NOTE: Boxed annotations indicate supplemental qualifier variables. Result found in QVAL field.

CTN0005

DOMAIN: IE, SC

STUDYID

NIDA - CTN

Inclusion/Exclusion Criteria

Protocol Number | Node Number | Site Number | Subject Number | Week

USUBJID

VISITNUM / VISIT

EPOCH

Phase

Rater Number

IEDTC

Visit Date

NOTE: Only exceptions to IE are in the database. That includes "No" responses for inclusion and "Yes" responses for exclusion criteria.

IECAT **INCLUSION CRITERIA**

IETEST

IEORRES

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

EXCLUSION CRITERIA

9. Is the patient seeking detoxification only for substance use problem? ○ NO ○ YES
10. Is the patient seeking methadone maintenance for substance use problem? ○ NO ○ YES
11. Is the patient seeking inpatient treatment for substance use problem? ○ NO ○ YES
12. Does the patient have demetia or an untreated/unstable psychotic disorder? ○ NO ○ YES
13. Has the patient participated in the MET or MI protocol (#0004,#0005) at this facility or any other facility? ○ NO ○ YES
14. Is the patient currently a significant suicidal/homicidal risk? ○ NO ○ YES
15. Is the patient facing incarceration for a period of greater than three weeks? ○ NO ○ YES
16. Does the patient have a spouse/SO currently enrolled in the MI protocol? ○ NO ○ YES

SC.SCTEST SC.SCORRES

17. At this point is the patient eligible for the study? ○ NO ○ YES

Draft

Randomization Form

DOMAIN: DM, DS, SC

NIDA - CTN

STUDYID

Protocol Number | Node Number | Site Number | Subject Number | Week | Phase (EPOCH)

USUBJID

VISITNUM / VISIT

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. Priamry 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

6. Treatment Assignment ○ Treatment As Usual ○ MI

DS.DSSTDTC

DS.DSTERM/DSDECOD

7. Date of Randomization / /

8. If the client is elgible, but was not randomized, please mark the reason why below: DS.DSTERM/DSDECOD

○ Missed Pre-randomization Appointments
○ No longer interested in participating in protocol
○ Incarceration
○ Moved out of Area
○ Death
○ Unknown
○ Other

Demographic Form

DOMAIN: DM and SC

NIDA - CTN

STUDYID

VISITNUM / VISIT

EPOCH

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

USUBJID

Visit Date

DM.DMDTC / SC.SCDTC

Rater Number

1. Sex ○ Male ○ Female

DM.SEX

2. Date of Birth ☐☐ / ☐☐ / ☐☐

DM.BRTHDTC

3. Ethnicity:

DM.RACE (If multiple checked, then = "MULTIPLE")

SC.SCORRES

SC.SCTEST

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

QNAM=SOTHERS
QLABEL=SPANISH, HISPANIC, OR LATINO: OTHER TEXT
IDVAR=SCSEQ

QNAM=AOTHERS
QLABEL=ASIAN:OTHER TEXT
IDVAR=SCSEQ

QNAM=NOTHERS
QLABEL=NATIVE HAWIIAN OR PACIFIC ISLANDER: OTHER TEXT

QNAM=OOTHERS
QLABEL=ETHNICITY/RACE OTHER TEXT
IDVAR=SCSEQ

Demographic Form

DOMAIN: SC

STUDYID

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

EPOCH

USUBJID

VISITNUM / VISIT

Visit Date

SC.SCDTC

Rater Number

4. Years of Education Completed: ☐☐
(GED = 12)

SC.SCTEST SC.SCORRES

5. Usual Employment pattern over:

	A. Past 3 years SC.SCTEST	**B. Past 30 days** SC.SCTEST
SC.SCORRES / SC.SCORRES	○ Full time (35+hrs/wk)	○ Full time (35+hrs/wk)
	○ Part time(regular hours)	○ Part time(regular hours)
	○ Part time (irreg., day-work)	○ Part time (irreg., day-work)
	○ Student	○ Student
	○ Service	○ Service
	○ Retired/Disability	○ Retired/Disability
	○ Homemaker	○ Homemaker
	○ Unemployed	○ Unemployed
	○ In controlled environment	○ In controlled environment

6. Marital Status: SC.SCTEST

SC.SCORRES

- ○ Legally Married
- ○ Living with partner/Cohabitating
- ○ Widowed
- ○ Separated
- ○ Divorce
- ○ Never Married

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

SC.SCORRES

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

Demographic Form

DOMAIN: SU

STUDYID

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

EPOCH

USUBJID

VISITNUM / VISIT

Visit Date

SUDTC

Rater Number

7. Substance Use:

SUCAT=DRUG/ALCOHOL USE

SUOCCUR=Y

SUROUTE

SUTRT	Past 30 days SUEVLINT=-P30D	Years of Lifetime Use SUDUR	Route of Administration: Oral	Nasal	Smoking	IV or Non-IV injection	N/A
01 Alcohol (Any Use)			○	○	○	○	○
02 Alcohol (To intoxication)			○	○	○	○	○
03 Heroin			○	○	○	○	○
04 Methadone (prescribed)			○	○	○	○	○
05 Methadone (illicit)			○	○	○	○	○
06 Other Opiates /Analgesic			○	○	○	○	○
07 Barbituates			○	○	○	○	○
08 Other Sedatives/Hypnotics including Benzos			○	○	○	○	○
09 Cocaine			○	○	○	○	○
10 Amphetamines / Methamphetamines			○	○	○	○	○
11 Cannabis			○	○	○	○	○
12 Hallucinogens			○	○	○	○	○
13 Inhalants			○	○	○	○	○
14 More than 1 substance per day							
15 Nicotine (tobacco products)			○	○	○	○	○

8. According to the interviewer, which substance is the major problem? SUCAT=MAJOR DRUG PROBLEM

SUTRT

Addiction Severity Index for Pretreatment

STUDYID
NIDA - CTN
QSCAT=ADDICTION SEVERITY INDEX FOR PRE-TREATMENT
DOMAIN: QS

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

USUBJID
VISITNUM / VISIT

Visit Date ___ / ___ / ___
QSDTC

Rater Number _____
QSEVAL

Addiction Severity Index: GENERAL INFORMATION

QSSCAT=GENERAL INFORMATION

Comments:
THIS DATA NOT ENTERED

G4. Date of admission: ___ / ___ / ___
QSTEST
QSORRES

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?
___ Yrs. / ___ Mos.
QSORRESU='YEAR'
QSORRESU='MONTH'

