

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

**CTN0007**

**DOMAIN: IE, SC**

Protocol Number: **STUDYID** NIDA-CTN-     Node ID:   Site ID:

Name Code (Subject's Initials): **SC.NODE**   Subject ID: **USUBJID**     Visit Week:

Visit date (mmdyyy): **IEDTC**         Visit:   Visit Phase:

**EPOCH**

**NOTE: Only exceptions to IE are in the database. That includes "No," "N/A," and "Unk" for inclusion and "Yes," "N/A," "Unk" for exclusion criteria.**

**Methadone Protocol (NIDA-CTN-0007) Study Enrollment**

**Inclusion/Exclusion Criteria**

**IECAT**

**Inclusion Criteria (must answer "yes" to 1 or 3, and 2)**

**IEORRES**

<b>IENTEST</b>	Yes (1)	No (0)	N/A (8)	Unk (9)
1. Stimulant positive urine within two weeks of study start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Must be in methadone treatment for 4 weeks or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is coming to program directly from a controlled environment, and had a stimulant positive urine in the two weeks prior to being in that environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If answer "yes" to both questions 1 and 2, or "yes" to both questions 2 and 3, the participant can continue to Exclusion Criteria. If the answer to question 2 was "no," they cannot be enrolled.*

**If the inclusion criteria were NOT met (i.e., if "yes" not answered for #2, OR if "yes" not answered for #1 or #3), skip to question 3.**

**IECAT**

**Exclusion Criteria (participant not eligible if 1, or 2 are "yes," "N/A," or "unknown")**

**IEORRES**

<b>IENTEST</b>	Yes (1)	No (0)	N/A (8)	Unk (9)
1. Fails consent quiz (3 or more incorrect answers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has gambling problems (ask: Are you in recovery from gambling, that is, have you stopped gambling because of previous problems with gambling?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If any of the questions above are answered YES or UNK, participant may not be entered or randomized into this study.*

3. Did the Participant meet all Inclusion and Exclusion criteria?

- ☐ Yes (1) **SC.SCORRES**  
☐ No (0), If no, go to 4b

**SC.SCTEST**

**If the answer for Question 3 is 'No(0)', answer Question 4b, Skip 4a.**

**If "yes," answer 4a or 4b as appropriate.**

**DOMAIN: DM, DS**

4a. If Randomized/Enrolled in study,

**DM.ARM**

i. Condition:   (01= control, 02= incentives)

**DM.RFSTDTC**

ii. Date of first study day: (mmddyyyy)

4b. If not randomized/enrolled, reason(s) not randomized/enrolled:

**DSCAT=DISPOSITION EVENT**

**DS.DSTERM**

**DS.DSOCCUR**

Reasons for not randomized/enrolled	Yes (1)	No (0)
1. Failed to return to clinic	<input type="checkbox"/>	<input type="checkbox"/>
2. Declined study participation (specify: QNAM=DSDECL OLABEL=DECLINED PARTICIPATION: SPECIFY IDVAR=DSSEQ	<input type="checkbox"/>	<input type="checkbox"/>
3. Moved from area (current or pending)	<input type="checkbox"/>	<input type="checkbox"/>
4. Incarceration (current or pending)	<input type="checkbox"/>	<input type="checkbox"/>
5. Death	<input type="checkbox"/>	<input type="checkbox"/>
6. Failed to meet inclusion or exclusion criteria as indicated above	<input type="checkbox"/>	<input type="checkbox"/>

STUDYID

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[ ] [ ] [ ] [ ]

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USUBJID

Subject ID: [ ] [ ] [ ] [ ]

Visit Week: [ ] [ ]

DM.DMDTC /

VISITNUM / VISIT

SC.SCDTC (mm/dd/yyyy): [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Visit: [ ] [ ]

Visit Phase: [ ] [ ]

EPOCH

## Demographics

## Demographics

1. What is your sex? ☐ DM.SEX

1= male

2= female

0= not reported/refused

2. What is your date of birth? DM.BRTHDTC

[ ] [ ]	/	[ ] [ ]	/	[ ] [ ] [ ] [ ]
m m		d d		y y y y

3. What is your race or ethnicity? (Show the patient the Supplemental Chart, and ask them: "Please look over each choice, and answer "Yes" to those that best describe you, and "No" to those that do not.")

NO YES ETHNICITY/RACE

DM.RACE (If multiple, then = 'MULTIPLE')

☐ 0 ☐ 1 White SCTest☐ 0 ☐ 1 Black, African American or Negro☐ 0 ☐ 1 American Indian or Alaska Native☐ 0 ☐ 1 Spanish, Hispanic or Latino☐ 1 Mexican, Mexican-American, or Chicano☐ 1 Puerto Rican☐ 1 Cuban☐ 1 Other (specify)

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

☐ 0 ☐ 1 Asian☐ 1 Asian-Indian☐ 1 Chinese☐ 1 Filipino☐ 1 Japanese☐ 1 Korean☐ 1 Vietnamese☐ 1 Other (specify)

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

☐ 0 ☐ 1 Native Hawaiian or Pacific Islander☐ 1 Native Hawaiian☐ 1 Guamanian or Chamorro☐ 1 Samoan☐ 1 Other (specify)

QNAM=NOTHERS  
QLABEL=NATIVE HAWAIIAN OR  
PACIFIC ISLANDER: OTHER TEXT  
IDVAR=SCSEQ

☐ 0 ☐ 1 Other (specify)

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

☐ 1 Participant chooses not to answer

SCTEST

4. How many years of education have you completed? (GED = 12 years)

SCORRES

SCTEST

5a. What was your usual employment pattern over the past 3 years?

SCORRES

- |   |  |
|---|--|
| <input type="checkbox"/> Full Time (35+ hours/week) (1) | <input type="checkbox"/> Retired/Disability (6)        |
| <input type="checkbox"/> Part Time (regular hours) (2)  | <input type="checkbox"/> Homemaker (7)                 |
| <input type="checkbox"/> Part Time (irreg/day-work) (3) | <input type="checkbox"/> Unemployed (8)                |
| <input type="checkbox"/> Student (4)                    | <input type="checkbox"/> In Controlled Environment (9) |
| <input type="checkbox"/> Service (5)                    |  |

SCTEST

5b. What was your usual employment pattern over the past thirty (30) days?

SCORRES

- |   |  |
|---|--|
| <input type="checkbox"/> Full Time (35+ hours/week) (1) | <input type="checkbox"/> Retired/Disability (6)        |
| <input type="checkbox"/> Part Time (regular hours) (2)  | <input type="checkbox"/> Homemaker (7)                 |
| <input type="checkbox"/> Part Time (irreg/day-work) (3) | <input type="checkbox"/> Unemployed (8)                |
| <input type="checkbox"/> Student (4)                    | <input type="checkbox"/> In Controlled Environment (9) |
| <input type="checkbox"/> Service (5)                    |  |

SCTEST

6. What is your current marital status?

- |  |  |
|--|--|
| <input type="checkbox"/> Legally Married (1)           | <input type="checkbox"/> Separated (4) <span style="margin-left: 20px;">SCORRES</span> |
| <input type="checkbox"/> Live w/ partner/Cohabiting(2) | <input type="checkbox"/> Divorced (5)  |
| <input type="checkbox"/> Widowed (3)                   | <input type="checkbox"/> Never Married (6)   |

<b>Substance Use</b>
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**SUCAT = 7. Drug/Alcohol Use**

For the following, please record usage information for the past 30 days (days of use), lifetime (years of regular use), and route of administration. For lifetime use, the use of a substance 3 or more times per week is generally considered regular use. The usual route of administration should be coded. If more than 1 route is frequently used, then choose the most serious. The routes are listed from least severe to most severe. If Past 30 Days and Lifetime Use are zero, route should be coded as "N/A." If substance use is less than 6 months, code Lifetime use as 0 years (6-12 months of use is coded as 1 year) and make a note on the form.

For Route of Administration (Most Frequent and All Other Routes) use the following codes:

1=Oral    2=Nasal    3=Smoking    4=IV or Non-IV Injection  
8=N/A    **SUEVLINT=-P30**

QNAM=SUORROUTE  
QLABEL=ALL OTHER ROUTES  
IDVAR=SUSEQ

Substance  <b>SUTRT</b>	Past 30 Days  <b>SUDUR</b>	Lifetime Use Years	Route of Administration  <b>SUROUTE</b>	
			Most Frequent	All Other Routes (separate by comma)
01 Alcohol (any use at all)	_____	_____	_____	_____
02 Alcohol (to intoxication)	_____	_____	_____	_____
03 Heroin	_____	_____	_____	_____
04 Methadone/LAAM (prescribed)	_____	_____	_____	_____
05 Methadone/LAAM (illicit)	_____	_____	_____	_____
06 Other Opiates/Analgesics	_____	_____	_____	_____
07 Barbiturates	_____	_____	_____	_____
08 Other Sedatives/Hypnotics/Tranquilizers, including Benzodiazepines	_____	_____	_____	_____
09 Cocaine	_____	_____	_____	_____
10 Amphetamines/Methamphetamines	_____	_____	_____	_____
11 Cannabis	_____	_____	_____	_____
12 Hallucinogens	_____	_____	_____	_____
13 Inhalants	_____	_____	_____	_____
14 More than 1 substance per day (including alcohol)	_____	_____	_____	_____
15 Nicotine (tobacco products)	_____	_____	_____	_____

DOMAIN: SU

SUCAT=MAJOR DRUG PROBLEM

SUTRT

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

Note: Interviewer should determine the major drug of abuse. Code the number next to the drug in question 7 numbers 01-13, 15. Or, 00= no problem, 16= alcohol & drug (dual addiction), 17= polydrug. Ask the participant when not clear.

DOMAIN: QS

STUDYID

Protocol Number: NIDA-CTN-

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USUBJID  
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Visit Week:

QSDTC

VISITNUM / VISIT

Visit date (mmddyyyy):

Visit:

Visit Phase:

EPOCH

QSCAT = INTAKE ASSESSMENT QUESTIONNAIRE

**Bold** items=coding references

*Italics* items= notes to RA

QSSCAT=

Date of Admission

QSTEST

QSORRES

1. What is the participant's date of admission?

QSSCAT=

Services Utilization

QSEVLINT = -P90D

1. Have you been in any drug abuse treatment programs during the past 90 days?  
(check one)

Yes ☐ (1)

No ☐ (0)

No Response ☐ (8)

IF YES, in the past 90 days what treatments have you been in?

