						Q	OC/	₹1 =	C	lini	cía	n S	urv	ey		D	OMA	IN: C	วร	page	1 of 4
			Stud	y:	ST	ŲD	(ID	_	_	_	_				7						
	60478		N	Ι	D	A	_	С	Т	N	_	0	0	1 3		F	orm #	133	1		
	Node #: S	ite #:			(Clinic	ian	ID:		Na	me C	ode:		Date o	of Asse	essme	ent: (m	m/dd/	уууу)		
	0 9				US	JBJ	ID								/			/	QSE	тс	
	Phase: Screening Active Follow-Up	1	OCH	blan 01-F 10-D 11-F	k-No tuna Data c	l Cod errors vailab ollecto ble/un	le or err			CQI:	<u> </u>		Comm ntire fo uestion			VI	SIT/\	/ISIT	NUN	1	
C	STEST																				
	QSTESTCE Sex: () Ma) Fei			RES	3														
2.	Age:																				
3.	Indicate which	ot of Hi	spani			thnic	ity a	applie	es:												
	O African A	merica	ın Bla	ack	not	of His	spar	nic C)riain	ı											
	O Asian or					o	opa.		g												
	O American				- N	divo															
				-QN	AM=	QSC						_									
	O Other, sp	-				L=Cl =VISI			101	HER	RAC	Æ									
4.	Job title:																				
5.	Years of subs	stance	abus	e co	unse	elina e	expe	erien	ce:												
	(Circle one) 0									9	10	11	12	13	14	15	16	17	18	19	20+
6.	Years of expe	erience	cour	seli	na pr	reana	ant s	ubst	ance	use	rs:										
	(Circle one) 0											11	12	13	14	15	16	17	18	19	20+
7.	Years of supe	ervisory	expe	erier	nce:																
	(Circle one) 0					5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20+
8	Years working	a for th	is ade	encv	r:																
٠.	(Circle one) 0	-	-			5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20+
9	Years of form	al edu	cation	1:																	
	(Circle one)				4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20+

Clinician Survey DOMAIN: QS (continued)

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	60478 Site # :	Clinician ID:		Nar	ne Code:			Date	of As	ses	sme	ent: (ı	mm/c	ld/yyy	y)			
		USUBJI)							/[/				Q	SDTC
10.	Please mark all of the application OSORRES O State counselor certification				ns, crede			QLAI					JNSE	LOR (CERT	IFIC	1OITA:	SCCSPEC N SPECIAL VISITNUM
	O National counselor licensu	re (area of spec	cializa	ition:	QLAB			_	L CO	UNS	SEL	OR I	LICE	NSE :	SPEC	IAL)
	O State counselor licensure	(area of spec	cializa	ation:	IDVAF	K=VIS	5111	IUM	QNA					INISEI	OPI	ICE	NISE	SPECIAL.)
	O Professional certificate of p	proficiency (are	a of s	specia	lization:	A			IDVA					JINOLI	-011 -		INOL	OLLUIAL.
	Certified teacher or educat	tional administra	ator		NOT IN	I DAT	ГАВ	BASI	E									
	O Certified or licensed marria	age and family t	herap	ist														
	Certified or licensed social	worker																
	Registered or licensed nurs	se																
	Advanced practice nursing		ate															
	O Licensed psychologist																	
	National board credentialed	psychologist (e	.g., AE	BPP)														
	O Licensed physician								PSPE		-D	- DO	VOL 11	ATDIC	YT 05	מבסו		
	Board certified psychiatrist	(list any areas	of sub	ospec	ialization	I IDV			SITNU		EK	1 25	YCHI	ATRIS)	'EUI	IAL	,
	O Other credentials (e.g., lis specific	t any other relev treatment appro	vant c bach:	QNA QLA	ntials, for AM=OTH ABEL=OT AR=VISI	CREI HER	D CR				a fo	rmal	ly rec	ognize	ed traii	ning	progra	am for a
11.	For how many years have you	ı held the crede	ntial n	nost r	elevant to	you	r cui	rrent	work?	,			Q	SOR	RES	U='	YEAI	RS'
12.	Please mark all of the degrees O High School Diploma/GED O Associates (area of study of)	QLA	ABEL:	DMAJOF ASSOC	IATE	S M	IAJO	R)			
	O Bachelors (area of study or	r major:	(QLAB	Л=ВАМА EL=ВАС	HEL	ORS	S MA	JOR									
	O Masters (area of study and	initials of degre			R=VISITI)			
	O Doctorate (area of study ar	nd initials of deg	ree:	QLA	\M=MAS \BEL=M <i>P</i> \AR=VISI	STE	RS	ARE	A OF	STU	JDY	,						
	Other (specify:								DOCS)			
13.	For how many years have you	ı held your high	est de	gree	?				L=DO :VISIT			TE A	AREA	OF S	TUDY	(
	QSOR	RRESU='YEA	ARS'											DEGR		CDr	_	
14.	OPTIONAL (circle an answer Do you consider yourself t): (O N	lo	O Ye	s				SITNU		JKE	===	



Clinician Survey (continued)

DOMAIN: QS

Page

е	3	of	4	

Site #:	Clinician ID:	Nan	ne Code:	D	ate of As	sessm	ent: (n	nm/dd	/yyyy)			
	USUBJ	ID				/		/				QSDT
Listed below are some counse well it describes your own app some people use one more of	roach to counseli	ng/ therapy	or super	vision of			sure to	rate				
QSTEST/QSTEST	ГCD	Not at al	I	A little	S	Somewh	at		Much		Ver	y Much
15. 12 Step or Disease Conce	ept	0		0		0			0			0
16. Cognitive-Behavioral or R	elapse Prevention	0		0		0			0			0
17. Reality Therapy		0		0		0			0			0
18. Motivational Interviewing		0		0		0			0			0
19. Rogerian or Client-centered	ed	0		0		0			0			0
20. Gestalt or Experimental		0		0		0			0			0
21. Psychodynamic or Interpe	ersonal	0		0		0			0			0
22. Other (please list):		0		0		0			0			0
QNAM=OTHERAPY QLABEL=OTHER THERA IDVAR=VISITNUM Please answer the following q			to vour pre	avious ev	nocure (to Motiv	vation	al Inte	rview	ina (N	II) or	
Motivational Enhancement The	•	ily related	to your pre	evious ex	(posure i						•	
23. Number of hours of forma	/ MET/MI workshop	o training (i	.e., skills tr	aining foo	cused):	QSI	ORR	E3U	- 110	UKS	•	
(Circle one) 0 1 2 3	4 5 6 7	8 9	10 11	12	13 14	15	16	17	18	19	20+	
24. How many months has it l	been since your las	t formal Mi	ET/MI work	kshop trai	ining:	QSO	RRE	SU=	MON	1THS	3'	
(Circle one) 0 1 2 3		8 9	10 11		13 14	15 QSO	16 DDE	17 CLI-	18	19 19	20+	
 Number of <u>hours</u> of expos (Circle one) 0 1 2 3 		, ,	inservices		se work: 13 14	15	16	3U- 17	18	19	20+	
26. Number of <u>patients</u> for wh								17	10	13	20+	
(Circle one) 0 1 2 3			10 11	•	13 14	15	16	17	18	19	20+	
27. Number of articles, book	chapters, or manua	ls you have	e <u>read</u> that	were spe	ecific to N	/IET/MI:	:					
(Circle one) 0 1 2 3	4 5 6 7	8 9	10 11	12	13 14	15	16	17	18	19	20+	
28. Please list the specific nar psychiatric patients.	mes of any treatme	nt manuals	you have	used to f	facilitate y	your tre	atmen	t of su	ıbstan	ce usi	ing or	
	QLABEL=SPECIFIC	C TREATM	IENT MAN	IUALS U	SED							_
	DVAR=VISITNUM											_
												_

Clinician Survey (continued)

DOMAIN: QS

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Site #:	Clinician ID:	Name Code:	Date of Assessment: (mm/dd/yyyy)	
	USUBJID		/ / /	JSDTC

Try to imagine in general terms all of the people you have treated in the past 3 months in either individual, group, or family counseling and give your best estimate to the following statements.

Circle the number to the right that estimates the percentage of these clients who you think...

	QSTEST/QSTESTCD											
2	9are currently in recovery.	0	10	20	30	40	50	60	70	80	90	100
3	0will be in recovery 1 year from now.	0	10	20	30	40	50	60	70	80	90	100
3	1have been very resistant.	0	10	20	30	40	50	60	70	80	90	100
3	2have been generally difficult-to-like.	0	10	20	30	40	50	60	70	80	90	100
3	had a recovery plan that matched closely with what you thought would work.	0	10	20	30	40	50	60	70	80	90	100

Listed below are some statements about the process of counseling individuals who have substance abuse problems. Please rate each statement for how well it describes your own beliefs.

	Not at all	A little	Somewhat	Much	Very Much
 Resistant clients are very difficult to work with. 	0	0	0	0	0
 Abstinence should be an initial goal for all clients entering treatment. 	0	0	0	0	0
Good treatment involves some form of struggle between counselor and client.	0	0	0	0	0
 Clients must accept that they have no control over their addiction. 	0	0	0	0	0
 Effective addiction treatment requires advice, guidance, and suggestions. 	0	0	0	0	0
 Good counselors will find a way to get through to an unmotivated or resistant client. 	0	0	0	0	0

THANK YOU FOR YOUR TIME

	Clinician Eligibil	ity DOMAIN: IE	page 1 of 1
StudySTUDYI	D C		
63423 N I D A	- C T N - 0 0 1	3 Form # 1335)
	ician ID: Name Code: [Date of Assessment: (mm/dd/yyy	y)
0 9 USUBJIC		/ / /	DTC
EPOCH cqico	des: CQI: CQI Comme	nts: VISIT/VISITNU	INA
Phase: blank-No error Screening 01-Pt unavaila		n)IVI
O Active 10-Data collect O Follow-Up 11-Pt unable/u	tor error (i) (ii)		
answer	ceptions to IE are in the databa	ea. That includes "No" for	inclusion
IECAT INCLUSION CRITERIA and "Yes" for ex	•	se. That includes the for	inclusion
Does the clinician have experience worki			IEORRES
 Does the clinician have experience work work with pregnant substance users? 	ing with pregnant substance users or	has he/she been trained to	○ No ○ Yes
Is the clinician willing to learn and implem assigned to either the MET or TAU condition		d willing to be randomly	○ No ○ Yes
assigned to either the MET of TAO condition	1!		
3. Is the clinician willing to have his/her sess			
and/or Independent Rater, to participate in re ratings of the therapeutic alliance) for the du		omplete process ratings (e.g.,	O No O Yes
	·		
Is the clinician approved by the CTPs adr reliable, competent, likely to be with the CTF		priate for the study (e.g.,	O No O Yes
If any of questions 1-4 are answered "No	," then the clinician is ineligible fo	study participation.	
5. Has the clinician received credentialing a	s a MET trainer or served as a MET	clinician in a prior clinical trial?	O No O Yes
If question 5 is answered "Yes," then the	clinician is ineligible for study par	ticipation.	
EXCLUSION CRITERIA			
Is the clinician eligible to serve as a clinic	ian in the study based on the above	criteria?	O No O Yes
If question 6 is answered "No," then the o	clinician is ineligible for study part	cipation.	
	QNAM=IETITLE		
	QLABEL=JOB TITLE OF INDIVI	DUAL COMPLETING FORM	
Job title of individual completing the form:	IDVAR=VISITNUM		
Signature of individual completing the form:	DATA NOT COLLECTE	D	
Date:			
Date.	' L	M=INVSIGDT	
		M=INVSIGDT BEL=INVESTIGATOR SIGNAT	URE DATE
		R=VISITNLIM	ONE DATE

