

SC.SCTEST=NODE

STUDYID

USUBJID

Node: _____ CTP Number: _____ Participant Number: _____ Assessment completed by: _____

DemographicsDate consent obtained: ____/____/____ DMDTC
month day year1 Sex: ☐ Male ☐ Female DM.SEX2 Date of birth: ____/____/____ OR Age: ____ (years)
month day year DM.BRTHDTC DM.AGE3 Ethnicity: ☐ Spanish origin, Hispanic or Latino DM.ETHNIC
☐ Not of Spanish origin, Hispanic or Latino → Skip to question 4.

SC.SCTEST

SC.SCORRES

→ If Hispanic or Latino, for each of the following, please check "Yes" or "No".

1 Mexican, Mexican-American, or Chicano: ☐ No ☐ Yes2 Puerto Rican: ☐ No ☐ Yes3 Cuban: ☐ No ☐ Yes4 Other: ☐ No ☐ Yes → If Yes: Specify: _____

QNAM=SOTHERS

QLABEL=SPANISH,
HISPANIC, OR LATINO:
OTHER TEXT

IDVAR=SCSEQ

4 Race: DM.RACE

For each of the following, please check "Yes" or "No". Check "Yes" for items 'g' or 'h' if participant chooses not to answer or race is unknown. For those categories with further specification, please respond to all sub-category questions.

Answer "Yes" to at least one sub-category. If sub-category is unknown, select "Other" for the sub-category and write

"Unknown" for the specify. SC.SCTEST SC.SCORRES

4a American Indian or Alaska Native: ☐ No ☐ Yes4b Asian: ☐ No → If No: Complete 4.c.☐ Yes → If Yes: Complete 4.b.1 through 4.b.7.4.b.1 Asian-Indian: ☐ No ☐ Yes4.b.2 Chinese: ☐ No ☐ Yes4.b.3 Filipino: ☐ No ☐ Yes4.b.4 Japanese: ☐ No ☐ Yes4.b.5 Korean: ☐ No ☐ Yes4.b.6 Vietnamese: ☐ No ☐ Yes4.b.7 Other: ☐ No ☐ Yes → If Yes: Specify: _____

QNAM=AOTHERS

QLABEL=ASIAN: OTHER TEXT

IDVAR=SCSEQ

4c Black or African American: ☐ No ☐ Yes

4d Native Hawaiian or Pacific Islander:

☐ No → If No: Complete 4.e.☐ Yes → If Yes: Complete 4.d.1 through 4.d.4.4.d.1 Native Hawaiian: ☐ No ☐ Yes4.d.2 Guamanian or Chamorro: ☐ No ☐ Yes4.d.3 Samoan: ☐ No ☐ Yes4.d.4 Other: ☐ No ☐ Yes → If Yes: Specify: _____

QNAM=NOTHERS

QLABEL=NATIVE HAWAIIAN OR
PACIFIC ISLANDER: OTHER TEXT

IDVAR=SCSEQ

4e White: ☐ No ☐ Yes4f Other: ☐ No ☐ Yes → If Yes: Specify: _____4g Participant chooses not to answer: ☐ No ☐ Yes4h Unknown: ☐ No ☐ Yes

QNAM=OOTHERS

QLABEL=ETHNICITY/RACE: OTHER TEXT

IDVAR=SCSEQ

STUDYID

USUBJID

Node: _____ CTP Number: _____ Participant Number: _____ Assessment completed by: _____

Drug Use

SUCAT=DRUG/ALCOHOL USE

5 For each of the following substances, please indicate whether the substance has been used in the past 30 days. Indicate whether the substance was ever administered by injection (IV or NonIV). Also, indicate substance abuse/dependence for each category.

QNAM=DEPCLASS
QLABEL=ABUSE/DEPENDENCE CLASS
IDVAR=SUSEQ

Substance	SUTRT	A. Past 30 Days SUEVLINT=-P30D SUOCCUR	B. Ever by Injection	C. Abuse/Dependence Class (check only one)
1 Alcohol (any use at all)		<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Dependence <input type="checkbox"/> No abuse/dependence
2 Alcohol (to intoxication)		<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Abuse <input type="checkbox"/> Not assessed
3 Heroin		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Dependence <input type="checkbox"/> No abuse/dependence
4 Methadone/LAAM (prescribed)		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Abuse <input type="checkbox"/> Not assessed
5 Methadone/LAAM (illicit)		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
6 Other opiates/Analgesics		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
7 Barbiturates		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Dependence <input type="checkbox"/> No abuse/dependence
8 Other Sedatives/ Hypnotics/Tranquilizers		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Abuse <input type="checkbox"/> Not assessed
9 Cocaine		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Dependence <input type="checkbox"/> No abuse/dependence
				<input type="checkbox"/> Abuse <input type="checkbox"/> Not assessed
10 Amphetamines		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Dependence <input type="checkbox"/> No abuse/dependence
				<input type="checkbox"/> Abuse <input type="checkbox"/> Not assessed
11 Cannabis		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Dependence <input type="checkbox"/> No abuse/dependence
				<input type="checkbox"/> Abuse <input type="checkbox"/> Not assessed
12 Hallucinogens		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Dependence <input type="checkbox"/> No abuse/dependence
				<input type="checkbox"/> Abuse <input type="checkbox"/> Not assessed
13 Inhalants		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Dependence <input type="checkbox"/> No abuse/dependence
				<input type="checkbox"/> Abuse <input type="checkbox"/> Not assessed
14 Nicotine (tobacco products)		<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Dependence <input type="checkbox"/> No abuse/dependence
				<input type="checkbox"/> Abuse <input type="checkbox"/> Not assessed
15 More than 1 substance per day (including alcohol, excluding nicotine)		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Dependence <input type="checkbox"/> No abuse/dependence
				<input type="checkbox"/> Abuse <input type="checkbox"/> Not assessed

6 According to the interviewer, which substance(s) is/are the major problem? _____ OR ☐ 97 Not answered

SUCAT=MAJOR DRUG PROBLEM

SUTRT

Interviewer should determine the major drug or drugs of abuse (excluding Nicotine use).

Code the number next to the drug in question 01 - 13

"00" = no problem

"15" = alcohol and one or more drugs

"16" = more than one drug but no alcohol

Ask participant when not clear.

QNAM=INJECTION
QLABEL=EVER BY INJECTION
IDVAR=SUSEQ

STUDYID

USUBJID

Node: _____ CTP Number: _____ Participant Number: _____ Assessment completed by: _____

Inclusion Criteria must answer "Yes" to questions 1 through 5 to be eligible

IECAT

ALL ITEMS MUST BE COMPLETED

IETEST

IEORRES

- 1 The patient is at least 18 years of age ☐₀ No ☐₁ Yes
- 2 The patient has voluntarily admitted (not civilly committed) to the residential facility for rehabilitation treatment (not admitted for detoxification only) ☐₀ No ☐₁ Yes
- 3 The patient has been diagnosed having substance abuse or dependence (excluding nicotine and caffeine) according to residential facility records ☐₀ No ☐₁ Yes
- 4 The patient has been referred by a program servicing the targeted counties, with plans to return to residence in targeted counties after discharge from the residential treatment facility ☐₀ No ☐₁ Yes
- 5 The patient can be contacted via phone by research staff upon release from residential treatment ☐₀ No ☐₁ Yes

Exclusion Criteria must answer "No" to the following question to be eligible

IECAT

- 1 The patient has shown evidence of current suicide intention or recent (≤ 30 days prior to admission) suicide attempt ☐₀ No ☐₁ Yes

IETEST

IEORRES

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

Node: _____ CTP Number: _____ STUDYID _____ USUBJID _____ Participant Number: _____ Assessment completed by: _____

Inclusion Criteria must answer "Yes" to questions 1 through 5 to be eligible

IECAT

ALL ITEMS MUST BE COMPLETED

IETEST

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

IEORRES

- 1 The patient is at least 18 years of age ☐ No ☐ Yes
- 2 The patient has voluntarily admitted (not civilly committed) to the residential facility for rehabilitation treatment (not admitted for detoxification only) ☐ No ☐ Yes
- 3 The patient has been diagnosed having substance abuse or dependence (excluding nicotine and caffeine) according to residential facility records ☐ No ☐ Yes
- 4 The patient has been referred by a program servicing the targeted counties, with plans to return to residence in targeted counties after discharge from the residential treatment facility ☐ No ☐ Yes
- 5 The patient can be contacted via phone by research staff upon release from residential treatment ☐ No ☐ Yes

Exclusion Criteria must answer "No" to questions 1 through 5 to be eligible

IECAT

IETEST

IEORRES

- 1 The patient failed to complete prescribed treatment ☐ No ☐ Yes
- 2 The patient failed to complete a continuing care plan ☐ No ☐ Yes
- 3 The patient failed to complete study baseline measures ☐ No ☐ Yes
- 4 The patient has no provision for a continuing care plan prior to departure from the residential facility ☐ No ☐ Yes
- 5 The patient has shown evidence of current suicide intention or recent (≤ 30 days prior to admission) suicide attempt ☐ No ☐ Yes
- 6 The patient has been enrolled in a residential treatment facility for < 7 or > 42 days ☐ No ☐ Yes

Study Randomization Summary

SC.SCTEST

SC.SCORRES

- 1 Patient's randomization status (check only one):

- ☐ Patient not eligible
☐ Patient eligible, declines
☐ Patient randomized

DM.RFSTDTC

- 2 If randomized in study: Date Randomized: _____ / _____ / _____
month day year

Randomization code: _____ - _____ - _____
Node CTP Number Randomization Number

SC.SCTEST

SC.SCORRES

- 3 Treatment group (check only one): ☐ (TCG) Telephone call group
☐ (SCG) Standard care group

DM.ARM

- 4 Date of admission: _____ / _____ / _____
month day year

SC.SCTEST

SC.SCORRES

- 5 Date of discharge: _____ / _____ / _____
month day year

SC.SCTEST

SC.SCORRES

Fax this CRF to DCRI within 24 hours of randomization or withdrawal to (919) 668-7100.