(Categories are mutually exclusive. Detoxification is defined when medication is administered for a limited period of time (up to 180 day methadone detox). If a treatment episode starts with detoxification and continues with drug-free aftercare, count twice) **Coding: If answer "No (0)" to question 1, skip to Question 7.**

**Otherwise, code 0-90 days or 98=no response for questions 2-6.**

2. How many days in the past 90 have you been treated in an inpatient or residential detoxification setting? (opiates; sedatives or alcohol)

3. How many days in the past 90 have you been treated in an outpatient-detoxification setting? (opiates; sedatives or alcohol)

4. How many days in the past 90 have you been treated in a methadone/LAAM maintenance setting?

5. How many days in the past 90 have you been treated in an outpatient drug-free treatment setting?

6. How many days in the past 90 have you been treated in an inpatient or residential rehabilitation setting?

7. How many days in the past 90 have you attended a 12-step meeting (AA, CA, NA) in the community?

**Coding: 0-90 days; no response= 98**

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DOMAIN: QS

QSTEST

QSORRES

QSEVLINT = -P90D

QSORRESU = 'DAY'

8. How many days in the past 90 have you been hospitalized?  
Coding: 0-90 days; no response=98.

9. How many days in the past 90 days did you visit an emergency room for any medical, psychiatric or drug-related problem?  
Coding: 0-90 days; no response=98.

10. How many days in the past 90 have you spent in jail or prison?  
(each overnight stay counts as one day)  
Coding: 0-90 days; no response=98.

QSSCAT=

Recent Drug Use

11. How many days in the last 30 did you use cocaine, amphetamine, or methamphetamine?  
(Code: 0-30= number of days, 98=no response) (If 0 or 98, skip to question 13)

QSEVLINT = -P30D

12. What was the most common route during this time? (check one)

QSORRESU = 'DAY'

☐ Oral (1)

☐ Non-IV Injection (4)

☐ Nasal (2)

☐ IV Injection (5)

☐ Smoking (3)

☐ N/A (8)

13. How many cigarettes do you smoke per day?  
Coding: 0=none; no response=98

14. In the past 30 days have you spent any money on alcohol?  
(If NO or NO RESPONSE, skip to question 16)

QSEVLINT = -P30D

Yes ☐ (1) No ☐ (0) No Response ☐ (8)

15. IF YES, how much did you spend? (amt in whole dollars)  
(Coding: No Response=99998)

QSORRESU = 'DOLLAR'

16. In the past 30 days have you spent any money on heroin?  
(If NO or NO RESPONSE, skip to question 18)

QSEVLINT = -P30D

Yes ☐ (1) No ☐ (0) No Response ☐ (8)

17. IF YES, how much did you spend? (amt in whole dollars)  
(Coding: No Response=99998)

QSORRESU = 'DOLLAR'

18. In the past 30 days have you spent any money on cocaine or methamphetamine?  
(If NO or NO RESPONSE, skip to question 20)

QSEVLINT = -P30D

Yes ☐ (1) No ☐ (0) No Response ☐ (8)

19. IF YES, how much did you spend? (amt in whole dollars)  
(Coding: No Response=99998)

QSORRESU = 'DOLLAR'



QSTEST

QSORRES

20. In the past 30 days have you spent any money on other drugs used to improve mood or get high ?

(If NO or NO RESPONSE, skip to question 22)

QSEVLINT = -P30D

Yes ☐ (1) No ☐ (0) No Response ☐ (8)

21. IF YES, how much did you spend? (amt in whole dollars)

(Coding: No Response=99998)

    

QSORRESU = 'DOLLAR'

QSSCAT=

HIV Status

22. To the best of your knowledge, what is your current HIV status? (check one)

Negative ☐ (0) Positive ☐ (1) No Response ☐ (998)

23. How long ago (in months) was your last HIV test?

  

Coding: within last 30 days=1, never tested=997, no response=998

QSORRESU = 'MONTH'

Except for the past 30 days, two weeks or more is coded as one month (e.g., 6 weeks, or 1 month and two weeks, is coded as 2 months)

QSSCAT=

Employment

24. How many days were you paid for working in the past 30 days?

(include under-the-table employment but not illegal employment)

 

Coding: Code 0-30 dys, no response= 98)

QSEVLINT = -P30D

(If 0 or 98, skip to question 26)

QSORRESU = 'DAY'

25. If you were paid for working, what was your income before taxes in the last 30 days? (record amount in whole dollars)

Coding: no response= 99998

QSEVLINT = -P30D

    

QSORRESU = 'DOLLAR'

QSSCAT=

Criminal Activity

26. Do you have any legal requirement to be in treatment? For instance, did a judge or probation/parole officer tell you to go to treatment? (check one)

Yes ☐ (1) No ☐ (0) No Response ☐ (8)

27. Are you on probation? (check one)

Yes ☐ (1) No ☐ (0) No Response ☐ (8)

28. Are you on parole? (check one)

Yes ☐ (1) No ☐ (0) No Response ☐ (8)

DOMAIN: QS

QSTEST

QSORRES

29. How many days in the past 30 have you engaged in illegal activities for profit?  
(drug dealing included)

QSEVLINT = -P30D

Coding: Code 0-30 dys, no response= 98; If 0 or 98, skip to question 31

QSORRESU = 'DAY'

30. How much did you earn from illegal activities in the past 30 days?  
(record amount in whole dollars)?

Coding: no response= 99998

QSEVLINT = -P30D

QSORRESU = 'DOLLAR'

QSSCAT=

Gambling Behavior

Gambling behavior consists of numbers games, slot machines, roulette, state lottery, betting on card games, horse races or sporting events.

QSEVLINT = -P30D

QSORRESU = 'DAY'

31. How many days in past 30 days have you used money for gambling?

Coding: Code 0-30 dys, no response= 98; If 0 or 98, end of assessment.

32. How much money have you spent on gambling in the past 30 days?  
(record amount in whole dollars)?

Coding: no response= 99998

QSEVLINT = -P30D

QSORRESU = 'DOLLAR'

DOMAIN: QS

Protocol Number: NIDA-CTN-<sup>STUDYID</sup>     Node ID:   Site ID:

Name Code (Subject's Initials):   <sup>USUBJID</sup> Subject ID:     Visit Week:

Visit date (mmdyyy): <sup>QSDTC</sup>           Visit:   <sup>VISITNUM / VISIT</sup> Visit Phase:   <sup>EPOCH</sup>

QSCAT = MIEDAR

# MIEDAR 0007 CRF: METHADONE CLINICS

QSSCAT=

Type of Clarification or Exemption	
<sup>QSTEST</sup> MDEXEM. Type of Clarification or Exemption	<sup>QSORRES</sup> Month 1 Follow-Up <input type="checkbox"/> (1) Month 3 Follow-Up <input type="checkbox"/> (2) Extra Urine (third in one week) <input type="checkbox"/> (3) Routine Urine <input type="checkbox"/> (4)

QSSCAT=

Subject Status	
MD7000. Subject Research Group	Incentive <input type="checkbox"/> (1) Control <input type="checkbox"/> (2)

QSSCAT=

Urine Results	
CRITERIA	RESULTS
MD7001. Attendance: Urine result.	Present <input type="checkbox"/> (1) Excused Absence <input type="checkbox"/> (2) Unexcused Absence <input type="checkbox"/> (3)
MD7002. Cocaine	Negative <input type="checkbox"/> (0) Positive <input type="checkbox"/> (1) No Urine Left <input type="checkbox"/> (2)
MD7003. Amphetamine	Negative <input type="checkbox"/> (0) Positive <input type="checkbox"/> (1) No Urine Left <input type="checkbox"/> (2)
MD7004. Methamphetamine	Negative <input type="checkbox"/> (0) Positive <input type="checkbox"/> (1) No Urine Left <input type="checkbox"/> (2)

QSSCAT=

Urine Results (continued)	
QSTEST	QSORRES
MD7005. Marijuana	Negative <input type="checkbox"/> (0) Positive <input type="checkbox"/> (1) No Urine Left <input type="checkbox"/> (2)
MD7006. Opioid	Negative <input type="checkbox"/> (0) Positive <input type="checkbox"/> (1) No Urine Left <input type="checkbox"/> (2)

QSSCAT=

Breathalyzer Results	
CRITERIA	RESULTS
MD7007. Breathalyzer Reading (to 3 decimal places) <u>Note:</u> >0.009 is positive, <=0.009 is negative.	QSSTRESN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> QSORRESU = '%'

QSSCAT=

Incentives Tracking	
CRITERIA	RESULTS
MD7008. Number of draws	<input type="text"/> <input type="text"/> QSSTRESN
MD7009. Number of "Good Jobs"	<input type="text"/> <input type="text"/>
MD7010. Number of small prizes	<input type="text"/> <input type="text"/>
MD7011. Number of large prizes	<input type="text"/> <input type="text"/>
MD7012. Number of jumbo prizes	<input type="text"/> <input type="text"/>

DOMAIN: QS

STUDYID  
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QSDTC  
Visit date (mmddyyyy):         Visit:   Visit Phase:

VISITNUM / VISIT  
EPOCH

QSCAT = Addiction Severity Index (ASI) Lite

### Key

Patient Rating Scale
0 = Not At All
1 = Slightly
2 = Moderately
3 = Considerably
4 = Extremely

Throughout the ASI (unless instructed otherwise)
Use X when question is not answered
Use N when question is not applicable

Hollingshead Categories
1. Higher Executive, Doctoral Level Professional, Owner of Large Business
2. Business Manager, Owner (medium sized business), Other Professional (nurse, optician, pharmacist, social worker, teacher)
3. Administrative Personnel, Manager, Owner/Proprietor of Small Business (bakery, car dealership, engraving business, plumbing business, florist, decorator, actor, reporter, travel agent)
4. Clerical and Sales, Technician, Owner of Small Business (bank teller, bookkeeper, clerk, draftsman, timekeeper, secretary, car salesperson)
5. Skilled Manual—usually having had training (baker, barber, brakeman, chef, electrician, fireman, lineman, machinist, mechanic, paperhanger, painter, repairman, tailor, welder, police officer, plumber)
6. Semi-skilled (hospital aide, painter, bartender, bus driver, cutter, cook, drill press, garage guard, checker, waiter, spot welder, machine operator)
7. Unskilled (attendant, janitor, construction help, unspecified labor, porter). Include unemployed.
8. Homemaker
9. Student/No occupation/disabled.

QSSCAT=

### General Information

QSTEST G4. Date of Admission (mmddyyyy)

G8. Class: QSORRES  
☐ Intake (1) ☐ Follow-Up (2)

G9. Contact Code:  
☐ In-Person (1) ☐ Telephone (2) ☐ Mail (3)

DOMAIN: QS

QSTEST

G10. Gender

☐ Male (1)

QSORRES

☐ Female (2)

G12. Special

☐ Patient terminated (1)

☐ Patient unable to respond (3)

☐ Patient refused (2)

☐ Not applicable- Completed Interview (N)

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

QSORRESU = 'YEAR'



A- Yrs

B- Mos

QSORRESU = 'MONTH'

G16. Date of Birth (mmddyyyy)

G17. Of what race do you consider yourself?