				Stu	ıdy E	ligi	ibili	ity			OM	AIN:	IE/S	C	page 1	l of 1
	Study:	STUE	OYID		_				_							
1958	и п	D A	_ C	Т	и -	0	0	1 3	3		For	n # 1	312			
Node #: Site #:		Particip	ant ID:	Nan	ne Code	e:	Da	ate of	Asse	ssme	nt: (m	m/dd/	уууу)			Visit#:
0 9		U	SUBJIE]/			/	IEI	DTC		
EDO(<u>- ПО</u>	QI Codes:	_	CQI:	cc	QI Con	nmen	ts:							VISIT	VISITNU Study Day
Phase: EPO(Screening Active Follow-Up	10-Data	collector e nable/unwill		0 0)	Entire Quesi	form tion #((s):								
IECAT NCLUSION CRITERIA			excepti	ons to	IE are	in tl	ne da	taba	se. T	hat	includ	des "l	No" f	or in	nclusio	n
s the individual:			r exclus												ıFOF	200
IETE I. pregnant, as confirmed Pregnancy Assessment)	d by a pos	sitive urin	ie pregna	ncy tes	st, and r	not pla	nning	g to te	rmina	ate th	e preg	nancy	? (Se	е		RRES O Yes
2. identified as needing s	ubstance	abuse tr	eatment	via the	CTPs u	sual s	screer	ning p	roceo	dure?					O No	O Yes
. 18 years of age or olde	er? (See I	Demogra	phics)												O No	O Yes
. willing to participate in tc.)? (Signed Informed (to be ran	ndomize	ed to tre	atme	nt, to	have	their	sessi	ons au	idiota	oed,		○ No	O Yes
. able to understand and nformed Consent Form)	d provide	written in	formed c	onsent	in Engli	ish?	(Evide	encea	l unde	erstar	ding d	f, and	l signe	ed	O No	O Yes
. in a living arrangemen ssessment)	t of suffic	ient stabi	lity to allo	w for o	utpatier	nt trea	tmen	t? (S	ee Bio	opsyd	hosoc	ial Fu	nction	ning	O No	O Yes
. willing to sign a release equired for data collection	e(s) of inf n (e.g., tre	ormation eatment a	to allow r attendanc	researd e at the	th staff a e CTP,	acces: etc.)?	s to th (Sig	ne poi ned ti	rtions he Re	of he	r clinio	al rec	ord(s))	○ No	O Yes
f any of questions 1-7 a		ered "no,	" then th	e indiv	idual is	s ineli	igible	fors	tudy	parti	cipati	on.				
3. Does the individual pla Biopsychosocial Function			the area	within	four mo	nths o	of sigr	ning th	ne stu	idy co	nsent	form?	(See	e	○ No	O Yes
. Does the individual ha									articip	ant t	o atter	nd trea	tment	t,	○ No	○ Yes
Does the individual so nat would necessitate rest reatment or self-report has functioning Assessment)	sidential/i aving a co	npatient t	reatment	(exclu	ding det	oxific	ation)	and	willing	ness	to atte	end su	ıch	tc.)	O No	○ Yes
1. Is the individual a sig	nificant s	uicidal/ho	micidal ri	isk? (S	See Biop	sych	osocia	al Fur	nction	ing)					O No	O Yes
2. Is the individual more	than 32	weeks pr	egnant?	(Pregr	ancy A	ssess	ment)								○ No	O Yes
f any of the questions 8	1-12 are a	nswered	i "yes," t	hen th	e indivi	dual	is ine	ligibl	e for	stud	y part	icipat				
3. Is the individual eligib	ole for stu	dy enrolli	ment bas	ed on t	he abov	e crite	eria?	SC.	SCT	EST	•		S	C.S	CORF	RES O Yes
Investigator Signature:	D	ATA NO	OT COL	LEC	ΓED		D	ate:			/]/			
							J	QN.	AM=I	NVSI	GDT					
								QLA	ABEL	=INV	ESTIC	SATO	R SIG	SNAT	URE D	ATE
								IDV	'AR=\	/ISIT	NUM					

	Study	v:	ST	·UI	DYII		and	dor	niz	zat	ion	Fo	rm		_		OMAI M/DS/		ge 1 of	1
19144	N	I	D	Α	٦	С	Т	И] -	0	0	1	3		For	m #	1313)		
Node #: Site #:			Parti	icip	_ pant l	D:	N	ame	_ Cod	le:		Date	of Ass	essme	ent: (n	nm/do	d/yyyy)		Vis	it #:
0 9] [·	_	BJID											МФТС			NITALIA.
Phase: EPO(O Screening O Active O Follow-Up	10- 11-	<u>CG</u> nk-No Pt una Data c Pt una nswer	ollec oble/u	tor	error	.	(Q) (0) (0)				tire for estion							VI		SITNUM Idy Day:
Section 1 of this form	mus	t be	con	np	leted	d prio	or to	usi	ng t	the	Ассе	ss p	rogra	m to i	rando	omiz	e the st	tudy c	andidat	e.
SECTION 1																				
SC.SCTEST 1. Has it been determir criteria? (See Study Eli					vidua	ıl is e	ligib	le fo	r the	e stu	udy a	s def	ined b	y the	inclus	sion/e	exclusio	n	SC.SCO	ORRES
2. How many days did Substance Use Calenda		idivid	dual	se	lf-re _l	port ı	ısing	g alco	oho	l an	d/or o	Irugs	in the	last 2	28? ((See	the		O <10	O <u>≥</u> 10
Will the individual go consequence of not atternated.																d as	a		○ No	O Yes
Will this client be ref- referral practices follows														ort and	d the	treati	ment		O No	O Yes
SECTION 2																				
Complete Randomizat	tion p	roce	edu	re																
5. Treatment assignment	ent?				(D DAT C		ARM O M	_											
6. Date of randomization	on (mi	m/dd	l/yyy	уу)	: [/[/[DM	Л.RF	STDTO	C		
DSCAT=DISPOSITIO 7. If the client was eligit randomized, please many	ble bu	ut no	t		D	S.DS	STE longe	RM er inte	eres	sted	in par	ticipa	ting in	the pr	otoco	ıl				
					C) Left	prio	r to ra	and	omiz	zation	and f	failed t	o retui	'n					
					C) Oth	er, S	pecif	y:											
							•	-	-		QÌ	LABE	=DSOT L=OTI =VISIT	HER R	EASO	N NC	OT RANI	OOMIZ	ED	

1477	QSCAT= Biopsychosestudy: STUDYID	ocia	Il Functioning DOMAIN: QSPag	e 1 of 3	
1477	N I D A - C T N	1 -	0 0 1 3 Form # 1305		
Node #: Site #:	Participant ID: Name C	Code:	Date of Assessment: (mm/dd/yyyy)	Vis	it #:
0 9	USUBJID		/ QSDTC		
Phase: O Screening Active Follow-Up	blank-No errors 01-Pt unavailable 10-Data collector error 11-Pt unable/unwilling to answer	O Fn	Comments: VISIT/\(^\) Intire form uestion #(s):	VISITN Stu	IUM Idy Day:
In order to determine if y QSSCAT 1. Medical Status (Inclu	OSTE		to ask you how you are doing in several ar QSTESTCD	eas of	
1a. Do you have any med keeping appointments?	dical problems (e.g., diabetes, hiç	gh blo	od pressure, etc.) that will prevent you from	O No	O Yes
1b. If yes, please describ	e:		QNAM=MEDPROB QLABEL=MEDICAL PROBLEMS PREVENT AP	PT	
QSSCAT 2. Psychological Status	(Inclusion/Exclusion #10 & 11)	IDVAR=VISITNUM		
	ng medication or being otherwise	e treat QNAN	M=PSYCTRT	O No	O Yes
2b. If yes, please describ		PROE	JEL=CURRENTLY TREATED FOR PSYCH BLEMS R=VISITNUM		
•	cation or been otherwise treated	for ps	ychological problems during the past year?	O No	O Yes
QSEVLINT='-P1Y' 2d. If yes, please describ	e:		QNAM=PYRTRT QLABEL=PAST YEAR TREATED FOR PSYCH		
In the past 6 months [Be : following things while s	sure to emphasize that we are ober]: QSEVLIN		PROBLEMS IDVAR=VISITNUM Pasted in whether the individual has experience PAM'	nced th	e
2e. have you had any pro patterns, changes in appe		rized b	by feeling sad or blue, changes in sleep	O No	O Yes
2f. If yes, please describe			QLABEL=PROBLEMS WITH DEPRESSION IDVAR=VISITNUM		
2g. have you felt very ner	vous over long periods of time?			O No	O Yes
2h. If yes, please describ	e:	QLA	AM=NERVOUS ABEL=NERVOUS OVER LONG PERIODS OF TIP AR=VISITNUM	ИΕ	
2i. have you had periods	where your thoughts were too fa	st or p	people tell you that you talk too fast?	O No	O Yes
2j. If yes, please describe	e:	QL	NAM=TOOFAST LABEL=TALKING/THOUGHTS TOO FAST VAR=VISITNUM		
2k. have you had mood s	swings?		NAM=MOODY	O No	O Yes
2I. If yes, please describe	E.	QL	AAM-MOOD I LABEL=MOOD SWINGS VAR=VISITNUM		
2m. have you felt that pe	ople are out to get you or do you	hear v		O No	O Yes
2n. If yes, please describ	e:		QNAM=PARANOID QLABEL=PEOPLE OUT TO GET YOU/HEARI VOICES	NG	
			IDVAR=VISITNUM		



Biopsychosocial Functioning DOMAIN: QSage 2 of 3 (continued)