WHITE and YELLOW — Duke Clinical Research Institute • PINK — retain at site

Node: _____ CTP Number: _____ Participant Number: _____ Assessment completed by: _____

Participant InformationParticipant date of birth: QSTEST / QSORRES
_____/_____/_____
month day yearQSCAT = ADDICTION SEVERITY INDEX LITE
QSSCAT=GENERAL INFORMATION**Key****Patient Rating Scale:**

- 0 = Not at all
- 1 = Slightly
- 2 = Moderately
- 3 = Considerably
- 4 = Extremely

Introducing the ASI

Seven potential problem areas: Medical, Employment/Support Status, Alcohol, Drug, Legal, Family/Social, and Psychological. All clients receive this same standard interview. All information gathered is confidential.

There are two time periods we will discuss:

1. The past 30 days
2. Lifetime Data

Patient Rating Scale: Patient input is important. For each area, I will ask you to use this scale to let me know how bothered you have been by any problems in each section. I will also ask you how important treatment is for you for the area being discussed.

Please refer to the Patient Rating Scale in the key above.

If you are uncomfortable giving an answer, then don't answer.

Please do not give inaccurate information!

Node: ____ CTP Number: ____ Participant Number: ____ Assessment completed by: ____

Interviewer Instructions

1. Leave no blanks
2. Throughout the ASI, please note if not answered or not applicable in the appropriate box.
3. Terminate interview if client misrepresents two or more sections.
4. When noting comments, please write the question number.

HALF TIME RULE: If a question asks the number of months, round up periods of 14 days or more to 1 month. Round up 6 months or more to 1 year.

CONFIDENCE RATINGS: → Last two items in each section.
 → Do not over interpret.
 → Denial does not warrant misrepresentation.
 → Misrepresentation = overt contradiction in information.

Probe and make plenty of comments!

Hollingshead Categories

- 1 = Higher Executive, Major Professionals, 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

Node: ____ CTP Number: ____ Participant Number: ____ Assessment completed by: ____

List of Commonly Used Drugs

Alcohol:	Beer, wine, liquor
Methadone:	Dolophine, LAAM
Opiates:	Pain killers = Morphine, Dilaudid, Demerol, Percocet, Darvon, Talwin, Codeine, Tylenol 2, 3, 4 Syrups = Robitussin, Fentanyl
Barbiturates:	Nembutal, Seconal, Tuinol, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinol
Sed/Hyp/Tranq:	Benzodiazepines = Valium, Librium, Ativan, Serax, Tranxene, Dalmane, Halcion, Xanax, Miltown, Other = ChloralHydrate (Noctex), Quaaludes
Cocaine:	Cocaine Crystal, Free-Base Cocaine or "Crack, and "Rock Cocaine"
Amphetamines:	Monster, Crank, Benzedrine, Dexedrine, Ritalin, Preludin, Methamphetamine, Speed, Ice, Crystal
Cannabis:	Marijuana, Hashish
Hallucinogens:	LSD (Acid), Mescaline, Mushrooms (Psilocybin), Peyote, Green, PCP (Phencyclidine), Angel Dust, Ecstasy
Inhalants:	Nitrous Oxide, Amyl Nitrate (Whippits, Poppers), Glue, Solvents, Gasoline, Toluene, Etc.

Just note if these are used: Antidepressants,

Ulcer Meds = Zantac, Tagamet

Asthma Meds = Ventoline Inhaler, Theodur

Other meds = Antipsychotics, Lithium

Alcohol/Drug Section Instructions

The following questions look at two time periods: the past 30 days and lifetime. Lifetime refers to the time prior to the last 30 days. However, if the client has been incarcerated for more than 1 year, you would only gather lifetime information, unless the client admits to significant alcohol/drug use during incarceration. This guideline only applies to the Alcohol/Drug Section.

- 30 day questions only require the number of days used.
- Lifetime use is asked to determine extended periods of use.
- Regular use = 3+ times per week, binges, or problematic irregular use in which normal activities are compromised.
- Alcohol to intoxication does not necessarily mean "drunk", use the words "felt the effects", "got a buzz", "high", etc. instead of intoxication. As a rule of thumb, 5+ drinks in one setting, or within a brief period of time defines "intoxication".
- "How to ask these questions"
 - "How many days in the past 30 have you used....?"
 - "How many years in your life have you regularly used....?"

Node: _____ CTP Number: _____ Participant Number: _____ Assessment completed by: _____

General InformationDate of assessment: ____/____/____ QSDTC QSSCAT=GENERAL INFORMATION
month day year**G9 Contact code** (check only one):

QSTEST

QSSEQ

- ☐ 1 In Person
☐ 2 Telephone (Intake ASI must be in person)
☐ 3 Mail
☐ 97 Not answered

QSORRES

G12 Special (check only one):

- ☐ 1 Patient terminated
☐ 2 Patient refused
☐ 3 Patient unable to respond
☐ 96 Not applicable

G14 How long have you lived at your current address:

QSORRESU = YEAR

____ A-Years / ____ S-Months OR ☐ 97 Not answered

QSORRESU = MONTH

G18 Do you have a religious preference (check only one)?

- ☐ 1 Protestant
☐ 2 Catholic
☐ 3 Jewish
☐ 4 Islamic
☐ 6 None
☐ 97 Not answered
☐ 98 Other

G19 Have you been in a controlled environment in the past 30 days (check only one)?

- ☐ 1 No
☐ 2 Jail
☐ 3 Alcohol or Drug Treatment
☐ 4 Medical Treatment
☐ 5 Psychiatric Treatment
☐ 97 Not answered
☐ 98 Other (A place, theoretically, without access to drugs/alcohol): _____

QSEVLINT = -P30D

G20 How many days ("NN if question G19 is "No". Refers to total number of days detained in the past 30 days.)?____ days OR ☐ 97 Not answered

QSEVLINT = -P30D

QSORRESU = DAY

Comments: DOMAIN: CO

IDVAR=QSGRPID

IDVARVAL=BASELINE: GENERAL INFORMATION or
FOLLOWUP: GENERAL INFORMATION

Medical Status

QSSCAT=MEDICAL STATUS

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

QSTEST

_____ OR ☐₉₇ Not answered QSORRES

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

M3 Do you have any chronic medical problems which continue to interfere with your life?

QSSEQ

- 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.

☐₉₇ Not answered ☐₀ No ☐₁ Yes → If Yes: Specify: _____

QNAM=M3B

QLABEL=CHRONIC CONDITION SPECIFIED

IDVAR=QSSEQ

M4 Are you taking any prescribed medication on a regular basis for a physical problem?☐₉₇ Not answered ☐₀ No ☐₁ Yes → If Yes: Specify: _____

- Medication prescribed by a M.D. for medical conditions; not psychiatric medicines.
- Include medicines prescribed whether or not the patient is currently taking them.
- The intent is to verify chronic medical problems.

QNAM=M4B

QLABEL=MEDICATION SPECIFIED

IDVAR=QSSEQ

M5 Do you receive a pension for a physical disability?☐₉₇ Not answered ☐₀ No ☐₁ Yes → If Yes: Specify: _____

- Include Workers' Compensation, exclude psychiatric disability.

QNAM=M5B

QLABEL=PENSION SPECIFIED

IDVAR=QSSEQ

M6 How many days have you experienced medical problems in the past 30 days?_____ (days) OR ☐₉₇ Not answered

- 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 liver, abscesses from needles, etc.)

QSEVLINT = -P30D

QSORRESU = DAY

For questions M7 & M8: Please ask patient to use the Patient Rating Scale.**M7** How troubled or bothered have you been by these medical problems in the past 30 days?_____ OR ☐₉₇ Not answered

- Restrict response to problem days of question M6.

QSEVLINT = -P30D

M8 How important to you now is treatment for these medical problems?_____ OR ☐₉₇ Not answered

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

Confidence Ratings:Is the above information significantly distorted by:**M10** Patient's misrepresentation? ☐₀ No ☐₁ Yes**M11** Patient's inability to understand? ☐₀ No ☐₁ Yes

Comments: DOMAIN: CO

IDVAR=QSGRPID

IDVARVAL=BASELINE: MEDICAL STATUS or

FOLLOWUP: MEDICAL STATUS

Node: ____ CTP Number: ____ Participant Number: ____ Assessment completed by: ____

Employment/Support Status

QSSCAT=EMPLOYMENT/SUPPORT STATUS

E1 Education completed: ____ / ____ OR ☐ ₉₇ Not answered
A-Years B-Months

QSTEST

• GED = 12 years QSORRESU=YEAR

QSORRESU=MONTH

• Include formal education only.

QSORRES

E2 Training or technical education completed: ____ OR ☐ ₉₇ Not answered
B-Month

QSORRESU=MONTH

• Formal/organized training only. For military training, only include training that can be used in civilian life, i.e., electronics or computers.

QSSSEQ

E4 Do you have a valid driver's license?

☐ ₀ No ☐ ₁ Yes ☐ ₉₇ Not answered

• Valid license; not suspended/revoked.

E5 Do you have an automobile available?

☐ ₀ No ☐ ₁ Yes ☐ ₉₇ Not answered

• If answer to E4 is "No", then E5 must be "No".

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

E6 How long was your longest full time job? ____ / ____ OR ☐ ₉₇ Not answered
A-Years B-Months

QSORRESU=YEAR QSORRESU=MONTH

• Full time = 35+ hours weekly; does not necessarily mean most recent job.

E7 Usual (or last) occupation? → Specify: _____ OR ☐ ₉₇ Not answered

• Use Hollingshead Categories Reference Sheet.

E9 Does someone contribute the majority of your support?

