Rater Number							

DURING THE PAST 3 MONTHS, how much has this happened?
(bubble one answer for each item)

10. My physical health has been harmed by my drinking or drug use.

☐ Not at all ☐ A little ☐ Somewhat ☐ Very much

11. I have had money problems because of my drinking or drug use.

☐ Not at all ☐ A little ☐ Somewhat ☐ Very much

12. My physical appearance has been harmed by my drinking or drug use.

☐ Not at all ☐ A little ☐ Somewhat ☐ Very much

13. My family has been hurt by my drinking or drug use.

☐ Not at all ☐ A little ☐ Somewhat ☐ Very much

14. A friendship or close relationship has been damaged by my drinking or drug use.

☐ Not at all ☐ A little ☐ Somewhat ☐ Very much

15. My drinking or drug use has gotten in the way of my growth as a person.

☐ Not at all ☐ A little ☐ Somewhat ☐ Very much

16. My drinking or drug use has damaged my social life, popularity, or reputation.

☐ Not at all ☐ A little ☐ Somewhat ☐ Very much

17. I have spent too much or lost a lot of money because of my drinking or drug use.

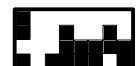
☐ Not at all ☐ A little ☐ Somewhat ☐ Very much



			4		3												
Protocol Number				Node Number		Site Number			Subject Number			Week		Day of Week		Int Phase Visit Sequence	

		/			/						
Visit Date								Rater Number			

Created: CTN STR004 01/02/01
Modified:



Supervisor Tape Rating Form

Page 2 of 11

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Protocol Number				Node Number		Site Number				Subject Number				Week		Day of Week		Int Phase		Visit Sequence	
Visit Date																Rater Number					

4. REFLECTIVE STATEMENTS: To what extent did the clinician repeat (exact words), rephrase (slight rewording), paraphrase (e.g., amplifying the thought or feeling, use of analogy, making inferences) or make reflective summary statements of what the participant was saying?

FREQUENCY & EXTENSIVENESS

☐ Not at all
 ☐ A little
 ☐ Infrequently
 ☐ Somewhat
 ☐ Quite a bit
 ☐ Considerably
 ☐ Extensively

SKILL LEVEL:

☐ Very poor
 ☐ poor
 ☐ acceptable
 ☐ adequate
 ☐ good
 ☐ Very good
 ☐ Excellent
 ☐ Not done at all

5. FOSTERING A COLLABORATIVE ATMOSPHERE: To what extent did the clinician convey in words or actions that the therapy is a collaborative relationship in contrast to one where the clinician is in charge? How much did the clinician emphasize the (greater) importance of the participant's own decisions, confidence, and perception of the importance of changing? To what extent did the therapist verbalize respect for the participant's autonomy and personal choice?

FREQUENCY & EXTENSIVENESS

☐ Not at all
 ☐ A little
 ☐ Infrequently
 ☐ Somewhat
 ☐ Quite a bit
 ☐ Considerably
 ☐ Extensively

SKILL LEVEL:

☐ Very poor
 ☐ poor
 ☐ acceptable
 ☐ adequate
 ☐ good
 ☐ Very good
 ☐ Excellent
 ☐ Not done at all

6. MOTIVATION TO CHANGE: To what extent did the clinician try to elicit participant discussion of change (self-motivational statements) through questions or comments designed to promote greater awareness/concern for the problem, increase intent/optimism to change, or encourage elaboration on a topic related to change? To what extent did the clinician discuss the stages of change, help the participant develop a rating of current readiness, or explore how motivation might be strengthened?

FREQUENCY & EXTENSIVENESS

☐ Not at all
 ☐ A little
 ☐ Infrequently
 ☐ Somewhat
 ☐ Quite a bit
 ☐ Considerably
 ☐ Extensively

SKILL LEVEL:

☐ Very poor
 ☐ poor
 ☐ acceptable
 ☐ adequate
 ☐ good
 ☐ Very good
 ☐ Excellent
 ☐ Not done at all

63561



Page 3 of 11

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Protocol Number				Node Number		Site Number		Subject Number		Week	Day of Week	Int Phase	Visit Sequence
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>						
Visit Date								<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
								Rater Number					

7. **PROBLEM IDENTIFICATION AND FEEDBACK:** To what extent did the clinician facilitate a discussion of the problems for which the participant entered treatment? To what extent did the clinician review or provide personalized feedback about the participant's substance abuse and the evidence or indications of problems in other life areas?

FREQUENCY & EXTENSIVENESS

○ ○ ○ ○ ○ ○ ○

Not at all A little Infrequently Somewhat Quite a bit Considerably Extensively

SKILL LEVEL:

○ ○ ○ ○ ○ ○ ○ ○
Very poor poor acceptable adequate good Very good Excellent Not done at all

8. **HEIGHTENING DISCREPANCIES:** To what extent did the clinician create or heighten the internal conflicts of the participant relative to his/her substance use? To what extent did the clinician facilitate or increase the participant's awareness of a discrepancy between where her/his life is currently versus where s/he wants it to be in the future? How much did the clinician explore the role of substances in preventing the participant from reaching life goals or values?

FREQUENCY & EXTENSIVENESS

○ ○ ○ ○ ○ ○ ○

Not at all A little Infrequently Somewhat Quite a bit Considerably Extensively

SKILL LEVEL:

○ ○ ○ ○ ○ ○ ○ ○
Very poor poor acceptable adequate good Very good Excellent Not done at all

9. PROS, CONS, AND AMBIVALENCE: To what extent did the clinician address or explore the positive and negative effects or results of the participant's substance use and what might be gained and lost by abstinence or reduction in substance use? To what extent did the clinician use decisional balancing, complete a cost-benefits analysis, or develop a list of pros and cons of substance use? How much did the clinician express appreciation for ambivalence as a normal part of the change process?

FREQUENCY & EXTENSIVENESS

○ ○ ○ ○ ○ ○ ○

Not at all A little Infrequently Somewhat Quite a bit Considerably Extensively

SKILL LEVEL:

○ ○ ○ ○ ○ ○ ○ ○
Very poor poor acceptable adequate good Very good Excellent Not done at all

Supervisor Tape Rating Form

Page 4 of 11

			4		3												
Protocol Number				Node Number		Site Number		Subject Number		Week		Day of Week		Int Phase		Visit Sequence	

		/			/											
Visit Date								<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 10%; height: 40px;"></td> <td style="width: 10%; height: 40px;"></td> <td style="width: 10%; height: 40px;"></td> <td style="width: 10%; height: 40px;"></td> <td style="width: 10%; height: 40px;"></td> </tr> </table> Rater Number								

10. CHANGE PLANNING: To what extent did the clinician and participant collaboratively develop and make a commitment to a plan for change? How much did the clinician facilitate discussion of the positive and negative aspects of changing, what might get in the way, and how to address impediments to change?

FREQUENCY & EXTENSIVENESS

○ ○ ○ ○ ○ ○ ○

Not at all A little Infrequently Somewhat Quite a bit Considerably Extensively

SKILL LEVEL:

○ ○ ○ ○ ○ ○ ○ ○
Very poor poor acceptable adequate good Very good Excellent Not done at all

11. **SOCIAL FUNCTIONING AND FACTORS:** To what extent did the clinician assess or discuss the participant's social functioning in different life areas (e.g., work, family, partner, social network, legal, etc.)? How much did the clinician focus on stressors (e.g., interpersonal conflict) or factors (e.g., legal, employment) that influence the participant's being in treatment or that might promote (e.g., drug-free social supports) or jeopardize (e.g., unhealthy relationships) treatment success?

FREQUENCY & EXTENSIVENESS

○ ○ ○ ○ ○ ○ ○

Not at all A little Infrequently Somewhat Quite a bit Considerably Extensively

SKILL LEVEL:

○ ○ ○ ○ ○ ○ ○ ○
Very poor poor acceptable adequate good Very good Excellent Not done at all

12. PROGRAM ORIENTATION: To what extent did the clinician provide information to the participant about the treatment agency's services, policies, and procedures, including clinic rules, attendance expectations, fee payment, urine/breath testing, substance use, etc.

FREQUENCY & EXTENSIVENESS

○ ○ ○ ○ ○ ○ ○

Not at all A little Infrequently Somewhat Quite a bit Considerably Extensively

SKILL LEVEL:

○ ○ ○ ○ ○ ○ ○ ○
Very poor poor acceptable adequate good Very good Excellent Not done at all



Supervisor Tape Rating Form

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Protocol Number				Node Number		Site Number		Subject Number		Week	Day of Week	Int Phase	Visit Sequence
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>						
Visit Date								<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
Rater Number													

13. CASE MANAGEMENT: To what extent did the clinician discuss or facilitate the coordination of additional services (i.e., ancillary or adjunctive to primary substance abuse counseling), including those that might be provided by the clinic (e.g., psychiatric appointment, child care, parenting groups) or other agencies (e.g., housing, vocational, educational, legal, medical, domestic violence services, financial/ insurance/ entitlements, transportation)? To what extent was the importance of these extra services emphasized, forms/releases filled out, appointments schedule, or phone calls planned?

FREQUENCY & EXTENSIVENESS

○ ○ ○ ○ ○ ○ ○

Not at all A little Infrequently Somewhat Quite a bit Considerably Extensively

SKILL LEVEL:

○ ○ ○ ○ ○ ○ ○ ○
Very poor poor acceptable adequate good Very good Excellent Not done at all

14. PSYCHOEDUCATION ABOUT SUBSTANCES: To what extent did the clinician provide information or facilitate discussion about drugs and alcohol including symptoms of intoxication, abuse, dependence, or withdrawal? How much did the clinician educate the participant on the effects of substances on medical, employment, family, social, legal, and psychological functioning?

FREQUENCY & EXTENSIVENESS

○ ○ ○ ○ ○ ○ ○
Not at all A little Infrequently Somewhat Quite a bit Considerably Extensively

SKILL LEVEL:

○ ○ ○ ○ ○ ○ ○ ○
Very poor poor acceptable adequate good Very good Excellent Not done at all

15. TREATMENT PLANNING: To what extent did the clinician develop and/or review the participant's formal treatment plan for the clinic program during the session, including problem/needs list, long-term goals, short-term objectives, and planned interventions? To what extent was the appropriateness of the current level of care discussed versus the need for a referral to a more or less intensive program?

FREQUENCY & EXTENSIVENESS

○ ○ ○ ○ ○ ○ ○

Not at all A little Infrequently Somewhat Quite a bit Considerably Extensively

SKILL LEVEL:

○ ○ ○ ○ ○ ○ ○ ○
Very poor poor acceptable adequate good Very good Excellent Not done at all



Supervisor Tape Rating Form

Page 6 of 11

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4				3											
Protocol Number				Node Number		Site Number		Subject Number		Week		Day of Week		Int Phase Visit Sequence	
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>								
Visit Date								Rater Number							

16. PSYCHOPATHOLOGY: To what extent did the clinician explicitly focus on the participant's psychopathology (i.e. symptoms of depressive, anxiety, psychotic disorders)? How much did the clinician discuss the participant's past and current psychiatric symptoms or treatment for a psychiatric disorder?

FREQUENCY & EXTENSIVENESS

☐ Not at all
 ☐ A little
 ☐ Infrequently
 ☐ Somewhat
 ☐ Quite a bit
 ☐ Considerably
 ☐ Extensively

SKILL LEVEL:

☐ Very poor
 ☐ poor
 ☐ acceptable
 ☐ adequate
 ☐ good
 ☐ Very good
 ☐ Excellent
 ☐ Not done at all

17. RISK BEHAVIOR REDUCTION: To what extent did the clinician provide information/education or facilitate discussion about behaviors which place one at high risk for infectious diseases such as HIV, Hepatitis, Tuberculosis, or sexually transmitted diseases? To what extent did the clinician discourage such risky behaviors or attempt to educate the participant about specific risk reduction strategies (e.g., condom use, needle cleaning)?

FREQUENCY & EXTENSIVENESS

☐ Not at all
 ☐ A little
 ☐ Infrequently
 ☐ Somewhat
 ☐ Quite a bit
 ☐ Considerably
 ☐ Extensively

SKILL LEVEL:

☐ Very poor
 ☐ poor
 ☐ acceptable
 ☐ adequate
 ☐ good
 ☐ Very good
 ☐ Excellent
 ☐ Not done at all

18. SELF-HELP GROUP INVOLVEMENT: To what extent did the clinician encourage, monitor, or reinforce the participant's involvement in 12 Step (AA/NA/CA) or other recovery self-help meetings (e.g., relying on members, planning or participating in meeting-related activities)? To what extent did the clinician explicitly refer to or explain the principles (e.g., specific Steps or recovery concepts) or review the participant's progress in self-help groups?

FREQUENCY & EXTENSIVENESS

☐ Not at all
 ☐ A little
 ☐ Infrequently
 ☐ Somewhat
 ☐ Quite a bit
 ☐ Considerably
 ☐ Extensively

SKILL LEVEL:

☐ Very poor
 ☐ poor
 ☐ acceptable
 ☐ adequate
 ☐ good
 ☐ Very good
 ☐ Excellent
 ☐ Not done at all

63561



Supervisor Tape Rating Form

Page 7 of 11

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Protocol Number				Node Number		Site Number		Subject Number		Week	Day of Week	Int Phase	Visit Sequence
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>						
Visit Date								<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
								Rater Number					

19. **REALITY THERAPY PRINCIPLES:** To what extent did the clinician encourage the participant to accept responsibility for his/her substance abuse and the choices s/he has made that has kept him/her in a substance using lifestyle? How much did the clinician emphasize that successful recovery depended on the participant making the right decisions and taking control of his/her life?

FREQUENCY & EXTENSIVENESS

○ ○ ○ ○ ○ ○ ○

Not at all A little Infrequently Somewhat Quite a bit Considerably Extensively

SKILL LEVEL:

○ ○ ○ ○ ○ ○ ○ ○
Very poor poor acceptable adequate good Very good Excellent Not done at all

20. ASSESSING/MONITORING SUBSTANCE USE: To what extent did the clinician maintain focus during the session on the participant's past or recent use of drugs and alcohol, including the pattern of use, extent of urges/thoughts, extent of reduction in use, results of recent urine/breath tests?

FREQUENCY & EXTENSIVENESS

○ ○ ○ ○ ○ ○ ○

Not at all A little Infrequently Somewhat Quite a bit Considerably Extensively

SKILL LEVEL:

○ ○ ○ ○ ○ ○ ○ ○
Very poor poor acceptable adequate good Very good Excellent Not done at all

21. **EMPHASIS ON ABSTINENCE:** To what extent did the clinician present the goal of abstinence as the only legitimate goal and indicate that a controlled use goal was not acceptable or completely unrealistic? How much did the clinician seek to impose his/her judgment about the goals of abstinence and emphasize that abstinence was considered to be the necessary standard for judging any improvement during treatment?