Site #:	F	Participa	ant ID:		Name Co	de:		Date	of As	sess	ment:	(mm/	dd/yyyy)			Visit	#:	Stu	ıdy Day:
				USL	BJID					/ [1							
			OTE (OTE OT	20	-			_		้ดูร	DTC		_)FC
2o. have you	thought	t about	hurtin	g you	STEST(rself or w	راب ish you	we								٦		QS(O N		O Yes
		1							AM=HI ABEL=			S OF	HURTIN	NG	_				
2p. If yes, ple	ase des	scribe:							JRSEI AR=VI		JICIDE								
2q. have you	been th	inking	about	huring	g someo	ne else?	,	1D V	-	OITI	TOW				<u></u>		O N	0 (O Yes
2r. If yes, plea	ase des	cribe.									RTOTI								
QSSCAT	.00 400										HOUG ITNUN		OF HUF	RTING	ОТНІ	ERS			
3. Substance	Use T	reatme	ent (In	clusi	on/Exclu	ısion #1	0)												
3a. Do you th living in the co residential trea	mmunit atment	tý or do prograi	you t m?	hink th	hat you w	vill need	to	entér	an in	patie	ent or		0		s inp	atient	/resid	entia	itient Il setting
3b. If the can	didate r	eports	needi	ng inp	atient/res	sidential	tre	atme	ent, pr	ovide	e a bri	ef su	mmary	of her	thou	ghts a	bout t	this:	
				QL. TR	AM=INPT ABEL=NE EATMEN /AR=VISI	EDS INI T	PA	TIEN [.]	T/RES	IDEN	NTIAL								
QSSCAT 4. Legal Stat	ue/Chil	ld Drof	ectiv	مه۸ د	nev Invo	lvemen	+ /[Dand	lomiz	ation	form	#3.	Inclueia	on/Eve	cluei	on #0	١		
4. Legal Stat	us/CIII	iu rioi	CCLIV	- Aye	iicy iiivo	iveilleil	. (1	Vallu	OIIIIZ	atioi	I IOIII	<i>#</i> 5,	IIICIUSI	OII/EXC	Jiusi	011#3			
4a. Have you	been fo	ormally	notifi	ed tha	t you will	go to ja	il if	you			nd trea TRTJA		nt?				O N	lo	O Yes
4b. If yes, ple	aca da	ecribo:							QLA	BEL=	NO TE	REAT	MENT V	VILL G	о то	JAIL			
4b. II yes, pie	ase ue.	SCHDE.							IDVA	R=V	ISITNU	JM							
4c. Have you	been fo	ormally	notifi	ed tha	t a child	will be re	eme	oved	from	you i	f you t	fail to	attend	treatm	ent?	?	ΟN	lo	O Yes
4-1 16									AM=N			NAENI	T CHILE						
4d. If yes, ple								FRC	OM YC	U									
4e. Do you ha		nding le	gal ch	narges	that mig	ht lead t	to i	IDV. ncard	AR=V ceratio	SITN on re	IUM gardle	ss of	whethe	er or no	ot you	ı	ΟN	0	O Yes
attend treatme	ent?										INCAR		DATION	LDEC	<u> </u>	F00 /	<u> </u>		
4f. If yes, plea	ase des	cribe:									L=INCA MENT	ARCE	RATION	N REGA	ARDL	_ESS (JF		
QSSCAT 5. Living Arr	anaam	onto (E	Danda	mizat	ion form	. #2: Inc	duz	nion/			VISIT								
5a. Where an					lion ioin	1 #3, IIIC	iu	SIOII/	EXCIU	ISIOI	1#0 C	0)							
	-		_		boarding	room													
	h parer			,															
	h other		,																
	h frienc	-																	
			nmon	t (chal	lter, halfv	vav hou	20	troot	mont	cont	ar)								
					u o i, iidiiv	vay HOUS	ъ с ,	แษสเ	ment	cent	GI)								
	stable a	-			- . · ·	fan I		hat.	44:										
OOn	une stre	ets or	ın pıa	ces no	ot meant	ior num	an	nabi	tation										



Biopsychosocial Functioning (continued) DOMAIN: QS

Site #:	Participant ID:	Name Code:	Date of Assessment: (mm/dd/	уууу)	Visit#: S	tudy Day:
	USUBJID		1 1		QS	SDTC
5b. How long do yo	QSTEST/QSTE ou plan to continue	STCD with this arrangemer	nt?			
O Less than	1 month					
O For at lea	st a few months				OSOB	DEC
O For the fo	rseeable future				QSOR	RES
5c. Are you plannii	ng to move to anoth	er community within	the next four months? QNAM=MOVING		O No	O Yes
5d. If yes, please of	lescribe:		QLABEL=MOVE TO ANOTHE IDVAR=VISITNUM	R COMMUNITY		
5e. Do you live wit	h anyone who uses	alcohol and/or drug	s so much that it makes your	living situation ur	nsafe? O No	O Yes
5f. If yes, please d	escribe:	QNAM=UNSAFE QLABEL=LIVINO HOME	G W/ DRUG ABUSER IN UNSA	AFE		
5g. Do you live with	h anyone who phy <u>s</u> i	IDVAR=VISITNU call <u>y hurts you or fo</u> i	JM rces unwanted sexual activity	on you?	O No	O Yes
5h. If yes, please of	lescribe:	QNAM=PSABUSE QLABEL=LIVING WI ⁻ ABUSE IDVAR=VISITNUM	TH PHYSICAL/SEXUAL			
5i. How are you ge	tting your basic (sh	elter, food, clothing)	needs met?	_		
O Income fro	m employment					
O Income fro	m public assistance	e (welfare, etc.) or b	enefits (pension, SSI, disabili	ity, workman's co	omp., etc.)	
 Supported 	by parents/partner					
 Illegal acti 	vities					
O No stable	source of financial s	support				
5j. Is there anythin	g in your foreseeab	le futur <u>e that threate</u>	ns to keep you from having a	safe place to live	e? O No	O Yes
5k. If yes, please d	lescribe:	QNAM=OUN QLABEL=OT IDVAR=VISI	HER UNSAFE LIVING SITUAT	ION		
51. Are you living in	n housing that will b	e taken away if you	fail to attend treatment?		O No	O Yes

		Urine Toxicology	DOMAIN: LI	B page 1 of 1
	Study:			
54208	N I D A -	C T N - 0 0 1 3	Form # 130	4
	UBJID Participant ID:	Name Code: Date of Asses	sment: (mm/dd/yyyy)	VISIT/VISITNUM Visit #:
0 9			/	
Phase: O Screening	CH CQI Codes: blank-No errors 01-Pt unavailable	CQI: CQI Comments: Entire form Question #(s):	LBDTC	Study Day:
O Active O Follow-Up	10-Data collector error 11-Pt unable/unwilling to answer	0 0 0 0		
	LBCA	AT=DRUG SCREEN		
Section I: Uri				
	sample obtained?LB	STAT/LBREASND		○ No ○ Yes
If Yes, continue	e. If No, stop.			
2. Was urine o	collection observed?	QNAM=LBSUPER QLABEL=URINE COLLECTION SUF IDVAR=VISITNUM	PERVISED	○ No ○ Yes
3. Urine tempe	erature within expecte	d range (between 9 0 and 99 degree	es Fahrenheit)? E TEMP WITHIN EXP	O No O Yes
		e expected range, please collect and nin the expected range.		I
Section II: To	xicology Results			
I R	regt		LBORRES	5

		LBORRES	
LBTEST	Negative	Positive	Unknown
4. Benzodiazepines	0	0	0
5. Cannabinoids (THC)	0	0	0
6. Cocaine metabolites	0	0	0
7. Methamphetamines	0	0	0
8. Opiates/Morphine	0	0	0
Comments: DOMAIN: CO COVAL RDOMAIN=LB IDVAR=VISITNUM			

	Alcohol Breath	nalyzer DOMAIN: BR page 1 of 1
41482	Study: STUDYID N I D A - C T N - 0 C	7
Node #: Site #	Participant ID: Name Code: D	ate of Assessment: (mm/dd/yyyyy) Visit #:
0 9	U\$UBJID	/ BRDTC
Phase: O Screening O Active O Follow-Up	POCH CQI Codes: blank-No errors 01-Pt unavailable 10-Data collector error 11-Pt unable/unwilling to answer CQI: CQI Commen O Entire form O Question #	Study Day:
	RTEST Vas Alcohol Breathalyzer performed succes	BRORRES sfully? O No O Yes
BRSEQ		
	Alcohol Breathalyzer result:	0 . mg/ml BRORRESU = MG/ML
Cor	mments:	
	DOMAIN: CO COVAL RDOMAIN=BR IDVAR=VISITNUM	