☐ ₀ No ☐ ₁ Yes ☐ ₉₇ Not answered

• Is patient receiving any regular support (i.e., cash, food, housing) from family/friend?

• Include spouse's contribution; exclude support by an institution.

E10 Usual employment pattern, past three years: QSEVLINT=-P3Y

☐ ₁ Full time (35+ hrs/week)

☐ ₄ Student

☐ ₇ Unemployed

☐ ₂ Part time (reg. hrs)

☐ ₅ Military Service

☐ ₈ In controlled environment

☐ ₃ Part time (irreg. day work)

☐ ₆ Retired/disability

☐ ₉₇ Not answered

• 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.

E11 How many days were you paid for working in the past 30 days? ____ days OR ☐ ₉₇ Not answered

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

QSEVLINT=-P30D

QSORRESU=DAY

Node: _____ CTP Number: _____ Participant Number: _____ Assessment completed by: _____

Employment /Support Status (continued)

QSSCAT=EMPLOYMENT/SUPPORT STATUS

For questions E12-E17: How much money did you receive from the following sources in the past 30 days?

QSTEST

QSORRES

QSORRESU=DOLLAR

QSEVLINT=-P30D

E12 Employment: \$ _____ OR ☐₉₇ Not answered

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

QSORRESU=DOLLAR

E13 Unemployment Compensation: \$ _____ OR ☐₉₇ Not answered**E14** Welfare: \$ _____ OR ☐₉₇ Not answered

QSORRESU=DOLLAR

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

QSORRESU=DOLLAR

E15 Pensions, benefits, or Social Security: \$ _____ OR ☐₉₇ Not answered

• Include disability, pensions, retirement, veteran's benefits, SSI & workers' compensation.

QSORRESU=DOLLAR

E16 Mate, family or friends: \$ _____ OR ☐₉₇ Not answered

• 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: \$ _____ OR ☐₉₇ Not answered

QSORRESU=DOLLAR

• Cash obtained from drug dealing, stealing, fencing stolen goods, gambling, prostitution, etc.

• Do not attempt to convert drugs exchanged to a dollar value.

E18 How many people depend on you for the majority of their food, shelter, etc.?_____ max = 99 OR ☐₉₇ Not answered

• Must be regularly depending on patient, do include alimony/child support, do not include the patient or self-supporting spouse, etc.

E19 How many days have you experienced employment problems in the past 30 days?_____ days OR ☐₉₇ Not answered

QSORRESU=DAY

• Include inability to find work, if they are actively looking for work, or problems with present job in which that job is jeopardized.

For questions E20-E21: Please ask patient to use the Patient's Rating Scale.

The patient's ratings in question E20 and E21, refer to question E19. 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?_____ OR ☐₉₇ Not answered ☐₉₈ Not applicable

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

E21 How important to you now is counseling for these employment problems?_____ OR ☐₉₇ Not answered ☐₉₈ Not applicable**CONFIDENCE RATINGS:**Is the above information significantly distorted by:**E23** Patient's misrepresentation? ☐₀ No ☐₁ Yes**E24** Patient's inability to understand? ☐₀ No ☐₁ Yes

Node: _____ CTP Number: _____ Participant Number: _____ Assessment completed by: _____

Drug/Alcohol Use

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 "Not answered".

QSEVLINT=-P30D

QSTEST

Substance

QSORRES

A. Past 30
DaysB. Lifetime Use
(Years)C. Route of
Administration

D1	Alcohol (any use at all):	QSORRESU=DAY	QSORRESU=YEAR	
D2	Alcohol (to intoxication):	_____	_____	
D3	Heroin:	_____	_____	_____ OR <input type="checkbox"/> 97 Not answered
D4	Methadone/LAAM (prescribed):	_____	_____	_____ OR <input type="checkbox"/> 97 Not answered
D4a	Methadone/LAAM (illicit):	_____	_____	_____ OR <input type="checkbox"/> 97 Not answered
D5	Other Opiates/Analgesics:	_____	_____	_____ OR <input type="checkbox"/> 97 Not answered
D6	Barbiturates:	_____	_____	_____ OR <input type="checkbox"/> 97 Not answered
D7	Other Sedatives/Hypnotics /Tranquilizers:	_____	_____	_____ OR <input type="checkbox"/> 97 Not answered
D8	Cocaine:	_____	_____	_____ OR <input type="checkbox"/> 97 Not answered
D9	Amphetamines:	_____	_____	_____ OR <input type="checkbox"/> 97 Not answered
D10	Cannabis:	_____	_____	_____ OR <input type="checkbox"/> 97 Not answered
D11	Hallucinogens:	_____	_____	_____ OR <input type="checkbox"/> 97 Not answered
D12	Inhalants:	_____	_____	_____ OR <input type="checkbox"/> 97 Not answered
D36	Nicotine (tobacco products):	_____	_____	
D13	More than 1 substance per day (including alcohol, excluding nicotine):	_____	_____	

D14 According to the interviewer, which substance(s) is/are the major problem? _____ OR ☐ 97 Not answered

Interviewer should determine the major drug or drugs of abuse (excluding Nicotine use).

Code the number next to the drug in question 01-12 (code prescribed or illicit methadone as "04")

"00" = no problem

"15" = alcohol and one or more drugs

"16" = more than one drug but no alcohol

Ask participant when not clear

Node: _____ CTP Number: _____ Participant Number: _____ Assessment completed by: _____

Drug/Alcohol Use

QSSCAT=DRUG/ALCOHOL USE

D17 How many times have you had Alcohol DT's? _____ OR ☐₉₇ Not answered• 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.

QSTEST

QSORRES

How many times 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).

QSSEQ

D19 Alcohol abuse: _____ OR ☐₉₇ Not answered**D20** Drug abuse _____ OR ☐₉₇ Not answered

How many of these were detox only?

D21 Alcohol: _____ OR ☐₉₇ Not answered → If D19 = "00": Then question D21 is "Not answered".**D22** Drugs: _____ OR ☐₉₇ Not answered → If D20 = "00": Then question D22 is "Not answered".

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 \$ _____ OR ☐₉₇ Not answered

QSORRESU=DOLLAR

QSEVLINT=-P30D

D24 Drugs \$ _____ OR ☐₉₇ Not answered

QSORRESU=DOLLAR

D25 How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days?
_____ days OR ☐₉₇ Not answered

QSORRESU=DAY

• Include AA/NA

How many days in the past 30 have you experienced:

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

D26 Alcohol problems: _____ days OR ☐₉₇ Not answered

QSORRESU=DAY

D27 Drug problems: _____ days OR ☐₉₇ Not answered

QSORRESU=DAY

STUDYID

USUBJID

EPOCH=BASELINE

Node: _____ CTP Number: _____ Participant Number: _____ Assessment completed by: _____

Drug/Alcohol Use

QSSCAT=DRUG/ALCOHOL USE

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.

How troubled or bothered have you been within the past 30 days by these:

QSTEST

QSORRES

D28 Alcohol problems: _____ OR ☐₉₇ Not answered QSEVLINT=-P30D

D29 Drug problems: _____ OR ☐ ₉₇ Not answered QSEVLINT=-P30D

QSSEQ

How important to you now is treatment for these:

D30 Alcohol problems: _____ OR ☐ ₉₇ Not answered

D31 Drug problems: _____ OR ☐ ₉₇ Not answered

CONFIDENCE RATINGS

Is the above information significantly distorted by:

D34 Patient's misrepresentation? ☐ No ☐ Yes

D35 Patient's inability to understand? ☐ No ☐ Yes

Comments: DOMAIN: CO

IDVAR=QSGRPID

IDVARVAL=BASELINE: ALCOHOL/DRUGS or
FOLLOWUP: ALCOHOL/DRUGS

Legal Status

QSSCAT=LEGAL STATUS

L1 Was this admission prompted by the criminal justice system?☐ No ☐ Yes ☐ Not answered

* Judge, probation/parole officer, etc.

QSTEST

QSORRES

L2 Are you on probation or parole? ☐ No ☐ Yes ☐ Not answered

* Note duration and level in comments.

QSSEQ

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

* Include total numbers 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: ____ OR ☐ Not answered**L4** Parole/probation violations: ____ OR ☐ Not answered**L5** Drug charges: ____ OR ☐ Not answered**L6** Forgery: ____ OR ☐ Not answered**L7** Weapons offense: ____ OR ☐ Not answered**L8** Burglary/Larceny/B&E: ____ OR ☐ Not answered**L9** Robbery: ____ OR ☐ Not answered**L10** Assault: ____ OR ☐ Not answered**L11** Arson: ____ OR ☐ Not answered**L12** Rape: ____ OR ☐ Not answered**L13** Homicide/manslaughter: ____ OR ☐ Not answered**L14** Prostitution: ____ OR ☐ Not answered**L15** Contempt of court: ____ OR ☐ Not answeredQNAM=L16B
QLABEL=OTHER ARREST SPECIFIED
IDVAR=QSSEQ**L16** Other (specify): ____ OR ☐ Not answered**L17** How many of these charges resulted in convictions? ____ OR ☐ Not answered

If L3 - L16 = "00", then L17 = "Not answered". Do not include misdemeanor offenses from questions L18 - L20 below. Convictions include fines, probation, incarcerations, suspended sentences, and guilty pleas.

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

L18 Disorderly conduct, vagrancy, public intoxication: ____ OR ☐ Not answered**L19** Driving while intoxicated (DWI): ____ OR ☐ Not answered**L20** Major driving violations: ____ OR ☐ Not answered

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

STUDYID

USUBJID

EPOCH=BASELINE

Node: _____ CTP Number: _____ Participant Number: _____ Assessment completed by: _____

Legal Status

QSSCAT=LEGAL STATUS

L21 How many months were you incarcerated in your life? _____ months OR ☐₉₇ Not answered.