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

QSEVLINT=-P30D

G19. Have you been in a controlled environment in the past 30 days?
- ○ No
- ○ Jail
- ○ Alcohol or Drug Treatment
- ○ Medical Treatment
- ○ Psychiatric Treatment
- ○ Other _____

QSEVLINT=-P30D

G20. How Many Days? ___
QSORRESU='DAY'

Created: CTN MET ASIP004 12/01/00

Addiction Severity Index for Pretreatment: MEDICAL STATUS

STUDYID

DOMAIN: QS

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

USUBJID

VISITNUM / VISIT

QSDTC Visit Date: ___ / ___ / ___

QSSCAT=MEDICAL STATUS

Rater Number

QSEVAL

QSTEST QSORRES

* **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? ___

QSEVLINT=-P30D

QSORRESU='DAY'

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

QSEVLINT=-P30D

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

THIS DATA NOT ENTERED

Addiction Severity Index for Pretreatment: EMPLOYMENT/SUPPORT STATUS

STUDYID

DOMAIN: QS

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

USUBJID

VISITNUM / VISIT

QSSCAT=EMPLOYMENT/SUPPORT STATUS

QSDTC Visit Date

QSEVAL Rater Number

QSORRESU='YEAR' QSORRESU='MONTH'

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

QSTEST QSORRES

Yrs. Mos.

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

QSORRESU='MONTH'

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.

QSORRESU='YEAR'

Yrs. Mos.

QSORRESU='MONTH'

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
- ○ Unskillled/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:

QSEVLINT = -P3Y

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

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

QSEVLINT = -P30D

QSORRESU='DAY'

Comments

THIS DATA NOT ENTERED

(continued)

STUDYID DOMAIN: QS

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

USUBJID VISITNUM / VISIT

Visit Date QSDTC QSEVAL Rater Number

QSTEST

QSORRES

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 THIS DATA NOT ENTERED

QSORRESU='DOLLAR'

QSEVLINT = -P30D

QSORRESU='DAY'

Addiction Severity Index for Pretreatment: DRUG/ALCOHOL USE

STUDYID

DOMAIN: QS

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

USUBJID

VISITNUM / VISIT

QSDTC / Visit Date

QSSCAT=ALCOHOL/DRUGS

QSEVAL Rater Number

QSTEST

QSORRES

QSORRESU='DAY', QSORRESU='YEAR'

QSEVLINT = -P30D

Past 30 **Lifetime Use**

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

Comments:

THIS DATA NOT ENTERED

31314

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

STUDYID DOMAIN: QS

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

USUBJID VISITNUM / VISIT

QSDTC Visit Date (/ /) QSEVAL Rater Number

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

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 $ QSORRESU='DOLLAR'

D24. Drugs $ QSORRESU='DOLLAR'

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

D26. How many days in the past 30 have you experienced alcohol problems? QSORRESU='DAY'

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.) QSORRESU='DAY'

QSEVLINT = -P30D

D29. How troubled or bothered have you been the past 30 days by these drug problems? QSEVLINT = -P30D

○ 0 ○ 1 ○ 2 ○ 3 ○ 4

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

○ 0 ○ 1 ○ 2 ○ 3 ○ 4

Comments:

THIS DATA NOT ENTERED

Confidence Ratings: Is the above information significantly distorted by:

D34. Patient's misrepresentation?

○ No ○ Yes

D35. Patient's inability to understand?

○ No ○ Yes

Addiction Severity Index for Pretreatment: LEGAL STATUS

DOMAIN: QS

STUDYID

Protocol Number | Node Number | Site Number | Subject Number | Week | Day of Week | EPOCH (Int Phase) | Visit Sequence

USUBJID

VISITNUM / VISIT

QSDTC (Visit Date)

QSSCAT=LEGAL STATUS

QSEVAL (Rater Number)

QSTEST		QSORRES
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:

THIS DATA NOT ENTERED

Addiction Severity Index for Pretreatment: LEGAL STATUS (continued)

DOMAIN: QS

STUDYID

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

USUBJID | VISITNUM / VISIT

QSDTC Visit Date / / | QSEVAL Rater Number

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

QSTEST | QSORRES

* **L18.** Disorderly conduct, vagrancy, public intoxication

* **L19.** Driving while intoxicated

* **L20.** Major driving violations

* **L21.** How many months were you incarcerated in your life? QSORRESU='MONTH' 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? QSORRESU='DAY'

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

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:
THIS DATA NOT ENTERED

Addiction Severity Index for Pretreatment: FAMILY/SOCIAL RELATIONSHIPS

STUDYID

DOMAIN: QS

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

USUBJID

VISITNUM / VISIT

QSDTC / Visit Date /

QSEVAL Rater Number

QSTEST

QSORRES

F1. Marital Status:
- ○ Married
- ○ Remarried
- ○ Widowed
- ○ Separated
- ○ Divorced
- ○ 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:

THIS DATA NOT ENTERED

QSEVLINT=-P3Y

31314

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

STUDYID | DOMAIN: QS

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

USUBJID | VISITNUM / VISIT

QSDTC Visit Date | QSEVAL Rater Number

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

QSTEST | QSEVLINT = -P30D | QSORRES

	Past 30 days		Lifetime	
F18. Mother	○ No	○ Yes	○ No	○ Yes
F19. Father	○ No	○ Yes	○ No	○ Yes
F20. Brothers/Sisters	○ No	○ Yes	○ No	○ Yes
F21. Sexual partner/spouse	○ No	○ Yes	○ No	○ Yes
F22. Children	○ No	○ Yes	○ No	○ Yes
F23. Other Significant family	○ No	○ Yes	○ No	○ Yes
F24. Close friends	○ No	○ Yes	○ No	○ Yes
F25. Neighbors	○ No	○ Yes	○ No	○ Yes
F26. Co-workers	○ No	○ Yes	○ No	○ Yes

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

F28. Physically (cause you physical harm)?

A. Past 30 days ○ No ○ Yes QSORRESU='DAY'

B. In your life ○ No ○ Yes

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

A. Past 30 days ○ No ○ Yes QSORRESU='DAY'

B. In your life ○ No ○ Yes

Comments:
THIS DATA NOT ENTERED

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

STUDYID

DOMAIN: QS

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

USUBJID

VISITNUM / VISIT

QSDTC Visit Date

QSEVAL 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.