FREQUENCY & EXTENSIVENESS

○ ○ ○ ○ ○ ○ ○

Not at all A little Infrequently Somewhat Quite a bit Considerably Extensively

SKILL LEVEL:

○ ○ ○ ○ ○ ○ ○ ○
Very poor poor acceptable adequate good Very good Excellent Not done at all



Supervisor Tape Rating Form

Page 8 of 11

Protocol Number	Node Number	Site Number	Subject Number	Week	Day of Week	Int Phase	Visit Sequence
4	3						

Visit Date	Rater Number
/	

22. **CONFRONTATION OF DENIAL OR DEFENSIVENESS:** To what extent did the clinician directly confront the participant's denial or defensiveness about acknowledging problems or concerns related to substance use (e.g., acceptance of problem, lying, non-compliance with treatment)?

FREQUENCY & EXTENSIVENESS

○ ○ ○ ○ ○ ○ ○

Not at all A little Infrequently Somewhat Quite a bit Considerably Extensively

SKILL LEVEL:

○ ○ ○ ○ ○ ○ ○ ○
Very poor poor acceptable adequate good Very good Excellent Not done at all

23. **POWERLESSNESS AND LOSS OF CONTROL:** To what extent did the clinician emphasize the concept of powerlessness over addiction as a disease and the importance of the participant's belief in this for successful sobriety? To what extent did the clinician express the view that all substance use represents a loss of control or that the participant's life is unmanageable when s/he uses substances?

FREQUENCY & EXTENSIVENESS

○ ○ ○ ○ ○ ○ ○
Not at all A little Infrequently Somewhat Quite a bit Considerably Extensively

SKILL LEVEL:

○ ○ ○ ○ ○ ○ ○ ○
Very poor poor acceptable adequate good Very good Excellent Not done at all

24. **SPIRITUALITY/HIGHER POWER:** To what extent did the clinician explicitly invoke the concept of spirituality or a higher power as a source of strength, hope, and guidance in the participant's working a recovery program (e.g., clinician suggested reliance on the Serenity Prayer, religious concepts, or Steps 2 or 3 of AA/NA/CA)?

FREQUENCY & EXTENSIVENESS

○ ○ ○ ○ ○ ○ ○

Not at all A little Infrequently Somewhat Quite a bit Considerably Extensively

SKILL LEVEL:

○ ○ ○ ○ ○ ○ ○ ○
Very poor poor acceptable adequate good Very good Excellent Not done at all



Supervisor Tape Rating Form

Page 9 of 11

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4				3											
Protocol Number				Node Number		Site Number		Subject Number		Week		Day of Week		Int Phase Visit Sequence	
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>								
Visit Date								Rater Number							

25. ADVICE OR DIRECTION GIVING: To what degree did the clinician provide unsolicited advice or direction to the participant (e.g., offering specific, concrete suggestions for what the participant should do)? To what extent was the clinician's style one of telling the participant how to be successful in his/her recovery?

FREQUENCY & EXTENSIVENESS

☐ Not at all
 ☐ A little
 ☐ Infrequently
 ☐ Somewhat
 ☐ Quite a bit
 ☐ Considerably
 ☐ Extensively

SKILL LEVEL:

☐ Very poor
 ☐ poor
 ☐ acceptable
 ☐ adequate
 ☐ good
 ☐ Very good
 ☐ Excellent
 ☐ Not done at all

26. SKILLS TRAINING: To what extent did the clinician attempt to actively teach, model, rehearse, or role play specific behavioral coping skills, label them as such (e.g., refusal skills, urge/craving control, anger management, communication training), and link them to past or future substance use?

FREQUENCY & EXTENSIVENESS

☐ Not at all
 ☐ A little
 ☐ Infrequently
 ☐ Somewhat
 ☐ Quite a bit
 ☐ Considerably
 ☐ Extensively

SKILL LEVEL:

☐ Very poor
 ☐ poor
 ☐ acceptable
 ☐ adequate
 ☐ good
 ☐ Very good
 ☐ Excellent
 ☐ Not done at all

27. COGNITIONS: To what extent did the clinician ask the patient to monitor, report or evaluate specific cognitions associated with substance use or related problems? To what extent did the clinician use cognitive therapy techniques of disputing the participant's irrational, automatic, distorted, or dysfunctional thoughts related to his/her use of substances or related mood or interpersonal problems?

FREQUENCY & EXTENSIVENESS

☐ Not at all
 ☐ A little
 ☐ Infrequently
 ☐ Somewhat
 ☐ Quite a bit
 ☐ Considerably
 ☐ Extensively

SKILL LEVEL:

☐ Very poor
 ☐ poor
 ☐ acceptable
 ☐ adequate
 ☐ good
 ☐ Very good
 ☐ Excellent
 ☐ Not done at all

63561



Page 10 of 11

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Protocol Number				Node Number		Site Number		Subject Number		Week	Day of Week	Int Phase	Visit Sequence
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>						
Visit Date								<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
								Rater Number					

28. **PSYCHODYNAMIC INTERVENTIONS:** To what extent did the clinician engage in psychodynamic interventions (e.g., discuss intrapsychic conflicts, connect childhood history with current behavior, discuss dreams, make transference interpretations, etc)?

FREQUENCY & EXTENSIVENESS

○ ○ ○ ○ ○ ○ ○

Not at all A little Infrequently Somewhat Quite a bit Considerably Extensively

SKILL LEVEL:

○ ○ ○ ○ ○ ○ ○ ○
Very poor poor acceptable adequate good Very good Excellent Not done at all

29. **THERAPEUTIC AUTHORITY:** To what extent did the clinician verbalize clear conclusions or decisions about what course of therapy would be best for the participant? How much did the clinician warn that recovery would be impeded unless the participant followed certain steps or guidelines in treatment? To what extent did the clinician try to lecture the participant about "what works" about treatment or the likelihood of poor outcome if the participant tried to do his/her own treatment?

FREQUENCY & EXTENSIVENESS

○ ○ ○ ○ ○ ○ ○
Not at all A little Infrequently Somewhat Quite a bit Considerably Extensively

SKILL LEVEL:

○ ○ ○ ○ ○ ○ ○ ○
Very poor poor acceptable adequate good Very good Excellent Not done at all

30. **THERAPIST FRUSTRATION:** To what extent did the clinician demonstrate negative reactions to this patient such as moralizing, preaching, judging, criticizing, or blaming during the session?

FREQUENCY & EXTENSIVENESS

○ ○ ○ ○ ○ ○ ○

Not at all A little Infrequently Somewhat Quite a bit Considerably Extensively

SKILL LEVEL:

○ ○ ○ ○ ○ ○ ○ ○
Very poor poor acceptable adequate good Very good Excellent Not done at all



Supervisor Tape Rating Form

Page 11 of 11

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Protocol Number				Node Number		Site Number		Subject Number		Week		Day of Week		Int Phase		Visit Sequence		

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
Visit Date							

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rater Number							

Ratings of Clients

31. How much did the participant want to discuss topics unrelated to the protocol?

☐ Not at all
 ☐ Very little
 ☐ Somewhat
 ☐ Moderately
 ☐ Quite a bit
 ☐ Considerably
 ☐ Extensively

32. How much difficulty did the participant have understanding or accepting the material?

☐ Not at all
 ☐ Very little
 ☐ Somewhat
 ☐ Moderately
 ☐ Quite a bit
 ☐ Considerably
 ☐ Extensively

33. How strong would you rate the participant's working alliance with the therapist?

☐ Not at all
 ☐ Very weak
 ☐ Weak
 ☐ Adequate
 ☐ Strong
 ☐ Very strong
 ☐ Extremely strong

34. How would you rate the participant's stage of change or motivation at the beginning of this session?

☐ Not at all
 ☐ Very weak
 ☐ Weak
 ☐ Adequate
 ☐ Strong
 ☐ Very strong
 ☐ Extremely strong

35. How would you rate the participant's stage of change or motivation at the end of this session?

☐ Not at all
 ☐ Very weak
 ☐ Weak
 ☐ Adequate
 ☐ Strong
 ☐ Very strong
 ☐ Extremely strong

63561



STUDYID

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Protocol Number	Node Number	Site Number	Subject Number	Week	Day of Week	Int Phase	Visit Sequence						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Visit Date		QSDTC		USUBJID		VISITNUM/VISIT		Rater Number		QSEVAL			

I. Session Information: =QSSCAT

QSTEST

QSORRES

A. Since the last session (or since randomization for first session) did the following happen:

A1. How many appointments were scheduled since the last session?

A2. How many appointments did the client no show to?

A3. How many appointments did the client cancel?

A4. How many appointments did you cancel?

B. Did you record an label the audiotape with your and the participant's ID, the week, session, and date?

☐ No ☐ Yes

C. Are there problems the investigators or coordinator should know about? (specify on back and/or call)

☐ No ☐ Yes

D. How long has it been since your last session?

E. How long was today's session? (in minutes)

QSORRESU='MINUTE'

F. When did you schedule your next session?

 / /

_____ : _____ (time)

II. Therapist Self Assessment:

INSTRUCTIONS FOR THE FOLLOWING PAGES: Please think of the current session you just completed with this participant and rate the degree to which you used the following techniques. This rating should take into account both the number of times you use a particular technique within or across sessions (frequency) as well as the depth or emphasis you place on these techniques when you use them (extensiveness). Please answer all items. If you are unfamiliar with a particular technique or you have never heard of many of the defining terms listed for an item, you should most likely circle "not at all."



Same as page 1 of Therapist Session Report and Technique Checklist form for annotation except any changes to QSSCAT

1. Problem Identification and Feedback: To what extent did you facilitate a discussion of the problems for which the participant entered treatment? To what extent did you review or provide personalized feedback about the participant's substance abuse and the evidence or indications of problems in other life areas?

2. Assessing/Monitoring Substance Use: To what extent did you maintain your focus on the participant's past or recent use of drugs and alcohol, including the pattern of use, extent of urges/thoughts, extent of reduction in use, results of recent urine/breath tests?

3. Open Questions: To what extent did you use open-ended questions (i.e., questions that elicit more than yes/no responses) to elicit the participant's perception of his/her problems, motivation, change efforts, and plans?

4. Fostering a Collaborative Atmosphere: To what extent did you convey in words or actions that counseling is a collaborative relationship in contrast to one where you are in charge? how much did you emphasize the (greater) importance of the participant's own decisions, confidence, and perception of the importance of changing? To what extent did you verbalize respect for the participant's autonomy and personal choice?

5. Pros, Cons, and Ambivalence: To what extent did you address or explore the positive and negative effects or results of the participant's substance use and what might be gained and lost by abstinence or reduction in substance use? To what extent did you use decisional balancing, complete a cost-benefits analysis, or develop a list of pros and cons of substance use? How much did you express appreciation for ambivalence as a normal part of the change process?

Created: CTN MET TSC004 11/02/00
Modified: CTN MET TSC004 11/29/00



<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Protocol Number	Node Number	Site Number	Subject Number	Week	Day of Week	Int Phase	Visit Sequence		

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Visit Date				Rater Number			

Same as page 1 of Therapist Session Report and Technique Checklist form for annotation except any changes to QSSCAT

6. Psychoeducation About Substances: To what extent did you provide information or facilitate discussion about drugs and alcohol including symptoms of intoxication, abuse, dependence, or withdrawal? How much did you educate the participant on the effects of substances on medical, employment, family, social, legal, and psychological functioning?

- ☐ Not at all
 ☐ A little
 ☐ Infrequently
 ☐ Somewhat
 ☐ Quite a bit
 ☐ Considerably
 ☐ Extensively

7. Reflective Statements: To what extent did you repeat (exact words), rephrase (slight rewording), paraphrase (e.g., amplifying the thought or feeling, use of analogy, making inferences) or make reflective summary statements of what the participant was saying?

- ☐ Not at all
 ☐ A little
 ☐ Infrequently
 ☐ Somewhat
 ☐ Quite a bit
 ☐ Considerably
 ☐ Extensively

8. Self-Help Group Involvement: To what extent did you encourage, monitor, or reinforce this participant's involvement in 12 Step (AA/NA/CA) or other recovery self-help meetings (e.g., relying on members, planning or participating in meeting-related activities)? To what extent did you explicitly refer to or explain the principles (e.g., specific Steps or recovery concepts) or review progress in self-help groups with this participant?

- ☐ Not at all
 ☐ A little
 ☐ Infrequently
 ☐ Somewhat
 ☐ Quite a bit
 ☐ Considerably
 ☐ Extensively

9. Heightening Discrepancies: To what extent did you try to create or heighten the internal conflicts of the participant relative to his/her substance use? To what extent did you facilitate or increase the participant's awareness of discrepancy between where her/his life is currently versus where s/he wants it to be in the future? How much did you explore the role of substances in preventing the participant from reaching life goals or values?

- ☐ Not at all
 ☐ A little
 ☐ Infrequently
 ☐ Somewhat
 ☐ Quite a bit
 ☐ Considerably
 ☐ Extensively

10. Change Planning Discussion: To what extent did you and the participant collaboratively develop and make a commitment to a plan for change? How much did you facilitate discussion of the positive and negative aspects of changing, what might get in the way, and how to address impediments to change?

- ☐ Not at all
 ☐ A little
 ☐ Infrequently
 ☐ Somewhat
 ☐ Quite a bit
 ☐ Considerably
 ☐ Extensively



<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Protocol Number	Node Number	Site Number	Subject Number	Week	Day of Week	Int Phase	Visit Sequence		

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
Visit Date							

Same as page 1 of Therapist Session Report and Technique Checklist form for annotation except any changes to QSSCAT

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rater Number					

11. Reality Therapy Principles: To what extent did you encourage this participant to accept responsibility for his/her substance abuse and the choices s/he has made that has kept him/her in a substance using lifestyle? How much did you emphasize that successful recovery depends on this participant making the right decisions and taking control of his/her life?

- ☐ Not at all
 ☐ A little
 ☐ Infrequently
 ☐ Somewhat
 ☐ Quite a bit
 ☐ Considerably
 ☐ Extensively

12. Social Functioning and Factors: To what extent did you assess or discuss the participant's social functioning in different life areas (e.g., work, family, partner, social network, legal, etc.)? How much did you focus on stressors (e.g., interpersonal conflict) or factors (e.g., legal, employment) that influence the participant's being in treatment or that might promote (e.g., drug-free social supports) or jeopardize (e.g., unhealthy relationships) treatment success?

- ☐ Not at all
 ☐ A little
 ☐ Infrequently
 ☐ Somewhat
 ☐ Quite a bit
 ☐ Considerably
 ☐ Extensively

13. Motivation to Change: To what extent did you try to elicit self-motivational statements through questions or comments designed to promote greater participant awareness/concern for the problem, increase intent/optimism to change, or encourage elaboration on a topic related to change? To what extent did you discuss the stages of change, help the participant develop a rating of current readiness, or explore how motivation might be strengthened?