• If incarcerated 2 weeks or more, round this up to 1 month. List total number of months incarcerated (up to 99). If more than 99, code 99 and enter the number in comments.

QSORRESU=MONTH

QSTEST

QSORRES

L24 Are you presently awaiting charges, trial or sentence?☐₀ No ☐₁ Yes ☐₉₇ Not answered**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 offense is involved._____ OR ☐₉₇ Not answered ☐₉₈ Not applicable

QSSEQ

03 = Shoplift	07 = Weapons	11 = Arson	15 = Contempt	20 = Major driving violation
04 = Probation violation	08 = Burglary	12 = Rape	16 = Other	
05 = Drug	09 = Robbery	13 = Homicide	18 = Disorderly conduct	
06 = Forgery	10 = Assault	14 = Prostitution	19 = DWI	

L26 How many days in the past 30 were you detained or incarcerated?_____ days OR ☐₉₇ Not answered

QSEVLINT=-P30D

QSORRESU=DAY

• Include being arrested and released on the same day.

L27 How many days in the past 30 have you engaged in illegal activities for profit?_____ days OR ☐₉₇ Not answered

QSEVLINT=-P30D

QSORRESU=DAY

• Exclude simple drug possession. Include drug dealing, prostitution, selling stolen goods, etc. May be cross checked with question E17 under Employment/Family Support section.

For questions L28 and L29, please ask patient to use the Patient's Rating Scale.**L28** How serious do you feel your present legal problems are?_____ OR ☐₉₇ Not answered

• Exclude civil problems.

L29 How important to you now is counseling or referral for these legal problems?_____ OR ☐₉₇ Not answered• Patient is rating a need for additional referral to legal counsel for defense against criminal charges.**CONFIDENCE RATINGS**Is the above information significantly distorted by:**L31** Patient's misrepresentation?☐₀ No☐₁ Yes**L32** Patient's inability to understand?☐₀ No☐₁ Yes

Comments: DOMAIN: CO

IDVAR=QSGRPID

IDVARVAL=BASELINE: LEGAL STATUS or

FOLLOWUP: LEGAL STATUS

Family/Social Relationships

QSSCAT=FAMILY/SOCIAL RELATIONSHIPS

F1 Marital Status:
☐₁ Married ☐₂ Remarried ☐₃ Widowed ☐₄ Separated ☐₅ Divorced ☐₆ Never Married ☐₉₇ Not answered

• Common-law marriage=1: Specify in comments.

QSTEST

QSORRES

F3 Are you satisfied with this situation?
☐₀ No ☐₁ Yes ☐₃ Indifferent ☐₉₇ Not answered

• Satisfied=generally liking the situation. Refers to question F1.

QSSEQ

F4 Usual living arrangements (past 3 yrs.):

QSEVLINT=-P3Y

☐₁ With sexual partner and children ☐₄ With parents ☐₇ Alone ☐₉₇ Not answered
☐₂ With sexual partner alone ☐₅ With family ☐₈ Controlled environment
☐₃ With children alone ☐₆ With friend ☐₉ No stable arrangements

• 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.

F6 Are you satisfied with these arrangements?
☐₀ No ☐₁ Yes ☐₃ Indifferent ☐₉₇ Not answered

• Refers to response in question F4.

Do you live with anyone who:**F7** Has a current alcohol problem? ☐₀ No ☐₁ Yes ☐₉₇ Not answered**F8** Uses non-prescribed drugs? ☐₀ No ☐₁ Yes ☐₉₇ Not answered**F9 With whom do you spend most of your free time?**
☐₁ Family ☐₂ Friends ☐₃ Alone ☐₉₇ Not answered

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

F10 Are you satisfied with spending your free time this way?
☐₀ No ☐₁ Yes ☐₂ Indifferent ☐₉₇ Not answered

• A satisfied response must indicate that the person generally likes the situation. Refers to question F9.

Family/Social Relationships**QSSCAT=FAMILY/SOCIAL RELATIONSHIPS**

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.

QSTEST

QSORRES

QSEVLINT=-P30D

QSSEQ

		A. Past 30 days			B. Lifetime		
F18	Mother:	<input type="checkbox"/> _0 No	<input type="checkbox"/> _1 Yes	<input type="checkbox"/> _97 Not answered <input type="checkbox"/> _96 Not applicable	<input type="checkbox"/> _0 No	<input type="checkbox"/> _1 Yes	<input type="checkbox"/> _97 Not answered <input type="checkbox"/> _96 Not applicable
F19	Father:	<input type="checkbox"/> _0 No	<input type="checkbox"/> _1 Yes	<input type="checkbox"/> _97 Not answered <input type="checkbox"/> _96 Not applicable	<input type="checkbox"/> _0 No	<input type="checkbox"/> _1 Yes	<input type="checkbox"/> _97 Not answered <input type="checkbox"/> _96 Not applicable
F20	Brother/sisters:	<input type="checkbox"/> _0 No	<input type="checkbox"/> _1 Yes	<input type="checkbox"/> _97 Not answered <input type="checkbox"/> _96 Not applicable	<input type="checkbox"/> _0 No	<input type="checkbox"/> _1 Yes	<input type="checkbox"/> _97 Not answered <input type="checkbox"/> _96 Not applicable
F21	Sexual partner/spouse:	<input type="checkbox"/> _0 No	<input type="checkbox"/> _1 Yes	<input type="checkbox"/> _97 Not answered <input type="checkbox"/> _96 Not applicable	<input type="checkbox"/> _0 No	<input type="checkbox"/> _1 Yes	<input type="checkbox"/> _97 Not answered <input type="checkbox"/> _96 Not applicable
F22	Children:	<input type="checkbox"/> _0 No	<input type="checkbox"/> _1 Yes	<input type="checkbox"/> _97 Not answered <input type="checkbox"/> _96 Not applicable	<input type="checkbox"/> _0 No	<input type="checkbox"/> _1 Yes	<input type="checkbox"/> _97 Not answered <input type="checkbox"/> _96 Not applicable
F23	Other significant family: (specify): _____	<input type="checkbox"/> _0 No	<input type="checkbox"/> _1 Yes	<input type="checkbox"/> _97 Not answered <input type="checkbox"/> _96 Not applicable	<input type="checkbox"/> _0 No	<input type="checkbox"/> _1 Yes	<input type="checkbox"/> _97 Not answered <input type="checkbox"/> _96 Not applicable
F24	Close friends	<input type="checkbox"/> _0 No	<input type="checkbox"/> _1 Yes	<input type="checkbox"/> _97 Not answered <input type="checkbox"/> _96 Not applicable	<input type="checkbox"/> _0 No	<input type="checkbox"/> _1 Yes	<input type="checkbox"/> _97 Not answered <input type="checkbox"/> _96 Not applicable
F25	Neighbors	<input type="checkbox"/> _0 No	<input type="checkbox"/> _1 Yes	<input type="checkbox"/> _97 Not answered <input type="checkbox"/> _96 Not applicable	<input type="checkbox"/> _0 No	<input type="checkbox"/> _1 Yes	<input type="checkbox"/> _97 Not answered <input type="checkbox"/> _96 Not applicable
F26	Co-workers	<input type="checkbox"/> _0 No	<input type="checkbox"/> _1 Yes	<input type="checkbox"/> _97 Not answered <input type="checkbox"/> _96 Not applicable	<input type="checkbox"/> _0 No	<input type="checkbox"/> _1 Yes	<input type="checkbox"/> _97 Not answered <input type="checkbox"/> _96 Not applicable
Did anyone abuse you?		A. Past 30 days			B. Lifetime		
F28	Physically (Caused you physical harm):	<input type="checkbox"/> _0 No	<input type="checkbox"/> _1 Yes	<input type="checkbox"/> _97 Not answered	<input type="checkbox"/> _0 No	<input type="checkbox"/> _1 Yes	<input type="checkbox"/> _97 Not answered
F29	Sexually (Forced sexual advances/acts):	<input type="checkbox"/> _0 No	<input type="checkbox"/> _1 Yes	<input type="checkbox"/> _97 Not answered	<input type="checkbox"/> _0 No	<input type="checkbox"/> _1 Yes	<input type="checkbox"/> _97 Not answered

STUDYID

USUBJID

EPOCH=BASELINE

Node: ____ CTP Number: ____ Participant Number: ____ Assessment completed by: ____

Family/Social Relationships

QSSCAT=FAMILY/SOCIAL RELATIONSHIPS

F30 How many days in the past 30 have you had serious conflicts with your family?____ days OR ☐₉₇ Not answered

QSORRESU=DAY

QSEVLINT=-P30D

For questions F32 and F34, please ask patient to use the Patient's Rating Scale.

QSTEST

QSORRES

F32 How troubled or bothered have you been in the past 30 days by these family problems?____ OR ☐₉₇ Not answered

QSEVLINT=-P30D

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

• Patient is rating his/her need for counseling for family problems, not whether they would be willing to attend.

____ OR ☐₉₇ Not answered

QSSEQ

F31 How many days in the past 30 have you had serious conflicts with other people (excluding family)?____ days OR ☐₉₇ Not answered

QSEVLINT=-P30D

For questions F33 and F35, please ask patient to use the Patient's Rating Scale.**F33** How troubled or bothered have you been in the past 30 days by these social problems?____ OR ☐₉₇ Not answered

QSEVLINT=-P30D

F35 How important to you now is treatment or counseling for these social problems?____ OR ☐₉₇ Not answered

• 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. Exclude problems that would be eliminated if patient had no substance abuse.

CONFIDENCE RATINGSIs the above information significantly distorted by:**F37** Patient's misrepresentation? ☐₀ No ☐₁ Yes**F38** Patient's inability to understand? ☐₀ No ☐₁ Yes

Comments: _____

DOMAIN: CO

IDVAR=QSGRPID

IDVARVAL=BASELINE: FAMILY/SOCIAL RELATIONSHIPS or

FOLLOWUP: FAMILY/SOCIAL RELATIONSHIPS

Psychiatric Status

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. Enter diagnosis in comments if known.