Comments: THIS DATA NOT ENTERED

QSTEST QSORRES

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

QSORRESU='DAY'
QSEVLINT = -P30D

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

QSEVLINT = -P30D

○ 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)? ☐☐

QSORRESU='DAY'
QSEVLINT = -P30D

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

QSEVLINT = -P30D

○ 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

Addiction Severity Index for Pretreatment: PSYCHOLOGICAL SECTION

DOMAIN: QS

STUDYID

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

USUBJID

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

QSTEST

QSORRES

*P 1. 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:

QSEVLINT = -P30D

	Past 30 Days		In Your Life	
P4. Experienced serious depression?	○ No	○ Yes	○ No	○ Yes
P5. Experienced serious anxiety or tension?	○ No	○ Yes	○ No	○ Yes
P6. 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
P10. Attempted suicide?	○ No	○ Yes	○ No	○ Yes
P11. Been prescribed medication for any psychological/emotional problem?	○ No	○ Yes	○ No	○ Yes

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

QSORRESU='DAY'

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 ○ No ○ Yes

Comments:

THIS DATA NOT ENTERED

Substance Use for Pretreatment Phase

DOMAIN: SU

NIDA - CTN STUDYID

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

EPOCH

USUBJID

VISITNUM / VISIT

48961

Visit Date SUDTC

Rater Number

Primary Drug SUCAT=PRIMARY DRUG

○ Alcohol ○ Cocaine ○ Marijuana ○ Opioids ○ Benzos ○ Methamphetamine ○ Other

SUTRT

please specify

SUCAT=SUBSTANCE USE-PRETREATMENT-DAILY LOG

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

Date: / / SUSTDTC

SUOCCUR

SUTRT

	Day 1	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	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
Cocaine	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
Marijuana	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
Opioids	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
Benzos	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
Methamph	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
Other	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○

	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	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
Cocaine	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
Marijuana	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
Opioids	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
Benzos	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
Methamph	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
Other	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○

Substance Use for Pretreatment Phase

STUDYID

DOMAIN: SU

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

48961

USUBJID

VISITNUM / VISIT

Visit Date SUSTDTC

Rater Number

SUCAT=SUBSTANCE USE-PRETREATMENT-DAILY LOG

SUTRT | SUOCCUR

	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	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
Cocaine	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
Marijuana	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
Opioids	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
Benzos	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
Methamph	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
Other	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○

	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	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
Cocaine	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
Marijuana	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
Opioids	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
Benzos	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
Methamph	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
Other	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○

Alcohol Breathalyzer Result Form

STUDYID

NIDA - CTN

EPOCH

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

USUBJID

VISITNUM / VISIT

Visit Date

Rater Number

BRDTC

BRSEQ | BRTEST / BRTESTCD | BRORRES

1. Was Alcohol Breathalyzer Performed: ○ No ○ Yes ○ Unknown

2. Date Alcohol Breathalyzer Performed: / /

BRDTC

BRTEST / BRTESTCD

3. Alcohol Breathalyzer Result:

BRORRES . mg/ml

BRORRESU

Comments:

THIS DATA NOT ENTERED

Created: CTN MET ABR004 6/05/00
Modified: CTN MET ABR004 10/26/00

Helping Alliance Questionnaire- Client Form

QSCAT=HELPING ALLIANCE QUESTIONNAIRE - CLIENT FORM

DOMAIN: QS

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

USUBJID

VISITNUM / VISIT

Visit Date QSDTC

QSEVAL Rater Number

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

QSTEST

1. I feel I can depend upon the therapist.

QSORRES

○ Strongly Disagree ○ Disagree ○ Slightly Disagree ○ Slightly Agree ○ Agree ○ Strongly Agree

2. I feel the therapist understands me.

○ Strongly Disagree ○ Disagree ○ Slightly Disagree ○ Slightly Agree ○ Agree ○ Strongly Agree

3. I feel the therapist wants me to achieve my goals.

○ Strongly Disagree ○ Disagree ○ Slightly Disagree ○ Slightly Agree ○ Agree ○ Strongly Agree

4. At times I distrust the therapist's judgment.

○ Strongly Disagree ○ Disagree ○ Slightly Disagree ○ Slightly Agree ○ Agree ○ Strongly Agree

5. I feel I am working together with the therapist in a joint effort.

○ Strongly Disagree ○ Disagree ○ Slightly Disagree ○ Slightly Agree ○ Agree ○ Strongly Agree

6. I believe we have similar ideas about the nature of my problems.

○ Strongly Disagree ○ Disagree ○ Slightly Disagree ○ Slightly Agree ○ Agree ○ Strongly Agree

Created: CTN MET HAQC004 8/09/00
Modified: CTN MET HAQC004 10/26/00

Helping Alliance Questionnaire- Client Form

STUDYID

QSCAT=HELPING ALLIANCE QUESTIONNAIRE - CLIENT FORM

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

USUBJID

VISITNUM / VISIT

Visit Date QSDTC

Rater Number QSEVAL

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

QSTEST

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
○	○ QSORRES	○	○	○	○

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

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
○	○	○	○	○	○

9. I like the therapist as a person.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
○	○	○	○	○	○

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

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
○	○	○	○	○	○

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

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
○	○	○	○	○	○

12. A good relationship has formed with my therapist.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
○	○	○	○	○	○

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

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
○	○	○	○	○	○

Created: CTN MET HAQC004 8/09/00
Modified: CTN MET HAQC004 10/26/00

Helping Alliance Questionnaire- Client Form

STUDYID

QSCAT=HELPING ALLIANCE QUESTIONNAIRE - CLIENT FORM

DOMAIN: QS

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

USUBJID

VISITNUM / VISI

Visit Date

QSDTC

Rater Number

QSEVAL

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

QSTEST

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
○	○	○	○	○	○

QSORRES

15. The therapist and I have meaningful exchanges.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
○	○	○	○	○	○

16. The therapist and I sometimes have unprofitable exchanges.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
○	○	○	○	○	○

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

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
○	○	○	○	○	○

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

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
○	○	○	○	○	○

19. At times the therapist seems distant.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
○	○	○	○	○	○

Helping Alliance Questionnaire- Therapist Form

NIDA - CTN

QSCAT=HELPING ALLIANCE - THERAPIST FORM

DOMAIN: QS

STUDYID

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

USUBJID

VISITNUM / VISIT

Visit Date ____ / ____ / ____ QSDTC

Rater Number QSEVAL

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.