- ☐ Not at all
 ☐ A little
 ☐ Infrequently
 ☐ Somewhat
 ☐ Quite a bit
 ☐ Considerably
 ☐ Extensively

14. Affirmation of Strengths and Self-Efficacy: To what extent did you verbally reinforce the participant's strengths, abilities, or efforts to change his/her behavior? To what extent did you encourage a sense of self-efficacy on the part of the participant by praising small steps in the direction of change or expressing appreciation of personal qualities in the participant that might facilitate successful efforts to change?

- ☐ Not at all
 ☐ A little
 ☐ Infrequently
 ☐ Somewhat
 ☐ Quite a bit
 ☐ Considerably
 ☐ Extensively



<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Protocol Number	Node Number	Site Number	Subject Number	Week	Day of Week	Int Phase	Visit Sequence					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Visit Date								Rater Number				

Same as page 1 of Therapist Session Report and Technique Checklist form for annotation except any changes to QSSCAT

15. Motivational Interviewing Style: To what extent was your therapeutic style one of providing low-key feedback, rolling with resistance (e.g., avoiding arguments, shifting focus), and remaining supportive, warm, and non-judgmental?

- ☐ Not at all
 ☐ A little
 ☐ Infrequently
 ☐ Somewhat
 ☐ Quite a bit
 ☐ Considerably
 ☐ Extensively

Participant Rating

16. How much did the participant want to discuss topics unrelated to the protocol?

- ☐ Not at all
 ☐ Very little
 ☐ Somewhat
 ☐ Moderately
 ☐ Quite a bit
 ☐ Considerably
 ☐ Extensively

17. How much difficulty did the participant have understanding or accepting the material?

- ☐ Not at all
 ☐ Very little
 ☐ Somewhat
 ☐ Moderately
 ☐ Quite a bit
 ☐ Considerably
 ☐ Extensively

18. How strong would you rate the therapeutic alliance or bond between you and the participant?

- ☐ Not at all
 ☐ Very weak
 ☐ Weak
 ☐ Adequate
 ☐ Strong
 ☐ Very strong
 ☐ Extremely strong

19. How motivated to make change did the participant seem after the first 10 minutes of this session?

- ☐ Not at all
 ☐ Very weak
 ☐ Weak
 ☐ Adequate
 ☐ Strong
 ☐ Very strong
 ☐ Extremely strong

20. How motivated to make change did the participant seem during the last 10 minutes of this session?

- ☐ Not at all
 ☐ Very weak
 ☐ Weak
 ☐ Adequate
 ☐ Strong
 ☐ Very strong
 ☐ Extremely strong



Urine Monitoring Result Form

NIDA - CTN

Protocol Number				Node Number		Site Number				Subject Number				Week		Day of Week		Int Phase		Visit Sequence	
/				/																	
Visit Date																		Rater Number			

1. Date Urine Collected:

/		/			
---	--	---	--	--	--

 2. Urine temperature within expected range?
 (>=92 F or 33.3 C)

☐ No ☒ Yes ☐ Unknown

Negative

Positive

Not Tested

3. Amphetamines

☐☐☐

4. Barbituates

☐☐☐

5. Benzodiazepines

☐☐☐

6. Cannabinoids (THC)

☐☐☐

7. Cocaine metabolites

☐☐☐

8. Methadone

☐☐☐

9. Methamphetamines

☐☐☐

10. Opiates/Morphine

☐☐☐

11. Phencyclidine (PCP)

☐☐☐

12. Was urine collection supervised?

☒ No ☐ Yes ☐ Unknown


NIDA - CTN

Protocol Number				Node Number		Site Number				Subject Number				Week		Day of Week		Int Phase		Visit Sequence	
Visit Date																		Rater Number			

Each statement below describes how a person might feel when starting therapy or approaching problems in their lives. Please indicate the extent to which you tend to agree or disagree with each statement. In each case, make your choice in terms of **how you feel right now**, not what you have felt in the past or would like to feel. For all the statements that refer to your "problem," answer in terms of problems related to your drug use. The words "here" and "this place" refer to this drug abuse treatment program.

There are five possible responses to each of the items in the questionnaire:

☐ Strongly Disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree

Please darken the circle that best represents your answer to each question.

- As far as I'm concerned, I don't have any problems that need changing.
☐ Strongly Disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree
- I think I might be ready for some self-improvement.
☐ Strongly Disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree
- I am doing something about the problems that had been bothering me.
☐ Strongly Disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree
- It might be worthwhile to work on my problem.
☐ Strongly Disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree
- I'm not the problem one. It doesn't make much sense for me to be here.
☐ Strongly Disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree
- It worries me that I might slip back on a problem I have already changed, so I am here to seek help.
☐ Strongly Disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree
- I am finally doing some work on my problem.
☐ Strongly Disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree
- I've been thinking that I might want to change something about myself.
☐ Strongly Disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree
- I have been successful in working on my problem but I'm not sure I can keep up the effort on my own.
☐ Strongly Disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree



Protocol Number				Node Number		Site Number				Subject Number				Week		Day of Week		Int Phase		Visit Sequence	
/		/																			
Visit Date																		Rater Number			

10. At times my problem is difficult, but I'm working on it.
- ☐ Strongly Disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree
11. Being here is pretty much of a waste of time for me because the problem doesn't have much to do with me.
- ☐ Strongly Disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree
12. I'm hoping this place will help me to better understand myself.
- ☐ Strongly Disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree
13. I guess I have faults, but there's nothing that I really need to change.
- ☐ Strongly Disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree
14. I am really working hard to change.
- ☐ Strongly Disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree
15. I have a problem and I really think I should work on it.
- ☐ Strongly Disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree
16. I'm not following through with what I had already changed as well as I had hoped, and I'm here to prevent a relapse of the problem.
- ☐ Strongly Disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree
17. Even though I'm not always successful in changing, I am at least working on my problem.
- ☐ Strongly Disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree
18. I thought once I had resolved the problem I would be free of it, but sometimes I still find myself struggling with it.
- ☐ Strongly Disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree
19. I wish I had more ideas on how to solve my problem.
- ☐ Strongly Disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree
20. I have started working on my problem but I would like help.
- ☐ Strongly Disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree
21. Maybe this place will be able to help me.
- ☐ Strongly Disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree



<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
Protocol Number				Node Number		Site Number				Subject Number				Week		Day of Week		Int Phase	Visit Sequence			
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>											<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Visit Date																		Rater Number				

22. I may need a boost right now to help me maintain the changes I've already made.

☐ Strongly Disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree

23. I may be part of the problem, but I don't really think I am.

☐ Strongly Disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree

24. I hope that someone here will have some good advice for me.

☐ Strongly Disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree

25. Anyone can talk about changing; I'm actually doing something about it.

☐ Strongly Disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree

26. All this talk about psychology is boring, why can't people just forget about their problems.

☐ Strongly Disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree

27. I'm here to prevent myself from having a relapse of my problem.

☐ Strongly Disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree

28. It is frustrating, but I feel I might be having a recurrence of a problem I thought I had resolved.

☐ Strongly Disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree

29. I have worries but so does the next guy. Why spend time thinking about them?

☐ Strongly Disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree

30. I am actively working on my problem.

☐ Strongly Disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree

31. I would rather cope with my faults than try to change them.

☐ Strongly Disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree

32. After all I had done to try and change my problems, every now and again it comes back to haunt me.

☐ Strongly Disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree



STUDYID Treatment Utilization Form - Active Study Phase

DOMAIN: TU

Page 1 of 4

NIDA - CTN

EPOCH

Protocol Number

Node Number

Site Number

Subject Number

Week

Day of Week

IntPhase

Visit Sequence

USUBJID

VISITNUM/VISIT

Visit Date

TUDTC

Rater Number

Week 1 (Treatment Day 1 - 7)

=TUCAT

Note - do not fill in this page until at least 7 days have elapsed since client was randomized

Drug Abuse Treatment Services =TUSCAT

TUTEST

TUORRES

Number of MET Sessions

Number of Standard Treatment
Individual SessionsWrite Number
if 10+Number of Other Individual
Sessions

Number of Group Sessions

Number of Self-help Groups

Other Ancillary Services =TUSCAT

Number of Child care Services

Number of Medical Services

Number of Psychiatric (MD) Services

Number of Vocational Services

Number of Legal Services

Number of Family Services

Days of Medication for
Psychological, Psychiatric, or Drug
problem

List Medications

NOT DATABASD

STUDYID Treatment Utilization Form - Active Study Phase

DOMAIN: TU

Page 2 of 4

EPOCH

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Protocol Number	Node Number	Site Number	Subject Number	Week	Day of Week	IntPhase	Visit	Sequence	

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
USUBJID	VISITNUM/VISIT		Rater Number		

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Visit Date	TUDTC		

Week 2 (Treatment Day 8 - 14)

Note - do not fill in this page until at least 14 days have elapsed since client was randomized

Drug Abuse Treatment Services=TUSCAT

Number of MET Sessions	TUORRES	0	1	2	3											
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>											
Number of Standard Treatment Individual Sessions		0	1	2	3	4										
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>										
Number of Other Individual Sessions		0	1	2	3	4	5	6	7	8	9	10	10+	Write Number if 10+		
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>		
Number of Group Sessions		0	1	2	3	4	5	6	7	8	9	10	10+	Write Number if 10+		
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>		
Number of Self-help Groups		0	1	2	3	4	5	6	7	8	9	10	10+	Write Number if 10+		
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>		

Other Ancillary Services=TUSCAT

Number of Child care Services		0	1	2	3	4	5	6	7	8	9	10	10+	Write Number if 10+
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Number of Medical Services		0	1	2	3	4	5	6	7	8	9	10	10+	Write Number if 10+
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Number of Psychiatric (MD) Services		0	1	2	3	4	5	6	7	8	9	10	10+	Write Number if 10+
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Number of Vocational Services		0	1	2	3	4	5	6	7	8	9	10	10+	Write Number if 10+
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Number of Legal Services		0	1	2	3	4	5	6	7	8	9	10	10+	Write Number if 10+
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Number of Family Services		0	1	2	3	4	5	6	7	8	9	10	10+	Write Number if 10+
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Days of Medication for Psychological, Psychiatric, or Drug problem		0	1	2	3	4	5	6	7					
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					

List Medications

NOT DATABASED



STUDYID Treatment Utilization Form - Active Study Phase

DOMAIN: TU

Page 3 of 4

EPOCH

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Protocol Number	Node Number	Site Number	Subject Number	Week	Day of Week	IntPhase	Visit Sequence					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>				
Visit Date		USUBJID		VISITNUM/VISIT		Rater Number						

Week 3 (Treatment Day 15 - 21)

Note - do not fill in this page until at least 21 days have elapsed since client was randomized

Drug Abuse Treatment Services	=TUSCAT	0	1	2	3											
Number of MBT Sessions	TUTEST	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	TUORRES										
Number of Standard Treatment Individual Sessions		0	1	2	3	4										
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Write Number if 10+									
Number of Other Individual Sessions		0	1	2	3	4	5	6	7	8	9	10	10+	<input type="text"/>		
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>		
Number of Group Sessions		0	1	2	3	4	5	6	7	8	9	10	10+	<input type="text"/>		
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>		
Number of Self-help Groups		0	1	2	3	4	5	6	7	8	9	10	10+	<input type="text"/>		
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>		
Other Ancillary Services	=TUSCAT															
Number of Child care Services		0	1	2	3	4	5	6	7	8	9	10	10+	<input type="text"/>		
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>		
Number of Medical Services		0	1	2	3	4	5	6	7	8	9	10	10+	<input type="text"/>		
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>		
Number of Psychiatric (MD) Services		0	1	2	3	4	5	6	7	8	9	10	10+	<input type="text"/>		
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>		
Number of Vocational Services		0	1	2	3	4	5	6	7	8	9	10	10+	<input type="text"/>		
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>		
Number of Legal Services		0	1	2	3	4	5	6	7	8	9	10	10+	<input type="text"/>		
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>		
Number of Family Services		0	1	2	3	4	5	6	7	8	9	10	10+	<input type="text"/>		
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>		
Days of Medication for Psychological, Psychiatric, or Drug problem		0	1	2	3	4	5	6	7							
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							

List Medications

NOT DATABASED

48713



STUDYID Treatment Utilization Form - Active Study Phase

DOMAIN: TU

Page 4 of 4

EPOCH

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Protocol Number	Node Number	Site Number	Subject Number	Week	Day of Week	IntPhase	Visit	Sequence	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Visit Date		USUBJID		VISITNUM/VISIT		Rater Number			

Week 4 (Treatment Day 21 - 28)

Note - do not fill in this page until at least 28 days have elapsed since client was randomized

Drug Abuse Treatment Services =TUSCAT	0	1	2	3										
Number of MET Sessions TUTEST	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>										
Number of Standard Treatment Individual Sessions	0	1	2	3	4									
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>									
Number of Other Individual Sessions	0	1	2	3	4	5	6	7	8	9	10	10+	<input type="text"/>	<input type="text"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Number of Group Sessions	0	1	2	3	4	5	6	7	8	9	10	10+	<input type="text"/>	<input type="text"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Number of Self-help Groups	0	1	2	3	4	5	6	7	8	9	10	10+	<input type="text"/>	<input type="text"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Other Ancillary Services =TUSCAT														
Number of Child care Services	0	1	2	3	4	5	6	7	8	9	10	10+	<input type="text"/>	<input type="text"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Number of Medical Services	0	1	2	3	4	5	6	7	8	9	10	10+	<input type="text"/>	<input type="text"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Number of Psychiatric (MD) Services	0	1	2	3	4	5	6	7	8	9	10	10+	<input type="text"/>	<input type="text"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Number of Vocational Services	0	1	2	3	4	5	6	7	8	9	10	10+	<input type="text"/>	<input type="text"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Number of Legal Services	0	1	2	3	4	5	6	7	8	9	10	10+	<input type="text"/>	<input type="text"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Number of Family Services	0	1	2	3	4	5	6	7	8	9	10	10+	<input type="text"/>	<input type="text"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Days of Medication for Psychological, Psychiatric, or Drug problem	0	1	2	3	4	5	6	7						
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						

List Medications

NOT DATABASED

TUAM1- TUAD:

48713



Substance Use for Active Study Phase



49226

Visit Sequence

Int Phase

Day of Week

Week

Subject Number

Site Number

Node Number

Protocol Number

Page annotated the same as Substance Use
for Active Study Phase Page 1

 /

Visit Date

Rater Number

Day 15 Day 16 Day 17 Day 18 Day 19 Day 20 Day 21

Date:

	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opioids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benzos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methamph	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Day 22 Day 23 Day 24 Day 25 Day 26 Day 27 Day 28

Date:

	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opioids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benzos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methamph	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Program and Client Costs-Substance Abuse Treatment (PACC-SAT)

Page 1 of 7

NIDA - CTN

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Protocol Number	Node Number	Site Number	Subject Number	Week	Day of Week	Int Phase	Visit	Sequence	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Visit Date						Rater Number			

Note: I will be asking you some questions about what services you receive at the treatment program. I also will be asking you about the services that you have to pay for in order to attend the program. This information will be helpful for us as we evaluate what the treatment costs you and the program.