Note #: Site #: Participant ID: Name Code: Date of Assessment: (mm/dd/yyyy) Note #: Site #: Participant ID: Name Code: Date of Assessment: (mm/dd/yyyy) Note #: Site #: Participant ID: Name Code: Date of Assessment: (mm/dd/yyyy) Note #: Site #: Participant ID: Name Code: Date of Assessment: (mm/dd/yyyy) Note #: Site #: Participant ID: Name Code: Date of Assessment: (mm/dd/yyyy) Note #: Site #: Participant ID: Name Code: Date of Assessment: (mm/dd/yyyy) Note #: Site #: Participant ID: Name Code: Date of Assessment: (mm/dd/yyyy) Note #: Site #: Participant ID: Name Code: Date of Assessment: (mm/dd/yyyy) Note #: Site #: Participant ID: Name Code: Date of Assessment: (mm/dd/yyyy) Note #: Site #: Participant ID: Name Code: Date of Assessment: (mm/dd/yyyy) Note #: Site #: Participant ID: Name Code: Date of Assessment: (mm/dd/yyyy) Note #: Site #: Participant ID: Name Code: Date of Assessment: (mm/dd/yyyy) Note #: Site #: Participant ID: Name Code: Date of Assessment: (mm/dd/yyyy) Note #: Site #: Participant ID: Name Code: Date of Assessment: (mm/dd/yyyy) Note #: Site #: Participant ID: Name Code: Date of Assessment: (mm/dd/yyyy) Note #: Site #: Participant ID: Name Code: Date of Assessment: (mm/dd/yyyy) Note #: Site #: Participant ID: Name Code: Date of Assessment: (mm/dd/yyyy) Note #: Site #: Participant ID: Name Code: Date of Assessment: (mm/dd/yyyy) Note #: Site #: Participant ID: Name Code: Date of Assessment: (mm/dd/yyyy) Note #: Site #: Participant ID: Name Code: Date of Assessment: (mm/dd/yyyy) Note #: Site #: Name Code: Date of Assessment: (mm/dd/yyyy) Note #: Site #: Name Code: Date of Assessment: (mm/dd/yyyy) Note #: Site #: Name Code: Date of Assessment: (mm/dd/yyyy) No		41.]	QSC Stud	CAT T	houç				stin	ence	- A	lcoh	ol ^{DC}	MAIN: QS pa	ge 1 of 1
Phase: Screening Seath No errors of Seath No. The No. Then do not have her complete this form at either baseline or the treatment outcome assessment. If Yes, the participant should complete this form at either baseline or the treatment outcome assessment. If Yes, the participant should complete this form at either baseline or the treatment outcome assessment. If Yes, the participant should complete this form at either baseline or the treatment outcome assessment. If Yes, the participant should complete this form at either baseline or the treatment outcome assessment. If Yes, the participant should complete this form at either baseline or the treatment outcome assessment. If Yes, the participant should complete this form at either baseline or the treatment outcome assessment. If Yes, the participant should complete this form at either baseline or the treatment outcome assessment. If Yes, the participant should complete this form at either baseline or the treatment outcome assessment. If Yes, the participant should complete this form at either baseline or the treatment outcome assessment. If Yes, the participant should complete this form at either baseline or the treatment outcome assessment. If Yes, the participant should complete this form at either baseline or the treatment outcome assessment. If Yes, the participant should be at this time in your life. O 1 2 3 4 5 6 7 8 9 Very low Very logh chance of success 3. Using the scale below, how would you describe how difficult it will be to keep from using alcohol at this time in your life? O 1 2 3 4 5 6 7 8 9 Very logh very logh chance of success 3. Using the scale below, how would you describe how difficult it will be to k	462	294			A				0 0	1 3		Fo	rm #	1307	
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Screening Active 10-bits delicites rem 11-th unable humble 11-bit delicites rem 11-th unable humble 11-bits delicites rem 11-bits delicite	Pha	FPC	ОСН	CQI	Codes:		CQI:							VISIT	VISITNUM Study Day:
At screening/baseline, did the participant report that she used alcohol within the previous 28 days (see the Substance Use Pre-Treatment assessment? ONO Yes OSORRES OSTEST/OSTESTCD If No, then do not have her complete this form at either baseline or the treatment outcome assessment. Section I OSSCAT CSTEST/OSTESTCD This section acks about how you feel about stopping all alcohol use at this time in your life. Use the scales below to rate how you feel about stopping, now successful you will be, and how you will do after you quit. 1. Using the scale below, how would you describe your desire to quit using alcohol at this time in your life? O 1 2 3 4 5 6 7 8 9 No Greatest desire desire desire to quit 2. Using the scale below, how would you describe how successful you expect to be in quitting? O 1 2 3 4 5 6 7 8 9 Very low Chance of Success 3. Using the scale below, how would you describe how difficult it will be to keep from using alcohol at this time in your life? O 1 2 3 4 5 6 7 8 9 Very high chance of Success 3. Using the scale below, how would you describe how difficult it will be to keep from using alcohol at this time in your life? O 1 2 3 4 5 6 7 8 9 Very high chance of Success 3. Using the scale below, how would you describe how difficult it will be to keep from using alcohol at this time in your life? O 1 2 3 4 5 6 7 8 9 Very easy Very difficult it will be to keep from using alcohol at this time in your life? O No Lear goal - I really don't have a clear goal in mind. O Controlled use - I want to use in a controlled manner - to be able to be in control of how often I use and how much I use. No clear goal - I really don't have a clear goal in mind. O Controlled use - I want to use in a controlled manner - to be able to be in control of how often I use and how much I use. No clear goal - I vant to be totally abstinent from all use for a period of time, after which I will make a new decision about whether or not I will use again in any way. O Ccasional use - I don't want using to be a hab	○ Scre	.cilling	01-	rtunava	llable			O Er	ntire for uestion	n #(s):					
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Use Pre-Treatment assessment ?					rticipa	nt repo		he use	ed alc	ohol w	ithin	the pre	vious	s 28 davs (se	ຼ e the Substance
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TAA013 - 10/17/2002 - v1.1

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them be	efore you pici									QSTEST/QSTE	ESTCD
0	No clear go	<u>oal</u> - I rea	lly don't	have a cl	ear goal ii		RRES				
0	Controlled u	<u>use</u> - I wa	ant to us	e in a cor	ntrolled m	anner - 1	to be able t	o be in o	control of	how often I use ar	nd how much
0		on - I wa	nt to be t	otally abs	stinent fro	m all us	e for a perio	od of tim	ne, after w	hich I will make a	new decision
O	about wheth						·		,		
0	Occasional really have			t using to	be a hab	it for me	, but I woul	d like to	be able t	o occasionally use	e when I
0	I may slip -	I want to	quit usi	ng once a	and for all	, even th	ough I real	ize I ma	ıy slip and	use once in a wh	ile.
0		<u>etely</u> - I v	vant to q	uit using	once and	for all, to	be totally	abstine	nt, and ne	ver use ever agai	n for the rest
_	of my life.	ahovo	None of	the abov	o applica	ovectly	to mo Mu	own ac	alie· ∩l ∧	QNAM=DF BEL=MY OWN DR	
_ 0	INOTIC OF UTC	- above -	- NOHE OF	แเซ สมบ\	applies	chactly	to me. Iviy	own go	ai is. QLA		VISITNUM

TAD013 - 10/17/2002 - v1.1

- 4 4

QSCAT= DOMAIN: QS University of Rhode Island Change Assessment Scale (URICA)

RICA)

		•	,				3				Page 1 of 2	_
	46867	Study:		STU	DYID						rage rorz	
		NI	D A	- C	ги	- 0	0 1	3	Form	# 1311	1	
١	Node #: Site #:	Pa	articipant	ID: Na	me Cod	e:	Date of A	Assessme	ent: (mm/d	d/yyyy)	Visit #:	
	0 9		U\$UBJ	ID]/	/	QSDT¢	VISIT/VISITNU	IN/
_	EPOCH	CQLC	Codes:	CQI	: C	QI Comm	ents:					
	Phase: O Screening	blank-No err D1-Pt unava 10-Data coll	rors ilable		_	Entire fo Question					Study Da	y:
		11-Pt unable answer	e/unwilling t	。 ①	ق ق ل							

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

QSORRES

QSTEST/QSTESTCD	Strongly Disagree	Disagree	Un- decided	Agree	Strongly Agree
As far as I'm concerned, I don't have any problems that need changing.	0	2	3	•	9
2. I think I might be ready for some self-improvement.	0	3	3	•	•
3. I am doing something about the problems that have been bothering me.	0	②	3	•	0
It might be worthwhile to work on my problem.	0	2	3	•	0
5. I'm not the problem one; it doesn't make much sense for me to be here.	0	3	3	•	•
It worries me that I might slip back on a problem I have already changed, so I here to seek help.	am ①	2	3	•	(3)
7. I am finally doing some work on my problem.	0	2	3	•	(9)
8. I've been thinking that I might want to change something about myself.	0	②	3	•	(5)
I have been successful in working on my problem, but I'm not sure I can keep up the effort on my own.	•	2	3	0	•
10. At times my problem is difficult, but I'm working on it.	0	3	3	•	0
11. Being here is pretty much a waste of time for me because the problem does have much to do with me.	n't ⊙	3	3	•	•
12. I'm hoping this place will help me to better understand myself.	0	2	3	•	(9)
13. I guess I have faults, but there's nothing that I really need to change.	(1)	2	3	•	⑤
14. I am really working hard to change.	0	3	3	•	•
15. I have a problem, and I really think I should work on it.	0	3	3	•	•
16. I'm not following through with what I had already changed as well as I had hoped, and I'm here to prevent a relapse of the problem.	0	3	3	•	0
 Even though I'm not always successful in changing, I am at least working on my problem. 	0	3	3	•	0
18. I thought once I had resolved the problem, I would be free of it, but sometimes I still find myself struggling with it.	0	3	3	•	3



DOMAIN: QS University of Rhode Island Change Assessment Scale (URICA) (continued)



Page 2 of 2

Site #:	Participant ID:	Name Code:	Date of Assessment: (mm/dd/yyyy)	Visit #:	Study Day:
	USUBJID		/ QSDTC		

QSORRES

			400		
QSTEST/QSTESTCD	Strongly Disagree	Disagree	Un- decided	Agree	Strongly Agree
19. I wish I had more ideas on how to solve my problem.	1	2	3	0	6
20. I have started working on my problem, but I would like help.	0	3	3	•	•
21. Maybe this place will be able to help me.	0	3	3	•	•
I may need a boost right now to help me maintain the changes I've already made.	0	2	3	•	•
23. I may be part of the problem, but I don't really think I am.	0	2	3	•	•
24. I hope that someone here will have some good advice for me.	0	2	3	•	0
25. Anyone can talk about changing; I'm actually doing something about it.	0	②	3	•	•
26. All this talk about psychology is boring. Why can't people just forget about their problems?	0	2	3	•	0
27. I'm here to prevent myself from having a relapse of my problem.	0	2	3	•	(6)
28. It is frustrating, but I feel I might be having a recurrence of a problem I thought I had resolved.	0	3	3	•	0
29. I have worries, but so does the next guy. Why spend time thinking about them?	0	3	3	•	•
30. I am actively working on my problem.	0	2	3	0	6
31. I would rather cope with my faults than try to change them.	0	2	3	•	•
 After all I had done to try and change my problem, every now and again it comes back to haunt me. 	n 0	3	3	0	•