QSTEST

○ Strongly Disagree	○ Disagree	○ Slightly Disagree	○ Slightly Agree	○ Agree	○ Strongly Agree

QSORRES

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

○ Strongly Disagree	○ Disagree	○ Slightly Disagree	○ Slightly Agree	○ Agree	○ Strongly Agree

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

○ Strongly Disagree	○ Disagree	○ Slightly Disagree	○ Slightly Agree	○ Agree	○ Strongly Agree

4. At times the patient distrusts my judgment

○ Strongly Disagree	○ Disagree	○ Slightly Disagree	○ Slightly Agree	○ Agree	○ Strongly Agree

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

○ Strongly Disagree	○ Disagree	○ Slightly Disagree	○ Slightly Agree	○ Agree	○ Strongly Agree

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

○ Strongly Disagree	○ Disagree	○ Slightly Disagree	○ Slightly Agree	○ Agree	○ Strongly Agree

Created: CTN MET HAQT004 8/09/00
Modified: CTN MET HAQT004 10/26/00

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

Visit Date

Same as page 1 of Helping Alliance Questionnaire - Therapist form for annotation

Rater Number

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

○ Strongly Disagree ○ Disagree ○ Slightly Disagree ○ Slightly Agree ○ Agree ○ Strongly Agree

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

○ Strongly Disagree ○ Disagree ○ Slightly Disagree ○ Slightly Agree ○ Agree ○ Strongly Agree

9. The patient likes me as a person.

○ Strongly Disagree ○ Disagree ○ Slightly Disagree ○ Slightly Agree ○ Agree ○ Strongly Agree

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

○ Strongly Disagree ○ Disagree ○ Slightly Disagree ○ Slightly Agree ○ Agree ○ Strongly Agree

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

○ Strongly Disagree ○ Disagree ○ Slightly Disagree ○ Slightly Agree ○ Agree ○ Strongly Agree

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

○ Strongly Disagree ○ Disagree ○ Slightly Disagree ○ Slightly Agree ○ Agree ○ Strongly Agree

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

○ Strongly Disagree ○ Disagree ○ Slightly Disagree ○ Slightly Agree ○ Agree ○ Strongly Agree

Created: CTN MET HAQT004 8/09/00
Modified: CTN MET HAQT004 10/26/00

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

Visit Date

Same as page 1 of Helping Alliance Questionnaire - Therapist form for annotation

Rater Number

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

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
○	○	○	○	○	○

15. The patient and I have meaningful exchanges.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
○	○	○	○	○	○

16. The patient and I sometimes have unprofitable exchanges.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
○	○	○	○	○	○

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

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
○	○	○	○	○	○

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

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
○	○	○	○	○	○

19. At times the patient sees me as distant.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
○	○	○	○	○	○

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

VISITNUM / VISIT

USUBJID

Visit Date QSDTC

Rater Number

QSEVAL

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?

QSTEST

QSEVLINT=-P1M

QSORRES

- ○ 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

Created: CTN MET HRB004 9/27/00
Modified: CTN MET HRB004 10/26/00

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

Same as page 1 of HIV Risk-Taking Behavior Scale form for annotation

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

Created: CTN MET HRB004 9/27/00
Modified: CTN MET HRB004 10/26/00

HIV Risk-Taking Behavior Scale

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

Same as page 1 of HIV Risk-Taking Behavior Scale form for annotation

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

STUDYID

QSCAT= **Patient Satisfaction Questionaire**

DOMAIN: QS

NIDA - CTN

Protocol Number	Node Number	Site Number	Subject Number	Week

EPOCH

Phase

USUBJID

VISITNUM / VISIT

/ / **Visit Date** QSDTC

Rater Number

QSEVAL

1. Overall, how satisfied are you with the meeting you had with the counselor today?

QSTEST

QSORRES

- ○ Exrtemely dissatisfied
- ○ Very dissatisfied
- ○ Somewhat dissatisfied
- ○ Somewhat satisfied
- ○ Satisfied
- ○ Very satisfied
- ○ Extremely satisified

2. Overall, to what extend did the evaluation make you think about how substance abuse has affect your life?

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

3. Overall, did the evaluation increase the likelihood that you would continue treatment for your substance use problems?

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

STUDYID
NIDA - CTN

Short Inventory of Problems Revised (SIP-R)

QSCAT=SHORT INVENTORY OF PROBLEMS REVISED

DOMAIN: QS

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

USUBJID

VISITNUM / VISIT

Visit Date QSDTC

QSEVAL 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 happended 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) QSEVLINT=-P3M

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

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

QSORRES

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

Created: CTN MET SIP004 7/28/00
Modified: CTN MET SIP004 10/26/00

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)

Same as page 1 of Short Inventory of Problems Revised form for annotation

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				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**

INSTRUCTIONS: Listed below are a variety of therapeutic interventions that may have been used in the audiotaped session you are reviewing. Please rate the degree (Frequency and Extensiveness) and quality (Skill Level) of each intervention in this session. Please consult the tape rater guide for each rated session.

QSSCAT=CLINICIAN RATINGS

1. MOTIVATIONAL INTERVIEWING STYLE: To what extent did the clinician provide low-key feedback, roll with resistance (e.g., avoiding arguments, shifting focus), and use a supportive, warm, non-judgmental approach? To what extent did the clinician convey empathic sensitivity through words and tone of voice, demonstrate genuine concern and an awareness of the participant's experiences?

QSTEST

QSORRES

FREQUENCY & EXTENSIVENESS

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

QSTEST

QSORRES

SKILL LEVEL:

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

2. OPEN QUESTIONS: To what extent did the clinician 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?

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

3. AFFIRMATION OF STRENGTHS AND SELF-EFFICACY: To what extent did the clinician verbally reinforce the participant's strengths, abilities, or efforts to change his/her behavior? To what extent did the clinician 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?

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

Created: CTN STR004 01/02/01
Modified:

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

Visit Date: ___ / ___ / ___

Same as page 1 of Supervisor Tape Rating Form for annotation

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

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

Visit Date: ___ / ___ / ___

Same as page 1 of Supervisor Tape Rating Form for annotation

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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

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

Visit Date: ___ / ___ / ___

Same as page 1 of Supervisor Tape Rating Form for annotation

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

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

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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

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

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Same as page 1 of Supervisor Tape Rating Form for annotation

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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

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

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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
○	○	○	○	○	○	○	○

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

Visit Date: ___ / ___ / ___

Same as page 1 of Supervisor Tape Rating Form for annotation

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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

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

Visit Date: ___ / ___ / ___

Same as page 1 of Supervisor Tape Rating Form for annotation

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

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

Visit Date: ___ / ___ / ___

Same as page 1 of Supervisor Tape Rating Form for annotation

Rater Number: _____

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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

STUDYID QSCAT= **Supervisor Tape Rating Form** **DOMAIN: QS**

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

USUBJID VISITNUM / VISIT

__ __ / __ __ / __ __ **Visit Date** QSDTC

__ __ __ __ __ **Rater Number** QSEVAL

Ratings of Clients QSSCAT=CLIENT RATINGS

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

QSTEST

QSORRES

○ 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

Created: CTN STR004 01/02/01
Modified:

QSCAT=

Therapist Session Report and Technique Checklist

NIDA - CTN

DOMAIN: QS

STUDYID

Protocol Number | Node Number | Site Number | Subject Number | Week | Phase

EPOCH

USUBJID

VISITNUM / VISIT

Visit Date

QSDTC

Rater Number

QSEVAL

QSSCAT=SESSION INFORMATION

I. Session Information:

QSTEST

QSORRES

A. Since randomization did the the following happen:

A1. How many appointments were scheduled since randomization

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 and 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

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

QSORRESU='MINUTE'

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."