None of these questions apply to time spent filling out assessment forms. Any of the sessions should be recorded more than once.

A. Assessing Treatment Program Costs

1. INDIVIDUAL COUNSELING SESSIONS:

1.a Who is your PRIMARY INDIVIDUAL COUNSELOR? Counselor code: 1.b Which other individual counselors did you see last week? Counselor Codes:

2nd <input type="text"/>	3rd <input type="text"/>	4th <input type="text"/>
5th <input type="text"/>	6th <input type="text"/>	7th <input type="text"/>

1.c How many times did you see your PRIMARY INDIVIDUAL COUNSELOR last week?

Number of times:

1.d How many times did you see each of your OTHER INDIVIDUAL COUNSELORS last week?

2nd counselor <input type="text"/>	3rd counselor <input type="text"/>	4th counselor <input type="text"/>
5th counselor <input type="text"/>	6th counselor <input type="text"/>	7th counselor <input type="text"/>

1.e How many hours did you spend in total with your PRIMARY COUNSELOR in an INDIVIDUAL session last week?

- ☐ ≤ 1/2 hour
 ☐ 1.5 hours
 ☐ 2.5 hours
 ☐ 3.5 hours
 ☐ 4.5 hours
☐ 1 hour
 ☐ 2 hours
 ☐ 3 hours
 ☐ 4 hours
 ☐ 5 hours

28991



<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Protocol Number	Node Number	Site Number	Subject Number	Week	Day of Week	Int Phase	Visit Sequence		

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Visit Date								Rater Number	

1.f How many hours did you spent in total with your OTHER COUNSELORS in an INDIVIDUAL session last week?

2nd counselor	<input type="radio"/> 1/2 hour	<input type="radio"/> 1.5 hours	<input type="radio"/> 2.5 hours	<input type="radio"/> 3.5 hours	<input type="radio"/> 4.5 hours
	<input type="radio"/> 1 hour	<input type="radio"/> 2 hours	<input type="radio"/> 3 hours	<input type="radio"/> 4 hours	<input type="radio"/> 5 hours
3rd counselor	<input type="radio"/> 1/2 hour	<input type="radio"/> 1.5 hours	<input type="radio"/> 2.5 hours	<input type="radio"/> 3.5 hours	<input type="radio"/> 4.5 hours
	<input type="radio"/> 1 hour	<input type="radio"/> 2 hours	<input type="radio"/> 3 hours	<input type="radio"/> 4 hours	<input type="radio"/> 5 hours
4th counselor	<input type="radio"/> 1/2 hour	<input type="radio"/> 1.5 hours	<input type="radio"/> 2.5 hours	<input type="radio"/> 3.5 hours	<input type="radio"/> 4.5 hours
	<input type="radio"/> 1 hour	<input type="radio"/> 2 hours	<input type="radio"/> 3 hours	<input type="radio"/> 4 hours	<input type="radio"/> 5 hours
5th counselor	<input type="radio"/> 1/2 hour	<input type="radio"/> 1.5 hours	<input type="radio"/> 2.5 hours	<input type="radio"/> 3.5 hours	<input type="radio"/> 4.5 hours
	<input type="radio"/> 1 hour	<input type="radio"/> 2 hours	<input type="radio"/> 3 hours	<input type="radio"/> 4 hours	<input type="radio"/> 5 hours
6th counselor	<input type="radio"/> 1/2 hour	<input type="radio"/> 1.5 hours	<input type="radio"/> 2.5 hours	<input type="radio"/> 3.5 hours	<input type="radio"/> 4.5 hours
	<input type="radio"/> 1 hour	<input type="radio"/> 2 hours	<input type="radio"/> 3 hours	<input type="radio"/> 4 hours	<input type="radio"/> 5 hours
7th counselor	<input type="radio"/> 1/2 hour	<input type="radio"/> 1.5 hours	<input type="radio"/> 2.5 hours	<input type="radio"/> 3.5 hours	<input type="radio"/> 4.5 hours
	<input type="radio"/> 1 hour	<input type="radio"/> 2 hours	<input type="radio"/> 3 hours	<input type="radio"/> 4 hours	<input type="radio"/> 5 hours



<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Protocol Number	Node Number	Site Number	Subject Number	Week	Day of Week	Int	Phase	Visit	Sequence
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Visit Date						Rater Number			

2.a Group Counseling Sessions: Please, fill in the following table reporting on each GROUP counseling session that you attended last week:

First Leader	Second
--------------	--------

DURATION in hours

Total Number of Patients in session (INCLUDING YOU)

1.		\leq <input type="radio"/> $\frac{1}{2}$ <input type="radio"/> 1 <input type="radio"/> 1.5 <input type="radio"/> 2 <input type="radio"/> 2.5 <input type="radio"/> 3 <input type="radio"/> 3.5 <input type="radio"/> 4 <input type="radio"/> 4.5 <input type="radio"/> 5 <input type="radio"/> 2.3 <input type="radio"/> 4.5 <input type="radio"/> 6.7 <input type="radio"/> 8.9 <input type="radio"/> 10-11 <input type="radio"/> 12-13 <input type="radio"/> 14-15 <input type="radio"/> 16-17 <input type="radio"/> 18-19 <input type="radio"/> 20+
2.		\leq <input type="radio"/> $\frac{1}{2}$ <input type="radio"/> 1 <input type="radio"/> 1.5 <input type="radio"/> 2 <input type="radio"/> 2.5 <input type="radio"/> 3 <input type="radio"/> 3.5 <input type="radio"/> 4 <input type="radio"/> 4.5 <input type="radio"/> 5 <input type="radio"/> 2.3 <input type="radio"/> 4.5 <input type="radio"/> 6.7 <input type="radio"/> 8.9 <input type="radio"/> 10-11 <input type="radio"/> 12-13 <input type="radio"/> 14-15 <input type="radio"/> 16-17 <input type="radio"/> 18-19 <input type="radio"/> 20+
3.		\leq <input type="radio"/> $\frac{1}{2}$ <input type="radio"/> 1 <input type="radio"/> 1.5 <input type="radio"/> 2 <input type="radio"/> 2.5 <input type="radio"/> 3 <input type="radio"/> 3.5 <input type="radio"/> 4 <input type="radio"/> 4.5 <input type="radio"/> 5 <input type="radio"/> 2.3 <input type="radio"/> 4.5 <input type="radio"/> 6.7 <input type="radio"/> 8.9 <input type="radio"/> 10-11 <input type="radio"/> 12-13 <input type="radio"/> 14-15 <input type="radio"/> 16-17 <input type="radio"/> 18-19 <input type="radio"/> 20+
4.		\leq <input type="radio"/> $\frac{1}{2}$ <input type="radio"/> 1 <input type="radio"/> 1.5 <input type="radio"/> 2 <input type="radio"/> 2.5 <input type="radio"/> 3 <input type="radio"/> 3.5 <input type="radio"/> 4 <input type="radio"/> 4.5 <input type="radio"/> 5 <input type="radio"/> 2.3 <input type="radio"/> 4.5 <input type="radio"/> 6.7 <input type="radio"/> 8.9 <input type="radio"/> 10-11 <input type="radio"/> 12-13 <input type="radio"/> 14-15 <input type="radio"/> 16-17 <input type="radio"/> 18-19 <input type="radio"/> 20+
5.		\leq <input type="radio"/> $\frac{1}{2}$ <input type="radio"/> 1 <input type="radio"/> 1.5 <input type="radio"/> 2 <input type="radio"/> 2.5 <input type="radio"/> 3 <input type="radio"/> 3.5 <input type="radio"/> 4 <input type="radio"/> 4.5 <input type="radio"/> 5 <input type="radio"/> 2.3 <input type="radio"/> 4.5 <input type="radio"/> 6.7 <input type="radio"/> 8.9 <input type="radio"/> 10-11 <input type="radio"/> 12-13 <input type="radio"/> 14-15 <input type="radio"/> 16-17 <input type="radio"/> 18-19 <input type="radio"/> 20+
6.		\leq <input type="radio"/> $\frac{1}{2}$ <input type="radio"/> 1 <input type="radio"/> 1.5 <input type="radio"/> 2 <input type="radio"/> 2.5 <input type="radio"/> 3 <input type="radio"/> 3.5 <input type="radio"/> 4 <input type="radio"/> 4.5 <input type="radio"/> 5 <input type="radio"/> 2.3 <input type="radio"/> 4.5 <input type="radio"/> 6.7 <input type="radio"/> 8.9 <input type="radio"/> 10-11 <input type="radio"/> 12-13 <input type="radio"/> 14-15 <input type="radio"/> 16-17 <input type="radio"/> 18-19 <input type="radio"/> 20+
7.		\leq <input type="radio"/> $\frac{1}{2}$ <input type="radio"/> 1 <input type="radio"/> 1.5 <input type="radio"/> 2 <input type="radio"/> 2.5 <input type="radio"/> 3 <input type="radio"/> 3.5 <input type="radio"/> 4 <input type="radio"/> 4.5 <input type="radio"/> 5 <input type="radio"/> 2.3 <input type="radio"/> 4.5 <input type="radio"/> 6.7 <input type="radio"/> 8.9 <input type="radio"/> 10-11 <input type="radio"/> 12-13 <input type="radio"/> 14-15 <input type="radio"/> 16-17 <input type="radio"/> 18-19 <input type="radio"/> 20+
8.		\leq <input type="radio"/> $\frac{1}{2}$ <input type="radio"/> 1 <input type="radio"/> 1.5 <input type="radio"/> 2 <input type="radio"/> 2.5 <input type="radio"/> 3 <input type="radio"/> 3.5 <input type="radio"/> 4 <input type="radio"/> 4.5 <input type="radio"/> 5 <input type="radio"/> 2.3 <input type="radio"/> 4.5 <input type="radio"/> 6.7 <input type="radio"/> 8.9 <input type="radio"/> 10-11 <input type="radio"/> 12-13 <input type="radio"/> 14-15 <input type="radio"/> 16-17 <input type="radio"/> 18-19 <input type="radio"/> 20+
9.		\leq <input type="radio"/> $\frac{1}{2}$ <input type="radio"/> 1 <input type="radio"/> 1.5 <input type="radio"/> 2 <input type="radio"/> 2.5 <input type="radio"/> 3 <input type="radio"/> 3.5 <input type="radio"/> 4 <input type="radio"/> 4.5 <input type="radio"/> 5 <input type="radio"/> 2.3 <input type="radio"/> 4.5 <input type="radio"/> 6.7 <input type="radio"/> 8.9 <input type="radio"/> 10-11 <input type="radio"/> 12-13 <input type="radio"/> 14-15 <input type="radio"/> 16-17 <input type="radio"/> 18-19 <input type="radio"/> 20+
10.		\leq <input type="radio"/> $\frac{1}{2}$ <input type="radio"/> 1 <input type="radio"/> 1.5 <input type="radio"/> 2 <input type="radio"/> 2.5 <input type="radio"/> 3 <input type="radio"/> 3.5 <input type="radio"/> 4 <input type="radio"/> 4.5 <input type="radio"/> 5 <input type="radio"/> 2.3 <input type="radio"/> 4.5 <input type="radio"/> 6.7 <input type="radio"/> 8.9 <input type="radio"/> 10-11 <input type="radio"/> 12-13 <input type="radio"/> 14-15 <input type="radio"/> 16-17 <input type="radio"/> 18-19 <input type="radio"/> 20+