F. F.	Pregnanc	y Assess	ment	DON	/AIN:	RP	Page	1 of 1	
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N	I D A - C T N	4 - 0 0	1 3				IT/VIS	SITNU	M
Node #: Site #:	Participant ID: Name C	Code: Date	of Assess	ment: (mr	n/dd/yyy	y)		Visit#	:
0 9	USUBJID USUBJID				<u>/ ∐</u>				
O Screening O Active O Follow-Up RPSCAT=S	CQI Codes: -No errors unavailable ata collector error unable/unwilling to wer SECTION I	CQI Comments O Entire form O Question #(s)			PDTC	SSE	SSME	Study	Day:
Section I (Complete Section	-	line)							
1a. How many weeks have y		(un	known = 99)	•	RF	ORR	ES		
RPTEST/RPTI		<u> </u>	<u> </u>			٦			
1b. What was the date of you	ır last period?		/			(unk	(nown =	11/11/19	911)
1c. What is your "due" date?	c. What is your "due" date? (unknown = 11/11/1911)								
1d. Is the participant less that	n 33 weeks pregnant?	O No O Ye	S						
If more than 32 weeks, the ca	andidate is ineligible for the s	study so do not	continue w	ith the as	ssessme	ent.			
If less than 20 weeks, ask que	estion 2. Otherwise, skip to	the urine pregr	ancy test:						
2. Are you planning to have t	he baby?	O No O Ye	s (Inclusio	on/Exclus	sion #1)				
Complete the urine pregnancy	y test.								
3. What was the result of the	pregnancy test?	O Negative	O Positive	e (Inclusi	on/Excl	usion ‡	<i>‡1)</i>		
Only continue on to the nex her pregnancy, and has a pe			weeks pro	egnant, i	s not p	lannir	ng to te	ermina	te
Section II									
Pregnancy Relevant Behavior I will be asking you about a no		affect a pregna	ncy.	RPEV	LINT=	-P7D			
During the past seven days, I	now many days did you:			RPOF	RRESU	J=DA	Υ		
take a multi-vitamin or pre-	natal vitamin?	(00 01	02	03	04	05	06	07
drink milk and/or consume			00 01		03	04	05	06	07
6. eat at least two nutritious r	meals?		00 01		03	04	05	06	07
7. get at least five hours of sl	eep each night?		00 01			04	05	06	07
8. drink at least four glasses	of water (a glass=8 ounces)		00 01		03	04	05	06	07
9. do at least 20 minutes of n housecleaning, etc.)?		leine	00 01			04	05	06	07
10. How many prenatal care	appointments have you atte	ended so far?							
11. How would you rate your	general level of stress on a	scale of 0 to 40	where 0 is	e no etroc	e at all	and 40) ic ov+	romo o	trocca
	04 05 06 07			5 11U 5U 6S	os at all	anu II	J IS €Xl	ieille S	u 622 (
Comments:									
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N	ode #:	: :	Site #:			Particip	_ ant ID):	Na	me C	ode:		Date	of A	_ \sses	smen	t: (m	m/c	ld/yy	ryy)	VISIT/VISI V	/isit #:
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	Sc O Ac	nase: reenir tive llow-U	Ĭ	01 10 11	ank-No -Pt un -Data	QI Codes o errors available collector able/unwi	error		(O)]	O Er	Comm ntire fo uestion										Study Day:
1.	Sex:		M.SEX Male C) Fen	nale	I	OM.B	RTI	HDT	C		7			ucatio	on con 12 yea		ed:		Yea	SCORRES irs:	
2.	Date	of bir	th (mm/do	/уууу):	/		/	/												SCORRE	SU
D	M R	ΔCF	(If mult	inle	ther	'МІ	пт	DI E	"			_	5.	Usu	ual e	mployr	ment	pat	ttern	:		
3. I	ETHN	ICITY	/RACE: F	or ea	ich o	f the foll	owing	, plea	ase fi					а	Pa	ıst 3 ye	ears.					
			s." You ha not to an							filling	g								rese	nt the	majority of t	he last 3
1	further	spec	ification, p	lease	sele	ect at lea	st on	e sub	cate	gory.				1	year	s, not j	just t	he i	most	rece	nt sélection.	If there
	0	Yes	O No W	hite	SC	TEST										•					n one catego ne more curro	
	0	Yes	O No Bl	ack, A	Africa	n Ameri	can, c	r Ne	gro						situa TES	tion.		[-			SCORR	
	0	Yes	O No Ar	nerica	an Ind	dian or A	Maska	n Na	tive							time (3	35+ h	nrsA	vk)		O Service	Lo
	0	Yes	O No Sp					10								time (,	5)	O Retired/I	Disability
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4836

Demographics

DO	MA	IN:	SU

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4836	J		(continued)	Page 2 of 2
4030	USUBJID		SUDTC	VISIT/VISITNUM
Site #:	Participant ID:	Name Code:	SUDTC Date of Assessment: (mm/d	ld/yyyy)

Drug/Alcohol Use =SUCAT

For the following, please record usage information (days of use) for the past 30 days, 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 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/A." If substance use is less than 6

SUTRT SULVE SUBSTANCE:	INT=-P3 Past 30 Days	Lifetime Us Years		quent route nistration:	Comment:
Nachal (annume of all)			O Oral O Nasal	O IV or non-IV Injection	
Alcohol (any use at all)			○ Nasai ○ Smoking	O N/A SUROUTE	NOT ENTERED
Alcohol (to intoxication)			O Oral O Nasal	O IV or non-IV Injection	
mooner (to internouncin)			O INasai O Smoking	O N/A	
leroin			O Oral O Nasal	O IV or non-IV Injection	
			O Smoking	O N/A	
Methadone/LAAM			O Oral O Nasal	O IV or non-IV Injection	
prescribed)			O Smoking	O N/A	
/lethadone/LAAM			O Oral O Nasal	O IV or non-IV Injection	
illicit)			O Smoking	O N/A	
Other Opiates/Analgesics			O Oral O Nasal	O IV or non-IV Injection	
other opiatoo//thangeores			○ Smoking	O N/A	
arbiturates			O Oral O Nasal	O IV or non-IV Injection	
			O Smoking	O N/A	
Other Sedatives/Hypnotics Tranquilizers including			O Oral O Nasal	O IV or non-IV Injection	
Benzodiazapines			Smoking	O N/A	
·			O Oral O Nasal	O IV or non-IV Injection	
Cocaine			O Smoking	O N/A	
Amphetamines/			O Oral O Nasal	O IV or non-IV Injection	
Methamphetamine			O Smoking	O N/A	
Cannabis			O Oral O Nasal	O IV or non-IV Injection	
an and		1 1 1	O Smoking	O N/A	
lallucinogens			O Oral	O IV or non-IV Injection	
alidenogens		1 1 1	○ Nasal○ Smoking	O N/A	
-h -l t -			O Oral	O IV or non-IV Injection	
nhalants			○ Nasal ○ Smoking	O N/A	
More than 1 substance per					
ay (including alcohol)					
licotine (tobacco			O Oral		
roducts)			O Nasal O Smoking	O N/A	

Code as above. Ask patient when not clear. **SUTRT**

O No problem
O Alcohol (any)
O Alcohol (intox.)
O Heroin `

Methadone/LAAM (presc)

SUCAT=MAJOR DRUG PROBLEM

- Methadone/LAAM (illicit) Opiates/Analgesics Barbiturates
- O Sed/Hyp/Tranq/Benz Cocaine
- O Amphetamines/Meth Cannabis

Nicotine

- O Hallucinogens
 O Inhalants
- Alcohol and drug (dual addiction) Polydrug

QSCAT=Short Inventory of Problems - Rev	/ise	d ^{DO}	MAIN:	QS page	1 of 1
N I D A - C T N - 0 0 1 3	For	m#13	310		
Node #: Site #: Participant ID: Name Code: Date of Assessn	nent: (r	nm/dd/y	vvv)		Visit#:
	Τ,	<i> </i>	TT		
CODENIE CONTRACTOR OF CONTRACT		' L	QSDT		
Phase: O Screening O1-Pt unavailable O Screening O1-Pt unavailable O1-Pt unavailable O1-Pt unavailable				VIS	ITAVISITNUM Study Day:
O Active 01-Pt unavailable Question #(s):					
O Follow-Up			¥		
INSTRUCTIONS: Here are a number of events that drinkers or drug users sometimes experience. Read each one carefully and indicate how often each one has happened to you during the past month. If an item does not apply to you, bubble "Never."		Once or a few times	Once or twice a week	Daily or almost daily	SORRES
QSEVLNT=-P1M	Never	ce o	ce o	ly or	
<u>During the past month,</u> about how often has this happened to you? (Bubble one answer for each item.) QSTEST/QSTESTCD	Ne	ō	ō	Dai	
I have been unhappy because of my drinking or drug use.	0	1	2	3	
Because of my drinking or drug use, I have lost weight or not eaten properly.	0	1	2	3	
3. I have failed to do what is expected of me because of my drinking or drug use.	0	1	2	3	
I have felt guilty or ashamed because of my drinking or drug use.	0	1	2	3	-
5. I have taken foolish risks when I have been drinking or using drugs.	0	1	2	3	
6. When drinking or using drugs, I have done impulsive things that I regretted later.	0	1	2	3	
7. Drinking or using one drug has caused me to use other drugs more.	0	1	2	3	
I have gotten into trouble because of drinking or drug use.	0	1	2	3	
The quality of my work has suffered because of my drinking or drug use.	0	1	2	3	
<u>During the past month,</u> how much has this happened? (Bubble one answer for each item.)	Not at all	A little	Somewhat	Very much	
10. My physical health has been harmed by my drinking or drug use.	0	1	2	3	
11. I have had money problems because of my drinking or drug use.	0	1	2	3	
12. My physical appearance has been harmed by my drinking or drug use.	0	1	2	3	
13. My family has been hurt by my drinking or drug use.	0	1	2	3	_
14. A friendship or close relationship has been damaged by my drinking or drug use.	0	1	2	3	
15. My drinking or drug use has gotten in the way of my growth as a person.	0	1	2	3	
16. My drinking or drug problem has damaged my social life, popularity, or reputation.	0	1	2	3	-
17. I have spent too much or lost a lot of money because of my drinking or drug use.	0	1	2	3	

	QSCAT=	DSM-IV D	iagnosti	c Summary	DOMAIN: QS	page 1 of 1
e Tü	Study:	STUDY			Form # 1315	
19407	N I D	A - C T	и - 0	0 1 3	FOIII # 1313	
Node #: Site #:	Particip	ant ID: Name	Code:	Date of Assessment	: (mm/dd/yyyy)	Visit #:
0 9	USI	JBJID		/	/ QSDT	C VISIT/VISITNUM
Phase: O Screening Active Follow-Up	CQI Codes: blank-No errors 01-Pt unavailable 10-Data collector error 11-Pt unable/unwilling answer	CQI:	O Entire form	 n		Study Day:
Axis I Diagnosi	s: QSSC/	AT=				
Please list all <u>CURI</u>	RENT Substanc	e Abuse or Depen	dence Diagn	oses (including DS	M-IV code).	
QSTEST/QSTE	STCD					
DSM-IV C	ODE:			DSM-IV DIAGNO	OSIS: QSORRES	8
1.						
2.						
3.						
4.						
	QSSCAT=					
Please list all <u>PAS1</u>	Substance Ab	use or Dependend	e Diagnoses	(including DSM-IV	code).	
DSM-IV C	:ODE:			DSM-IV DIAGNO	osis:	
1.						
2.						
3.						
4						

	QSCAT= ACL I			Page	1 of 10
Study:	STUDYID	_ite	DOMAIN:		
3037 Study:		0 1 3	Form	# 1314	
Node #: Site #: Particip	oant ID: Name Code:	Date of A	Assessment: (mn	n/dd/yyyy)	Visit #:
0 9 USUE	COI: COI	omments:	//	QSDTC V	SIT/VISITNUM
Phase: Screening Active Follow-Up blank-No errors 01-Pt unavailable 10-Data collector 11-Pt unable/unwi	error @ @	tire form estion #(s):			Study Day:
Note: See page 10 for instructions and		items asked a litems rephras		s "Since the last AS	SI interview,"
	CAT=GENERAL INFO	ORMATIO	<u>N</u>	0000	DEC
QSTEST/QSTESTCD G4. Date of admission: (MM/DD/YYYY)		C17 Of	bet sees de	QSOR	
G4. Date of admission. (MM/DD/11111)		G17. Of	wnat race do you	consider yourself?	
/ /			(Not Hispanic)	O 6-Hispanic - M	exican
		,	Not Hispanic)	O 7-Hispanic - Pu	uerto Rican
G8. Class: O 1-Intake O 2-Follow	/-up	O 3-Americ		O 8-Hispanic - Cu	
	•	O 4-Alaska		O 9-Other Hispa	nic
G9. Contact code:		5-Asian/I	Pacific		
O 1-In Person		040 D-		f0	
O 2-Telephone (Intake ASI mus	st be in person)		you have a religi	-	
O 3-Mail	a se in person,	1-Protest2-Catholi			
		O 5-Other:			
G10. Gender: O 1-Male O 2-Fema	le	O 6-None	NOT IN	DATABASE	
<u> </u>					
G12.) Special:		(G19.) Ha	we you been in a	controlled environn	nent
O 1-Patient terminated		in t	the past 30 days?		icit
O 2-Patient refused	QSEVLINT=-P	230D O 1-No		○ 4-Medical Tre	eatment
O 3-Patient unable to respond		O 2-Jail		O 5-Psychiatric	
			l or Drug Treat.	O 6-Other:	
G14. How long have you lived at your cu	ırrent address?	0 0 7 1100110	ror Brag Troat.		N DATABASE
A-Yrs. B-Mos.		* • A place	e, theoretically, wit	thout access to dru	
		G20. Ho	w many days?	QSORF	RESU='DAYS'
G16. Date of birth: (MM/DD/YYYY)		* • "NN" if	fauestion G19 is t	"No". Refers to tota	al number of
			ned in the past 30		ar number of
Comments	MAIN. 00				
l l	OMAIN: CO OVAL				
l l	OMAIN=QS				
	REF=ASI PAGE 1				
l l	/AR=VISITNUM				