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

Visit Date

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

Rater Number

QSSCAT=THERAPIST SELF ASSESSMENT

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?

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

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?

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

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?

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

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?

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

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?

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

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

Visit Date

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

Rater Number

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 ○ Qutie 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 ○ Qutie 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 ○ Qutie 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 ○ Qutie 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 ○ Qutie a bit ○ Considerably ○ Extensively

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

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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	Qutie a bit	Considerably	Extensively
O	O	O	O	O	O	O

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	Qutie a bit	Considerably	Extensively
O	O	O	O	O	O	O

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	Qutie a bit	Considerably	Extensively
O	O	O	O	O	O	O

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	Qutie a bit	Considerably	Extensively
O	O	O	O	O	O	O

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

Visit Date

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

Rater Number

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 ○ Qutie a bit ○ Considerably ○ Extensively

Participant Rating

QSSCAT=PARTICIPANT RATING

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

○ Not at all ○ Very little ○ Somewhat ○ Moderately ○ Qutie a bit ○ Considerably ○ Extensively

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

○ Not at all ○ Very little ○ Somewhat ○ Moderately ○ Qutie 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

STUDYID

Urine Monitoring Result Form

DOMAIN: LB

NIDA - CTN

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

USUBJID

VISITNUM / VISIT

Visit Date: ___ / ___ / ___

QNAM=LBVISDTC
QLABEL=LAB VISIT DATE
IDVAR = VISITNUM

Rater Number

LBCAT = 'DRUG SCREEN'

1. Date Urine Collected: ___ / ___ / ___

LBDTC

QNAM = LBTEMP
QLABEL = URINE TEMP WITHIN EXPECTED RANGE
IDVAR = VISITNUM

2. Urine temperature within expected range? (>=92 F or 33.3 C) ○ No ○ Yes ○ Unknown

LBTEST	Negative	Positive	Not Tested
	LBORRES		
3. Amphetamines	○	○	○
4. Barbituates	○	○	○
5. Benzodiazipines	○	○	○
6. Cannabinoids (THC)	○	○	○
7. Cocaine metabolites	○	○	○
8. Methadone	○	○	○
9. Methamphetamines	○	○	○
10. Opiates/Morphine	○	○	○
11. Phencyclidine (PCP)	○	○	○

12. Was urine collection supervised? ○ No ○ Yes ○ Unknown

QNAM = LBSUPER
QLABEL = URINE COLLECTION SUPERVISED
IDVAR = VISITNUM

University of Rhode Island Change Assessment Scale (URICA)

STUDYID
NIDA - CTN

QSCAT=URICA

DOMAIN: QS

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

USUBJID

VISITNUM / VISIT

Visit Date QSDTC

QSEVAL 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.

1. As far as I'm concerned, I don't have any problems that need changing. QSTEST

○ Strongly Disagree ○ Disagree ○ Undecided ○ Agree ○ Strongly Agree QSORRES

2. I think I might be ready for some self-improvement.

○ Strongly Disagree ○ Disagree ○ Undecided ○ Agree ○ Strongly Agree

3. I am doing something about the problems that had been bothering me.

○ Strongly Disagree ○ Disagree ○ Undecided ○ Agree ○ Strongly Agree

4. It might be worthwhile to work on my problem.

○ Strongly Disagree ○ Disagree ○ Undecided ○ Agree ○ Strongly Agree

5. I'm not the problem one. It doesn't make much sense for me to be here.

○ Strongly Disagree ○ Disagree ○ Undecided ○ Agree ○ Strongly Agree

6. 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

7. I am finally doing some work on my problem.

○ Strongly Disagree ○ Disagree ○ Undecided ○ Agree ○ Strongly Agree

8. I've been thinking that I might want to change something about myself.

○ Strongly Disagree ○ Disagree ○ Undecided ○ Agree ○ Strongly Agree

9. 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

Created: CTN MET URI004 7/28/00
Modified: CTN MET URI004 10/26/00

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

Visit Date

Same as page 1 of URICA form

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

Created: CTN MET URI004 7/28/00
Modified: CTN MET URI004 10/26/00

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

Visit Date

Same as page 1 of URICA form

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

Created: CTN MET URI004 7/28/00
Modified: CTN MET URI004 10/26/00

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

USUBJID

VISITNUM / VISIT

Visit Date QSDTC

Rater Number QSEVAL

Addiction Severity Index: GENERAL INFORMATION

QSSCAT=GENERAL INFORMATION

Comments:

THIS DATA NOT ENTERED

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

QSTEST

G19. Have you been in a controlled environment in the past 30 days? QSEVLINT=-P30D

QSORRES

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

G20. How Many Days?

QSORRESU='DAY'

Addiction Severity Index for Follow-up: MEDICAL STATUS

DOMAIN: QS

STUDYID QSCAT=ADDICTION SEVERITY INDEX

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

USUBJID VISITNUM / VISIT

Visit Date QSDTC

Rater Number QSEVAL

**Note:All questions refer to the past 30 days QSSCAT=MEDICAL STATUS

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

QSTEST

QSORRES

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?

QSEVLINT=-P30D

QSORRESU='DAY'

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?

QSEVLINT=-P30D

○ 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: THIS DATA NOT ENTERED

Addiction Severity Index for Follow-up: EMPLOYMENT/SUPPORT STATUS

STUDYID QSCAT=ADDICTION SEVERITY INDEX **DOMAIN: QS**

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

USUBJID VISITNUM / VISIT

QSDTC Visit Date (__ / __ / __)

QSSCAT=EMPLOYMENT/SUPPORT STATUS

Rater Number QSEVAL

QSORRESU='YEAR' QSORRESU='MONTH'

* **E1. Education completed (GED = 12 years)** QSTEST QSORRES — Yrs. ____ Mos. ____

* **E2. Training or technical education completed** ____ Mos. QSORRESU='MONTH'

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.