3. Other activities received AT the PROGRAM:

Session	Outreach or Recreation	Prizes/Incentive Motivation	Class/Training/GED, etc.	Other: Job fairs, etc.	RA fill in Therapist Code using Staff List				DURATION in hours											Total Number of Patients in session (INCLUDING YOU)						
					First Leader	Second	<input type="checkbox"/> ≤1/2	<input type="checkbox"/> 1	<input type="checkbox"/> 1.5	<input type="checkbox"/> 2	<input type="checkbox"/> 2.5	<input type="checkbox"/> 3	<input type="checkbox"/> 3.5	<input type="checkbox"/> 4	<input type="checkbox"/> 4.5	<input type="checkbox"/> 5	<input type="checkbox"/> 2-3	<input type="checkbox"/> 4-5	<input type="checkbox"/> 6-7	<input type="checkbox"/> 8-9	<input type="checkbox"/> 10-11	<input type="checkbox"/> 12-13	<input type="checkbox"/> 14-15	<input type="checkbox"/> 16-17	<input type="checkbox"/> 18-19	<input type="checkbox"/> 20+
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> ≤1/2	<input type="checkbox"/> 1	<input type="checkbox"/> 1.5	<input type="checkbox"/> 2	<input type="checkbox"/> 2.5	<input type="checkbox"/> 3	<input type="checkbox"/> 3.5	<input type="checkbox"/> 4	<input type="checkbox"/> 4.5	<input type="checkbox"/> 5	<input type="checkbox"/> 2-3	<input type="checkbox"/> 4-5	<input type="checkbox"/> 6-7	<input type="checkbox"/> 8-9	<input type="checkbox"/> 10-11	<input type="checkbox"/> 12-13	<input type="checkbox"/> 14-15	<input type="checkbox"/> 16-17	<input type="checkbox"/> 18-19	<input type="checkbox"/> 20+
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> ≤1/2	<input type="checkbox"/> 1	<input type="checkbox"/> 1.5	<input type="checkbox"/> 2	<input type="checkbox"/> 2.5	<input type="checkbox"/> 3	<input type="checkbox"/> 3.5	<input type="checkbox"/> 4	<input type="checkbox"/> 4.5	<input type="checkbox"/> 5	<input type="checkbox"/> 2-3	<input type="checkbox"/> 4-5	<input type="checkbox"/> 6-7	<input type="checkbox"/> 8-9	<input type="checkbox"/> 10-11	<input type="checkbox"/> 12-13	<input type="checkbox"/> 14-15	<input type="checkbox"/> 16-17	<input type="checkbox"/> 18-19	<input type="checkbox"/> 20+
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> ≤1/2	<input type="checkbox"/> 1	<input type="checkbox"/> 1.5	<input type="checkbox"/> 2	<input type="checkbox"/> 2.5	<input type="checkbox"/> 3	<input type="checkbox"/> 3.5	<input type="checkbox"/> 4	<input type="checkbox"/> 4.5	<input type="checkbox"/> 5	<input type="checkbox"/> 2-3	<input type="checkbox"/> 4-5	<input type="checkbox"/> 6-7	<input type="checkbox"/> 8-9	<input type="checkbox"/> 10-11	<input type="checkbox"/> 12-13	<input type="checkbox"/> 14-15	<input type="checkbox"/> 16-17	<input type="checkbox"/> 18-19	<input type="checkbox"/> 20+
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> ≤1/2	<input type="checkbox"/> 1	<input type="checkbox"/> 1.5	<input type="checkbox"/> 2	<input type="checkbox"/> 2.5	<input type="checkbox"/> 3	<input type="checkbox"/> 3.5	<input type="checkbox"/> 4	<input type="checkbox"/> 4.5	<input type="checkbox"/> 5	<input type="checkbox"/> 2-3	<input type="checkbox"/> 4-5	<input type="checkbox"/> 6-7	<input type="checkbox"/> 8-9	<input type="checkbox"/> 10-11	<input type="checkbox"/> 12-13	<input type="checkbox"/> 14-15	<input type="checkbox"/> 16-17	<input type="checkbox"/> 18-19	<input type="checkbox"/> 20+
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> ≤1/2	<input type="checkbox"/> 1	<input type="checkbox"/> 1.5	<input type="checkbox"/> 2	<input type="checkbox"/> 2.5	<input type="checkbox"/> 3	<input type="checkbox"/> 3.5	<input type="checkbox"/> 4	<input type="checkbox"/> 4.5	<input type="checkbox"/> 5	<input type="checkbox"/> 2-3	<input type="checkbox"/> 4-5	<input type="checkbox"/> 6-7	<input type="checkbox"/> 8-9	<input type="checkbox"/> 10-11	<input type="checkbox"/> 12-13	<input type="checkbox"/> 14-15	<input type="checkbox"/> 16-17	<input type="checkbox"/> 18-19	<input type="checkbox"/> 20+
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> ≤1/2	<input type="checkbox"/> 1	<input type="checkbox"/> 1.5	<input type="checkbox"/> 2	<input type="checkbox"/> 2.5	<input type="checkbox"/> 3	<input type="checkbox"/> 3.5	<input type="checkbox"/> 4	<input type="checkbox"/> 4.5	<input type="checkbox"/> 5	<input type="checkbox"/> 2-3	<input type="checkbox"/> 4-5	<input type="checkbox"/> 6-7	<input type="checkbox"/> 8-9	<input type="checkbox"/> 10-11	<input type="checkbox"/> 12-13	<input type="checkbox"/> 14-15	<input type="checkbox"/> 16-17	<input type="checkbox"/> 18-19	<input type="checkbox"/> 20+
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> ≤1/2	<input type="checkbox"/> 1	<input type="checkbox"/> 1.5	<input type="checkbox"/> 2	<input type="checkbox"/> 2.5	<input type="checkbox"/> 3	<input type="checkbox"/> 3.5	<input type="checkbox"/> 4	<input type="checkbox"/> 4.5	<input type="checkbox"/> 5	<input type="checkbox"/> 2-3	<input type="checkbox"/> 4-5	<input type="checkbox"/> 6-7	<input type="checkbox"/> 8-9	<input type="checkbox"/> 10-11	<input type="checkbox"/> 12-13	<input type="checkbox"/> 14-15	<input type="checkbox"/> 16-17	<input type="checkbox"/> 18-19	<input type="checkbox"/> 20+
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> ≤1/2	<input type="checkbox"/> 1	<input type="checkbox"/> 1.5	<input type="checkbox"/> 2	<input type="checkbox"/> 2.5	<input type="checkbox"/> 3	<input type="checkbox"/> 3.5	<input type="checkbox"/> 4	<input type="checkbox"/> 4.5	<input type="checkbox"/> 5	<input type="checkbox"/> 2-3	<input type="checkbox"/> 4-5	<input type="checkbox"/> 6-7	<input type="checkbox"/> 8-9	<input type="checkbox"/> 10-11	<input type="checkbox"/> 12-13	<input type="checkbox"/> 14-15	<input type="checkbox"/> 16-17	<input type="checkbox"/> 18-19	<input type="checkbox"/> 20+
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> ≤1/2	<input type="checkbox"/> 1	<input type="checkbox"/> 1.5	<input type="checkbox"/> 2	<input type="checkbox"/> 2.5	<input type="checkbox"/> 3	<input type="checkbox"/> 3.5	<input type="checkbox"/> 4	<input type="checkbox"/> 4.5	<input type="checkbox"/> 5	<input type="checkbox"/> 2-3	<input type="checkbox"/> 4-5	<input type="checkbox"/> 6-7	<input type="checkbox"/> 8-9	<input type="checkbox"/> 10-11	<input type="checkbox"/> 12-13	<input type="checkbox"/> 14-15	<input type="checkbox"/> 16-17	<input type="checkbox"/> 18-19	<input type="checkbox"/> 20+
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> ≤1/2	<input type="checkbox"/> 1	<input type="checkbox"/> 1.5	<input type="checkbox"/> 2	<input type="checkbox"/> 2.5	<input type="checkbox"/> 3	<input type="checkbox"/> 3.5	<input type="checkbox"/> 4	<input type="checkbox"/> 4.5	<input type="checkbox"/> 5	<input type="checkbox"/> 2-3	<input type="checkbox"/> 4-5	<input type="checkbox"/> 6-7	<input type="checkbox"/> 8-9						

4a. Did you receive any Health Care Visits at the Program last week?

28991

Program and Client Costs-Substance Abuse Treatment (PACC-SAT)

Page 5 of 7

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Protocol Number	Node Number	Site Number	Subject Number	Week	Day of Week	Int Phase	Visit	Sequence	

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Visit Date								Rater Number	

	Health care visits	Medical visit	HIV counseling	Family Planning	Other	PROVIDER CODE	How long was it (in minutes)?
1.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/> 15 <input type="radio"/> 30 <input type="radio"/> 45 <input type="radio"/> 60 <input type="radio"/> 75 <input type="radio"/> 90
2.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/> 15 <input type="radio"/> 30 <input type="radio"/> 45 <input type="radio"/> 60 <input type="radio"/> 75 <input type="radio"/> 90
3.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/> 15 <input type="radio"/> 30 <input type="radio"/> 45 <input type="radio"/> 60 <input type="radio"/> 75 <input type="radio"/> 90
4.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/> 15 <input type="radio"/> 30 <input type="radio"/> 45 <input type="radio"/> 60 <input type="radio"/> 75 <input type="radio"/> 90
5.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/> 15 <input type="radio"/> 30 <input type="radio"/> 45 <input type="radio"/> 60 <input type="radio"/> 75 <input type="radio"/> 90
6.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/> 15 <input type="radio"/> 30 <input type="radio"/> 45 <input type="radio"/> 60 <input type="radio"/> 75 <input type="radio"/> 90

5. Laboratory tests occurring during **last week**: Please, fill in the following table reporting on the Laboratory Tests that you had last week:

5a. Did you receive any laboratory tests at the Program during last week?

☐ No (go to 6) ☐ Yes. Please fill in the following table:

	Lab Test	Urinalysis	Breathalyzer	HIV Test	TB	Hepatitis	Pregnancy	STD	X-ray	Other	PROVIDER CODE
1.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
2.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
3.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
4.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
5.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
6.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

28991



B. Costs to Clients

			Provided AT THE PROGRAM										Obtained OUTSIDE THE PROGRAM																				
Childcare	Transportation	Other	How many times did you use them?										How much did you pay per time you used it?	How many times did you use them?										How much did you pay per time you used it?									
1.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>
			1	2	3	4	5	6	7	8	9	10							1	2	3	4	5	6	7	8	9	10					
2.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>
			1	2	3	4	5	6	7	8	9	10							1	2	3	4	5	6	7	8	9	10					
3.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>
			1	2	3	4	5	6	7	8	9	10							1	2	3	4	5	6	7	8	9	10					

Last week's Treatment total cost to you (in dollars): \$

--	--	--

C. Employment

28991

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Protocol Number	Node Number	Site Number	Subject Number	Week	Day of Week	Int Phase	Visit Sequence		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Visit Date							Rater Number		

10. Thinking of last week how much (in dollars) did you make last week **before taxes**?

\$, .

D. Out of Program Health Services Utilization

Note: Questions 11 and 12 refer to services received outside of the treatment program and refer to the last 28 days.

11. In the last 28 days: How many times have you been in the Emergency Room?

12. How many nights out of the last 28 days have you been in each of the following?

At your own home/apartment

At a friend's or relative's house

Hospital

Jail or Prison

Shelter

Half Way House

DETOX Out-of-Program

Other:

You are now finished. Thank you for your time.

STUDYID -
NIDA - CTN

NIDA - CTN

EPOCH

--	--	--	--

--	--

--	--	--	--

--	--	--	--

--	--	--

--	--

--	--

--	--

Protocol Number

Node Number

Site Number

Subject Number

Week

Day of Week

Int Phase

Visit Sequence

--	--

--	--

--	--

--	--

--	--

USUBJID

VISITNUM/VISIT

--	--	--	--	--

Visit Date

QSDTC

QSEVAL

Rater Number

QSTEST

QSORRES

2. Which drug did you come into treatment for?

3. Did you meet your treatment goal? ☐ No ☐ Yes

Now we would like to know what things you feel were most helpful to you in your treatment. Please indicate how helpful you believe each of the following was for you.

5. Talking about things that happened to me when I was growing up.

- ☐ Did not happen in my treatment
- ☐ Slightly helpful
- ☐ Somewhat helpful
- ☐ Moderately helpful
- ☐ Helpful
- ☐ Very helpful
- ☐ Extremely helpful

6. Learning skills that will help me cope with my problems.

- ☐ Did not happen in my treatment
- ☐ Slightly helpful
- ☐ Somewhat helpful
- ☐ Moderately helpful
- ☐ Helpful
- ☐ Very helpful
- ☐ Extremely helpful

7. Learning how to deal with my family conflicts.

- ☐ Did not happen in my treatment
- ☐ Slightly helpful
- ☐ Somewhat helpful
- ☐ Moderately helpful
- ☐ Helpful
- ☐ Very helpful
- ☐ Extremely helpful

QSCAT=

DOMAIN: QS

Page 2 of 8

STUDYID Posttreatment Attitudes and Expectations Questionnaire

EPOCH

--	--	--	--

Protocol Number

--	--

Node Number

--	--	--	--

Site Number

--	--	--	--

Subject Number

--	--	--

Week

--	--

Day of Week

--	--

Int Phase

--	--

Visit Sequence

--	--

Visit Date

--	--

--	--

QSDTC

USUBJID

VISITNUM/VISIT

--	--	--	--

QSEVAL Rater Number

8. Learning more about the effects of drugs/alcohol on my body and mind.

QSTEST

QSORRES

- ☐ Did not happen in my treatment
- ☐ Slightly helpful
- ☐ Somewhat helpful
- ☐ Moderately helpful
- ☐ Helpful
- ☐ Very helpful
- ☐ Extremely helpful

9. Teaching my family about how to help me stop using.

- ☐ Did not happen in my treatment
- ☐ Slightly helpful
- ☐ Somewhat helpful
- ☐ Moderately helpful
- ☐ Helpful
- ☐ Very helpful
- ☐ Extremely helpful

10. Going to AA,CA,NA meetings.

- ☐ Did not happen in my treatment
- ☐ Slightly helpful
- ☐ Somewhat helpful
- ☐ Moderately helpful
- ☐ Helpful
- ☐ Very helpful
- ☐ Extremely helpful

11. Monitoring of my drug use through urine testing.

- ☐ Did not happen in my treatment
- ☐ Slightly helpful
- ☐ Somewhat helpful
- ☐ Moderately helpful
- ☐ Helpful
- ☐ Very helpful
- ☐ Extremely helpful



QSCAT=

DOMAIN: QS

Page 3 of 8

STUDYID Posttreatment Attitudes and Expectations Questionnaire

EPOCH

Protocol Number	Node Number	Site Number	Subject Number	Week	Day of Week	Int Phase	Visit Sequence
USUBJID	VISITNUM/VISIT	Visit Date	QSDTC	QSEVAL	Rater Number		

QSTEST

QSORRES

12. Learning skills on how to deal with situations that tempt me to use drugs/alcohol.

- ☐ Did not happen in my treatment
- ☐ Slightly helpful
- ☐ Somewhat helpful
- ☐ Moderately helpful
- ☐ Helpful
- ☐ Very helpful
- ☐ Extremely helpful

13. Being able to call sober friends when I need help.

- ☐ Did not happen in my treatment
- ☐ Slightly helpful
- ☐ Somewhat helpful
- ☐ Moderately helpful
- ☐ Helpful
- ☐ Very helpful
- ☐ Extremely helpful

14. Treatment for emotional problems like depression or anxiety.

- ☐ Did not happen in my treatment
- ☐ Slightly helpful
- ☐ Somewhat helpful
- ☐ Moderately helpful
- ☐ Helpful
- ☐ Very helpful
- ☐ Extremely helpful

15. Just being in treatment.

- ☐ Did not happen in my treatment
- ☐ Slightly helpful
- ☐ Somewhat helpful
- ☐ Moderately helpful
- ☐ Helpful
- ☐ Very helpful
- ☐ Extremely helpful

49932



QSCAT=

DOMAIN: QS

Page 4 of 8

STUDYID Posttreatment Attitudes and Expectations Questionnaire

EPOCH

Protocol Number

Node Number

Site Number

Subject Number

Week

Day of Week

Int Phase

Visit Sequence

USUBJID

VISITNUM/VISIT

Visit Date

QSDTC

QSEVAL

Rater Number

QSTEST

QSORRES

16. Helping me get along better with the people who are important to me and improving my social life.

- ☐ Did not happen in my treatment
- ☐ Slightly helpful
- ☐ Somewhat helpful
- ☐ Moderately helpful
- ☐ Helpful
- ☐ Very helpful
- ☐ Extremely helpful

Now we are interested in your feelings about your relationship with your counselor.