P1 In a hospital or inpatient setting? ____ OR ☐_97 Not answered

P2 As an outpatient or private patient? ____ OR ☐_97 Not answered

P3 Do you receive a pension for a psychiatric disability? ☐_0 No ☐_1 Yes ☐_97 Not answered

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

A. Past 30 days

B. Lifetime

P4 Experienced serious depression-sadness, hopelessness, loss of interest, difficulty with daily function? ☐_0 No ☐_1 Yes ☐_97 Not answered

☐_0 No ☐_1 Yes ☐_97 Not answered

P5 Experienced serious anxiety/tension-uptight, unreasonably worried, inability to feel relaxed ☐_0 No ☐_1 Yes ☐_97 Not answered

☐_0 No ☐_1 Yes ☐_97 Not answered

P6 Experienced hallucinations-saw things or heard voices that other people did not see or hear? ☐_0 No ☐_1 Yes ☐_97 Not answered

☐_0 No ☐_1 Yes ☐_97 Not answered

P7 Experienced trouble understanding, concentrating, or remembering? ☐_0 No ☐_1 Yes ☐_97 Not answered

☐_0 No ☐_1 Yes ☐_97 Not answered

For questions P8-P10, patient could have been under the influence of alcohol/drugs

P8 Experienced trouble controlling violent behavior including episodes of rage, or violence? (Patient can be under the influence of alcohol/drugs) ☐_0 No ☐_1 Yes ☐_97 Not answered

☐_0 No ☐_1 Yes ☐_97 Not answered

P9 Experienced serious thoughts of suicide? (Patient seriously considered a plan for taking his/her life) ☐_0 No ☐_1 Yes ☐_97 Not answered

☐_0 No ☐_1 Yes ☐_97 Not answered

P10 Attempted suicide? (Include actual suicidal gestures or attempts.) ☐_0 No ☐_1 Yes ☐_97 Not answered

☐_0 No ☐_1 Yes ☐_97 Not answered

P11 Been prescribed medication for any psychological/emotional problem? (Prescribed for the patient by MD. Record "Yes" if a medication was prescribed even if the patient is not taking it.) ☐_0 No ☐_1 Yes ☐_97 Not answered

☐_0 No ☐_1 Yes ☐_97 Not answered

Node: _____ CTP Number: _____ Participant Number: _____ Assessment completed by: _____

Psychiatric Status

QSSCAT=PSYCHIATRIC STATUS

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

_____ days OR ☐₉₇ Not answered

QSEVLINT=-P30D

• This refers to problems noted in question P4-P10

QSTEST

QSORRES

For questions P13 & P14, 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?

_____ OR ☐₉₇ Not answered

QSEVLINT=-P30D

• Patient should be rating the problem days from question P12

QSSEQ

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

_____ OR ☐₉₇ Not answered

CONFIDENCE RATINGS

Is the above information significantly distorted by:

P22 Patient's misrepresentation? ☐₀ No ☐₁ Yes

P23 Patient's inability to understand? ☐₀ No ☐₁ Yes

Comments: _____

DOMAIN: CO

IDVAR=QSGRPID

IDVARVAL=BASELINE: PSYCHIATRIC STATUS or
FOLLOWUP: PSYCHIATRIC STATUS

STUDYID

USUBJID

EPOCH=BASELINE

Node: _____ CTP Number: _____ Participant Number: _____ Assessment completed by: _____

Date of assessment: _____/_____/_____
months day year

QSDTC

QSCAT=RISK BEHAVIORS SURVEY

INTERVIEWER: The RBS contains sensitive information on drug use and sexual behavior. Please ensure that you have developed rapport with the participant before asking these questions.

A DRUG USE QSCAT = DRUG USE

QSEVLINT=-P3OD

QSTEST

I'm going to ask you some questions about your drug use. I'll ask what types of drugs you've used and how often you use them.

QSORRES

	e.	b.	c.	d.	e.	f.
	Have you ever used? (If no use, skip to next drug)	How many days did you use _____ in the last 30 days? (If 00, do not ask parts c-f, and skip to next drug)	How many days did you inject _____ in the last 30 days? (If 00, skip to part e)	How many times a day did you inject _____? (Average # of injections/day)	How many days did you use _____ without injecting (smoking, snorting, swallowing) in the last 30 days (If 00, then skip to next drug class)	How many times a day did you use _____ without injecting?
	NO <input type="checkbox"/> _0	YES <input type="checkbox"/> _1	U <input type="checkbox"/> _00	N <input type="checkbox"/> _00	REF <input type="checkbox"/> _02	
1 Cocaine by itself (Injected or snorted)	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _00	<input type="checkbox"/> _02	QSORRES\$U=DAY	QSORRES\$U=DAY
2 Heroin by itself	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _00	<input type="checkbox"/> _02		
3 Heroin & cocaine mixed together (Speedball)	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _00	<input type="checkbox"/> _02		
4 Other opiates (Demoral, codeine, dilaudid)	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _00	<input type="checkbox"/> _02		
5 Amphetamines (Crank, speed, methamphetamine)	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _00	<input type="checkbox"/> _02		

QSSSEQ

STUDYID

USUBJID

Node: _____ CTP Number: _____ Participant Number: _____ Assessment completed by: _____

Risk Behavior Survey

QSCAT=RISK BEHAVIOR SURVEY

Please use the following coding for frequency of sexual events and condom/barrier use.

Frequency scale:		Condom/Barrier use scale:	
Once or irregularly	01	Never	0
Less than once a week	02	Less than half the time	1
About once a week	03	About half the time	2
2-6 times a week	04	More than half the time	3
About once a day	05	Always	4
2-3 times a day	06	Don't know/unsure	9
4 or more times a day	07	Refused	7
Don't know/unsure	99		
Refused	77		

B DRUG INJECTION (If no injection use in past 30 days, skip to Section C.)

QSTEST

QSSCAT=DRUG INJECTION

QSORRES

QSEVLINT=-P30D

QSSSEQ

- 1 In the last 30 days, how many times (number of injections) did you inject using works (needles/syringes) that you know had been used by somebody else? (If 000, then skip to B3) _____
- 2 Of the times you injected after someone, how many times did you clean the works with full strength bleach? (Number cannot exceed total number of times used after a friend (qB1)) _____
- 3 How many times in the last 30 days did you use a cooker/cotton/rinse water that had been used by another injector? _____
- 4 How many times in the last 30 days did you fix drugs with another person, then split the drug solution (through use of the same cooker/spoon or through front or back loading)? _____

C SEXUAL ACTIVITY

QSSCAT=SEXUAL ACTIVITY

Now I'm going to ask you some questions about sex. I'm referring here to anybody you've had sex with in the last 30 days.

- 1 During the last 30 days, with how many people did you have vaginal, oral or anal sex? _____

If the Participant's response is "None," Enter 000 and the Questionnaire is completed.

- 2 How many of your partners were female? _____
(Number cannot exceed total number of people (qC1))
- 3 How many of your partners were male? _____
(Number cannot exceed total number of people (qC1))
- 4 Interviewer: Code gender of respondent:
☐ 1 Male
☐ 2 Female
☐ 9 Don't know
 (If Male, complete sections D, E, F, G, & I)
 (If Female, complete sections D, G, H, & I)
 (If Don't Know, ask ALL sex/gender specific questions and allow client to answer as they like)

Node: _____ CTP Number: _____ STUDYID _____ Participant Number: _____ USUBJID _____ Assessment completed by: _____

Risk Behavior Survey (continued)**QSCAT=RISK BEHAVIOR SURVEY**

Please use the following coding for frequency of sexual events and condom/barrier use.

Frequency scale:

Once or irregularly	01
Less than once a week	02
About once a week	03
2-6 times a week	04
About once a day	05
2-3 times a day	06
4 or more times a day	07
Don't know/unsure	99
Refused	77

Condom/Barrier use scale:

Never	0
Less than half the time	1
About half the time	2
More than half the time	3
Always	4
Don't know/unsure	9
Refused	7

QSSCAT=SEXUAL ACTIVITY – CLIENT WITH FEMALE PARTNER**D Ask Male/Female Clients who had Female Partners****QSTEST****QSORRES****QSEVLINT=-P30D****QSSSEQ****1 a** How many women performed oral sex ("went down") on you? _____*(If 000, then skip to question 2a. Number cannot exceed total number of female partners (qC2))***1b** How often did your partner(s) perform oral sex ("go down") on you? _____**1c** How often did you use condoms/dental dams when your partner(s) performed oral sex ("went down") on you? _____**2 a** How many women did you perform oral sex ("went down") on? _____*(If 000, then skip to next section appropriate for the sex of this client. Number cannot exceed total number of female partners (qC2))***2b** How often did you perform oral sex ("go down") on your partner(s)? _____**2c** How often did you use condoms/dental dams when you performed oral sex ("went down") on your partner(s)? _____**E Ask Male Clients who had Female Partners****QSSCAT=SEXUAL ACTIVITY – MALE CLIENT WITH FEMALE PARTNER****1 a** How many women did you have vaginal sex with? _____*(If 000, then skip to question 2a. Number cannot exceed total number of female partners (qC2))***1b** How often did you have vaginal sex? _____**1c** How often did you use a condom? _____**2 a** How many women did you have (insertive) anal sex with? _____*(If 000, then skip to next section appropriate for the sex of this client. Number cannot exceed total number of female partners (qC2))***2b** How often did you have (insertive) anal sex? _____**2c** How often did you use a condom? _____

Node: _____ CTP Number: _____ Participant Number: _____ Assessment completed by: _____

Risk Behavior Survey (continued)

QSCAT=RISK BEHAVIOR SURVEY

Please use the following coding for frequency of sexual events and condom/barrier use.