QSORRESU='YEAR'

Yrs. ____ Mos. ____ QSORRESU='MONTH'

* **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
- ○ Unskillled/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.) ____ QSORRESU='DAY'

QSEVLINT=-P30D

Comments:

THIS DATA NOT ENTERED

Addiction Severity Index for Follow-up: EMPLOYMENT/SUPPORT STATUS (continued)

STUDYID QSCAT=ADDICTION SEVERITY INDEX DOMAIN: QS

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

USUBJID VISITNUM / VISIT

Visit Date QSDTC QSSCAT=EMPLOYMENT/SUPPORT STATUS Rater Number QSEVAL

QSTEST QSORRES

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 THIS DATA NOT ENTERED

QSORRESU='DOLLAR'

QSEVLINT=-P30D

QSEVLINT=-P30D

QSORRESU='DAY'

QSEVLINT=-P30D

QSEVLINT=-P30D

Addition Severity Index for Follow-up: DRUG/ALCOHOL USE

STUDYID

QSCAT=ADDICTION SEVERITY INDEX

DOMAIN: QS

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

USUBJID

VISITNUM / VISIT

Visit Date QSDTC

QSSCAT=ALCOHOL/DRUGS

Rater Number QSEVAL

QSTEST

Past 30 Days QSEVLINT=-P30D QSORRESU='DAY'

QSORRES

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

Comments:

THIS DATA NOT ENTERED

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

STUDYID QSCAT=ADDICTION SEVERITY INDEX DOMAIN: QS

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

EPOCH

USUBJID VISITNUM / VISIT

Visit Date QSDTC

QSSCAT=ALCOHOL/DRUGS

Rater Number QSEVAL

QSTEST

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

* **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 $ QSEVLINT=-P30D QSORRESU='DOLLAR'

D24. Drugs $ QSEVLINT=-P30D QSORRESU='DOLLAR'

D25. How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days? (include NA, AA) QSEVLINT=-P30D QSORRESU='DAY'

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? QSEVLINT=-P30D QSORRESU='DAY'

D28. How troubled or bothered have you been the past 30 days by these alcohol problems? QSEVLINT=-P30D

○ 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? QSEVLINT=-P30D QSORRESU='DAY'

D29. How troubled or bothered have you been in the past 30 days by these drug problems? QSEVLINT=-P30D

○ 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: THIS DATA NOT ENTERED

STUDYID

Addiction Severity Index for Follow-up: LEGAL STATUS

QSCAT=ADDICTION SEVERITY INDEX

DOMAIN: QS

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

USUBJID

VISITNUM / VISIT

Visit Date QSDTC

QSSCAT=LEGAL STATUS

Rater Number QSEVAL

QSTEST

QSORRES

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?

Comments: THIS DATA NOT ENTERED

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

STUDYID QSCAT=ADDICTION SEVERITY INDEX DOMAIN: QS

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

EPOCH

USUBJID VISITNUM / VISIT

Visit Date QSDTC

QSSCAT=LEGAL STATUS

Rater Number QSEVAL

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? QSORRESU='DAY'

Days

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

QSTEST QSORRES

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? QSEVLINT=-P30D QSORRESU='DAY'

L27. How many days in the past 30 have you engaged in illegal activities for profit? QSEVLINT=-P30D QSORRESU='DAY'

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: THIS DATA NOT ENTERED

Addiction Severity Index for Follow-up: FAMILY/SOCIAL RELATIONSHIPS

STUDYID QSCAT=ADDICTION SEVERITY INDEX DOMAIN: QS

Protocol Number | Node Number | Site Number | Subject Number | Week | Day of Week | Int Phase (EPOCH) | Visit Sequence

Visit Date (QSDTC) USUBJID VISITNUM / VISIT Rater Number (QSEVAL)

QSSCAT=FAMILY/SOCIAL RELATIONSHIPS

QSTEST QSORRES

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.):**

QSEVLINT = -P3Y

- ○ 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: THIS DATA NOT ENTERED

Addiction Severity Index for Follow-up: FAMILY/SOCIAL RELATIONSHIPS (continued)

STUDYID | QSCAT=ADDICTION SEVERITY INDEX | DOMAIN: QS

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

USUBJID | VISITNUM / VISIT

Visit Date | QSDTC

QSSCAT=FAMILY/SOCIAL RELATIONSHIPS

Rater Number | QSEVAL

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

QSTEST | QSORRES | **Past 30 days** | QSEVLINT=-P30D

F18.	Mother	○ No	○ Yes
F19.	**Father**	○ No	○ Yes
F20.	**Brothers/Sisters**	○ No	○ Yes
F21.	**Sexual partner/spouse**	○ No	○ Yes
F22.	**Children**	○ No	○ Yes
F23.	**Other Significant family**	○ No	○ Yes
F24.	**Close friends**	○ No	○ Yes
F25.	**Neighbors**	○ No	○ Yes
F26.	**Co-workers**	○ No	○ Yes

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

F28. **Physically (cause you physical harm)?**

A. Past 30 days ○ No ○ Yes

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

A. Past 30 days ○ No ○ Yes

Comments: THIS DATA NOT ENTERED

Addiction Severity Index for Follow-up: FAMILY/SOCIAL RELATIONSHIPS (continued)

STUDYID QSCAT=ADDICTION SEVERITY INDEX DOMAIN: QS

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

USUBJID VISITNUM / VISIT

Visit Date

QSDTC QSSCAT=FAMILY/SOCIAL RELATIONSHIPS

Rater Number

QSEVAL

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.