17. To what degree did you feel that your counselor was supportive?

- ☐ Not at all
- ☐ Slightly
- ☐ Somewhat
- ☐ Moderately so
- ☐ A lot
- ☐ Very much so
- ☐ Extremely so

18. To what degree did you feel that your counselor was detached?

- ☐ Not at all
- ☐ Slightly
- ☐ Somewhat
- ☐ Moderately so
- ☐ A lot
- ☐ Very much so
- ☐ Extremely so

19. To what degree did you feel that your counselor was logical?

- ☐ Not at all
- ☐ Slightly
- ☐ Somewhat
- ☐ Moderately so
- ☐ A lot
- ☐ Very much so
- ☐ Extremely so



QSCAT=

DOMAIN: QS

Page 5 of 8

STUDYID Posttreatment Attitudes and Expectations Questionnaire

EPOCH

--	--	--	--

Protocol Number

--	--

Node Number

--	--	--	--

Site Number

--	--	--	--

Subject Number

--	--	--

Week

--	--

Day of Week

--	--

Int Phase

--	--

Visit Sequence

--	--

Visit Date

--	--

--	--

QSDTC

USUBJID

VISITNUM/VISIT

--	--	--	--	--

QSEVAL Rater Number

20. To what degree did you feel that your counselor was sensitive?

QSTEST

QSORRES

- ☐ Not at all
- ☐ Slightly
- ☐ Somewhat
- ☐ Moderately so
- ☐ A lot
- ☐ Very much so
- ☐ Extremely so

21. To what degree did you feel that your counselor gave advice?

- ☐ Not at all
- ☐ Slightly
- ☐ Somewhat
- ☐ Moderately so
- ☐ A lot
- ☐ Very much so
- ☐ Extremely so

22. To what degree did you feel that your counselor listened to you?

- ☐ Not at all
- ☐ Slightly
- ☐ Somewhat
- ☐ Moderately so
- ☐ A lot
- ☐ Very much so
- ☐ Extremely so

23. To what degree do you feel that your counselor has a background like yours?

- ☐ Not at all
- ☐ Slightly
- ☐ Somewhat
- ☐ Moderately so
- ☐ A lot
- ☐ Very much so
- ☐ Extremely so



QSCAT=

DOMAIN: QS

Page 6 of 8

STUDYID Posttreatment Attitudes and Expectations Questionnaire

EPOCH

--	--	--	--

Protocol Number

--	--

Node Number

--	--	--	--

Site Number

--	--	--	--

Subject Number

--	--

Week

--	--

Day of Week

--	--

Int Phase

--	--

Visit Sequence

--	--

Visit Date

--	--

--	--

QSDTC

USUBJID

VISITNUM/VISIT

--	--	--	--

QSEVAL Rater Number

QSTEST

QSORRES

24. To what degree did you feel that your counselor was critical of you?

- ☐ Not at all
- ☐ Slightly
- ☐ Somewhat
- ☐ Moderately so
- ☐ A lot
- ☐ Very much so
- ☐ Extremely so

25. To what degree did you feel that your counselor relieved any guilt you have about your drug/alcohol use?

- ☐ Not at all
- ☐ Slightly
- ☐ Somewhat
- ☐ Moderately so
- ☐ A lot
- ☐ Very much so
- ☐ Extremely so

26. Was your counselor the same gender as you? ☐ No ☐ Yes27. Was your counselor the same race as you? ☐ No ☐ Yes

28. To what degree did you feel that your counselor was sensitive to your sexual orientation?

- ☐ Not at all
- ☐ Slightly
- ☐ Somewhat
- ☐ Moderately so
- ☐ A lot
- ☐ Very much so
- ☐ Extremely so

49932



QSCAT=

DOMAIN: QS

Page 7 of 8

STUDYID Posttreatment Attitudes and Expectations Questionnaire

EPOCH

Protocol Number

Node Number

Site Number

Subject Number

Week

Day of Week

Int Phase

Visit Sequence

USUBJID

VISITNUM/VISIT

Visit Date

QSDTC

QSEVAL

Rater Number

QSTEST

QSORRES

29. To what degree did you feel that your counselor seemed to understand your family situation?

- ☐ Not at all
- ☐ Slightly
- ☐ Somewhat
- ☐ Moderately so
- ☐ A lot
- ☐ Very much so
- ☐ Extremely so

30. To what degree did you feel that your counselor seemed to understand your culture?

- ☐ Not at all
- ☐ Slightly
- ☐ Somewhat
- ☐ Moderately so
- ☐ A lot
- ☐ Very much so
- ☐ Extremely so

Finally, we would like to know about your overall impression of the treatment you received in this program.

31. Overall, how satisfied are you with the treatment you received for your drug problem?

- ☐ Extremely dissatisfied
- ☐ Very dissatisfied
- ☐ Somewhat dissatisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Extremely satisfied

32. Overall, how would you describe your condition at present?

- ☐ Worse than ever
- ☐ Poor
- ☐ Fair
- ☐ O.K.
- ☐ Good
- ☐ Very good
- ☐ Better than ever

49932



QSCAT=

DOMAIN: QS

Page 8 of 8

STUDYID Posttreatment Attitudes and Expectations Questionnaire

EPOCH

--	--	--	--

Protocol Number

--	--

Node Number

--	--	--	--

Site Number

--	--	--	--

Subject Number

--	--	--

Week

--	--

Day of Week

--	--

Int Phase

--	--

Visit Sequence

--	--

Visit Date

--	--

--	--

QSDTC

USUBJID

VISITNUM/VISIT

--	--	--	--	--

QSEVAL Rater Number

33. Overall, how much have you changed since you began treatment?

QSTEST

QSORRES

- ☐ Much worse than I was
☐ Worse than I was
☐ Still poor
☐ No change
☐ Better
☐ Much better
☐ Better than ever

34. How satisfied are you with the amount of treatment you received?

- ☐ Extremely dissatisfied
☐ Very dissatisfied
☐ Somewhat dissatisfied
☐ Somewhat satisfied
☐ Satisfied
☐ Very satisfied
☐ Extremely satisfied

35. How satisfied are you with the therapist you saw?

- ☐ Extremely dissatisfied
☐ Very dissatisfied
☐ Somewhat dissatisfied
☐ Somewhat satisfied
☐ Satisfied
☐ Very satisfied
☐ Extremely satisfied

36. Overall, to what extent did the treatment meet your needs?

☐ Not at all ☐ Slightly ☐ Somewhat ☐ Moderately ☐ A lot ☐ Very much ☐ Extremely



STUDYID

QSCAT=

DOMAIN: QS

SDSS-Lite Score Sheet

Page 1 of 4

NIDA - CTN

EPOCH

Protocol Number

Node Number

Site Number

Subject Number

Week

Day of Week

Int Phase

Visit Sequence

USUBJID

VISITNUM/VISIT

Visit Date

QSDTC

QSEVAL

Rater Number

QSTEST

QSORRES

Primary Substance Coded:

☐ COC ☐ HER ☐ CAN ☐ HAL ☐ SED ☐ STI ☐ OPI ☐ MET ☐ OTA ☐ OTE

Secondary Substance Coded:

☐ COC ☐ HER ☐ CAN ☐ HAL ☐ SED ☐ STI ☐ OPI ☐ MET ☐ OTA ☐ OTE ☐ None

QSSCAT=

1. DSM-IV Dependence: Substance often taken in larger amounts or over longer period than was intended

ALCOHOL:

T: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7US: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

PRIMARY

T: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7US: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

SECONDARY

T: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7US: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

QSSCAT=

2a. DSM-IV Dependence: Persistent desire to cut down or control substance use

ALCOHOL:

T: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7US: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

PRIMARY

T: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7US: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

SECONDARY

T: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7US: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

QSSCAT=

2b. DSM-IV Dependence: One or more unsuccessful attempts to cut down or control substance use

ALCOHOL:

T: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7US: ☐ 0 ☐ 1 ☐ 2

PRIMARY

T: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7US: ☐ 0 ☐ 1 ☐ 2

SECONDARY

T: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7US: ☐ 0 ☐ 1 ☐ 2

61767



STUDYID

QSCAT=

SDSS-Lite Score Sheet

DOMAIN: QS

Page 2 of 4

EPOCH

Protocol Number

Node Number

Site Number

Subject Number

Week

Day of Week

Int Phase

Visit Sequence

USUBJID

VISITNUM/VISIT

Visit Date

QSDTC

QSEVAL

Rater Number

QSSCAT=

3. DSM-IV Dependence: A great deal of time spent in activities necessary to get substance, in using substance, or in recovering from effects of substance

ALCOHOL:

QSTEST

QSORRES

T: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7US: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

PRIMARY

T: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7US: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

SECONDARY

T: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7US: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

QSSCAT=

4. DSM-IV Dependence: Important social, occupational/academic, or recreational activities reduced or given up as result of substance use

ALCOHOL:

T: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7US: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

PRIMARY

T: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7US: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

SECONDARY

T: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7US: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

QSSCAT=

5. DSM-IV Dependence: Marked tolerance: Need for markedly increased amounts of drug to achieve intoxication or desired effect, or markedly diminished effect of drug with the continued use of the same amount

ALCOHOL:

T: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7US: ☐ 0 ☐ 1 ☐ 2

PRIMARY

T: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7US: ☐ 0 ☐ 1 ☐ 2

SECONDARY

T: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7US: ☐ 0 ☐ 1 ☐ 2

QSSCAT=

6a. DSM-IV Dependence: Characteristic substance withdrawal symptoms after cessation or reduction of heavy and prolonged substance use for binge use

ALCOHOL:

T: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7US: ☐ 0 ☐ 1 ☐ 2

PRIMARY

T: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7US: ☐ 0 ☐ 1 ☐ 2

SECONDARY

T: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7US: ☐ 0 ☐ 1 ☐ 2

STUDYID

QSCAT=

SDSS-Lite Score Sheet

DOMAIN: QS

Page 3 of 4

Protocol Number

Node Number

Site Number

Subject Number

Week

Day of Week

Int Phase

Visit Sequence

Visit Date

QSDTC

USUBJID

VISITNUM/VISIT

QSEVAL Rater Number

QSSCAT=

6b. DSM-IV Dependence: Subjective experience of severity of withdrawal in past 30 days

ALCOHOL:

QSTEST

QSORRES

T: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7US: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

PRIMARY

T: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7US: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

SECONDARY

T: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7US: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

QSSCAT=

6c. DSM-IV Dependence: The same or closely-related substance was taken to relieve or avoid withdrawal symptoms (closely related substance are alcohol and sedatives: cocaine and stimulants: heroin, methadone and opiates)

ALCOHOL:

T: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7US: ☐ 0 ☐ 1 ☐ 2

PRIMARY

T: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7US: ☐ 0 ☐ 1 ☐ 2

SECONDARY

T: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7US: ☐ 0 ☐ 1 ☐ 2

QSSCAT=

7a. DSM-IV Dependence: Continued substance use despite knowledge of a persistent or recurrent psychological problem that is caused or exacerbated by substance use - depression, suspiciousness, psychotic symptoms or anxiety

ALCOHOL:

T: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7US: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

PRIMARY

T: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7US: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

SECONDARY

T: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7US: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

QSSCAT=

7b. DSM-IV Dependence: Continued substance use despite knowledge of a persistent or recurrent physical problem that is caused or exacerbated by substance use

ALCOHOL:

T: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7US: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

PRIMARY

T: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7US: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

SECONDARY

T: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7US: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

61767



STUDYID

QSCAT=

SDSS-Lite Score Sheet

DOMAIN: QS

Page 4 of 4

EPOCH

Protocol Number

Node Number

Site Number

Subject Number

Week

Day of Week

Int Phase

Visit Sequence

Visit Date

USUBJID

VISITNUM/VISIT

QSDTC

QSEVAL Rater Number

QSSCAT=

9. DSM-IV Abuse: Recurrent substance use resulting in a failure to fulfill major role obligations - work, school, or home

ALCOHOL:

QSTEST

QSORRES

T: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7US: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

PRIMARY

T: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7US: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

SECONDARY

T: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7US: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

QSSCAT=

10. DSM-IV Abuse: Recurrent substance use when physically hazardous: driving (with or without license) or situations other than driving

ALCOHOL:

T: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7US: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

PRIMARY

T: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7US: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

SECONDARY

T: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7US: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

QSSCAT=

11. DSM-IV Abuse: Continued substance use despite having a persistent or recurrent social/interpersonal problem that is caused or exacerbated by substance use - arguments, friction, social rejection, or other

ALCOHOL:

T: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7US: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

PRIMARY

T: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7US: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

SECONDARY

T: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7US: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

QSSCAT=

12. DSM-IV Abuse: Recurrent substance-related legal problems

ALCOHOL:

T: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7US: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

PRIMARY

T: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7US: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

SECONDARY

T: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7US: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

61767



Addiction Severity Index for Follow-up

Page 1 of 12

NIDA - CTN

--	--	--	--

Protocol Number

--	--

Node Number

--	--	--	--

Site Number

--	--	--	--

Subject Number

--	--	--

Week

--	--

Day of Week

--	--

Int Phase

--	--

Visit Sequence

--	--

/

--	--

/

--	--

Visit Date

--	--	--	--	--

Rater Number

Addiction Severity Index: GENERAL INFORMATION

****Note:**All questions refer to the past 30 days

G19. Have you been in a controlled environment in the past 30 days?

- ☐ No
- ☐ Jail
- ☐ Alcohol or Drug Treatment
- ☐ Medical Treatment
- ☐ Psychiatric Treatment
- ☐ Other _____

G20. How Many Days?

--	--

Comments:

30871

Protocol Number				Node Number		Site Number				Subject Number				Week		Day of Week		Int Phase		Visit Sequence	
/		/																			
Visit Date																		Rater Number			

****Note:**All questions refer to the past 30 days

* **M1.** How many in the past 30 days have you been hospitalized for medical problems? (Include o.d.'s, d.t.'s, exclude detox.)

--	--

M4A. Are you taking any prescribed medication on a regular basis for a physical problem?

☐ No ☐ Yes

M5A. Do you receive a pension for a physical disability? (Exclude psychiatric disability.)

☐ No ☐ Yes

Specify:

--

M6. How many days have you experienced medical problems in the past 30 days?

--	--

For questions 7 & 8, please ask patient to use the Patient's Rating Scale

M7. How troubled or bothered have you been by these medical problems in the past 30 days?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

M8. How important to you now is treatment for these medical problems?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Confidence Ratings

Is the above information significantly distorted by:

M10. Patient's misrepresentation? ☐ No ☐ Yes

M11. Patient's inability to understand? ☐ No ☐ Yes

Comments:

30871



Protocol Number				Node Number		Site Number				Subject Number				Week		Day of Week		Int Phase		Visit Sequence	
/				/																	
Visit Date																		Rater Number			

* **E1. Education completed**
(GED = 12 years)

Yrs.		Mos.	
------	--	------	--

* **E2. Training or technical education completed**

Mos.	
------	--

E4. Do you have a valid driver's license? ☐ No ☐ Yes

E5. Do you have an automobile available for use? ☐ No ☐ Yes

(Answer No if no valid driver's license.)

E6. How long was your longest full time job?
Full time=35+ hours weekly; does not necessarily mean most recent job.