☐ White (not Hispanic) (1)

☐ Hispanic-Mexican (6)

☐ Black (not Hispanic) (2)

☐ Hispanic-Puerto Rican (7)

☐ American Indian (3)

☐ Hispanic-Cuban (8)

☐ Alaskan Native (4)

☐ Other Hispanic (9)

☐ Asian/Pacific (5)

☐ No Response (X)

G18. Do you have a religious preference?

☐ Protestant (1)

☐ Other (5)

☐ Catholic (2)

☐ None (6)

☐ Jewish (3)

☐ No Response (X)

☐ Islamic (4)

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

QSEVLINT = -P30D

A place, theoretically, without access to drugs/alcohol.

☐ No (1)

☐ Psychiatric Tmt (5)

☐ Jail (2)

☐ Other (6)

☐ Alcohol/Drug Tmt (3)

☐ No Response (X)

☐ Medical Tmt (4)

G20. How many days?

QSEVLINT = -P30D

"N" if question 19 is "No." Refers to total number of days detained in the past 30 days.

☐ Not Applicable (N)

QSORRESU = 'DAY'

☐ No Response (X)

QSSCAT =

## Medical Status

M1. How many times in your life have you been hospitalized for medical problems?

Include O.D.'s, D.T.'s. Exclude detox, alcohol/drug, and psychiatric treatment and childbirth (if no complications). Enter the number of overnight hospitalizations for medical problems.

QSTEST

☐ No Response (X)

QSORRES

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

A chronic medical condition is a serious physical or medical condition that requires regular care, (i.e., medication, dietary restriction) preventing full advantage of their abilities.

☐ Yes (1)☐ No (0)☐ No Response (X)

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

Medication prescribed by a MD for medical condition; not psychiatric medicines. Include medicines prescribed whether or not the patient is currently taking them. The intent is to verify chronic medical problems.☐ Yes (1)☐ No (0)☐ No Response (X)

M5A. Do you receive a pension for a physical disability?

Include Worker's compensation, exclude psychiatric disability.

☐ Yes (1)☐ No (0)☐ No Response (X)

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

Do not include ailments directly caused by drugs/alcohol. Include flu, colds, etc. Include serious ailments related to drugs/alcohol, which would continue even if the patient were abstinent (e.g., cirrhosis of the liver, abscesses from needles, etc.)

☐ No Response (X)

QSEVLINT = -P30D

QSORRESU = 'DAY'

**For Questions 7 & 8, please ask the patient to use the Patient Rating Scale**

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

QSEVLINT = -P30D

Restrict response to problem days of Question 6.

☐ 0- Not At All☐ 1- Slightly☐ 2- Moderately☐ 3- Considerably☐ 4- Extremely☐ X- No Response

## QSTEST

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

Refers to the need for new or additional medical treatment by the patient.

- ☐ 0- Not At All  
☐ 1- Slightly  
☐ 2- Moderately  
☐ 3- Considerably  
☐ 4- Extremely  
☐ X- No Response

## Confidence Ratings

Is the above information significantly distorted by:

M10. Patient's misrepresentation?

- ☐ Yes (1)  
☐ No (0)

M11. Patient's inability to understand?

- ☐ Yes (1)  
☐ No (0)

QSSCAT =

## Employment/Support Status

QSORRESU = 'YEAR'

E1. Education completed?      
 GED = 12 years ☐ Yrs ☐ Mos  
 Include formal education only. ☒ X ☐ -X  
 QSORRESU = 'MONTH'

QSTEST

QSORRES

E2. Training or technical education completed.      
 Formal/organized training only. For military training, only include training that can be used in  
 civilian life (i.e., electronics or computers). ☐ Mos ☐ No Response (X)

QSORRESU = 'MONTH'

E4. Do you have a valid driver's license?

Valid license; not suspended/revoked.

- ☐ 1- Yes  
☐ 0- No  
☐ X- No Response

E5. Do you have an automobile available?

Does not require ownership, only requires availability on a regular basis.

- ☐ 1- Yes  
☐ 0- No  
☐ X- No Response

QSORRESU = 'YEAR'

E6. How long was your longest full time job?

Full time = 35+ hours weekly;

Does not necessarily mean most recent job.

A- Yrs B- Mos  
☐ -X ☐ -X

QSORRESU = 'MONTH'



## QSTEST

E7A. Usual (or last) occupation?

(Use Hollingshead Categories Reference Sheet)

- ☐ 1- Higher executive, major professional, owner of large business  
 QSORRES 2- Business manager of medium sized business, lesser professional  
☐ 3- Administrative personnel, manager, minor professionals, owner/proprietor of small business  
☐ 4- Clerical and sales, technicians, small business  
☐ 5- Skilled manual-usually having had training  
☐ 6- Semi-skilled  
☐ 7- Unskilled  
☐ 8- Homemaker  
☐ 9- Student, disabled, no occupation  
☐ X- No Response

E7B. (Specify in detail)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

E9. Does someone contribute the majority of your support?

Is patient receiving any regular support (i.e., cash, food, housing) from family/friend? Include spouse's contribution; exclude support by an institution.

- ☐ 1- Yes  
☐ 0- No  
☐ X- No Response

E10. Usual employment pattern, past three years:

QSEVLINT = -P3Y

Answer should represent the *majority* of the last 3 years, not just the most recent selection. If there are equal times for more than one category, select that which best represents the more current situation.

- |  |   |
|--|---|
| <input type="radio"/> 1-Full time (35+ hours)  | <input type="radio"/> 6-Retired/disability        |
| <input type="radio"/> 2-Part time (reg. hrs)   | <input type="radio"/> 7-Unemployed                |
| <input type="radio"/> 3-Part time (irreg. hrs) | <input type="radio"/> 8-In controlled environment |
| <input type="radio"/> 4-Student                | <input type="radio"/> X-No Response               |
| <input type="radio"/> 5-Military Service       |   |

E11. How many days were you paid for working in the past 30 days?

Include "under the table" work, paid sick days, and vacation.

--	--	--	--	--	--

☐ No Response (X)QSEVLINT = -P30D  
QSORRESU = 'DAY'

**For questions 12-17: How much money did you receive from the following sources in the past 30 days?**

QSORRESU = 'DOLLAR' QSEVLINT = -P30D

E12. Employment (net income):

\$ 

--	--	--	--	--	--

☐ No Response (X)

(Net or "take home" pay, include any "under the table" money.)

QSORRESU = 'DOLLAR' QSEVLINT = -P30D

E13. Unemployment Compensation:

\$ 

--	--	--	--	--	--

☐ No Response (X)

QSORRESU = 'DOLLAR' QSEVLINT = -P30D

E14. Welfare:

\$ 

--	--	--	--	--	--

☐ No Response (X)

(Include food stamps, transportation money provided by an agency to go to and from treatment.)

## QSTEST

E15. Pensions, benefits or Social Security: \$       ☐ No Response (X)  
 (Include disability, pensions, retirement, veteran's benefits, SSI & workers' compensation.)

## QSORRES

E16. Mate, family or friends: \$       ☐ No Response (X)  
 Money for personal expenses, (i.e., clothing), include unreliable sources of income (e.g., gambling).  
 Record cash payments only, include windfalls (unexpected), money from loans, gambling,  
 inheritance, tax returns, etc.

E17. Illegal: \$       ☐ No Response (X)

E18. How many people depend on you for the majority of their food shelter, etc.?  
 Must be regularly depending on patient, do include alimony/child support, do not include the patient  
 or self-supporting spouse, etc.

☐ No Response (X) QSEVLINT = -P30D

E19. How many days have you experienced employment problems in the past 30 days?  
 Include inability to find work, if they are actively looking for work, or problems with present job in  
 which that job is jeopardized.

☐ No Response (X) QSEVLINT = -P30D QSORRESU = 'DAY'

**For Questions 20 & 21, ask the patient to use the Patient's Rating Scale.**

The patient's ratings in Questions 20 & 21 refer to Question 19. Stress help in finding or preparing  
 for a job, not giving them a job.

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

If the patient has been incarcerated or detained during the past 30 days, they cannot have  
 employment problems.

- |                                     |                                       |
|-------------------------------------|---------------------------------------|
| <input type="radio"/> 0- Not At All | <input type="radio"/> 3- Considerably |
| <input type="radio"/> 1- Slightly   | <input type="radio"/> 4- Extremely    |
| <input type="radio"/> 2- Moderately | <input type="radio"/> X- No Response  |

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

- |                                     |                                       |
|-------------------------------------|---------------------------------------|
| <input type="radio"/> 0- Not At All | <input type="radio"/> 3- Considerably |
| <input type="radio"/> 1- Slightly   | <input type="radio"/> 4- Extremely    |
| <input type="radio"/> 2- Moderately | <input type="radio"/> X- No Response  |

**CONFIDENCE RATINGS**

Is the above information significantly distorted by:

E23. Patient's misrepresentation?

- ☐ Yes (1)  
☐ No (0)

E24. Is the above information significantly distorted by patient's inability to understand?

- ☐ Yes (1)  
☐ No (0)

DOMAIN: QS

QSSCAT =

Drug/Alcohol Use

Route of Administration Types:

1. Oral    2. Nasal    3. Smoking    4. Non-IV injection    5. IV injection

Note the usual or most recent route. For more than one route, choose the most severe. The routes are listed from least severe to most severe. If Past 30 Days and Lifetime Use are zero, route should be coded as "N."

QSORRESU = 'DAY' QSORRESU = 'YEAR'

QSTEST

Substance	A. Past 30 Days QSEVLINT=P30D	B. Lifetime Use Years	C. Route of Admin.
01 Alcohol (any use at all)	_____	_____	
02 Alcohol (to intoxication)	_____	_____	
03 Heroin	_____	_____	_____
04 Methadone	_____	_____	_____
05 Other Opiates/Analgesics	_____	_____	_____
06 Barbiturates	_____	_____	_____
07 Other Sedatives/Hypnotics/Tranquilizers	_____	_____	_____
08 Cocaine	_____	_____	_____
09 Amphetamines	_____	_____	_____
10 Cannabis	_____	_____	_____
11 Hallucinogens	_____	_____	_____
12 Inhalants	_____	_____	_____
13 More than 1 substance per day (including alcohol)	_____	_____	

QSORRES

D17. How many times have you had Alcohol DT's? Delirium Tremens (DT's): Occur 24-48 hours after last drink, or significant decrease in alcohol intake. Characterized by shaking, severe disorientation, fever, hallucinations, they usually require medical attention.