QSTEST QSORRES

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

QSEVLINT=-P30D

QSORRESU='DAY'

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

○ 0 ○ 1 ○ 2 ○ 3 ○ 4

QSEVLINT=-P30D

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)?** ☐☐

QSEVLINT=-P30D

QSORRESU='DAY'

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

○ 0 ○ 1 ○ 2 ○ 3 ○ 4

QSEVLINT=-P30D

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: THIS DATA NOT ENTERED

Addition Severity Index for Follow-up: PSYCHOLOGICAL SECTION

STUDYID QSCAT=ADDICTION SEVERITY INDEX DOMAIN: QS

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

USUBJID VISITNUM / VISIT

Visit Date QSDTC QSSCAT=PSYCHIATRIC STATUS Rater Number QSEVAL

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

* P 1. 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:

QSTEST		**Past 30 Days** QSORRES
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
P 9.	**Experienced serious thoughts of suicide?**	○ No ○ Yes
P10.	**Attempted suicide?**	○ No ○ Yes
P11.	**Been prescribed medication for any psychological/emotional problem?**	○ No ○ Yes

QSEVLINT=-P30D

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

QSEVLINT=-P30D

QSORRESU='DAY'

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? QSEVLINT=-P30D

○ 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:

THIS DATA NOT ENTERED

STUDYID

Substance Use for Follow-up One

DOMAIN: SU

NIDA - CTN

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

49185

USUBJID

VISITNUM / VISIT

Visit Date SUDTC

Rater Number QSEVAL

Day 1 (First Day of Follow-up Phase)

SUCAT=SUBSTANCE USE-FOLOW-UP ONE

Date: / / SUSTDTC

SUTRT / SUOCCUR

	Day 1	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	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
Cocaine	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
Marijuana	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
Opioids	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
Benzos	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
Methamph	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
Other	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○

	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	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
Cocaine	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
Marijuana	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
Opioids	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
Benzos	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
Methamph	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
Other	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○

Created: CTN MET SUF004 8/4/00
Modified: CTN MET SUF1004 10/26/00

Substance Use for Follow-up One

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

49185

Visit Date

Page annotated same as Substance Use for Follow-uip One form page 1.

Rater Number

Day 15

Date: _____

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 16

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 17

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 18

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 19

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 20

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 21

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 22

Date: _____

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 23

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 24

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 25

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 26

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 27

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 28

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

STUDYID

Treatment Utilization Form - Follow-up One

DOMAIN: TU

NIDA - CTN

Protocol Number | Node Number | Site Number | Subject Number | Week

EPOCH

Phase

USUBJID

VISITNUM / VISIT

Visit Date

TUDTC

Rater Number

TUSEQ

Week 4 (Day 1 - 28 Post Randomization) =TUCAT

This information is for dates: _____/_____/_____ to _____/_____/_____

Drug Abuse Treatment Services =TUSCAT

TUORRES/TUSTRESC/TUSTRESN

TUTEST/TUTESTCD

	0	1	2	3	4	5	6	7	8	9	10	10+	Write Number if 10+
Number of Individual Sessions	○	○	○	○	○	○	○	○	○	○	○	○	
Number of Group Sessions	○	○	○	○	○	○	○	○	○	○	○	○	

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+
○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○

Other Ancilliary Services =TUSCAT

TUTEST/TUTESTCD

	0	1	2	3	4	5	6	7	8	9	10	10+
Number of Childcare 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 *(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+
○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○

List Medications

Is patient still active in treatment? ○ No ○ Yes

QNAM = TUACTIVE
QLABEL = IS PATIENT STILL ACTIVE IN TREATMENT
IDVAR = TUCAT

Date of patient's last treatment contact at this clinic ___/___/___

QNAM = TULSTDTC
QLABEL = DATE OF LAST TREATMENT CONTACT
IDVAR = TUCAT

Draft

Substance Use for Follow-up Two (Part A)

STUDYID

NIDA - CTN

Protocol Number | Node Number | Site Number | Subject Number | Week | Day of Week

DOMAIN: SU

EPOCH

Int Phase | Visit Sequence

USUBJID

VISITNUM / VISIT

Visit Date SUDTC

Rater Number

SUCAT=SUBSTANCE USE-FOLOW-UP TWO

SUTRT

SUOCCUR

	Day 29	Day 30	Day 31	Day 32	Day 33	Day 34	Day 35
Date:	SUSTDTC						
	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes
Alcohol	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
Cocaine	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
Marijuana	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
Opioids	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
Benzos	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
Methamph	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
Other	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○

	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	No Yes
Alcohol	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
Cocaine	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
Marijuana	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
Opioids	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
Benzos	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
Methamph	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
Other	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○

49123

Created: CTN MET SUF2A004 8/04/00
Modified: CTN MET SUF2A004 10/26/00

Substance Use for Follow-up Two (Part A)

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

Visit Date

Page annotated same as Substance Use for Follow-uip Two form page 1.

Rater Number

Day 43

Date: _____

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 44

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 45

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 46

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 47

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 48

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 49

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 50

Date: _____

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 51

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 52

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 53

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 54

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 55

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 56

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

49123

Substance Use for Follow-up Two (Part B)

NIDA - CTN

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

Visit Date

Page annotated same as Substance Use for Follow-uip Two form page 1.

Rater Number

49048

Day 57

Date: _____

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 58

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 59

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 60

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 61

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 62

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 63

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 64

Date: _____

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 65

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 66

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 67

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 68

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 69

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 70

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Created: CTN MET SUF2B004 8/04/00
Modified: CTN MET SUF2B004 10/26/00

Substance Use for Follow-up Two (Part B)

49048

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

Visit Date

Page annotated same as Substance Use for Follow-uip Two form page 1.

Rater Number

Day 71

Date: _____

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 72

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 73

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 74

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 75

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 76

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 77

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 78

Date: _____

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 79

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 80

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 81

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 82

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 83

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

Day 84

	No	Yes
Alcohol	○	○
Cocaine	○	○
Marijuana	○	○
Opioids	○	○
Benzos	○	○
Methamph	○	○
Other	○	○

DOMAIN: TU

STUDYID

Treatment Utilization Form - Follow-up Two

NIDA - CTN

Protocol Number	Node Number	Site Number	Subject Number	Week

EPOCH

Phase

USUBJID

VISITNUM / VISIT

Rater Number

Visit Date TUDTC

TUSEQ

Week 8 (Day 29 - 56 Post Randomization) =TUCAT

This information is for dates: _____/_____/_____ to _____/_____/_____

TUORRES/TUSTRESC/TUSTRESN

Drug Abuse Treatment Services =TUSCAT

	0	1	2	3	4	5	6	7	8	9	10	10+	**Write Number if 10+**
Number of Individual Sessions	○	○	○	○	○	○	○	○	○	○	○	○	
Number of Group Sessions	○	○	○	○	○	○	○	○	○	○	○	○	

TUTEST/TUTESTCD

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+
○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○

Other Ancilliary Services =TUSCAT

	0	1	2	3	4	5	6	7	8	9	10	10+
Number of Childcare 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 *(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+
○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○

List Medications

Protocol Number | Node Number | Site Number | Subject Number | Week | Phase

Page annotated same as Treatment Utilization FormFollow-uip Two form page 1.