Yrs.		Mos.	
------	--	------	--

* **E7A. Usual (or last) occupation**

- ☐ Major Professional/Executive
- ☐ Manager/Nurse/Pharmacist/Teacher
- ☐ Administrator/Small Business Owner
- ☐ Clerical/Sales/technicians
- ☐ Skilled Manual/Electrician
- ☐ Semi-skilled/Aide/Driver/Waiter
- ☐ Unskilled/unemployed
- ☐ Homemaker
- ☐ Student/no occupation/disabled

E7B. Please specify your usual (or last) occupation.

--

E9. Does someone contribute the majority of your support?

☐ No ☐ Yes

E11. How many days were you paid for working in the past 30 days?
(Include "under the table" work.)

--	--

Comments:



(continued)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Protocol Number				Node Number		Site Number				Subject Number				Week		Day of Week		Int Phase	Visit Sequence
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>												
Visit Date								Rater Number											

How much money did you receive from the following sources in the past 30 days?

E12. Employment (net income) \$

E13. Unemployment Compensation \$

E14. Welfare \$

E15. Public assistance, pension, social security \$

E16. Mate, family or friends (Money for personal expenses) \$

E17. Illegal \$

E18. How many people depend on you for the majority of their food, shelter, etc.?

E19. How many days have you experienced employment problems in the past 30 days?

E20. How troubled or bothered have you been by these employment problems in the past 30 days?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

E21. How important to you now is counseling for these employment problems?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

CONFIDENCE RATINGS

Is the above information significantly distorted by:

E23. Patient's misrepresentation? ☐ No ☐ Yes

E24. Patient's inability to understand? ☐ No ☐ Yes

Comments

30871



Protocol Number				Node Number		Site Number				Subject Number				Week			Day of Week		Int Phase		Visit Sequence	
/				/																		
Visit Date																			Rater Number			

Past 30

Days

D1. Alcohol - any use at all ☐ Oral ☐ Non IV
☐ Nasal ☐ IV
☐ Smoke

D2. Alcohol - to intoxication ☐ Oral ☐ Non IV
☐ Nasal ☐ IV
☐ Smoke

D3. Heroin ☐ Oral ☐ Non IV
☐ Nasal ☐ IV
☐ Smoke

D4. Methadone ☐ Oral ☐ Non IV
☐ Nasal ☐ IV
☐ Smoke

D5. Other opiates/analgesics ☐ Oral ☐ Non IV
☐ Nasal ☐ IV
☐ Smoke

D6. Barbiturates ☐ Oral ☐ Non IV
☐ Nasal ☐ IV
☐ Smoke

D7. Other sed/hyp/tranq. ☐ Oral ☐ Non IV
☐ Nasal ☐ IV
☐ Smoke

D8. Cocaine ☐ Oral ☐ Non IV
☐ Nasal ☐ IV
☐ Smoke

D9. Amphetamines ☐ Oral ☐ Non IV
☐ Nasal ☐ IV
☐ Smoke

D10. Cannabis ☐ Oral ☐ Non IV
☐ Nasal ☐ IV
☐ Smoke

D11. Hallucinogens ☐ Oral ☐ Non IV
☐ Nasal ☐ IV
☐ Smoke

D12. Inhalants ☐ Oral ☐ Non IV
☐ Nasal ☐ IV
☐ Smoke

D13. More than one substance per day (Including Alcohol).

Comments:

Addiction Severity Index for Follow-up: DRUG/ALCOHOL USE (continued)

Page 6 of 12

Protocol Number				Node Number		Site Number				Subject Number				Week		Day of Week		Int Phase Visit Sequence	
		/				/													
Visit Date										Rater Number									

How many times in the past 30 days have you been treated for:

* **D19.** Alcohol Abuse

--	--

* **D20.** Drug Abuse

--	--

How many of these were detox only?

* **D21.** Alcohol

--	--

* **D22.** Drug

--	--

How much would you say you spent during the past 30 days on:

D23. Alcohol

\$					
----	--	--	--	--	--

D24. Drugs

\$					
----	--	--	--	--	--

D25. How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days? (include NA, AA)

--	--

For questions D28-31, please ask patient to use the Patient' rating Scale. The patient is rating the need for additional substance abuse treatment.

D26. How many days in the past 30 have you experienced alcohol problems?

--	--

D28. How troubled or bothered have you been the past 30 days by these alcohol problems?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

D30. How important to you now is treatment for these alcohol problems?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

D27. How many days in the past 30 have you experienced drug problems?

--	--

D29. How troubled or bothered have you been in the past 30 days by these drug problems?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

D31. How important to you now is treatment for these drug problems?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Confidence Ratings: Is the above information significantly distorted by:

D34. Patient's misrepresentation?

☐ No ☐ Yes

D35. Patient's inability to understand?

☐ No ☐ Yes

Comments:

30871



<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Protocol Number				Node Number		Site Number				Subject Number				Week		Day of Week		Int Phase	Visit Sequence
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>												
Visit Date								Rater Number											

Comments:

L2. Are you on probation or parole? ☐ No ☐ Yes

L3. Shoplifting/Vandalism

L4. Parole/probation violations

L5. Drug charges

L6. Forgery

L7. Weapons offense

L8. Burglary, larceny, B&E

L9. Robbery

L10. Assault

L11. Arson

L12. Rape

L13. Homicide, manslaughter

L14. Prostitution

L15. Contempt of Court

L16A. Other

L17. How many of these charges resulted in convictions?

Addiction Severity Index for Follow-up: LEGAL STATUS
(continued)

Page 8 of 12

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Protocol Number				Node Number		Site Number				Subject Number				Week		Day of Week		Int Phase	Visit Sequence
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Visit Date										Rater Number									

How many times in the past 30 days have you been charged with the following:

L18. Disorderly conduct, vagrancy, public intoxication

L19. Driving while intoxicated

L20. Major driving violations

L21. How many Days were you incarcerated in the past 30?

Days

L24. Are you presently awaiting charges, trial or sentence? ☐ No ☐ Yes

L25. What for?

(If multiple charges, use most severe.

Enter number that matches from questions 3 - 16 on previous page and 18 -20 above)

L26. How many days in the past 30 were you detained or incarcerated?

L27. How many days in the past 30 have you engaged in illegal activities for profit?

For questions 28 & 29, please ask patient to use the Patient's Rating Scale

L28. How serious do you feel your present legal problems are? (Exclude civil problems.)

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

L29. How important to you now is counseling or referral for these legal problems?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Confidence Ratings

Is the above information significantly distorted by:

L31. Patient's misrepresentation? ☐ No ☐ Yes

L32. Patient's inability to understand? ☐ No ☐ Yes

Comments:

30871



Protocol Number				Node Number		Site Number				Subject Number				Week		Day of Week		Int Phase		Visit Sequence	
Visit Date																				Rater Number	

F1. Marital Status: ☐ Married ☐ Separated
☐ Remarried ☐ Divorced
☐ Widowed ☐ Never Married

F3. Are you satisfied with this situation?
☐ Yes ☐ No ☐ Indifferent

*** F4. Usual living arrangements (past 3 yrs.):**
☐ With sexual partner and children
☐ With sexual partner alone
☐ With children alone
☐ With parents
☐ With family
☐ With friends
☐ Alone
☐ Controlled environment
☐ No stable arrangements

F6. Are you satisfied with these living arrangements?
☐ Yes ☐ No ☐ Indifferent

Do you live with anyone who:

F7. Has a current alcohol problem? ☐ No ☐ Yes

F8. Uses non-prescribed drugs? ☐ No ☐ Yes

F9. With whom do you spend most of your free time?

☐ Family ☐ Friends ☐ Alone

F10. Are you satisfied with spending your free time this way?

☐ Yes ☐ No ☐ Indifferent

Comments:

(continued)

Protocol Number				Node Number		Site Number				Subject Number				Week			Day of Week		Int Phase		Visit Sequence	
Visit Date																						

(continued)

Protocol Number				Node Number		Site Number				Subject Number				Week		Day of Week		Int Phase		Visit Sequence	
/				/																	
Visit Date																		Rater Number			

For questions 32-35, please ask patient to use the Patient's Rating Scale

For questions F33-F35, ask the patient to use the patient's rating scale.

F30. How many days in the past 30 have you had serious conflicts with your family?

F32. How troubled or bothered have you been in the past 30 days by these family problems?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

F34. How important to you now is treatment or counseling for these family problems?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

F31. How many days in the past 30 have you had serious conflicts with other people (excluding family)?

F33. How troubled or bothered have you been in the past 30 days by social problems?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

F35. How important to you now is treatment or counseling for these social problems? (Include patient's need to seek treatment for such social problems as loneliness, inability to socialize, and dissatisfaction with friends. Patient rating should refer to dissatisfaction, conflicts, or other serious problems.)

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Comments:

Confidence Ratings

Is the above information significantly distorted by:

F37. Patient's misrepresentation? ☐ No ☐ Yes

F38. Patient's inability to understand? ☐ No ☐ Yes

Protocol Number				Node Number		Site Number				Subject Number				Week		Day of Week		Int Phase		Visit Sequence	
/				/																	
Visit Date																		Rater Number			

How many times in the past 30 days, have you been treated for any psychological or emotional problems?

* P1. In a hospital:

* P2. As an outpatient or private patient:

P3. Do you receive a pension for a psychiatric disability?

☐ No ☐ Yes

Have you had a significant period, (that was not a direct result of drug/alcohol use), in which you have:

Past 30 Days

P4. Experienced serious depression?

☐ No ☐ Yes

P5. Experienced serious anxiety or tension?

☐ No ☐ Yes

P6. Experienced hallucinations?

☐ No ☐ Yes

P7. Experienced trouble understanding, concentrating or remembering?

☐ No ☐ Yes

P8. Experienced trouble controlling violent behavior?

☐ No ☐ Yes

P9. Experienced serious thoughts of suicide?

☐ No ☐ Yes

P10. Attempted suicide?

☐ No ☐ Yes

P11. Been prescribed medication for any psychological/emotional problem?

☐ No ☐ Yes

P12. How many days in the past 30 have you experienced these psychological or emotional problems?

For questions 13 & 14, please ask patient to use the Patient's Rating Scale

P13. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

P14. How important to you now is treatment for these psychological problems?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Confidence Ratings

Is the above information significantly distorted by:

P22. Patient's misrepresentation?

☐ No ☐ Yes

P23. Patient's inability to understand?

☐ No ☐ Yes

Comments:

30871



Substance Use for Follow-up One

Page 1 of 2

NIDA - CTN

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Protocol Number Node Number Site Number Subject Number Week Day of Week Int Phase Visit Sequence

/ /

Visit Date Rater Number

49185



Day 1 (First Day of Follow-up Phase)

Date: / /

	Day 2		Day 3		Day 4		Day 5		Day 6		Day 7	
	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	Alcohol	<input type="radio"/>	Alcohol	<input type="radio"/>	Alcohol	<input type="radio"/>	Alcohol	<input type="radio"/>
Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	Cocaine	<input type="radio"/>	Cocaine	<input type="radio"/>	Cocaine	<input type="radio"/>	Cocaine	<input type="radio"/>
Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	Marijuana	<input type="radio"/>	Marijuana	<input type="radio"/>	Marijuana	<input type="radio"/>	Marijuana	<input type="radio"/>
Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	Opioids	<input type="radio"/>	Opioids	<input type="radio"/>	Opioids	<input type="radio"/>	Opioids	<input type="radio"/>
Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	Benzos	<input type="radio"/>	Benzos	<input type="radio"/>	Benzos	<input type="radio"/>	Benzos	<input type="radio"/>
Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	Methamph	<input type="radio"/>	Methamph	<input type="radio"/>	Methamph	<input type="radio"/>	Methamph	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	Other	<input type="radio"/>	Other	<input type="radio"/>	Other	<input type="radio"/>	Other	<input type="radio"/>

	Day 8		Day 9		Day 10		Day 11		Day 12		Day 13		Day 14	
	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	Alcohol	<input type="radio"/>	Alcohol	<input type="radio"/>	Alcohol	<input type="radio"/>	Alcohol	<input type="radio"/>	Alcohol	<input type="radio"/>
Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	Cocaine	<input type="radio"/>	Cocaine	<input type="radio"/>	Cocaine	<input type="radio"/>	Cocaine	<input type="radio"/>	Cocaine	<input type="radio"/>
Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	Marijuana	<input type="radio"/>	Marijuana	<input type="radio"/>	Marijuana	<input type="radio"/>	Marijuana	<input type="radio"/>	Marijuana	<input type="radio"/>
Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	Opioids	<input type="radio"/>	Opioids	<input type="radio"/>	Opioids	<input type="radio"/>	Opioids	<input type="radio"/>	Opioids	<input type="radio"/>
Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	Benzos	<input type="radio"/>	Benzos	<input type="radio"/>	Benzos	<input type="radio"/>	Benzos	<input type="radio"/>	Benzos	<input type="radio"/>
Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	Methamph	<input type="radio"/>	Methamph	<input type="radio"/>	Methamph	<input type="radio"/>	Methamph	<input type="radio"/>	Methamph	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	Other	<input type="radio"/>	Other	<input type="radio"/>	Other	<input type="radio"/>	Other	<input type="radio"/>	Other	<input type="radio"/>

Substance Use for Follow-up One

Page 2 of 2

--	--	--	--

Protocol Number

--	--

Node Number

--	--	--	--

Site Number

--	--	--	--

Subject Number

--	--	--

Week

--	--

Day of Week

--	--

Int Phase

--	--

Visit Sequence

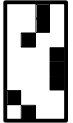
		/			/		
--	--	---	--	--	---	--	--

Visit Date

--	--	--	--	--

Rater Number

49185



Day 15

Day 16

Day 17

Day 18

Day 19

Day 20

Day 21

Date:

	No	Yes		No	Yes		No	Yes		No	Yes		No	Yes		No	Yes		No	Yes
Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>
Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>
Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>
Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>
Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>
Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>

Day 22

Day 23

Day 24

Day 25

Day 26

Day 27

Day 28

Date:

	No	Yes		No	Yes		No	Yes		No	Yes		No	Yes		No	Yes		No	Yes
Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>
Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>
Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>
Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>
Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>
Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>

Substance Use for Follow-up Two (Part A)

Page 1 of 2

NIDA - CTN

--	--	--	--

Protocol Number

--	--

Node Number

--	--	--	--

Site Number

--	--	--	--

Subject Number

--	--	--

Week

--	--

Day of Week

--	--

Int Phase

--	--

Visit Sequence

		/			/		
--	--	---	--	--	---	--	--

Visit Date

--	--	--	--	--

Rater Number

Day 29

Day 30

Day 31

Day 32

Day 33

Day 34

Day 35

Date:

	No	Yes		No	Yes		No	Yes		No	Yes		No	Yes		No	Yes
Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>
Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>
Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>
Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>
Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>
Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>

Day 36

Day 37

Day 38

Day 39

Day 40

Day 41

Day 42

Date:

	No	Yes		No	Yes		No	Yes		No	Yes		No	Yes		No	Yes
Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>
Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>
Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>
Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>
Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>
Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>