☐ No Response (X)

How many times have in your life have you been treated for: Include detoxification, halfway houses, in/outpatient counseling, and AA or NA (if 3+ meetings within one month period).

D19. Alcohol abuse?

☐ No Response (X)

D20. Drug abuse?

☐ No Response (X)

DOMAIN: QS

How many of these were detox only?

QSTEST

D21. Alcohol? If Q19 = 00, then Q21 is N.

☐ No Response (X)

☐ Not Applicable (N)

QSORRES

D22. Drugs? If Q20 = 00, then Q22 is N.

☐ No Response (X)

☐ Not Applicable (N)

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

Only count actual money spent. What is the financial burden caused by drugs/alcohol?

D23. Alcohol?

☐ No Response (X)

QSORRESU='DOLLAR'  
QSEVLINT=-P30D

D24. Drugs?

☐ No Response (X)

QSORRESU='DOLLAR'  
QSEVLINT=-P30D

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

☐ No Response (X)

QSEVLINT=-P30D

QSORRESU='DAY'

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

Include only: Craving, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to.

☐ No Response (X)

QSEVLINT=-P30D

QSORRESU='DAY'

**For questions 28 & 30, please ask the patient to use the Patient's Rating scale.**

The Patient is rating the need for the additional substance abuse treatment.

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

QSEVLINT=-P30D

☐ 0- Not At All

☐ 1- Slightly

☐ 2- Moderately

☐ 3- Considerably

☐ 4- Extremely

☐ X- No Response

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

☐ 0- Not At All

☐ 1- Slightly

☐ 2- Moderately

QSEVLINT=-P30D

☐ 3- Considerably

☐ 4- Extremely

☐ X- No Response

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.

☐ No Response (X)

QSEVLINT=-P30D

QSORRESU='DAY'

**For questions 29 & 31, please ask the patient to use the Patient's Rating scale.**

QSTEST The Patient is rating the need for additional substance abuse treatment.

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

- QSORRES QSEVLINT=-P30D
- ☐ 0- Not At All
  - ☐ 1- Slightly
  - ☐ 2- Moderately
  - ☐ 3- Considerably
  - ☐ 4- Extremely
  - ☐ X- No Response

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

- ☐ 0- Not At All
- ☐ 1- Slightly
- ☐ 2- Moderately
- ☐ 3- Considerably
- ☐ 4- Extremely
- ☐ X- No Response

**CONFIDENCE RATINGS**

Is the above information significantly distorted by:

D34. Patient's misrepresentation?

- ☐ Yes (1)
- ☐ No (0)

D35. Patient's inability to understand?

- ☐ Yes (1)
- ☐ No (0)

QSSCAT=

**Legal Status**

QSTEST

L1. Was this admission prompted or suggested by the criminal justice system?

Judge, probation/parole officer, etc.

- QSORRES
- ☐ 1- Yes
  - ☐ 0- No
  - ☐ X- No Response

L2. Are you on probation or parole?

Note duration and level in comments.

- ☐ 1- Yes
- ☐ 0- No
- ☐ X- No Response

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

Include total number of counts, not just convictions. Do not include juvenile (pre-age 18) crimes, unless they were charged as an adult. Include formal charges only.

L3. Shoplifting/Vandalism ☐ ☐ ☐ No Response (X)

L4. Parole/Probation Violations ☐ ☐ ☐ No Response (X)

L5. Drug Charges ☐ ☐ ☐ No Response (X)

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## QSTEST

## QSORRES

- L6. Forgery ☐ ☐ ☐ No Response (X)
- L7. Weapons Offense ☐ ☐ ☐ No Response (X)
- L8. Burglary/Larceny/B&E ☐ ☐ ☐ No Response (X)
- L9. Robbery ☐ ☐ ☐ No Response (X)
- L10. Assault ☐ ☐ ☐ No Response (X)
- L11. Arson ☐ ☐ ☐ No Response (X)
- L12. Rape ☐ ☐ ☐ No Response (X)
- L13. Homicide/Manslaughter ☐ ☐ ☐ No Response (X)
- L14. Prostitution ☐ ☐ ☐ No Response (X)
- L15. Contempt of court ☐ ☐ ☐ No Response (X)
- L16A. Other: ☐ ☐ ☐ No Response (X)

(specify: \_\_\_\_\_)

L17. How many of these charges resulted in convictions?

If Q3-16 = 0, then Q17 = N. Do not include misdemeanor offenses from questions 18-20 below.

Convictions include fines, probation, incarcerations, suspended sentences, and guilty pleas.

- ☐ ☐ ☐ No Response (X)
- ☐ ☐ ☐ Not Applicable (N)

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

Do not include misdemeanor offenses.

L18. Disorderly conduct, vagrancy, public intoxication?

- ☐ ☐ ☐ No Response (X)

L19. Driving while intoxicated (DWI)?

- ☐ ☐ ☐ No Response (X)

L20. Major driving violations?

Moving violations: speeding, reckless driving, no license, etc.

- ☐ ☐ ☐ No Response (X)

L21. How many months were you incarcerated in your life?

In incarcerated 2 weeks or more, round this up to 1 month. List total numbers of months incarcerated.

- ☐ ☐ ☐ No Response (X)      QSORRESU='MONTH'

QSTEST

L24. Are you presently awaiting charges, trial, or sentence?

- ☐ 1- Yes QSORRES  
☐ 0- No  
☐ X- No Response

L25. What for? (Refers to L24). Use code 03-16, 18-20. If more than one, choose most severe. Don't include civil cases, unless a criminal is involved.

- ☐ ☐ ☐ No Response (X)  
☐ Not Applicable (N)

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

Include being arrested and released on the same day.

- ☐ ☐ ☐ No Response (X)

QSEVLINT=-P30D

QSORRESU='DAY'

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

Exclude simple drug possession. Include drug dealing, prostitution, selling stolen goods, etc. May be crosschecked with Question 17 under Employment/Family Support Section.

- ☐ ☐ ☐ No Response (X)

QSEVLINT=-P30D

QSORRESU='DAY'

**For questions 28 & 29, ask the patient to use the Patient's Rating scale.**

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

- |                                     |                                       |
|-------------------------------------|---------------------------------------|
| <input type="radio"/> 0- Not At All | <input type="radio"/> 3- Considerably |
| <input type="radio"/> 1- Slightly   | <input type="radio"/> 4- Extremely    |
| <input type="radio"/> 2- Moderately | <input type="radio"/> X- No Response  |

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

Patient is rating a need for additional referral to legal counsel for defense against criminal charges.

- |                                     |                                       |
|-------------------------------------|---------------------------------------|
| <input type="radio"/> 0- Not At All | <input type="radio"/> 3- Considerably |
| <input type="radio"/> 1- Slightly   | <input type="radio"/> 4- Extremely    |
| <input type="radio"/> 2- Moderately | <input type="radio"/> X- No Response  |

### CONFIDENCE RATINGS

Is the above information significantly distorted by:

L31. Patient's misrepresentation?

- ☐ Yes (1)  
☐ No (0)

L32. Patient's inability to understand?

- ☐ Yes (1)  
☐ No (0)

QSSCAT=

Family/Social Relationships

- F1. Marital Status
- QSTEST Common-law marriage = "1."
- QSORRES
- ☐ 1- Married
  - ☐ 2- Remarried
  - ☐ 3- Widowed
  - ☐ 4- Separated
  - ☐ 5- Divorced
  - ☐ 6- Never Married
  - ☐ X- No Response

- F3. Are you satisfied with this situation? (Refers to question 1)
- Satisfied = generally liking the situation.
- ☐ 2- Yes
  - ☐ 0- No
  - ☐ 1- Indifferent
  - ☐ X- No Response

- F4. Usual living arrangements (past 3 years): QSEVLINT = -P3Y
- Choose arrangements most representative of the past 3 years. If there is an even split in time between these arrangements, choose the most recent arrangement.
- ☐ 1-With sexual partner & children
  - ☐ 2-With sexual partner alone
  - ☐ 3-With children alone
  - ☐ 4-With parents
  - ☐ 5-With family
  - ☐ 6-With friends
  - ☐ 7-Alone
  - ☐ 8-Controlled Environment
  - ☐ 9-No stable arrangement
  - ☐ X-No Response

- F6. Are you satisfied with these arrangements? (Refers to response in Question F4.)
- ☐ 2- Yes
  - ☐ 0- No
  - ☐ 1- Indifferent
  - ☐ X- No Response

Do you live with anyone who:

- F7. Has a current alcohol problem?
- ☐ 1- Yes
  - ☐ 0- No
  - ☐ X- No Response

- F8. Uses non-prescribed drugs?
- ☐ 1- Yes
  - ☐ 0- No
  - ☐ X- No Response



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

QSTEST

If a girlfriend/boyfriend is considered as a family by patient, then they must refer to them as family throughout this section, not a friend. Family is not to be referred to as "friend."

- ☐ 1-Family QSORRES
- ☐ 2-Friends
- ☐ 3-Alone
- ☐ X-No Response

F10. Are you satisfied with spending your free time this way? (Refers to Question 9.)

A satisfied response must indicate that the person generally likes the situation.

- ☐ 2- Yes
- ☐ 0- No
- ☐ 1- Indifferent
- ☐ X- No Response

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

"Serious problems" mean those that endangered the relationship. A "problem" requires contact of some sort, either by telephone or in person.

QSEVLINT = -P30D

A. Past 30 Days	B. Lifetime	0= No, 1= Yes, X= No Response, N= Not Applicable
		F18. Mother
		F19. Father
		F20. Brothers/Sisters
		F21. Sexual Partner/Spouse
		F22. Children
		F23. Other Significant Family
		F24. Close Friends
		F25. Neighbors
		F26. Co-workers
<b>Did any of these people (Q 18-26) abuse you?</b>		
		F28. Physically (Caused you physical harm.)
		F29. Sexually (Forced sexual advances/acts.)

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

- ☐ No Response (X) QSEVLINT = -P30D
- ☐ Not Applicable (N)

QSORRESU='DAY'

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

QSEVLINT = -P30D

- ☐ 0- Not At All
- ☐ 1- Slightly
- ☐ 2- Moderately
- ☐ 3- Considerably
- ☐ 4- Extremely
- ☐ X- No Response

DOMAIN: QS

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

- |                                     |         |                                       |
|-------------------------------------|---------|---------------------------------------|
| <input type="radio"/> 0- Not At All | QSORRES | <input type="radio"/> 3- Considerably |
| <input type="radio"/> 1- Slightly   |         | <input type="radio"/> 4- Extremely    |
| <input type="radio"/> 2- Moderately |         | <input type="radio"/> X- No Response  |

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

- ☐ No Response (X)  
☐ Not Applicable (N)

QSEVLINT = -P30D

QSORRESU='DAY'

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

- |                                     |                                       |
|-------------------------------------|---------------------------------------|
| <input type="radio"/> 0- Not At All | <input type="radio"/> 3- Considerably |
| <input type="radio"/> 1- Slightly   | <input type="radio"/> 4- Extremely    |
| <input type="radio"/> 2- Moderately | <input type="radio"/> X- No Response  |

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 ranting should refer to dissatisfaction, conflicts, or other serious problems. Exclude problems that would be eliminated if patient had no substance abuse.