Week 12 (Day 57 - 84 Post Randomization) =TUCAT

This information is for dates: _____/_____/_____ to _____/_____/_____

Drug Abuse Treatment Services

Write Number if 10+

Number of Individual Sessions: 0 1 2 3 4 5 6 7 8 9 10 10+

Number of Group Sessions: 0 1 2 3 4 5 6 7 8 9 10 10+

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+

Other Ancilliary Services

Number of Childcare Services: 0 1 2 3 4 5 6 7 8 9 10 10+

Number of Medical Services: 0 1 2 3 4 5 6 7 8 9 10 10+

Number of Psychiatric (MD) Services: 0 1 2 3 4 5 6 7 8 9 10 10+

Number of Vocational Services: 0 1 2 3 4 5 6 7 8 9 10 10+

Number of Legal Services: 0 1 2 3 4 5 6 7 8 9 10 10+

Number of Family Services: 0 1 2 3 4 5 6 7 8 9 10 10+

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+

List Medications

QNAM = TUACTIVE
QLABEL = IS PATIENT STILL ACTIVE IN TREATMENT
IDVAR = TUCAT

Is patient still active in treatment? ○ No ○ Yes

Date of patient's last treatment contact at this clinic ___/___/___

QNAM = TULSTDTC
QLABEL = DATE OF LAST TREATMENT CONTACT
IDVAR = TUCAT

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Serious Adverse Events Reporting Form

DOMAIN: AE

NIDA - CTN

USUBJID

AESER=Y

Protocol Number	Node Number	Site Number	Subject Number	Week	Visit #	Int Phase	Visit Sequence
						EPOCH	

Visit Date: ___ / ___ / ___

VISITNUM / VISIT

Rater Number

1. Type of Report: ○ Hospitalization AESHOSP
AEOUT
○ Death of Client AESDTH
(skip questions 6 through 16 and complete Death section on the following page)

AESTDTC
2. Date of Event: ___ / ___ / ___

3. Date of Report: AEDTC ___ / ___ / ___

4. What Phase of Treatment was the client in when the event occured? ○ Pre Randomization ○ Active Treatment ○ Follow - up

QNAM=AETRT
QLABEL=TREATMENT
IDVAR=VISITNUM

QNAM=AEPHASE
QLABEL=TRIAL PHASE DURING AE
IDVAR=VISITNUM

5. Client Treatment assignment: ○ Standard ○ MI

For what reason(s) was the client hospitalized?

AESEQ | AETERM | AEOCCUR

NO	YES		NO	YES	N/A
○	○	6. Acute psychosis or other serious psychiatric problem			
		a. Did patient have a history of psychiatric illness?	○	○	○
		b. Was patient taking neuroleptic medication?	○	○	○
		c. Was patient taking any other type of medication?	○	○	○
		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 _____			
○	○	10. Suicidal ideation, intent or plan			
○	○	11. Suicidal gesture			
		a. Any history of suicidal ideation/gesture?	○	○	○
○	○	12. Homicidal ideation,intent or plan			
○	○	13. Homicidal /violent behavior			
		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			

QNAM=AEPSYCH
QLABEL=HISTORY OF PSYCHIATRIC ILLNESS
IDVAR=AESEQ

QNAM=AENEURO
QLABEL=TAKING NARCOLEPTIC MEDICATION
IDVAR=AESEQ

QNAM=AEOTHMED
QLABEL=TAKING OTHER MEDICATION
IDVAR=AESEQ

QNAM=AEDAYUSE
QLABEL=DAYS OF DRUG/ALCOHOL USE
IDVAR=AESEQ

QNAM=AEAMTUSE
QLABEL=AMOUNT OF DRUG/ALCOHOL USE
IDVAR=AESEQ

QNAM=AESUIC
QLABEL=HISTORY OF SUICIDAL UDEATION
IDVAR=AESEQ

QNAM=AEVIOL
QLABEL=HISTORY OF HOMICIDAL IDEATION
IDVAR=AESEQ

QNAM=AEINFRAC
QLABEL=PROGRAM INFRACTION DESCRIPTION
IDVAR=AESEQ

QNAM=AEOTHDTH
QLABEL=HOSP OR DEATH OF ANOTHER DESCRIPTION
IDVAR=AESEQ

In the space below, please briefly summarize the patient's course of treatment to date and describe the relevant actions taken at the CTP.

THIS DATA NOT ENTERED

Draft

Serious Adverse Events Reporting Form

STUDYID

DOMAIN: AE

Protocol Number | Node Number | Site Number | Subject Number | Week | Visit # | Int Phase | Visit Sequence

EPOCH

USUBJID

VISITNUM / VISIT

Visit Date

Rater Number

AESEQ

Cause of Death (please elaborate in blank space at bottom of page)

AETERM AEOCCUR

NO	YES	
○	○	**17. Suicide**
○	○	**18. Accidental (e.g. car accident, fall)**

a. Was substance use involved? ○ No ○ Yes ○ Unkown ○ N/A

QNAM=AEACCID
QLABEL=ACCIDENTAL DEATH-SUBSTANCE USE INVOLVED
IDVAR=AESEQ

○	○	**19. Medical (e.g. chronic condition, liver disease)**

a. Was substance use involved? ○ No ○ Yes ○ Unkown ○ N/A

QNAM=AESUBST
QLABEL=MEDICAL REASON FOR DEATH-SUBSTANCE USE
IDVAR=AESEQ

○	○	**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

QNAM=AEREVIEW
QLABEL=REVIEW OF CASE MADE AT SITE
IDVAR=AESEQ

23. Did that review suggest a need for review of any MET procedures: ○ NO ○ YES ○ N/A

If yes, please describe:

QNAM=AEMET
QLABEL=AE REVIEW SUGGESTS NEED FOR MET
IDVAR=AESEQ

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

STUDYID

NIDA - CTN

Client Dispositon and End of Trial Status Form

DOMAIN: DS, DM

Protocol Number | Node Number | Site Number | Subject Number | Week

EPOCH

Phase

USUBJID

VISITNUM / VISIT

Visit Date

DSDTC

Rater Number

DSCAT = 'DISPOSITION EVENT'

DS.DSTERM/DSDECOD

1. Did patient complete the individual (MI or Standard) session ? ○ NO ○ Yes

also as DM.RFSTDTC

2. Date of the individual session (MI or Standard)..... / /

3. Was the client reffered to any of the following treatments for further drug treatment?

Only 'Yes' responses are stored in the DS dataset.

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. residental treatment
○	○	i. Intensive outpatient
○	○	j. partial hospital
○	○	k. Detox
○	○	l. Other please specify _____