Substance Use for Follow-up Two (Part A)

Page 2 of 2

Protocol Number

Node Number

Site Number

Subject Number

Week

Day of Week

Int Phase

Visit Sequence

 / /

Visit Date

Rater Number

Day 43

Day 44

Day 45

Day 46

Day 47

Day 48

Day 49

Date:

	No	Yes		No	Yes		No	Yes		No	Yes		No	Yes		No	Yes		No	Yes
Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>
Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>
Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>
Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>
Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>
Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>

Day 50

Day 51

Day 52

Day 53

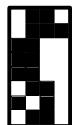
Day 54

Day 55

Day 56

Date:

	No	Yes		No	Yes		No	Yes		No	Yes		No	Yes		No	Yes		No	Yes
Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>
Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>
Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>
Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>
Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>
Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>



49123

Substance Use for Follow-up Two (Part B)

Page 1 of 2

NIDA - CTN

--	--	--	--

Protocol Number

--	--

Node Number

--	--	--	--

Site Number

--	--	--	--

Subject Number

--	--	--

Week

--	--

Day of Week

--	--

Int Phase

--	--

Visit Sequence

49048



		/			/		
--	--	---	--	--	---	--	--

Visit Date

--	--	--	--	--

Rater Number

Day 57

Day 58

Day 59

Day 60

Day 61

Day 62

Day 63

Date:

	No	Yes		No	Yes		No	Yes		No	Yes		No	Yes		No	Yes		No	Yes
Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>
Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>
Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>
Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>
Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>
Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>

Day 64

Day 65

Day 66

Day 67

Day 68

Day 69

Day 70

Date:

	No	Yes		No	Yes		No	Yes		No	Yes		No	Yes		No	Yes		No	Yes
Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>
Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>
Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>
Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>
Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>
Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>

Substance Use for Follow-up Two (Part B)

Page 2 of 2

49048



Protocol Number

Node Number

Site Number

Subject Number

Week

Day of Week

Int Phase

Visit Sequence

 / /

Visit Date

Rater Number

Day 71

Day 72

Day 73

Day 74

Day 75

Day 76

Day 77

Date:

	No	Yes		No	Yes		No	Yes		No	Yes		No	Yes		No	Yes		No	Yes
Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>
Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>
Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>
Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>
Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>
Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>

Day 78

Day 79

Day 80

Day 81

Day 82

Day 83

Day 84

Date:

	No	Yes		No	Yes		No	Yes		No	Yes		No	Yes		No	Yes		No	Yes
Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>	Alcohol	<input type="radio"/>	<input type="radio"/>
Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>	Cocaine	<input type="radio"/>	<input type="radio"/>
Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>	Marijuana	<input type="radio"/>	<input type="radio"/>
Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>	Opioids	<input type="radio"/>	<input type="radio"/>
Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>	Benzos	<input type="radio"/>	<input type="radio"/>
Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>	Methamph	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>	Other	<input type="radio"/>	<input type="radio"/>



STUDYID
NIDA - CTN

Treatment Utilization Form - Follow-up One

Page 1 of 1

--	--	--	--

Protocol Number

--	--

Node Number

--	--	--	--

Site Number

--	--	--	--

Subject Number

--	--

Week

--	--

Day of Week

--	--

EPOCH

--	--

Int Phase Visit Sequence

--	--

--	--

--	--

Visit Date

USUBJID

VISITNUM/VISIT

--	--	--	--

Rater Number

TUSEQ

Week 8 (Day 29 - 56 Post Randomization) =TUCAT

This information is for dates: ____/____/____ to ____/____/____

Write Number

Drug Abuse Treatment Services =TUSCAT

TUORRES/TUSTRESC/TUSTRESN

if 10+

Number of Individual Sessions

0	1	2	3	4	5	6	7	8	9	10	10+
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

--	--

TUTEST/TUTESTCD

Number of Group Sessions

0	1	2	3	4	5	6	7	8	9	10	10+
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

--	--

Number of Self-help Groups (bubble below)

Write Number if 20+

0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	20+
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

--	--

Other Ancilliary Services =TUSCAT

0	1	2	3	4	5	6	7	8	9	10	10+
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Number of Childcare Services

--	--

0	1	2	3	4	5	6	7	8	9	10	10+
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Number of Medical Services

--	--

0	1	2	3	4	5	6	7	8	9	10	10+
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Number of Psychiatric (MD) Services

--	--

0	1	2	3	4	5	6	7	8	9	10	10+
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Number of Vocational Services

--	--

0	1	2	3	4	5	6	7	8	9	10	10+
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Number of Legal Services

--	--

0	1	2	3	4	5	6	7	8	9	10	10+
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Number of Family Services

--	--

Days of Medication for Psychological, Psychiatric, or Drug problem (bubble below)

Write Number if 20+

0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	20+
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

--	--

List Medications

--

Is patient still active in treatment? ☐ No ☐ Yes

Date of patient's last treatment contact at this clinic

		/			/		
--	--	---	--	--	---	--	--

53842



STUDYID

Treatment Utilization Form - Follow-up Two

Page 1 of 2

EPOCH

NIDA - CTN																					
Protocol Number				Node Number		Site Number				Subject Number				Week		Day of Week		Int Phase		Visit Sequence	
/				/		USUBJID				VISITNUM/VISIT											
Visit Date				TUDTC										QSEVAL		Rater Number					

TUSEQ

Week 12 (Day 57 - 84 Post Randomization) =TUCAT

This information is for dates: ____/____/____ to ____/____/____

Drug Abuse Treatment Services =TUSCAT TUORRES/TUSTRESC/TUSTRESN Write Number if 10+

0	1	2	3	4	5	6	7	8	9	10	10+
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TUTEST/TUTESTCD

0	1	2	3	4	5	6	7	8	9	10	10+
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Number of Self-help Groups (bubble below) Write Number if 20+

0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	20+
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other Ancilliary Services =TUSCAT

0	1	2	3	4	5	6	7	8	9	10	10+
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Number of Childcare Services

0	1	2	3	4	5	6	7	8	9	10	10+
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Number of Medical Services

0	1	2	3	4	5	6	7	8	9	10	10+
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Number of Psychiatric (MD) Services

0	1	2	3	4	5	6	7	8	9	10	10+
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Number of Vocational Services

0	1	2	3	4	5	6	7	8	9	10	10+
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Number of Legal Services

0	1	2	3	4	5	6	7	8	9	10	10+
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Number of Family Services

Days of Medication for Psychological, Psychiatric, or Drug problem (bubble below) Write Number if 20+

0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	20+
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

List Medications

--



Treatment Utilization Form - Follow-up Two

Page 2 of 2

STUDYID

EPOCH

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Protocol Number		Node Number		Site Number		Subject Number		Week		Day of Week		Int Phase	Visit Sequence			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Visit Date		TUDTC		USUBJID		VISITNUM/VISIT								Rater Number		

Week 16 (Day 85 - 112 Post Randomization) =TUCAT

This information is for dates: ____/____/____ to ____/____/____

Write Number
if 10+

Drug Abuse Treatment Services

Number of Individual Sessions	0	1	2	3	4	5	6	7	8	9	10	10+	<input type="text"/>	<input type="text"/>											
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>													
Number of Group Sessions	0	1	2	3	4	5	6	7	8	9	10	10+	<input type="text"/>	<input type="text"/>											
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>													
Number of Self-help Groups (bubble below)													Write Number if 20+		<input type="text"/>	<input type="text"/>									
	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	20+			
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

Other Ancillary Services

Number of Childcare Services	0	1	2	3	4	5	6	7	8	9	10	10+	<input type="text"/>	<input type="text"/>											
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>													
Number of Medical Services	0	1	2	3	4	5	6	7	8	9	10	10+	<input type="text"/>	<input type="text"/>											
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>													
Number of Psychiatric (MD) Services	0	1	2	3	4	5	6	7	8	9	10	10+	<input type="text"/>	<input type="text"/>											
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>													
Number of Vocational Services	0	1	2	3	4	5	6	7	8	9	10	10+	<input type="text"/>	<input type="text"/>											
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>													
Number of Legal Services	0	1	2	3	4	5	6	7	8	9	10	10+	<input type="text"/>	<input type="text"/>											
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>													
Number of Family Services	0	1	2	3	4	5	6	7	8	9	10	10+	<input type="text"/>	<input type="text"/>											
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>													
Days of Medication for Psychological, Psychiatric, or Drug problem (bubble below)													Write Number if 20+		<input type="text"/>	<input type="text"/>									
	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	20+			
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

QNAM=TUACTIVE

List Medications

QLABEL=IS PATIENT STILL ACTIVE
IN TREATMENTIs patient still active in treatment? ☐ No ☐ Yes

IDVAR=TUCAT

Date of patient's last treatment contact at this clinic

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
----------------------	----------------------	---	----------------------	----------------------	---	----------------------	----------------------

QNAM=TULSTDTC

QLABEL=DATE OF LAST TREATMENT CONTACT

IDVAR=TUCAT



STUDYID

Client Disposition and End of Trial Status Form

Page 1 of 1

NIDA - CTN

--	--	--	--

Protocol Number

--	--

Node Number

--	--	--	--

Site Number

--	--	--	--

Subject Number

--	--	--

Week

--	--

Day of Week

--	--

Int Phase

--	--	--	--

EPOCH

Visit Sequence

		/		/		
--	--	---	--	---	--	--

Visit Date

DSDTC

USUBJID
VISITNUM/VISIT

QSCAT='DISPOSITION EVENT'

--	--	--	--

Rater Number

DS.DSTERM/DSDECOD

1. Did patient complete 3 individual (MET or Standard) sessions within 28 days after being randomized?..... ☐ NO ☐ Yes

Also as DM.RFSTDTC

2. Date of last individual session (MET or Standard)

Note: A date of 01/01/80 should be given to a client who was randomized but did not initiate treatment.

		/			/		
--	--	---	--	--	---	--	--

3. Please indicate reason for patient's ending status.

(completer, withdrawn, non-completer)

Completer ☐ Patient Completed Treatment

Withdrawn* ☐ Significant psychiatric risk (suicidal, homicidal, psychotic)

☐ Death

☐ Other type of Clinical Deterioration (increased drug use, other)

☐ Administrative discharge

☐ Moving from area

Non-completer ☐ Practical problems (no childcare, transportation, other)

☐ Medical Problems (hospitalization, other)

☐ Incarceration

☐ Pressure or advice from outsiders

☐ Feels treatment no longer necessary, cured

☐ Feels treatment no longer necessary, still using

☐ Unknown

☐ Other please specify _____

4. Was the client referred to any of the following treatments for further drug treatment?

No Yes

☐ ☐ a. No further treatment

☐ ☐ b. Individual therapy

☐ ☐ c. Pharmacotherapy

☐ ☐ d. Self - help groups (NA, CA, AA)

☐ ☐ e. Group therapy

☐ ☐ f. Family/couples therapy

☐ ☐ g. Inpatient treatment

☐ ☐ h. Residential treatment

No Yes

☐ ☐ i. Intensive outpatient

☐ ☐ j. Partial Hospital

☐ ☐ k. Detox

☐ ☐ l. Other

Please specify _____

* If client withdrawn from study, a Clinical Deterioration Form should be filled out by the Clinic Director.

50887



Serious Adverse Events Reporting Form

Page 1 of 2

NIDA - CTN

--	--	--	--

Protocol Number

--	--

Node Number

--	--	--	--

Site Number

--	--	--	--

Subject Number

--	--

Week

--	--

Visit #

--	--

Int Phase

--	--

Visit Sequence

--	--	--

Visit Date

--	--	--	--

Rater Number

1. Type of Report: ☐ Hospitalization

☐ Death of Client

(skip questions 6 through 16 and complete Death section on the following page)

2. Date of Event:

 /

 /

3. Date of Report:

 /

 /

4. What Phase of Treatment was the client in when the event occurred?

☐ Pre Randomization

☐ Active Treatment

☐ Follow - up

5. Client Treatment assignment: ☐ Standard ☐ MI

For what reason(s) was the client hospitalized?

NO YES

☐ ☐ 6. Acute psychosis or other serious psychiatric problem

NO YES N/A

a. Did patient have a history of psychiatric illness?

☐ ☐ ☐

b. Was patient taking neuroleptic medication?

☐ ☐ ☐

c. Was patient taking any other type of medication?

☐ ☐ ☐

NO YES

If so, please describe: _____

☐ ☐ 7. Onset/exacerbation of cognitive impairment (e.g. disorientation, memory loss)

☐ ☐ 8. Deterioration of physical health or onset of medical problem

☐ ☐ 9. Extensive or increased drug or alcohol use

a. Please indicate days of use

--	--

b. Please indicate amount used

--

NO YES

☐ ☐ 10. Suicidal ideation, intent or plan

☐ ☐ 11. Suicidal gesture

NO YES N/A

a. Any history of suicidal ideation/gesture?

☐ ☐ ☐

☐ ☐ 12. Homicidal ideation, intent or plan

☐ ☐ 13. Homicidal /violent behavior

NO YES N/A

a. Any history of homicidal ideation/gesture?

☐ ☐ ☐

☐ ☐ 14. Serious program infraction

a. Please describe:

--

☐ ☐ 15. Hospitalization or death of another individual due to direct action of client

a. Please describe:

--

☐ ☐ 16. Other

In the space below, please briefly summarize the patient's course of treatment to date and describe the relevant actions taken at the CTP.

--

Draft



Serious Adverse Events Reporting Form

Page 2 of 2

<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Protocol Number	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> Node Number	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> Site Number	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> Subject Number	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> Week	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> Visit #	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> Int Phase	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> Visit Sequence
<div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> / <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> / <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px;"></div>						<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> Rater Number	
Visit Date							

Cause of Death (please elaborate in blank space at bottom of page)

NO YES

- ☐ ☐ 17. Suicide
- ☐ ☐ 18. Accidental (e.g. car accident, fall)
 - a. Was substance use involved? ☐ No ☐ Yes ☐ Unkown ☐ N/A
- ☐ ☐ 19. Medical (e.g. chronic condition, liver disease)
 - a. Was substance use involved? ☐ No ☐ Yes ☐ Unkown ☐ N/A
- ☐ ☐ 20. Other
- ☐ ☐ 21. Unknown
- ☐ ☐ 22. Was a review of the case made at the site? ☐ NO ☐ YES ☐ N/A

Please summarize review and action taken at the site

23. Did that review suggest a need for review of any MET procedures: ☐ NO ☐ YES ☐ N/A

If yes, please describe:

PLEASE REVIEW WITH PI, CTP STAFF AND FAX COMPLETED FORM (Both pages) IMMEDIATELY TO:
 Bryce Libby Fax#(860) 704-6194
 Kathleen Carroll PhD (Lead Investigator) Fax#(203) 937-3869
 Doug Krammer, M.D. NIDA Medical Safety Officer Fax #(301) 443-2317