	1	
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QSSCAT= MEDICAL STATUS

Page 2 of 10

Site #: Participant ID: Name Code: Date of Assessment: (mm/dd/yyyy) Visit #: Study Da QSTEST/QSTESTCD VISIT/VISITNUM * 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, psychiatric treatment and childbirth (if no complications). Enter the number of overnight hospitalizations for medical problems. M3. Do you have any chronic medical problems. M4. O patient's misrepresentation? M10. Patient's misrepresentation? M11. Patient's inability to understand? M11. Patient's inability to understand? M12. O 1-Yes O 0 Comments: Comments: DOMAIN: CO COVAL RDOMAIN=QS COREF=ASI PAGE 2 IDVAR=VISITNUM	
QSTEST/QSTESTCD * 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, psychiatric treatment and childbirth (if no complications). Enter the number of overnight hospitalizations for medical problems. M3. Do you have any chronic medical problems. M3. Do you have any chronic medical problems which continue to interfere O 1-Yes O 0-No with your life? • If "Yes", specify in comments. • A chronic medical condition is a serious physical condition that requires regular care, (i.e., medication, dietary restriction) preventing full advantage of their abilities. M4. Are you taking any prescribed O 1-Yes O 0-No medication on a regular basis for a physical problem? VISIT/VISITNUM CONFIDENCE RATINGS Is the above information significantly distorted by: W10. Patient's misrepresentation? O 1-Yes O 0 M11. Patient's inability to understand? O 1-Yes O 0 Comments: Comments: DOMAIN: CO COVAL RDOMAIN=QS COREF=ASI PAGE 2 IDVAR=VISITNUM	
*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, psychiatric treatment and childbirth (if no complications). Enter the number of overnight hospitalizations for medical problems. M3. Do you have any chronic medical problems. M3. Do you have any chronic medical problems. M4. A chronic medical condition is a serious physical condition that requires regular care, (i.e., medication, dietary restriction) preventing full advantage of their abilities. M4. Are you taking any prescribed medication on a regular basis for a physical problem? CONFIDENCE RATINGS Is the above information significantly distorted by: W10. Patient's misrepresentation? O 1-Yes O 0 M11. Patient's inability to understand? O 1-Yes O 0 Comments: Comments: DOMAIN: CO COVAL RDOMAIN=QS COREF=ASI PAGE 2 IDVAR=VISITNUM	
been hospitalized for medical problems? Is the above information significantly distorted by: 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. M3. Do you have any chronic medical problems. Is the above information significantly distorted by: QSORRES M10. Patient's misrepresentation? O 1-Yes O 0 M11. Patient's misrepresentation? O 1-Yes O 0 Comments: Comments: DOMAIN: CO COVAL RDOMAIN=QS COREF=ASI PAGE 2 IDVAR=VISITNUM	
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. M3. Do you have any chronic medical problems which continue to interfere O 1-Yes O 0-No with your life? If "Yes", specify in comments. A chronic medical condition is a serious physical condition that requires regular care, (i.e., medication, dietary restriction) preventing full advantage of their abilities. M4. Are you taking any prescribed O 1-Yes O 0-No medication on a regular basis for a physical problem? M10. Patient's misrepresentation? M11. Patient's inability to understand? O 1-Yes O 0 Comments: DOMAIN: CO COVAL RDOMAIN=QS COREF=ASI PAGE 2 IDVAR=VISITNUM	
(if no complications). Enter the number of overnight hospitalizations for medical problems. M3. Do you have any chronic medical problems. M11. Patient's inability to understand? O 1-Yes O 0 overnight hospitalizations for medical problems. M12. Do you have any chronic medical problems. M13. Do you have any chronic medical problems. M14. Patient's inability to understand? O 1-Yes O 0 overnight hospitalizations for medical problems. M15. Patient's misrepresentation? M16. Patient's misrepresentation? M17. Patient's inability to understand? O 1-Yes O 0 overnight hospitalizations for medical problems. M18. Patient's inability to understand? O 1-Yes O 0 overnight hospitalizations for medical problems. M19. Patient's misrepresentation? M10. Patient's misrepresentation? M11. Patient's inability to understand? O 1-Yes O 0 overnight hospitalizations for medical problems. M19. Patient's misrepresentation? M10. Patient's misrepresentation? M10. Patient's misrepresentation? M10. Patient's misrepresentation?	
M3. Do you have any chronic medical problems which continue to interfere O 1-Yes O 0-No with your life? • If "Yes", specify in comments. • A chronic medical condition is a serious physical condition that requires regular care, (i.e., medication, dietary restriction) preventing full advantage of their abilities. M4. Are you taking any prescribed O 1-Yes O 0-No medication on a regular basis for a physical problem? Comments: DOMAIN: CO COVAL RDOMAIN=QS COREF=ASI PAGE 2 IDVAR=VISITNUM	D-No
 If "Yes", specify in comments. A chronic medical condition is a serious physical condition that requires regular care, (i.e., medication, dietary restriction) preventing full advantage of their abilities. M4. Are you taking any prescribed O 1-Yes O 0-No medication on a regular basis for a physical problem? DOMAIN: CO COVAL RDOMAIN=QS COREF=ASI PAGE 2 IDVAR=VISITNUM 	
condition that requires regular care, (i.e., medication, dietary restriction) preventing full advantage of their abilities. M4. Are you taking any prescribed O 1-Yes O 0-No medication on a regular basis for a physical problem? DOMAIN: CO COVAL RDOMAIN=QS COREF=ASI PAGE 2 IDVAR=VISITNUM	
medication on a regular basis for a physical problem?	
roo , opening commenter	
Medication prescribed by a M.D. for medical conditions; not psychiatric medicines. Include medicines prescribed whether or not the patient is currently taking QSSCAT=	
them. The intent is to verify chronic medical problems. EMPLOYMENT/SUPPORT STATUS	
physical disability?	Лos.
If "Yes", specify in comments. GED=12 years, note in comments QSORRESU='YE Include Worker's Compensation, exclude Include formal education only a second of the seco	FARS
psychiatric disability.	IONT
M6) How many days have you experienced medical	Лos.
problems in the past 30 days? Formal/organized training only For military training, only include training	
 Do not include ailments directly caused by drugs/alcohol. For military training, only include training that can be used in civilian life, i.e., electronics or computers. 	
 Include flu, colds, etc. Include serious ailments related to drugs/alcohol, which would continue even if the E4.) Do you have a valid driver's license? O 1-Yes) No
patient were abstinent (e.g., cirrhosis of the liver, abscesses from needles, etc.). • Valid license; not suspended/revoked.	-NO
For questions M7 and M8, please ask the patient to use the Patient's Rating Scale. E5. Do you have an automobile available for use?	-No
M7. How troubled or bothered have you been by these medical problems in the past 30 days? • If answer to E4 is "No", then E5 must be "No". Does not require ownership, only requires availability on a regular basis	
Pestrict response to problem days of question M6	- ^ - ·
M8.) How important to you <i>now</i> is treatment for ② ① ② ③ ④	IONT
these medical problems? • Refers to the need for <i>new</i> or <i>additional</i> medical Trs. Mos.	_
treatments by the patient. • Full time=35+ hours weekly; does not necessarily mean most recent job. ASI013 - 09/04/2002 - v1	

QSSCAT=



EMPLOYMENT/SUPPORT STATUS (continued)

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Site #:		Participant ID:	Name Code:	Date of A	ssessn	nent: (r	mm/dd/yyyy)		Visit#:	Stud	ly Day:
		USUBJID			1		/ QSDTC				
E10.	Does someon the majority Usual empl 1-Full time (3-Part time (4-Student)	property of the property of th	page 10. QS D 1-Yes O 0-No three years: VLINT=-P3Y -Military Service -Retired/disability -Unemployed -In controlled environment ajority of the last 3	E16. SORRES (E17.) (E18.)	Mone unrel cash mone Illegal Cash good Do n How m the ma Must alimo self-s How m employ	sy for place of payment of any payment of any dayment of any dayme	or friends: \$ personal expenses sources of income (sents only, include on loans, gambling, include on loans, gambling, prostitution, empt to convert drupeople depend on your family depending of their food, shelte gularly depending of ild support, do not inting spouse, etc.	(i.e., cie.g., gawindfallsinherital	lothing), ambling). s (unexponce, tax alling, fer annged to the patie	Record ected), returns, encing stole a dollar clude ent or	etc. en
(E11.)	equal time which besi QSEV How many for working Include "u	just the most recent sets for more than one of the represents the more (LINT=-P3OD) and days were you paid go in the past 30 days? Under the table work, days, and vacations.	category, select that current situation.	Patie	looki which uestion nt's Ra	ng for that just that just that just that just the second	bility to find work, if work, or problems of problems of the problems of the work, or problems of the work, or bothered have yment problems in the work, or bothered have	with pressure some patients SEVLINGS SEVUINGS SEVEN	esent job RESU= ent to us NT=-P3 en by	in "DAYS" e the BOD	
		17: How much mone g sources in the past		OLLARS	• If the	patier	nt has been incarce ys, they cannot hav	erated o	r detaine	ed during	
(E12.)	Employme	nt \$		(E21.)			nt to you now is co ployment problems		9	0 0 2	3 4
E13.)			ude any "under		ques • Stres	tion E	in finding or prepa				
	·				IDENC		TINGS mation <u>significant</u>	lv dista	orted by		
(E14.	Welfare:	s			above	IIIIOII	mation <u>significant</u>	<u>iy</u> uisto	nteu by.	•	
	/ ■ Include	food stamps, transpo	rtation	(E23.)	Patien	's mis	representation?	O 1-1	res C	0-No	
	money	provided by an agenc m treatment.		E24.	Patien	t's inat	oility to understand	? () 1-1	res O	0-No	
(E15.	Pensions,	benefits, or social sec	curity:	Comments	i:		OMAIN: CO				
	• Include di	\$ sability, pensions, ret	irement			R C	OVAL DOMAIN=QS OREF=ASI PA)VAR=VISITNL				
		benefits, SSI & worke				IL	VAIX-VIOLLING		1040 00	V0.4/0000	