Frequency scale:		Condom/Barrier use scale:	
Once or irregularly	01	Never	0
Less than once a week	02	Less than half the time	1
About once a week	03	About half the time	2
2-6 times a week	04	More than half the time	3
About once a day	05	Always	4
2-3 times a day	06	Don't know/unsure	9
4 or more times a day	07	Refused	7
Don't know/unsure	99		
Refused	77		

QSSCAT=SEXUAL ACTIVITY – MALE CLIENT WITH MALE PARTNER

F Ask Male Clients who had Male Partners

QSTEST

QSORRES

QSEVLINT=-P30D

1 a How many men did you have (insertive) anal sex with? _____

(If 000, then skip to the next section appropriate for the sex of this client. Number cannot exceed total number of male partners (qC3))

1b How often did you have (insertive) anal sex? _____

1c How often did you use a condom? _____

QSSSEQ

G Ask Male/Female Clients who had Male Partners

QSSCAT=SEXUAL ACTIVITY – CLIENT WITH MALE PARTNER

1 a How many men performed oral sex ("went down") on you? _____

(If 000, then skip to question 2a. Number cannot exceed total number of male partners (qC3))

1b How often did your partner(s) perform oral sex ("go down") on you? _____

1c How often did you use condoms/dental dams when your partner(s) performed oral sex ("went down") on you? _____

2 a How many men did you perform oral sex ("go down") on? _____

(If 000, then skip to next section appropriate for the sex of this client. Number cannot exceed total number of male partners (qC3))

2b How often did you perform oral sex ("go down") on your partner(s)? _____

2c How often did you use condoms/dental dams when you performed oral sex ("went down") on your partner(s)? _____

H Ask Female Clients who had Male Partners

QSSCAT=SEXUAL ACTIVITY – FEMALE CLIENT WITH MALE PARTNER

1 a How many men did you have vaginal sex with? _____

(If 000, then skip to next section appropriate for the sex of this client. Number cannot exceed total number of male partners (qC3))

1b How often did you have vaginal sex? _____

1c How often did you use a condom? _____

I Ask Male/Female Clients who had Male Partners

QSSCAT=SEXUAL ACTIVITY – CLIENT WITH MALE PARTNER

1 a How many men did you have (receptive) anal sex with? _____

(If 000, then end the questionnaire. Number cannot exceed total number of male partners (qC3))

1b How often did you have (receptive) anal sex? _____

1c How often did you use a condom? _____

Node: _____ CTP Number: _____ STUDYID _____ Participant Number: _____ USUBJID _____ Assessment completed by: _____ DOMAIN: QS

Week Number: ☐ 1 ☐ 2 ☐ 4 ☐ 6 ☐ 8 ☐ 10 ☐ 12 VISIT _____ QSCAT=PARTICIPANT CONTACT INFORMATION

Participant Contact Information

Call/Attempts Section – Three (3) attempts to make contact with the randomized subject should be made preferably on three consecutive days by the TELE counselor, until actual contact with the subject is made (first attempt should be at time indicated by participant as best time to call; second attempt – try best time again; third attempt – try second best time or afternoon/evening). No more than three (3) calls should be made in an attempt to reach the subject. Using the possibility list, place an **x** in front of the response most appropriate for each call attempt. **Once contact with the actual subject is made, move to the contact section of this form. No further call attempts will be recorded on this form.**

Call/Attempt #1 QSTEST

Date: ____/____/____ Time: ____:____:____
north day year 00:00 to 23:59

Counselor number: _____ QSEVAL

Outcome (check only one):

- ☐ 1 Phone disconnected or wrong number
- ☐ 2 No answer
- ☐ 3 Busy signal (≥ 3 in a day)
- ☐ 4 Voicemail message left
- ☐ 5 Phone answered, personal message left
- ☐ 6 Refused, participant terminated (complete Contact #1)
- ☐ 7 Intoxication or other inability to communicate (complete Contact #1)
- ☐ 8 Contacted, call rescheduled (complete Contact #1)
- ☐ 9 Contacted, intervention delivered (complete Contact #1)

Call/Attempt #2

Date: ____/____/____ Time: ____:____:____
north day year 00:00 to 23:59

Counselor number: _____

Outcome (check only one):

- ☐ 1 Phone disconnected or wrong number
- ☐ 2 No answer
- ☐ 3 Busy signal (≥ 3 in a day)
- ☐ 4 Voicemail message left
- ☐ 5 Phone answered, personal message left
- ☐ 6 Refused, participant terminated (complete Contact #1)
- ☐ 7 Intoxication or other inability to communicate (complete Contact #1)
- ☐ 8 Contacted, call rescheduled (complete Contact #1)
- ☐ 9 Contacted, intervention delivered (complete Contact #1)

Call/Attempt #3

Date: ____/____/____ Time: ____:____:____
north day year 00:00 to 23:59

Counselor number: _____

Outcome (check only one):

- ☐ 1 Phone disconnected or wrong number
- ☐ 2 No answer
- ☐ 3 Busy signal (≥ 3 in a day)
- ☐ 4 Voicemail message left
- ☐ 5 Phone answered, personal message left
- ☐ 6 Refused, participant terminated (complete Contact #1)
- ☐ 7 Intoxication or other inability to communicate (complete Contact #1)
- ☐ 8 Contacted, go to next scheduled call
- ☐ 9 Contacted, intervention delivered (complete Contact #1)

Contact/Intervention Section – Three (3) opportunities are allowed to deliver the intervention on a TELE call; this section is completed only after the TELE counselor has made actual telephone contact with the randomized subject. If at Contact #1 intervention is not delivered, move to Contact #2, etc.

Contact #1

Date: ____/____/____
north day yearStart Time: ____:____:____ End Time: ____:____:____
00:00 to 23:59 00:00 to 23:59

Counselor number: _____

Outcome (check only one):

- ☐ 6 Refused, participant terminated
- ☐ 7 Intoxication or other inability to communicate
- ☐ 8 Contacted, call rescheduled
- ☐ 9 Contacted, intervention delivered

Contact #2

Date: ____/____/____
north day yearStart Time: ____:____:____ End Time: ____:____:____
00:00 to 23:59 00:00 to 23:59

Counselor number: _____

Outcome (check only one):

- ☐ 1 Phone disconnected or wrong number
- ☐ 2 No answer
- ☐ 3 Busy signal (≥ 3 in a day)
- ☐ 4 Voicemail message left
- ☐ 5 Phone answered, personal message left
- ☐ 6 Refused, participant terminated
- ☐ 7 Intoxication or other inability to communicate
- ☐ 8 Contacted, call rescheduled
- ☐ 9 Contacted, intervention delivered

Contact #3

Date: ____/____/____
north day yearStart Time: ____:____:____ End Time: ____:____:____
00:00 to 23:59 00:00 to 23:59

Counselor number: _____

Outcome (check only one):

- ☐ 1 Phone disconnected or wrong number
- ☐ 2 No answer
- ☐ 3 Busy signal (≥ 3 in a day)
- ☐ 4 Voicemail message left
- ☐ 5 Phone answered, personal message left
- ☐ 6 Refused, participant terminated
- ☐ 7 Intoxication or other inability to communicate
- ☐ 8 Contacted, go to next scheduled call
- ☐ 9 Contacted, intervention delivered

Next scheduled call: ____/____/____ OR ☐ No further call will be made.
north day year

STUDYID

USUBJID

EPOCH= FOLLOWUP

Node: _____ CTP Number: _____ Participant Number: _____ Assessment completed by: _____

Continuing Care Compliance (Week 13)

QSCAT=CONTINUING CARE COMPLIANCE

Date of assessment: ____/____/____
month day year**1** When you left the residential facility, were you given a plan to continue your care in the community?☐ No QSTEST☐ Yes QSORRES**2** Which of the following did the plan include?**Patient Perception**

Going to community treatment (outpatient treatment, half-way house, group/therapeutic home, recovery residence or other therapeutic modality) _____

☐ No ☐ Yes

Contacting a sponsor for AA, NA or other self help groups _____

☐ No ☐ Yes

Participating in AA, NA, or other self help groups _____

☐ No ☐ Yes

Taking any prescribed medicines for substance abuse problems _____

☐ No ☐ Yes

Using faith, prayer or other spiritual involvement to help you with daily living _____

☐ No ☐ Yes

Abstaining from alcohol use _____

☐ No ☐ Yes

Abstaining from other kinds of drug use _____

☐ No ☐ Yes

Stopping using cigarettes or other kinds of tobacco _____

☐ No ☐ Yes**3** Did the plan also include getting help or services in any of the following other areas?**Patient Perception**

Basic needs including food and shelter _____

☐ No ☐ Yes

Medical or physical health _____

☐ No ☐ Yes

Psychological or emotional health _____

☐ No ☐ Yes

Family relationships _____

☐ No ☐ Yes

Relationships with other people _____

☐ No ☐ Yes

Education or training _____

☐ No ☐ Yes

Finding a job or going back to work _____

☐ No ☐ Yes

Legal, court or child custody cases _____

☐ No ☐ Yes

Participating in positive community/leisure activities _____

☐ No ☐ Yes**4** Did the case manager or anyone else on the treatment team, at the residential facility, other than the Tele counselor, discuss the continuing care plan with you when you left? ☐ No ☐ Yes

Please tell me whether you strongly agree, agree, disagree or strongly disagree with the statements about the plan or whether you are neutral about the statement.