- ☐ 0- Not At All  
☐ 1- Slightly  
☐ 2- Moderately  
☐ 3- Considerably  
☐ 4- Extremely  
☐ X- No Response

QSTEST

**CONFIDENCE RATINGS**Is the above information significantly distorted by:

QSORRES

F37. Patient's misrepresentation?

☐ 1- Yes☐ 0- No

F38. Patient's inability to understand?

☐ 1- Yes☐ 0- No

QSSCAT=

**Psychiatric Status**

How many times have you been treated for any psychological or emotional problems? Do not include substance abuse, employment, or family counseling. Treatment episode = a series of more or less continuous visits or treatment days, not the number of visits or treatment days. Make note of diagnosis if known.

P1. In a hospital or inpatient setting?

☐☐ No Response (X)

P2. As an outpatient/private patient?

☐☐ No Response (X)

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

☐ 1- Yes☐ 0- No☐ X- No Response

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

QSEVLINT = -P30D

A. Past 30 Days	B. Lifetime	0= No, 1= Yes, X= No Response
		P4. Experienced serious depression- sadness, hopelessness, loss of interest, difficulty with daily function?
		P5. Experienced serious anxiety/tension- uptight, unreasonably worried, inability to feel relaxed?
		P6. Experienced hallucinations- saw things or heard voices that were not there?
		P7. Experienced trouble understanding, concentrating, or remembering?
<b>For Q P8-10, patient could have been under the influence of alcohol/drugs.</b>		
		P8. Experienced trouble controlling violent behavior including episodes of rage, or violence? (Patient can be under the influence of alcohol/drugs.)
		P9. Experienced serious thoughts of suicide? (Patient seriously considered a plan for taking his/her life.)
		P10. Attempted suicide? Include actual suicidal gestures or attempts.)
		P11. Been prescribed medication for any psychological or emotional problems? (Prescribed for the patient by MD. Record "yes" if a medication was prescribed even if the patient is not taking it.)

DOMAIN: QS

QSTEST P12. How many days in the past 30 have you experienced these psychological or emotional problems? (This refers to problems noted in Questions P4-10.)

☐ No Response (X)

QSEVLINT = -P30D

QSORRESU='DAY'

QSORRES

P13. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days? (Patient should be rating the problem days from Question 12.)

☐ 0-Not At All

QSEVLINT = -P30D

☐ 3- Considerably

☐ 1- Slightly

☐ 4- Extremely

☐ 2- Moderately

☐ X- No Response

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

☐ 0- Not At All

☐ 3- Considerably

☐ 1- Slightly

☐ 4- Extremely

☐ 2- Moderately

☐ X- No Response

CONFIDENCE RATINGS

Is the above information significantly distorted by:

P22. Patient's misrepresentation?

☐ Yes (1)

☐ No (0)

P23. Patient's inability to understand?

☐ Yes (1)

☐ No (0)

Composite Scores

Medical  .

Employment  .

Alcohol  .

Drug  .

Legal  .

Family  .

Psychiatric  .

NOT  
COLLECTED

**STUDYID**  
 Protocol Number: NIDA-CTN-

**DOMAIN: QS**  
 Node ID:   Site ID:

**USUBJID**  
 Name Code (Subject's Initials):   Subject ID:     Visit Week:

**VISIT / VISITNUM**  
 Visit date (mmdyyy):         Visit:   Visit Phase:

**QSDTC** **EPOCH**

**QSCAT= Brief Symptom Inventory (BSI)**

### Instructions

Below is a list of problems people sometimes have. Please read each one carefully, and fill in the response that best describes HOW MUCH THAT PROBLEM HAS DISTRESSED OR BOTHERED THE PATIENT DURING THE PAST 7 DAYS INCLUDING TODAY. Fill in only one number for each problem and do not skip any items.

**QSORRES**

#	<b>QSTEST</b> How much were you distressed by:	Not at all	A little bit	Moderately	Quite a bit	Extremely
1	Nervousness or shakiness inside	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	Faintness or dizziness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	The idea that someone else can control your thoughts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	Feeling others are to blame for most of your troubles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	Trouble remembering things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	Feeling easily annoyed or irritated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	Pains in heart or chest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	Feeling afraid in open spaces or on the streets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	Thoughts of ending your life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	Feeling that most people cannot be trusted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11	Poor appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12	Being suddenly scared for no reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13	Temper outbursts that you could not control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14	Feeling lonely even when you are with people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15	Feeling blocked in getting things done	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16	Feeling lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17	Feeling blue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18	Feeling no interest in things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19	Feeling fearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20	Your feelings being easily hurt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21	Feeling that people are unfriendly or dislike you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22	Feeling inferior to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23	Nausea or upset stomach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24	Feeling that you are watched or talked about by others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25	Trouble falling asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26	Having to check and double-check what you do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27	Difficulty making decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28	Feeling afraid to travel on buses, subways, or trains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29	Trouble getting your breath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30	Hot or cold spells	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## QSORRES

	QSTEST	Not at all	A little bit	Moderately	Quite a bit	Extremely
31	Avoiding certain things, places, or activities because they frighten you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32	Your mind going blank	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33	Numbness or tingling in parts of your body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34	The idea that you should be punished for your sins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35	Feeling hopeless about the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36	Trouble concentrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37	Feeling weak in parts of your body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38	Feeling tense or keyed up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39	Thoughts of death or dying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40	Having urges to beat, injure, or harm someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41	Having urges to break or smash things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42	Feeling very self-conscious with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43	Feeling uneasy in crowds, such as shopping or at a movie	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44	Never feeling close to another person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45	Spells of terror or panic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46	Getting into frequent arguments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47	Feeling nervous when you are left alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48	Others not giving you proper credit for your achievements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49	Feeling so restless you couldn't sit still	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50	Feelings of worthlessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51	Feeling that people will take advantage of you if you let them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52	Feelings of guilt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53	The idea that something is wrong with your mind	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**DOMAIN: TU**

Protocol Number: NIDA-CTN-<sup>STUDYID</sup>     Node ID:   Site ID:

Name Code (Subject's Initials):   <sup>USUBJID</sup> Subject ID:     Visit Week:

Visit date (mmddyyyy):         <sup>TUDTC</sup> Visit:   <sup>VISITNUM / VISIT</sup> Visit Phase:   <sup>EPOCH</sup>

**TUCAT= Counseling Utilization Form**

This information is for dates: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (one week) (mmddyyyy to mmddyyyy)

**TUSCAT=**

**Drug Abuse Treatment Services**

<sup>TUTEST/TUTESTCD</sup>

<sup>TUORRES/TUSTRESC/TUSTRESN</sup>

1. Number of Individual Sessions Scheduled (15 minutes or more) (check one)

☐ 0  
☐ 1  
☐ 2  
☐ 3

☐ 4  
☐ 5  
☐ 6  
☐ 7

2. Number of Individual Sessions Attended (check one)

☐ 0  
☐ 1  
☐ 2  
☐ 3

☐ 4  
☐ 5  
☐ 6  
☐ 7

3. Number of Group Sessions Scheduled (check one)

☐ 0  
☐ 1  
☐ 2  
☐ 3

☐ 4  
☐ 5  
☐ 6  
☐ 7

4. Number of Group Sessions Attended (check one)

☐ 0  
☐ 1  
☐ 2  
☐ 3

☐ 4  
☐ 5  
☐ 6  
☐ 7

5. Number of Family Sessions Scheduled (check one)

☐ 0  
☐ 1  
☐ 2  
☐ 3

☐ 4  
☐ 5  
☐ 6  
☐ 7

6. Number of Family Sessions Attended (check one)

☐ 0  
☐ 1  
☐ 2  
☐ 3

☐ 4  
☐ 5  
☐ 6  
☐ 7

DOMAIN: QS

STUDYID

Protocol Number: NIDA-CTN-     Node ID:   Site ID:

Name Code (Subject's Initials):   USUBJID Subject ID:     Visit Week:

QSDTC

VISIT / VISITNUM

Visit date (mmddyyyy):         Visit:   Visit Phase:

QSCAT=DSM-IV Criteria: Substance Related Disorders

PHASE

QSSCAT='USED IN PAST 12 MONTHS'

1. Have you used any of the following in the past 12 months? If the response to a specified drug category for this Question is "No (0)", then all criteria for that drug category in Question 2 (A1-A7 and B1-B4) should equal "Absent (2)".

QSORRES

QSEVLINT = -P12M

QSTEST	Yes (1)	No (0)
a. Alcohol	<input type="checkbox"/>	<input type="checkbox"/>
b. Amphetamines	<input type="checkbox"/>	<input type="checkbox"/>
c. Cannabis	<input type="checkbox"/>	<input type="checkbox"/>
d. Cocaine	<input type="checkbox"/>	<input type="checkbox"/>
e. Opiates	<input type="checkbox"/>	<input type="checkbox"/>

### Substance Dependence

QSSCAT='SUBSTANCE DEPENDENCE'

2. Please fill out the following charts for all drugs that have been used in the past 12 months:

QSEVLINT = -P12M

		Alcohol	Amphet.	Cannabis	Cocaine	Opiates	QSORRES
A1	Tolerance	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	1-Present 2-Absent 3-Uncertain
A2	Withdrawal	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	1-Present 2-Absent 3-Uncertain
A3	Substance often taken in larger amounts or for longer periods of time.	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	1-Present 2-Absent 3-Uncertain
A4	Persistent desire or unsuccessful attempt to cut down or control use.	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	1-Present 2-Absent 3-Uncertain
A5	A great deal of time spent in activities necessary to get the substance	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	1-Present 2-Absent 3-Uncertain



(continued...)