QSSCAT= ALCOHOL/DRUGS

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Site #	:	Participa	nt ID:	Name C	ode:	Date of A	Assessment	: (mm/dd/y	yyy)	Vis	it #:	Study	y Day:
		US	SUBJID] / 🔲	/	QSDTC				
		080	ORRES				_			VISIT/	/VISITN	1UM	
				Roi	ute of admin		7	How	many of these	e were de	etox only		
QST	EST/QSTE	STCD	Ziretiine u	1-0 2-N		on IV injectior injection							\neg
	QSORRES	UA-Days	B-Years		moking		(D21.	Alcohol?		(D22.)	Drugs?		
(D1.)	Alcohol-(any use at all)				te the usual o	or most recen	t	• If D	19="00", ther	n questio	n D21 is '	"NN"	
(D2.)	Alcohol-(to					ne most sever		If D	20="00", ther	n questio	n D22 is '	"NN"	
\bigcup	intoxication)				e routes are i ere to most s	isted from lea severe.		w much m	oney would y	ou say y	ou spent	durinç	j the
(D3.)				O Oral	O Non IV		_		past 30	days on:	:		
D3.)	Heroin			O Nasal O Smoke	O IV		Alc	cohol		_	Dru	ıgs	
(D4.)	Methadone			O Oral	O Non IV	(D23.)	\$		(D24	4.) \$			
\bigcup				O Nasal O Smoke	OIV					/ L			
(D5.)	Other opiates/			O Oral O Nasal	O Non IV O IV			ount actual d by drugs/a	money spen alcohol?				
\mathcal{L}	analgesics			O Smoke					QS		SU='DO	OLL ₋	\RS'
(D6.)	Barbiturates			O Oral O Nasal	O Non IV O IV	(D25.)			you been tre shol or drugs			162	
\times			<u></u>	O Smoke				lude AA/NA	_	iii uic pa	31 00 day	3: L	
(D7.)	Other sed/ hyp/trang			O Oral O Nasal	O Non IV O IV		or question	ns D28-31.	please ask	patient t	o use the	e Pati	ent's
\sim	пурлапц		\square	O Smoke	;	F	Rating Scale	e. The pati	ent is rating	•			
(D8.)	Cocaine			O Oral O Nasal			ubstance a	buse treat		VLINT:	=-P3O[)	
			$\perp \perp \perp$	O Smoke	+	D26.)	How many	days in the	e past 30 hav		. [
(D9.)	Amphetamines			O Oral O Nasal	O Non IV O IV		experience	d alcohol p	oroblems?				
\sim			\vdash	O Smoke O Oral				RRESU:				~ ~	_
(D10.)	Cannabis			O Smoke	O Non IV	(D28.)			ered have you e alcohol prob		е оо	② ③	Θ
\sim			=					, ,					
(D11.)	Hallucinogens	s		O Oral O Nasal	O Non IV O IV	(D30.)	How import these alcoh		now is treatn	nent for	0 0	23	•
\asymp			\vdash	O Smoke	1		these alcoi	ioi probieti	15 !				
(D12.)	Inhalants			O Nasal		(D27.)			e past 30 hav	e you			
	More than one		\equiv			\sim	experience	a arug pro	biems?				
(D13.)	substance per			QSOR	DEC		* • Include	a only: Cray	ving, withdrav	wal eymn	tome die	turbin	a
	day (including			QSON	INES	1			nting to stop a				y
D17.	How many tim	nes have vo	ou had Alco	ohol DT's?	,		How trouble	ed or both	ered have you	u haan	0.0		0
	• Delerium Tr					st (D29.)			hese drug pro		00	② ③	0
	drink, or signit						How import	tant to you	now is treatn	nent	0.0		0
	hallucinations					(D31.)	for these dr			icit	00	② ③	•
How	many times in	your life ha	ave you be	en treated	for:		CONFIDEN	NCE RATII	NGS				
*	\		*						ation <u>signific</u>	antly dis	storted b	y:	
(D19	Alcohol abus	e	D20.)	Drug ab	use		34. Patie	ant'e mierer	oresentation?	, ,) 1-Yes	0.0)-No
	clude detoxifica						1		ty to understa) 1-Yes		0-No
	Comments:		<u> </u>	<u>'</u>	. ,	DOMAIN:	co			7			
						COVAL							
	•					RDOMAIN= COREF=AS				ASI01	3 - 09/04/	2002 .	v1
						IDVAR=VIS				ا ماد	J - 03/04/	-002	71



QSSCAT= LEGAL STATUS

Page5 o

of 10	
Study Day: ITNUM QSORRES	
RRESTED	
rom	
and	

Site #:	Participant ID: Name Code:	Date of Assessment: (mm/dd/yyyy) Visit #: Study Day:
	U\$UBJID	/ QSDTC
L1.	QSTEST/QSTESTCD Was this admission O 1-Yes O 0-No prompted or suggested by the criminal justice system? • judge, probation/parole officer, etc.	* (L12) Rape QSORRES
(L2.)	Are you on probation ○ 1-Yes ○ 0-No or parole? Note duration and level in comments.	* (L13) Homicide/manslaughter * (L14.) Prostitution
	nany times in your life *have you been ed and charged with the following:	
* (L3.)	Shoplifting/vandalism	* (L15) Contempt of court
* (L4.)	Parole/probation violations	* (L16) Other: QNAM=OARREST QLABEL=OTHER REASON ARRESTED IDVAR=VISITNUM
* (L5.)	Drug charges	* L17. How many of these charges resulted in convictions? * ● If L3-16="00", then question L17="NN". * ● Do not include misdemeanor offenses from
* (L6.)	Forgery	 questions L18-20 below. Convictions include fines, probation, incarcerations, suspended sentences, and guilty pleas.
* (L7.)	Weapons offense	How many times in your life have you been charged with the following:
* (L8.)	Burglary/larceny/B&E	* L18. Disorderly conduct, vagrancy, public intoxication
* (L9.)	Robbery	* (L19) Driving while intoxicated
* (L10)	Assault	* (L20) Major driving violations • Moving violations: speeding, reckless
* (L11)	Arson	driving, no license, etc. * (L21) How many months were you incarcerated in your Mos.
	total number of counts, not just convictions.	life?
Do not i	include juvenile (pre-age 18) crimes, unless they were charged as an adult.	QSORRESU='DAYS'
	Include formal charges only.	 If incarcerated 2 weeks or more, round this up to 1 month. List total number of months incarcerated



QSSCAT-LEGAL STATUS (continued)

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Site #:		Participant ID:	Name Code:		Date of Assessme	ent: (mm/dd/yyyy) QSDTC	Visit#:	Study Day:
		U\$UBJID				/	VICITA VICITA	
	QSTEST	/QSTESTCD	C	SO	RRES	v	'ISIT/VISITN	NUIVI
(L24)		esently awaiting ial or sentence?	O 1-Yes	s (O 0-No	Comments:		
(L25)	* • Refers	(If multiple charges, s to question L24. If e. include civil cases, u	more than one, cho					
0	03-Shoplift	O 08-Burglary	O 13-Homicide	0 1	19-DWI			
0	04-Prob. viol.	O 09-Robbery	14-Prostitution	02	20-Major driving			
0	05-Drug	O 10-Assault	O 15-Contempt		violation			
0	06-Forgery	O 11-Arson	O 16-Other					
0	07-Weapons	O 12-Rape	O 18-Disorderly con	duct		DOMAIN: CO		
	QSEVLII	NT=-P30D	000			COVAL		
(L26)	you detain * ● Includ	days in the past 30 ved or incarcerated? e being arrested and same day.	were	KKE	ESU='DAYS'	RDOMAIN=QS COREF=ASI PAGE IDVAR=VISITNUM	6	
(L27)	you engag * • Exclude prostit	days in the past 30 led in illegal activities de simple drug posse ution, selling stolen guestion E17 under E	for profit? ssion. Include dru goods, etc. May be	cros	ss checked			
For qu Scale	estions L28	& 29, please ask p	atient to use the F	Patie	nt's Rating			
(L28)	problems a	us do you feel your pare? de civil problems.	resent legal 🛛 🛈	① ②	00			
L29)	or referral * • Patien	tant to you <i>now</i> is co for these legal proble it is rating a need for fense against crimina	ms? additional referral		③ ④ gal counsel			
	DENCE RA above inform	TINGS nation <u>significantly</u>	distorted by:					
(L31)	Patient's m	nisrepresentation?	O 1-Ye	es	○ 0-No			
L32)	Patient's in	ability to understand	? 0 1-Y	es	O 0-No			





QNAM=OFAMILY

IDVAR=VISITNUM

QLABEL=OTHER SIGNIFICANT FAMILY

QSSCAT= FAMILY/SOCIAL RELATIONSHIPS

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3037						
Site #: Participant ID: No	ame Code:	Date of	Assessment: (mm	/dd/yyyy)	Visit #: St	tudy Day:
U\$UBUID] / /	QSDTC	/ISIT/VISITNU	M
Status: O 2-Remarried O 5-Di	QSORRES eparated vorced ever Married		o o	u satisfied with thes 2-Yes O 0-No th anyone who:		
Common-law marriage=1. Specify in con	nments.		F7. Has a curr	ent alcohol problem	? O 1-Yes	O 0-No
F3. Are you satisfied with this situation? • Satisfied=generally liking the situatio	n Refers to gues	tion F1	F8. Uses non-	prescribed drugs?	O 1-Yes	O 0-No
O 2-Yes O 0-No O 1-Ind	-	, 101111.	(F9.) With v	hom do you spend	most of your free t	ime?
(F4.) * Usual living arrangements (past 3 yrs 0 1-With sexual partner and children	'LINT=-P3Y s.): 6-With friends 7-Alone		patien	lfriend/boyfriend is o t, then they must ref hout this section, no	er to them as fami	
	8-Controlled envi 9-No stable arran			ou satisfied with sper	nding your free	3-Alone
Choose arrangements most representa If there is an even split in time between choose the most recent arrangements. Have you had significant periods	these arrangemen	ts,	genera	○ 2-Yes sfied response must ally likes the situation as problems gett	indicate that the pn. Refers to quest	tion F9.
QSE	VLINT=-P30E)				
	A. Past 3	0 days	> В. <u>I</u>	n your life		
(F18.) Mother	O 1-Yes	O 0-No	O 1-Y	es O 0-No		
F19. Father	O 1-Yes	O 0-No	O 1-Y	es O 0-No	"Serious problems" m	
F20. Brothers/sisters	O 1-Yes	O 0-No	O 1-Y	es O 0-No	those that endangered	t
F21. Sexual partner/spouse	O 1-Yes	O 0-No	O 1-Y	es O 0-No	relationship	
F22.) Children	O 1-Yes	O 0-No	O 1-Y	es O 0-No	A "problem requires con	
(F23.) Other significant family: (specify)	O 1-Yes	○ 0-No	O 1-Y	es O-No	of some so either by telephone o	rt,
F24) Close friends	O 1-Yes	O 0-No	O 1-Y	es O 0-No	person.	""
F25) Neighbors	O 1-Yes	O 0-No	O 1-Y	es O 0-No		
(F26) Co-workers	O 1-Yes	O 0-No	O 1-Y	es O 0-No		