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
5 I was satisfied with information I received about my plan to continue in the community:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6 The plan has been helpful to me:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
7 I have learned about the importance of following my plan:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
8 I recognize that I can never safely use alcohol or other mood-altering drugs:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
9 Maintaining sobriety requires a willingness to make major life changes:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

CTN - 0011 TELE Continuing Care Compliance Week 13/Follow-up

EPOCH=FOLLOWUP

STUDYID

USUBJID

Node: _____ CTP Number: _____ Participant Number: _____ Assessment completed by: _____

Continuing Care Compliance continued

QSCAT=CONTINUING CARE COMPLIANCE

QSTEST

10 Since you left the residential facility, have you talked with anyone at the facility about your plan?

☐ No

QSORRES

☐ Yes

→ If Yes: How many times did you talk with someone? _____

→ Please tell me whether you strongly agree, agree, disagree or strongly disagree with the statements about the person or persons you talked to about the plan:

QSSEQ

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
11 The calls were helpful to me:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
12 The frequency of calls were helpful to me:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
13 They were supportive and encouraging:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
14 I learned more about the importance of following my plan:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

15 Is there any other information you would like to provide that you think would be helpful to improve the plans to help people continue their care in the community?

☐ No

☐ Yes

→ If Yes: Comments: _____

DOMAIN: CO

IDVAR=QSSEQ

CTN - 0011 TELE Continuing Care Compliance Week 13/Follow-up

EPOCH=FOLLOWUP

STUDYID

USUBJID

Node: _____ CTP Number: _____ Participant Number: _____ Assessment completed by: _____

Continuing Care Compliance (Week 13) continued

INSTRUCTIONS: Now we would like to ask you some questions about some of the activities you have been involved with since you left the residential facility approximately three (3) months ago.

16 Since leaving there, who did you live with most of the time (check No or Yes for each response as appropriate)?

Lived alone: ☐ No ☐ Yes

Spouse/partner: ☐ No ☐ Yes

Child(ren): ☐ No ☐ Yes

Parents: ☐ No ☐ Yes

Foster family: ☐ No ☐ Yes

Other: ☐ No ☐ Yes

17 Since leaving there, where did you live most of the time (check only one)?

☐ 1 Homeless (in a shelter, on the street, in a vehicle)

☐ 2 Correctional facility (juvenile or adult)

☐ 3 Institution (MH/SA inpatient hospital, residential treatment)

☐ 4 Community-based facility (halfway house, group/therapeutic home, recovery residence or other therapeutic modality)

☐ 5 Private residence (home, apartment)

☐ 98 Other

18 Since leaving the residential facility did you enroll in or enter a community-based treatment (outpatient treatment, halfway house, group/therapeutic home, recovery residence or other therapeutic modality)?

☐ 0 No → If No: Skip to question 24

☐ 1 Yes → If Yes: Answer the following questions

19 What is the name of that community-based program? _____

20 Where is the community-based program located? _____

21 How many days after leaving the residential facility did you enroll in that program/community-based treatment?

____ days (00 - 90) (00 indicates enrollment on the same day as discharge)

22 How many counseling sessions did you attend at the community-based program? ____

23 How many weeks did you participate in treatment at that community-based program? ____ weeks (00 - 13)

24 Since you left the residential facility approximately 3 months ago, did you use faith, prayer, religious or other spiritual involvement to help you with daily living (check only one)?

☐ 1 Never ☐ 4 Once a week

☐ 2 Once ☐ 5 2 to 3 times a week

☐ 3 A few times ☐ 6 Daily or almost daily (≥ 4 times a week)

25 a Since you left the residential facility approximately 3 months ago, how often did you participate in positive community/leisure activities (check only one)?

☐ 1 Never ☐ 4 Once a week

☐ 2 Once ☐ 5 2 to 3 times a week

☐ 3 A few times ☐ 6 Daily or almost daily (≥ 4 times a week)

b Since you left the residential facility approximately 3 months ago, how often did you participate in recovery-related support self-help groups (check only one)?

☐ 1 Never ☐ 4 Once a week

☐ 2 Once ☐ 5 2 to 3 times a week

☐ 3 A few times ☐ 6 Daily or almost daily (≥ 4 times a week)

CTN - 0011 TELE

Continuing Care Compliance

Week 13/Follow-up

EPOCH= FOLLOWUP

STUDYID

USUBJID

Node: _____ CTP Number: _____ Participant Number: _____ Assessment completed by: _____

Continuing Care Compliance (Week 13) continued

QSTEST

26 Do you have an active, stable relationship with at least one adult who serves as a positive role model (i.e., member of clergy, neighbor, family member, coach)?

- ☐ No
☐ Yes

QSORRES

27 Do you have a sponsor?

- ☐ No → If No: skip to the next question.
☐ Yes → If Yes: Provide response to the following question:

QSSEQ

Since you left the residential facility, how often did you have contact with your sponsor (check only one)?

- ☐ Never
☐ Once
☐ A few times
☐ Once a week
☐ 2 to 3 times a week
☐ Daily or almost daily (≥ 4 times a week)

28 How supportive have your family and/or friends been of your treatment and recovery efforts (check only one)?

- ☐ Not supportive
☐ Somewhat supportive
☐ Very supportive
☐ No family/friends

29 Did you have difficulties participating in treatment because of any of the following (check No or Yes for each response as appropriate)?

- None: ☐ No ☐ Yes
Housing: ☐ No ☐ Yes
Transportation: ☐ No ☐ Yes
Childcare: ☐ No ☐ Yes
Scheduling: ☐ No ☐ Yes
Cost of treatment: ☐ No ☐ Yes
Health status: ☐ No ☐ Yes
Confidentiality: ☐ No ☐ Yes
Other (specify): _____

QNAME=CCC029IA

QLABEL=OTHER TRT DIFFICULTY SPECIFIED

IDVAR=QSSEQ

30 Are you taking any prescribed medications on a regular basis for an alcohol or drug problem?

- ☐ No
☐ Yes → If Yes: Check No or Yes for each response as appropriate:

- Methadone: ☐ No ☐ Yes
Naltrexone: ☐ No ☐ Yes
LAAM: ☐ No ☐ Yes
Antabuse: ☐ No ☐ Yes
Buprenorphine: ☐ No ☐ Yes
Any other (specify): _____

QNAME=CCC030GA

QLABEL=OTHER MEDICATION SPECIFIED

IDVAR=QSSEQ

CTN - 0011 TELE Continuing Care Compliance Week 13/Follow-up

EPOCH=FOLLOWUP

STUDYID

USUBJID

Node: _____ CTP Number: _____ Participant Number: _____ Assessment completed by: _____

Continuing Care Compliance (Week 13) continued

31 Since you left the residential facility about three months ago, did you receive any help or services for:

QSTEST

QSORRES

- Basic needs including food or shelter ☐ No ☐ Yes
- Medical or physical health ☐ No ☐ Yes
- Psychological or emotional health ☐ No ☐ Yes
- Family relationships ☐ No ☐ Yes
- Relationships with other people ☐ No ☐ Yes
- Education or training ☐ No ☐ Yes
- Finding a job or going back to work ☐ No ☐ Yes
- Legal, court or child custody cases ☐ No ☐ Yes
- Transportation ☐ No ☐ Yes
- Childcare ☐ No ☐ Yes
- Stopping using cigarettes or other kinds of tobacco ☐ No ☐ Yes

QSSEQ

32 Did you call or contact the residential facility between discharge and the 13 week follow-up visit?

☐ No

☐ Yes → If Yes: How many times? _____ (if actual number is not known, please use best estimation)

CTN - 0011 TELE

Verification

Week 13/Follow-up

EPOCH= FOLLOWUP

Node: _____ CTP Number: STUDYID _____ Participant Number: USUBJID _____ Assessment completed by: _____

Actual Plan

1 Which of the following did the residential facility continuing care plan include?

QSSCAT=ACTUAL PLAN

QSORRES

Going to a community based facility (half-way house, group/therapeutic home, recovery residence

or other therapeutic modality) _____

☐ No ☐ Yes

Contacting a sponsor for AA, NA or other self help groups _____

☐ No ☐ Yes

Participating in AA, NA or other self help groups _____

☐ No ☐ Yes

Taking any prescribed medicines for substance abuse problems _____

☐ No ☐ Yes

Using faith, prayer or other spiritual involvement to help you with daily living _____

☐ No ☐ Yes

Abstaining from alcohol use _____

☐ No ☐ Yes

Abstaining from other kinds of drug use _____

☐ No ☐ Yes

Stopping using cigarettes or other kinds of tobacco _____

☐ No ☐ Yes

2 Did the plan also include getting help or services in any of the following other areas?

Basic needs including food or shelter _____

☐ No ☐ Yes

Medical or physical health _____

☐ No ☐ Yes

Psychological or emotional health _____

☐ No ☐ Yes

Family relationships _____

☐ No ☐ Yes

Relationships with other people _____

☐ No ☐ Yes

Education or training _____

☐ No ☐ Yes

Finding a job or going back to work _____

☐ No ☐ Yes

Legal, court or child custody cases _____

☐ No ☐ Yes

Participating in positive community/leisure activities _____

☐ No ☐ Yes

QSSCAT=PROGRAM VERIFICATION

Program Verification

3 Since leaving the residential facility, did the participant enroll in or enter a treatment program in the community?

(check only one): ☐ No → If No: ☐ No release obtained ☐ No response from program ☐ No record of participant enrollment☐ Yes → If Yes: Date participant enrolled into this program: _____ / _____ / _____
month day year

Name of this program: _____

Program location: _____

How many counseling sessions did the participant attend at this program? _____

Date of last contact or date participant was discharged from this program: _____ / _____ / _____
month day year

What is or was the participant's status in the program (check only one)?

☐ Still in program☐ Left voluntarily against medical advice☐ Completed program as planned☐ Discontinued from program for non-compliance☐ Transferred to another program or level of care☐ Status unknown

4 Did the participant initiate any contact with the residential facility between discharge and the 13 week follow-up visit?

☐ No ☐ Yes → If Yes: How many times? _____ (if actual number is not known, please use best estimation)

QSSCAT=STATE SYSTEM VERIFICATION

State System Verification

5 Since leaving the residential facility, did the participant enroll in or enter a treatment program in the community per review of state system (check only one)?