		Alcohol	Amphet.	Marijuana	Cocaine	Opiates	
A6	Important activities given up	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	1-Present 2-Absent 3-Uncertain
A7	Continued substance use despite knowledge of having persistent or recurrent physical or psychological problem	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	1-Present 2-Absent 3-Uncertain
Number of "Present" responses for each column. Dependence is indicated by a total of 3 or more.		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

QSSCAT='SUBSTANCE ABUSE'

Substance Abuse

		Alcohol	Amphet.	Cannabis	Cocaine	Opiates	
B1	Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	1-Present 2-Absent 3-Uncertain
B2	Recurrent substance use in situations in which it is physically hazardous	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	1-Present 2-Absent 3-Uncertain
B3	Recurrent substance-related legal problems	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	1-Present 2-Absent 3-Uncertain
B4	Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	1-Present 2-Absent 3-Uncertain
Number of "Present" responses for each column. Abuse is indicated by a total of 1 or more.		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

**STUDYID**  
 Protocol Number: NIDA-CTN-    
**DOMAIN: QS**  
 Node ID:   Site ID:      
**USUBJID**  
 Name Code (Subject's Initials):   Subject ID:     Visit Week:    
**QSDTC**  
 Visit date (mmddyyyy):                  
**VISIT / VISITNUM**  
 Visit:   Visit Phase:    
**EPOCH**

# HIV Risk-Taking Behavior Scale (HRBS)

## 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? (If 0, skip to question 7)

**QSTEST**

**QSORRES**

- ☐ 0=Hasn't hit up
- ☐ 1=Once
- ☐ 2=More than once
- ☐ 3=Once a day
- ☐ 4=2-3 times a day
- ☐ 5=More than three times a day
- ☐ 8=No Response

**QSEVLINT=P30D**

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. (If 0, skip to question 4)

- ☐ 0=No times
- ☐ 1=One time
- ☐ 2=Two times
- ☐ 3=3-5 times
- ☐ 4=6-10 times
- ☐ 5=More than ten times
- ☐ 8=No Response

**QSEVLINT=P30D**

QSTEST 3. How many different people (including your partner) have used a needle before you in the last 30 days? QSEVLINT=-P30D

QSORRES

- ☐ 0=None
- ☐ 1= One person
- ☐ 2=Two people
- ☐ 3=3-5 people
- ☐ 4=6-10 people
- ☐ 5=More than ten people
- ☐ 8= No Response

4. How many times in the last 30 days has someone else used a needle after you used it?

QSEVLINT=-P30D

- ☐ 0=No times
- ☐ 1= One time
- ☐ 2=Two times
- ☐ 3=3-5 times
- ☐ 4=6-10 times
- ☐ 5=More than ten times
- ☐ 8= No Response

5. How often, in the last 30 days have you cleaned needles before re-using them? (If 0, skip to question 7)

QSEVLINT=-P30D

- ☐ 0=Does not re-use
- ☐ 1= Every time
- ☐ 2=Often
- ☐ 3=Sometimes
- ☐ 4=Rarely
- ☐ 5=Never
- ☐ 8= No Response

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

QSTEST

QSEVLINT=-P30D

QSORRES

- ☐ 0=Does not re-use
- ☐ 1= Every time
- ☐ 2=Often
- ☐ 3=Sometimes
- ☐ 4=Rarely
- ☐ 5=Never
- ☐ 8= No Response

<b>Sexual Behavior</b>
------------------------

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

QSEVLINT=-P30D

- ☐ 0=None
- ☐ 1= One person
- ☐ 2=Two people
- ☐ 3=3-5 people
- ☐ 4=6-10 people
- ☐ 5=More than ten people
- ☐ 8= No Response

**(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)?

QSEVLINT=-P30D

- ☐ 0=No regular partner/no penetrative sex
- ☐ 1= Every time
- ☐ 2=Often
- ☐ 3=Sometimes
- ☐ 4=Rarely
- ☐ 5=Never
- ☐ 8= No Response

QSTEST

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

QSORRES

- ☐ 0=No casual partner/no penetrative sex
- ☐ 1= Every time
- ☐ 2=Often
- ☐ 3=Sometimes
- ☐ 4=Rarely
- ☐ 5=Never
- ☐ 8= No Response

QSEVLINT=-P30D

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?

- ☐ 0=No penetrative sex
- ☐ 1= Every time
- ☐ 2=Often
- ☐ 3=Sometimes
- ☐ 4=Rarely
- ☐ 5=Never
- ☐ 8= No Response

QSEVLINT=-P30D

11. How many times have you had anal sex in the last 30 days? (If 0, end interview here)

- ☐ 0=No times
- ☐ 1= One time
- ☐ 2=Two times
- ☐ 3=3-5 times
- ☐ 4=6-10 times
- ☐ 5=More than 10 times
- ☐ 8= No Response

QSEVLINT=-P30D

QSTEST

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

QSEVLINT=-P30D

QSORRES

- ☐ 0=No penetrative sex
- ☐ 1= Every time
- ☐ 2=Often
- ☐ 3=Sometimes
- ☐ 4=Rarely
- ☐ 5=Never
- ☐ 8= No Response

DOMAIN: QS

USUBJID  
Protocol Number: NIDA-CTN-     Node ID:   Site ID:

Name Code (Subject's Initials):   USUBJID  
Subject ID:     Visit Week:

QSDTC  
Visit date (mmddyyyy):         VISIT / VISITNUM  
Visit:   Visit Phase:

EPOCH

**QSCAT=MONTH 1: FOLLOW-UP ASSESSMENT**

**Bold** items=coding references

*Italics* items= notes to RA

**Recent Drug Use**

**Coding for Questions 1 thru 9: 0-30 days; No Response=98**

QSEVLINT=-P30D

QSORRESU='DAY'

QSTEST

1. How many days in the last 30 did you use heroin?
2. How many days in the last 30 did you use methadone?
3. How many days in the last 30 did you use other opiate analgesics (codeine, Dilaudid)?   QSORRES
4. How many days in the last 30 did you use cocaine, amphetamine, or methamphetamine? (If 0 or 98, skip to Question 7.)
5. How many days in the last 30 did you use cocaine?
6. How many days in the last 30 did you use methamphetamine or amphetamine?
7. How many days in the last 30 did you use alcohol (any use)?
8. How many days in the last 30 did you use cannabis (marijuana)?
9. How many days in the last 30 did you use benzodiazepines or other sedatives?
10. How many cigarettes do you smoke per day?

**Coding: 0=None; No Response=98**

11. In the past 30 days have you spent any money on alcohol?

(If No (0) or No Response (8), skip to question 13)

QSEVLINT=-P30D

Yes ☐ (1) No ☐ (0) No Response ☐ (8)

12. IF YES, how much did you spend? (amount in whole dollars)

(Coding: No Response=99998)

QSORRESU='DOLLAR'

## QSTEST

13. In the past 30 days have you spent any money on heroin?

(If No (0) or No Response (8), skip to question 15) QSORRES

Yes ☐ (1) No ☐ (0) No Response ☐ (8)

QSORRESU='DOLLAR'

14. IF YES, how much did you spend? (amount in whole dollars)

   

(Coding: No Response=99998)

15. In the past 30 days have you spent any money on cocaine or methamphetamine?

(If No (0) or No Response (8), skip to question 17)

Yes ☐ (1) No ☐ (0) No Response ☐ (8)

QSORRESU='DOLLAR'

16. IF YES, how much did you spend? (amount in whole dollars)

   

(Coding: No Response=99998)

17. In the past 30 days have you spent any money on other drugs used to improve mood or get high? (If No (0) or No Response (8), skip to question 19)

Yes ☐ (1) No ☐ (0) No Response ☐ (8)

QSORRESU='DOLLAR'

18. IF YES, how much did you spend? (amount in whole dollars)

   

(Coding: No Response=99998)

Employment
------------

19. What was your usual employment status during the past 30 days? (check only one)

Full time (35+ hrs/wk) ☐ (1) Part time regular hours ☐ (2)

QSEVLINT=-P30D

Part time irregular hours/day work ☐ (3) Student ☐ (4) Service ☐ (5)

Retired/Disability ☐ (6) Homemaker ☐ (7) Unemployed ☐ (8)

In controlled environment ☐ (9) No Response ☐ (98)

20. How many days were you paid for working in the past 30 days?

 

(Include under-the-table employment, but not illegal employment.)

Coding: Code 0-30 days, No Response=98

(If 0 or 98, skip to Question 22)

QSORRESU='DAY'

21. If you were paid for working, what was your income before taxes in the last 30 days? (record amount in whole dollars)

   

Coding: No Response= 99998

QSORRESU='DOLLAR'



**Criminal Activity**

- QSTEST 22. How many days in the past 30 have you engaged in illegal activities for profit?    
 (drug dealing included). QSORRES QSORRESU='DAY'  
**Coding: Code 0-30 days, No Response= 98**  
**(If 0 or 98, skip to Question 24)**
23. How much did you earn from illegal activities in the past 30 days?       
 (record amount in whole dollars)? QSORRESU='DOLLAR'  
**Coding: No Response= 99998**

**Gambling Behavior**

Gambling behavior consists of numbers games, slot machines, roulette, state lottery, betting on card games, horse races or sporting events.

24. How many days in past 30 days have you used money for gambling?    
**Coding: Code 0-30 days, No Response= 98** QSORRESU='DAY'  
**(If 0 or 98, END INTERVIEW)**
25. How much money have you spent on gambling in the past 30 days?       
 (record amount in whole dollars)? QSORRESU='DOLLAR'  
**Coding: No Response= 99998**

DOMAIN: QS

STUDYID  
 Protocol Number: NIDA-CTN-     Node ID:   Site ID:

USUBJID  
 Name Code (Subject's Initials):   Subject ID:     Visit Week:

QSDTC  
 Visit date (mmdyyy):         Visit:   Visit Phase:

EPOCH

QSCAT=MONTH 3: FOLLOW-UP ASSESSMENT

**Bold** items=coding references

*Italics* items= notes to RA

Services Utilization

QSTEST

QSEVLINT = -P90D

QSORRESU='DAY'

1. Have you been in any drug abuse treatment programs during the past 90 days?  
*(check one)*

Yes ☐ (1)    No ☐ (0)    No Response ☐ (8)    QSORRES

**IF YES**, in the past 90 days what treatments have you been in?

*(Categories are mutually exclusive. Detoxification is defined when medication is administered for a limited period of time (up to 180 day methadone detox). If a treatment episode starts with detoxification and continues with drug-free aftercare, count twice) Coding: If answer "No (0)" to question 1, skip to Question 7.*

**Otherwise, code 0-90 days or 98=no response for questions 2-6.**

- |  |   |
|--|---|
| 2. How many days in the past 90 have you been treated in an inpatient or residential detoxification setting? (opiates; sedatives or alcohol)   | <input type="text"/> <input type="text"/> |
| 3. How many days in the past 90 have you been treated in an outpatient-detoxification setting? (opiates; sedatives or alcohol)                 | <input type="text"/> <input type="text"/> |
| 4. How many days in the past 90 have you been treated in a methadone/LAAM maintenance setting?   | <input type="text"/> <input type="text"/> |
| 5. How many days in the past 90 have you been treated in an outpatient drug-free treatment setting?  | <input type="text"/> <input type="text"/> |
| 6. How many days in the past 90 have you been treated in an inpatient or residential rehabilitation setting?                                   | <input type="text"/> <input type="text"/> |
| 7. How many days in the past 90 have you attended a 12-step meeting (AA, CA, NA) in the community?<br><b>Coding: 0-90 days; no response=98</b> | <input type="text"/> <input type="text"/> |
| 8. How many days in the past 90 have you been hospitalized?<br><b>Coding: 0-90 days; no response=98</b>  | <input type="text"/> <input type="text"/> |