☐ No → If No: ☐ No release obtained ☐ No response obtained from state system ☐ No record of participant enrollment☐ Yes → If Yes: Date participant enrolled in a program: _____ / _____ / _____
month day yearDate participant discharged from a program: _____ / _____ / _____
month day year

WHITE and YELLOW – Duke Clinical Research Institute • PINK – retain at site

CTN - 0011 TELE

Alcohol/Urine Drug Screen

Follow-up

EPOCH=FOLLOWUP

Node: _____ CTP Number: _____ STUDYID _____ USUBJID _____ Assessment completed by: _____

Alcohol Breathalyzer

Date of assessment: _____ / _____ / _____ BRDTC
BRTEST

1 Was an Alcohol Breathalyzer performed?

☐ No

BRORRES

☐ Yes → If Yes: Date alcohol breathalyzer test performed: _____ / _____ / _____ BRDTC

Alcohol Breathalyzer result: 0. _____ mg/mL BRORRESU = MG/ML

2 Comments:

DOMAIN: CO

IDVAR=DOMAIN

IDVARVAL=BR

Urine Drug Screen (UDS)

1 Date urine collected: _____ / _____ / _____ LBDTC
LBTEST

DOMAIN: LB

LBCAT = URINE DRUG SCREEN

2 Was urine temperature within expected range (temperature 92°F ≤ X ≤ 96°F OR ≥ 33.3°C)?

☐ No

LBORRES

☐ Yes☐ Unknown

3 Was this urine collection supervised?

☐ No☐ Yes☐ Unknown

Check the number representing the result of the screen for each substance below:

LBTEST

LBORRES

Substance Screens	Negative	Positive	Unclear or Equivocal	Results Not Valid	Not Assessed
4 Amphetamines:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5 Cannabinoids (THC):	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6 Cocaine metabolites:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
7 Opiates/Morphine:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
8 Barbiturates:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
9 Benzodiazepines:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
10 Methadone:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
11 Methamphetamines:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
12 Oxycodone:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
13 Phencyclidine (PCP):	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
14 Tricyclic Antidepressants:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

AESER=Y

Node: _____

CTP Number: _____

STUDYID

Participant Number: _____

USUBJID

Serious Adverse Events

Did the participant report any serious adverse event(s) during the study period? ☐ No ☐ Yes → If Yes: Provide details below:

AEACN

DOMAIN: SC

SCTESTCD=SAEOCCUR

SCTEST=PATIENT REPORTED SAE

Adverse Event Term	Onset Date and Time	AESEV Maximum Severity	Action taken with Adverse Event	AEOUT Final Outcome	AEREL Causality	Serious Reporting Criteria (check all that apply)	Final Outcome Date and Time or <input checked="" type="checkbox"/> If Ongoing	Consulting Physician's Signature
AESEQ AETERM <div style="border: 1px solid red; padding: 5px; width: fit-content;"> QNAM=AEVAL QLABEL=AE EVALUATOR NUMBER IDVAR=AESEQ </div>	AESTDTC ____/____/____ ____:____ Evaluator Number: _____	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> None <input type="checkbox"/> Hospitalization <input type="checkbox"/> Medical therapy adjustment <input type="checkbox"/> Behavioral therapy <input type="checkbox"/> Study discontinuation <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Resolved <input type="checkbox"/> Resolved-with sequelae <input type="checkbox"/> Unresolved <input type="checkbox"/> Death	<input type="checkbox"/> "Reasonable" possibility <input type="checkbox"/> Not reasonable possibility	<input type="checkbox"/> Death AESDTH <input type="checkbox"/> Life threatening AESLIFE <input type="checkbox"/> Resulted in persistent or significant disability/incapacity AESDISAB <input type="checkbox"/> Prolonged or requires hospitalization AESHOSP <input type="checkbox"/> Congenital anomaly/birth defect AESCONG <input type="checkbox"/> Other significant event requiring medical and/or surgical intervention AESMIE	AEENDTC ____/____/____ ____:____ or <input type="checkbox"/> Ongoing	Signature: _____ <div style="border: 1px solid red; padding: 5px; width: fit-content;"> QNAM=SAEONGO QLABEL=SAE ONGOING IDVAR=AESEQ </div> Date: ____/____/____ <div style="border: 1px solid red; padding: 5px; width: fit-content;"> QNAM=SAESIGDT QLABEL=SAE SIGNATURE DATE IDVAR=AESEQ </div>
2	____/____/____ ____:____ Evaluator Number: _____	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> None <input type="checkbox"/> Hospitalization <input type="checkbox"/> Medical therapy adjustment <input type="checkbox"/> Behavioral therapy <input type="checkbox"/> Study discontinuation <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Resolved <input type="checkbox"/> Resolved-with sequelae <input type="checkbox"/> Unresolved <input type="checkbox"/> Death	<input type="checkbox"/> "Reasonable" possibility <input type="checkbox"/> Not reasonable possibility	<input type="checkbox"/> Death <input type="checkbox"/> Life threatening <input type="checkbox"/> Resulted in persistent or significant disability/incapacity <input type="checkbox"/> Prolonged or requires hospitalization <input type="checkbox"/> Congenital anomaly/birth defect <input type="checkbox"/> Other significant event requiring medical and/or surgical intervention	Signature: _____ Date: ____/____/____ or <input type="checkbox"/> Ongoing	
3	____/____/____ ____:____ Evaluator Number: _____	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> None <input type="checkbox"/> Hospitalization <input type="checkbox"/> Medical therapy adjustment <input type="checkbox"/> Behavioral therapy <input type="checkbox"/> Study discontinuation <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Resolved <input type="checkbox"/> Resolved-with sequelae <input type="checkbox"/> Unresolved <input type="checkbox"/> Death	<input type="checkbox"/> "Reasonable" possibility <input type="checkbox"/> Not reasonable possibility	<input type="checkbox"/> Death <input type="checkbox"/> Life threatening <input type="checkbox"/> Resulted in persistent or significant disability/incapacity <input type="checkbox"/> Prolonged or requires hospitalization <input type="checkbox"/> Congenital anomaly/birth defect <input type="checkbox"/> Other significant event requiring medical and/or surgical intervention	Signature: _____ Date: ____/____/____ or <input type="checkbox"/> Ongoing	

*If serious and study related, please fax the Serious Adverse Event (SAE) Form and this form immediately

to DCRI Safety Surveillance at (919) 668-7138.

STUDYID

USUBJID

Node: _____ CTP Number: _____ Participant Number: _____ Assessment completed by: _____

Study CompletionDate of last contact: ____ / ____ / ____
month day year

DSDTC (DM.RFENDTC)

Did the participant complete the 13 Week Study Follow-up Visit?

DSTERM

☐ Yes → If Yes: Where was the 13 Week Study Follow-up Visit done?

(Check only one)

- ☐ In the CTP Office
- ☐ In the Community
- ☐ In a controlled environment (hospital, jail, residential treatment center)
- ☐ By telephone
- ☐ Other (specify): _____

DSDECOD

☐ No → If No: Check No or Yes for each response as appropriate:

- | | | |
|---|-----------------------------|------------------------------|
| Unable to locate: | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Participant has moved from the area: | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Located, but unable to contact: | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Participant is in a controlled environment (e.g., hospital, jail, residential treatment, etc.) and is not accessible: | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Contacted but unable to interview (excluding refusal): | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Physically/mentally incapable of completing the visit: | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Participant withdrew from study (refusal): | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Death (complete a serious adverse experience (SAE) form): | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

Please provide a response to each question as appropriate.

NIDA-CTN-0011 TELE Fidelity Case Report Form

1st PART OF FDGRP ID (e.g., Bob, Kathi) Track #: _____ 2nd PART OF FDGRP ID (1st 3 digits of file name) DOMAIN: FD
 Directory Name: _____ Rater's Evaluator #: _____ FDEVAL _____ USUBJID = 'NONE'

This Fidelity CRF is divided into two parts. The first section is composed of 12 positive behaviors which are expected to occur during each TELE Counselor call. Section two is a list of 12 negative behaviors which should not occur during the TELE calls. The two sections are to be scored separately. See the TELE Fidelity Raters' Manual for more details.

FDCAT = QUALITY OF CALL
 Quality of Call: ☐ Acceptable quality (SCORE)
 (Check one) ☐ Inaudible client (ATTEMPT TO SCORE)
 FDETEST FFORRES ☐ Inaudible on both ends (DO NOT SCORE)
☐ No contact made with client (DO NOT SCORE)
 FDCAT = POSITIVE BEHAVIORS FDCAT = NEGATIVE BEHAVIORS

Positive Behaviors		Y	N	Negative Behaviors		Y	N	Comments
1. Reviews elements of after care plan				1. Omits review of elements of after care plan				
2. Assesses participant's functioning in areas of concern				2. Omits discussion of participant's functioning in areas of concern				
3. Encourages use of after care resources				3. Raises voice				
4. Recognizes problems and responds appropriately				4. Exhibits controlling or hostile behavior				
5. Pursues problem solving / brainstorming				5. Uses sarcasm, put downs, or demeaning words				
6. Encourages healthy behaviors				6. Takes sides on issues				
7. Engages in active listening				7. Criticizes participant's behaviors				
8. Provides empathy and support				8. Attempts to coerce participant				
9. Understands participants' point of view				9. Talks about other people				
10. Uses positive suggestions				10. Cuts off discussion inappropriately				
11. Gives constructive feedback				11. Makes discouraging comments or uses negative reinforcement				
12. Sets up next call				12. Ends call without setting up next call				
Total # Positive Behaviors				Total # Negative Behaviors				

Rater's Signature: _____ NOT IN DATA Rater's Review Date: _____ / _____ / _____ FDDTC