DOMAIN: QS

9. How many days in the past 90 days did you visit an emergency room for any medical, psychiatric or drug-related problem?    
**QSTEST** **Coding: 0-90 days; no response=98** **QSORRESU='DAY'** **QSEVLINT = -P90D** **QSORRES**
10. How many days in the past 90 have you spent in jail or prison? (each overnight stay counts as one day)    
**Coding: 0-90 days; no response=98** **QSORRESU='DAY'** **QSEVLINT = -P90D**

Recent Drug Use

Coding for Questions 11 thru 19: 0-30 days; No Response=98

11. How many days in the last 30 did you use heroin?   **QSEVLINT = -P30D**  
**QSORRESU='DAY'**
12. How many days in the last 30 did you use methadone?
13. How many days in the last 30 did you use other opiate analgesics (codeine, Dilaudid)?
14. How many days in the last 30 did you use cocaine, amphetamine, or methamphetamine? (If 0 or 98, skip to Question 17.)
15. How many days in the last 30 did you use cocaine?
16. How many days in the last 30 did you use methamphetamine or amphetamine?
17. How many days in the last 30 did you use alcohol (any use)?
18. How many days in the last 30 did you use cannabis (marijuana)?
19. How many days in the last 30 did you use benzodiazepines or other sedatives?
20. How many cigarettes do you smoke per day?    
**Coding: 0=None; No Response=98**
21. In the past 30 days have you spent any money on alcohol?  
 (If No (0) or No Response (8), skip to question 23) **QSEVLINT = -P30D**  
 Yes ☐ (1) No ☐ (0) No Response ☐ (8) **QSORRESU='DOLLAR'**
22. IF YES, how much did you spend? (amount in whole dollars)        
**(Coding: No Response=99998)**

QSTEST

QSEVLINT = -P30D

23. In the past 30 days have you spent any money on heroin?

(If No (0) or No Response (8), skip to question 25)

Yes ☐ (1) No ☐ (0) No Response ☐ (8)

QSORRES

QSORRESU='DOLLAR'

24. IF YES, how much did you spend? (amount in whole dollars)

(Coding: No Response=99998)

25. In the past 30 days have you spent any money on cocaine or methamphetamine?

(If No (0) or No Response (8), skip to question 27)

Yes ☐ (1) No ☐ (0) No Response ☐ (8)

QSORRESU='DOLLAR'

26. IF YES, how much did you spend? (amount in whole dollars)

(Coding: No Response=99998)

27. In the past 30 days have you spent any money on other drugs used to improve mood or get high? (If No (0) or No Response (8), skip to question 29)

Yes ☐ (1) No ☐ (0) No Response ☐ (8)

QSORRESU='DOLLAR'

28. IF YES, how much did you spend? (amount in whole dollars)

(Coding: No Response=99998)

Employment
------------

29. What was your usual employment status during the past 30 days? (check only one)

Full time (35+ hrs/wk) ☐ (1) Part time regular hours ☐ (2)Part time irregular hours/day work ☐ (3) Student ☐ (4) Service ☐ (5)Retired/Disability ☐ (6) Homemaker ☐ (7) Unemployed ☐ (8)In controlled environment ☐ (9) No Response ☐ (98)

30. How many days were you paid for working in the past 30 days?

(Include under-the-table employment, but not illegal employment.)

Coding: Code 0-30 days, No Response=98

(If 0 or 98, skip to Question 32)

QSORRESU='DAY'

31. If you were paid for working, what was your income before taxes in the last 30 days? (record amount in whole dollars)

Coding: No Response= 99998

QSORRESU='DOLLAR'

QSTEST

**Criminal Activity**

32. How many days in the past 30 have you engaged in illegal activities for profit?    
(drug dealing included).

QSORRES

QSORRESU='DAY'

**Coding: Code 0-30 days, No Response= 98**  
(If 0 or 98, skip to Question 34)

33. How much did you earn from illegal activities in the past 30 days?      
(record amount in whole dollars)?

QSORRESU='DOLLAR'

**Coding: No Response= 99998**

**Gambling Behavior**

Gambling behavior consists of numbers games, slot machines, roulette, state lottery, betting on card games, horse races or sporting events.

34. How many days in past 30 days have you used money for gambling?

**Coding: Code 0-30 days, No Response= 98**  
(If 0 or 98, END INTERVIEW)

QSORRESU='DAY'

35. How much money have you spent on gambling in the past 30 days?      
(record amount in whole dollars)?

QSORRESU='DOLLAR'

**Coding: No Response= 99998**

DOMAIN: QS

STUDYID  
Protocol Number: NIDA-CTN-     Node ID:   Site ID:

USUBJID  
Name Code (Subject's Initials):   Subject ID:     Visit Week:

QSDTC  
Visit date (mmddyyyy):         VISIT / VISITNUM  
Visit:   Visit Phase:

QSCAT=MONTH 6: FOLLOW-UP ASSESSMENT

EPOCH

**Bold** items=coding references

*Italics* items= notes to RA

Services Utilization

QSTEST

1. Have you been in any drug abuse treatment programs during the past 90 days?  
(check one)

Yes ☐ (1)      No ☐ (0)      No Response ☐ (8)      QSORRES

QSEVLINT = -P90D

QSORRESU='DAY'

**IF YES**, in the past 90 days what treatments have you been in?

*(Categories are mutually exclusive. Detoxification is defined when medication is administered for a limited period of time (up to 180 day methadone detox). If a treatment episode starts with detoxification and continues with drug-free aftercare, count twice)* **Coding: If answer "No (0)" to question 1, skip to Question 7. Otherwise, code 0-90 days or 98=no response for questions 2-6.**

- |  |   |
|--|---|
| 2. How many days in the past 90 have you been treated in an inpatient or residential detoxification setting? (opiates; sedatives or alcohol)   | <input type="text"/> <input type="text"/> |
| 3. How many days in the past 90 have you been treated in an outpatient-detoxification setting? (opiates; sedatives or alcohol)                 | <input type="text"/> <input type="text"/> |
| 4. How many days in the past 90 have you been treated in a methadone/LAAM maintenance setting?   | <input type="text"/> <input type="text"/> |
| 5. How many days in the past 90 have you been treated in an outpatient drug-free treatment setting?  | <input type="text"/> <input type="text"/> |
| 6. How many days in the past 90 have you been treated in an inpatient or residential rehabilitation setting?                                   | <input type="text"/> <input type="text"/> |
| 7. How many days in the past 90 have you attended a 12-step meeting (AA, CA, NA) in the community?<br><b>Coding: 0-90 days; no response=98</b> | <input type="text"/> <input type="text"/> |
| 8. How many days in the past 90 have you been hospitalized?<br><b>Coding: 0-90 days; no response=98</b>  | <input type="text"/> <input type="text"/> |

## QSTEST

DOMAIN: QS

9. How many days in the past 90 days did you visit an emergency room for any medical, psychiatric or drug-related problem?

Coding: 0-90 days; no response=98

QSEVLINT = -P90D  
QSORRESU='DAY'

QSORRES

10. How many days in the past 90 have you spent in jail or prison? (each overnight stay counts as one day)

Coding: 0-90 days; no response=98

QSEVLINT = -P90D  
QSORRESU='DAY'

## Recent Drug Use

QSEVLINT = -P30D

Coding for Questions 11 thru 19: 0-30 days; No Response=98

QSORRESU='DAY'

11. How many days in the last 30 did you use heroin?
12. How many days in the last 30 did you use methadone?
13. How many days in the last 30 did you use other opiate analgesics (codeine, Dilaudid)?
14. How many days in the last 30 did you use cocaine, amphetamine, or methamphetamine? (If 0 or 98, skip to Question 17.)
15. How many days in the last 30 did you use cocaine?
16. How many days in the last 30 did you use methamphetamine or amphetamine?
17. How many days in the last 30 did you use alcohol (any use)?
18. How many days in the last 30 did you use cannabis (marijuana)?
19. How many days in the last 30 did you use benzodiazepines or other sedatives?
20. How many cigarettes do you smoke per day?

Coding: 0=None; No Response=98

21. In the past 30 days have you spent any money on alcohol?  
(If No (0) or No Response (8), skip to question 23)

QSEVLINT = -P30D

Yes ☐ (1) No ☐ (0) No Response ☐ (8)

22. IF YES, how much did you spend? (amount in whole dollars)

(Coding: No Response=99998)

QSORRESU='DOLLAR'

23. In the past 30 days have you spent any money on heroin?

(If No (0) or No Response (8), skip to question 25)

Yes ☐ (1) No ☐ (0) No Response ☐ (8)

QSORRES QSEVLINT = -P30D

QSORRESU='DOLLAR'

24. IF YES, how much did you spend? (amount in whole dollars)

(Coding: No Response=99998)

25. In the past 30 days have you spent any money on cocaine or methamphetamine?

(If No (0) or No Response (8), skip to question 27)

Yes ☐ (1) No ☐ (0) No Response ☐ (8)

QSORRESU='DOLLAR'

26. IF YES, how much did you spend? (amount in whole dollars)

(Coding: No Response=99998)

27. In the past 30 days have you spent any money on other drugs used to improve mood or get high? (If No (0) or No Response (8), skip to question 29)

Yes ☐ (1) No ☐ (0) No Response ☐ (8)

QSORRESU='DOLLAR'

28. IF YES, how much did you spend? (amount in whole dollars)

(Coding: No Response=99998)

### Employment

29. What was your usual employment status during the past 30 days? (check only one)

Full time (35+ hrs/wk) ☐ (1) Part time regular hours ☐ (2)

Part time irregular hours/day work ☐ (3) Student ☐ (4) Service ☐ (5)

Retired/Disability ☐ (6) Homemaker ☐ (7) Unemployed ☐ (8)

In controlled environment ☐ (9) No Response ☐ (98)

30. How many days were you paid for working in the past 30 days?

(Include under-the-table employment, but not illegal employment)

Coding: Code 0-30 days, No Response=98

(If 0 or 98, skip to Question 32)

QSORRESU='DAY'

31. If you were paid for working, what was your income before taxes in the last 30 days? (record amount in whole dollars)

Coding: No Response= 99998

QSORRESU='DOLLAR'



## Criminal Activity

QSTEST

QSEVLINT = -P30D

32. How many days in the past 30 have you engaged in illegal activities for profit?     
 (drug dealing included). QSORRES QSORRESU='DAY'  
**Coding: Code 0-30 days, No Response= 98**  
 (If 0 or 98, skip to Question 34)

33. How much did you earn from illegal activities in the past 30 days?       
 (record amount in whole dollars)? QSORRESU='DOLLAR'  
**Coding: No Response= 99998**

## Gambling Behavior

Gambling behavior consists of numbers games, slot machines, roulette, state lottery, betting on card games, horse races or sporting events.

34. How many days in past 30 days have you used money for gambling?     
**Coding: Code 0-30 days, No Response= 98** QSORRESU='DAY'  
 (If 0 or 98, END INTERVIEW)

35. How much money have you spent on gambling in the past 30 days?       
 (record amount in whole dollars)? QSORRESU='DOLLAR'  
**Coding: No Response= 99998**

DOMAIN: QS

STUDYID  
Protocol Number: NIDA-CTN- [ ][ ][ ][ ] Node ID: [ ][ ] Site ID: [ ][ ][ ][ ]  
Name Code (Subject's Initials): [ ][ ] USUBJID  
Subject ID: [ ][ ][ ][ ] Visit Week: [ ][ ]  
QSDTC  
Visit date (mmdyyy): [ ][ ][ ][ ][ ][ ][ ][ ] Visit: [ ][ ] VISITNUM / VISIT  
EPOCH  
Visit Phase: [ ][ ]

QSCAT = MIEDAR  
MIEDAR 0007 Month 6 Follow-Up CRF: METHADONE CLINICS

QSSCAT=

Subject Status	
QSTEST	QSORRES
MD7000. Subject Research Group	Incentive <input type="checkbox"/> (1) Control <input type="checkbox"/> (2)

QSSCAT=

Urine Results	
CRITERIA	RESULTS
MD7001. Attendance: Urine result.	Present <input type="checkbox"/> (1) Excused Absence <input type="checkbox"/> (2) Unexcused Absence <input type="checkbox"/> (3)
MD7002. Cocaine	Negative <input type="checkbox"/> (0) Positive <input type="checkbox"/> (1) No Urine Left <input type="checkbox"/> (2)
MD7003. Amphetamine	Negative <input type="checkbox"/> (0) Positive <input type="checkbox"/> (1) No Urine Left <input type="checkbox"/> (2)
MD7004. Methamphetamine	Negative <input type="checkbox"/> (0) Positive <input type="checkbox"/> (1) No Urine Left <input type="checkbox"/> (2)
MD7005. Marijuana	Negative <input type="checkbox"/> (0) Positive <input type="checkbox"/> (1) No Urine Left <input type="checkbox"/> (2)
MD7006. Opioid	Negative <input type="checkbox"/> (0) Positive <input type="checkbox"/> (1) No Urine Left <input type="checkbox"/> (2)

QSSCAT=

Breathalyzer Results	
QSTEST	QSORRES/QSSTRESN
CRITERIA	RESULTS
MD7007. Breathalyzer Reading (to 3 decimal places) <u>Note:</u> >0.090 is positive, <=0.090 is negative.	<div> <div>0</div> <div>.</div> <div></div> <div></div> <div></div> </div> QSORRESU='%'

DOMAIN: DS

STUDYID  
Protocol Number: NIDA-CTN-     Node ID:   Site ID:

USUBJID  
Name Code (Subject's Initials):   Subject ID:     Visit Week:

DSDTC  
Visit date (mmddyyyy):         VISIT / VISITNUM  
Visit:   Visit Phase:

DSCAT=DISPOSITION EVENT Study Termination Form EPOCH

Study Completion

1. Study date of completion (mmddyyyy):         DSSTDTC / DM.RFENDTC

DSTERM / DSDECOD

2. Did the participant finish the study according to protocol? Yes ☐ (1) No ☐ (0)

*If yes, end of questionnaire.*

DSOCCUR

(DSOCCUR=Y for terms without a YES/NO response.)

3. IF NO, please give reason (specify event):

- ☐ Adverse Event or SAE (1)
- ☐ Participant's request (personal reason) (2)
- ☐ Discharged from clinic (3)

a) Date:         DSSTDTC

☐ Other (4)

a) Specify

QNAM=DSOTHSP  
QLABEL=OTHER DISCONTINUATION  
REASON SPECIFIED  
IDVAR=DSSEQ

DOMAIN: QS

Protocol Number: NIDA-CTN- <sup>STUDYID</sup> Node ID:  Site ID:   
Name Code (Subject's Initials):  <sup>USUBJID</sup> Subject ID:  Visit Week:   
<sup>QSDTC</sup> Visit date (mm/dd/yyyy):   
<sup>VISITNUM / VISIT</sup> Visit:  <sup>EPOCH</sup> Visit Phase:

QSCAT = Methadone Dose Extraction Form

QSSCAT=

**Methadone Dose**

- <sup>QSTEST</sup> 1. What was the participant's dose at study intake (day of consent)?  mg <sup>QSORRES</sup>  
<sup>QSORRESU='MG'</sup>  
2. What was the participant's methadone dose on the last study day?  mg

NOTE: For participants who withdrew or were discharged, code their dose at last contact, or for those who completed the study, code their dose at 12 weeks past study enrollment.

DOMAIN: AE

STUDYID  
Protocol Number: NIDA-CTN- [ ] [ ] [ ] [ ] Node ID: [ ] [ ] Site ID: [ ] [ ] [ ] [ ]

USUBJID  
Name Code (Subject's Initials): [ ] [ ] Subject ID: [ ] [ ] [ ] [ ] Visit Week: [ ] [ ]

AEDTC  
Visit date (mmddyyyy): [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Visit: [ ] [ ] Visit Phase: [ ] [ ]

EPOCH  
AESER=Y

### Serious Adverse Events Reporting Form

#### SAE/Treatment Withdrawal

This form is for reporting serious adverse event and/or treatment withdrawal due to a serious adverse event.

1. Type of report: ☐ AEHOSP Hospitalization (1) ☐ AESDTH Death of Client (2)
- ☐ AEOUT Increased gambling (3)

*If 2, skip questions 6-18 and complete Death Section on the final page.*

*If 3, answer questions 2 through 5, then skip to 10, then skip to 18.*

2. Date of Event: mm/dd/yyyy [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ] AESTDTC

3. Date of Report: mm/dd/yyyy [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ] AEDTC

4. In what phase of treatment was the client when the event occurred?

- ☐ Pre-treatment (1)
- ☐ Active treatment (2)
- ☐ Follow-up (3)

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

QNAM=AETRT  
QLABEL=TREATMENT  
IDVAR=VISITNUM

5. Client treatment assignment: ☐ Control (1) ☐ Incentives (2)

AESEQ

AEOCCUR

No (0)	Yes (1)	AETERM	Question	No (0)	Yes (1)	NA (8)
<input type="checkbox"/>	<input type="checkbox"/>		6. Acute Psychosis			
<input type="checkbox"/>	<input type="checkbox"/>		6a. Did patient have a history of psychotic episodes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		6b. Was patient taking neuroleptic medication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		6c. Was patient taking any other type of medication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		If so, please describe [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]			
<input type="checkbox"/>	<input type="checkbox"/>		7. Onset/exacerbation of cognitive impairment (e.g., disorientation, memory loss)			
<input type="checkbox"/>	<input type="checkbox"/>		8. Deterioration of physical health			
<input type="checkbox"/>	<input type="checkbox"/>		9. Extensive or increased drug or alcohol use			
<input type="checkbox"/>	<input type="checkbox"/>		9a. Please indicate days of use [ ] [ ]			

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=AEEMEDESC  
QLABEL=OTHER  
MEDICATION  
DESCRIPTION  
IDVAR=AESEQ

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

AESEQ

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

DOMAIN: AE

AESEQ		Question		AEOCCUR		
No (0)	Yes (1)	AETERM		No (0)	Yes (1)	NA (8)
		9b. Please indicate amount used:	<input type="text"/>			
<input type="checkbox"/>	<input type="checkbox"/>	10. Marked increase in gambling behavior				
<input type="checkbox"/>	<input type="checkbox"/>	11. Suicidal ideation, intent or plan				
<input type="checkbox"/>	<input type="checkbox"/>	12. Suicidal gesture				
		12a. Any history of suicidal ideation/gesture?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	13. Homicidal ideation, intent or plan				
<input type="checkbox"/>	<input type="checkbox"/>	14. Homicidal/violent behavior				
		14a. Any history of homicidal ideation/gesture?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	15. Serious program infraction.				
		15a. Please describe	<input type="text"/>			
<input type="checkbox"/>	<input type="checkbox"/>	16. Hospitalization or death of another individual due to direct action of client				
		16a. Please describe	<input type="text"/>			
<input type="checkbox"/>	<input type="checkbox"/>	17. Other				
		18. In the space below, please briefly summarize the patient's course of treatment to date and describe the relevant actions taken at the CTP.	<div> <p>QNAME=AEOTHCRS QLABEL=OTHER AE COURSE OF TREATMENT IDVAR=VISITNUM</p> </div>			

Cause of Death							
AESEQ			AEOCCUR				
No (0)	Yes (1)	AETERM	Question	No (0)	Yes (1)	Unk (7)	NA (8)
<input type="checkbox"/>	<input type="checkbox"/>		19. Suicide				
<input type="checkbox"/>	<input type="checkbox"/>		20. Accidental (e.g., car accident, fall)				
			20a. Was substance use involved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		21. Medical (e.g., chronic condition, liver disease)				
			21a. Was substance use involved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		22. Other				
<input type="checkbox"/>	<input type="checkbox"/>		23. Unknown				

24. Was a review of the case made at the site?

- ☐ Yes (1)  
☐ No (0)  
☐ N/A (8)

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

24a. Please summarize review and action taken at the site.

QNAM=AEREVTXT  
 QLABEL=REVIEW OF CASE MADE AT SITE TEXT  
 IDVAR=VISITNUM

25. Did that review suggest a need for review of any Motivational Incentives procedures?

- ☐ Yes (1)  
☐ No (0)  
☐ N/A (8)

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

25a. If yes, please describe.

QNAM=AEMETTXT  
 QLABEL=AE REVIEW SUGGESTS NEED FOR MET TEXT  
 IDVAR=VISITNUM

Please review with PI, CTP Staff, and fax completed form (all pages) *immediately* to:

Marc Copersino, Ph.D. (fax: 410-550-8149)

Maxine Stitzer, Ph.D., Lead Investigator (fax: 410-550-0030)

Ann Anderson, M.D., NIDA Medical Safety Officer (fax: 301-443-2317)