QSSCAT=FAMILY/SOCIAL RELATIONSHIPS (continued)

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Site #:		Participant ID:	Name Cod	le:	Date o	f Asses	sme	nt: (m	ım/d	d/yyyy)			Visit	#:	Stud	Study Day:	
		USUBJID				/			/[QSD	тс						
	OSTES	T/QSTESTCD		QSE [*]	VLINT:	=-P30	D					1/1	CITA	VISIT	NII IN	Л	
		invone abuse vou:			A. Pas	st 30 d	avs				B. In	vour		/1311	NOIV	1	
		, ,						QS	OR	RES		,					
	F28. Physic	cally (cause you phy	ysical harn	n)?	O 1-Yes	s O	0-No			() 1-Ye	es C) 0-No)			
	F29. Sexua	ally (force sexual ad			(C)	s O	0-No			() 1-Ye	es C) 0-No)			
		Q	SORRES	iU=.DA	YS	_										_	
(F30)		days in the past 30 has conflicts with your fa								his/her hether t							
For qu	estions F32	2-34, please ask patie	nt to use th	ne Patient	t's	(F35)	Hov	w imp	orta	nt to you	ı now	is treat	tment		90	3 3 4	
Rating	Scale	QSEVLINT=-P30	חר			\smile	or c	couns	eling	g for the	se soo	ial pro	blems	;?			
(F32)		led or bothered have y t 30 days by these fan	ou been	⊚ ① ② s?	3 4	*	SOC	ial pr	oble	nt's nee ms as lo	oneline	ess, ina	ability	to socia	alize,		
(F34)	How impor	rtant to you <i>now</i> is trea ing for these family pro	itment oblems?	000	③ ④		sho		efer t	action w to dissa ems.							
(F31)	had seriou	days in the past 30 has conflicts with other p	ave you eople			CON	EIDE	NCE	ъΛ.	TINGS							
(excluding family)? CONFIDENCE RATINGS Is the above information significantly distorted by:																	
_	==									-							
For q	uestions F3	3-35, ask the patient to scale	o use the p	atient's ra	ating	(F37)	Ρ	atient	t's m	isrepres	sentati	on?		O 1-Ye	es (○ 0-No)
(F33)		led or bothered have y 30 days by social prol		0000	0	F38	Р	atient	t's in	ability to	unde	rstand	?	○ 1-Ye	es	○ 0-No)
		QSEVL	.INT=-P3	0D													
Cor	nments:																
	minorito.							C(RI C(OVA DOI DRI	MAIN= EF=AS	=QS SLPA		3				
								טו	VA	R=VIS	HINU	ו∨וע					
		QSSC	AT=	PSYCH	<u>IIATRI</u>	C ST	ATL	<u>IS</u>									
		How many times	have you h	een trest	ted for a	nv nev	chol	naica	l or	emotic	nal ne	ohlem	c ?				
		now many unles	nave you k	een neat	cu ioi a	, pay	511010	ogica	. 01	-1110110	iiai pi	CDIEIII	٠.				
	*(P1.) In	a hospital or inpatient	setting?			Do not		de sub	ostan	ce abuse	e, empl	oyment	i, or far	nily			
	* (P2.) As	an outpatient or priva	te natient?		۱	treatm	ent da	ys, no	ot the	eries of number	of visit	s or tre			s or		
	(12.) As	an outputtent of priva	no padent?		J	Enter	diagno	osis in	com	ments if	known.						1

(P3.)Do you receive a pension for a psychiatric disability? O 1-Yes O 0-No



QSSCAT= PSYCHIATRIC STATUS (continued)

Pa

age 0 of 10	
age 9 of 10	

Site #:		Particip	ant ID:		Nan	ne Co	de:		Date	of As	Assessment: (mm/dd/yyyy)					Visit #:			Study Day:		y:	
			J\$UB.	JID							/			/[QSI	этс						
Have	you had	l a signi	ficant	neriod	l of t	ime (that w	as no	nta di	irect		_					VI	SIT/\	/ISI7	ΓNUM	I	
		t of dru										Q	SE	LIN L Pasi	=-P3 30 da	VS VS		3. <u>In y</u>	our life	2		
(P4.) Experie	TEST/ nced seri y with dai	ious dep	ression		ness	, hope	elessn	ess, lo	oss of	inter	est,		0	1-Yes	0 0	_{-N} QS	OK	R <u>ES</u> s	0	0-No		
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? O 1-Yes O 0-No																						
P8. Experie includin	nced trou ig episod					avior			or que 3-10, p				0	1-Yes	00)-No	0	1-Yes	0	0-No		
✓ * • Pa	nced seri tient seri taking h	ously co	nsidere					coul in	ld hav under ifluen cohol/	e bee the ce of	n		0	1-Yes	0 0	-No	0	1-Yes	0	0-No		
	ted suicio clude act		dal ges	stures	or att	tempt	s				_		0	1-Yes	00	-No	0	1-Yes	0	0-No		
→ * • Pi	rescribed rescribed ecord "Ye king it.	for the p	oatient l	by MD							not		0	1-Yes	0.0)-No	0	1-Yes	0	0-No		
(Fa) 11-1		QSE\				_		_							TINGS nation	eianif	icant	lv diet	orted	by:		
you	w many d i experier emotional	nced the	se psy	cholog	ical					,	22))			isrepre			<u>iy</u> uist	O 1-		O 0-	No
* ● Thi	s refers to	o problei	ns note	Q(ed in q	SOF uesti	On P4	SU='I I-10	DAY	S'	(1	23)	Patie	ent's in	ability t	o unde	erstar	ıd?	O 1-	Yes	O 0-	-No
For quest the Patier				ask pa	atien	t to u	se				С	omi	nents	5:]
P13) H	ow much othered b motional • Patier	have you by these problem	QS ou beer psycho s in the	ologica e past :	led o I or 30 da	ays?	00	000	0			C R C	OVA DOI ORE	MAIN EF=A)					
fo	ow impor or these p roblems?	tant to y	ou now			nt	0	000	3 0													



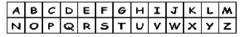
CODES

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Site #:	e#: Participant ID: Name Code: Date of As									nt: (n	ım/d	d/yyyy	·)	Visi	dy Da	ay:	
]/			/[
ı	Patient Ra	ting Scale)						1								
3	0-Not at all 1-Slightly 2-Moderate 3-Consider 4-Extremel	ely ably															
Н	ollingshea	id Catego	ries														
1.	Higher exe	cutive, majo	r professio	onal, ow	ner of larg	je bus	siness.										
2.	Business n i.e., nurses	nanager if m , opticians, p						als,									
	engraving t reporter, tra Clerical and	orietor of sma business, plu avel agent.	all busines umbing bu inicians, s	ss, i.e., t siness, i mall bus	oakery, ca florist, dec sinesses (r dea corate bank	lership, or, actor										
5.		nual-usually fireman, ma tailor, welde	ichinist, m	echanic	, paperha												
6.	Semi-skille cook, drill p operator).	d (hospital a oress, garage															
7.	Unskilled (a porter, incl	attendant, ja ude unemplo		struction	helper, u	nspe	cified la	bor,									
8.	Homemake	er.															
9.	Student, di	sabled, no o	ccupation	-													









Risk Behaviors Survey (RBS) OSCAT=

DOMAIN: QS

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41995			Stu	ıdy:		9	STUD	ΊD							
			И	I	D A	7 1	СТ	N	- [0 0	1	3 Fo i	m # 1		/ISIT/VISITNUM
Node #: Site	e #:			Pa	rticipar	t ID:	Nam	e Code	e:	Date	of A	ssessment: (mn	1/dd/vv	vv)	Visit #:
0 9						BJID						/	, 🗀	SDTC	
Phase: O Screening Active Follow-Up INTERVIEWER: you have devel	opea	e RE	blank 01-Pi 10-Di 11-Pi answ	t-No error t unavaila ata collect t unable/u rer contai rt witi	ble tor error nwilling to ins ser h the p	partici		nation efore	Entire Ques				havioi	r. Please e	Study Day:
A. DRUG USE	=QS	30	A I		QSTE	201/0	301E0	ICD		QS	EVI	LINT=-P30D			QSORRES
I'm going to ask you some questions		P	١.			В.	1			c.		D.	Нош п	E.	F.
about your drug use. I'll ask what types of drugs you've used and how often you use them.	Have (If no next	use	, ski)	-	use days? (If 00, C-F, a	How many days did you use in the last 30 days? (If 00, do not ask parts C-F, and skip to next C-					you us injecti snortii in the (If 00,	se without ng (smoking, ng, swallowing last 30 days? skip to next	How many times a day did		
Cocaine by itself					drug)		\neg						drug)	$\overline{}$	+
(injected or snorted)	0	0	0	0											
2. Heroin by itself	0	0	0	0									[
Cocaine & Heroin mixed together (Speedball)	0	0	0	0											
Other Opiates (Demerol, codeine, dilaudid)	0	0	0	0									[
5. Amphetamines (speed, methamphetamine, crank)	0	0	0	0									[
QSSCAT= QSEVLNT=-P30D B. DRUG INJECTION (If no injection use in past 30 days, skip to Section C.) QSORRESU='DAYS'															
1. In the last 30 days, how many times (# of injections) did you inject using works (needle/syringes) that you know had been used by somebody else? (If 000, then skip to B3.)															
2. Of the times y	ou in	jecte	ed a	ıfter so	omeone	e, how	/ many t	mes (did y	ou clean	the	works with full-	-streng	th bleach?	
How many tin injector?	nes in	the	las	t 30 da	ays did	you u	ise a co	oker/c	ottor	n/rinse w	/atei	that had been	used b	y another	

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)?

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QSCAT= Risk Behaviors Survey (RBS) (continued)

DOMAIN: QS

(CONTINUEC)

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Site #: Participant ID: Name Code: Date of Assessment: (mm/dd/yyyy) Visit #: Study Day:

USWBJID		QSDTC							
C. SEXUAL ACTIVITY =QSSC	AT	VISIT/VISITNUM							
Now I'm going to ask you some of 30 days. QSTEST/QSTEST	ruestions about sex. I'm referring here to anylogo CD QSEVLINT=-P30D v many people did you have vaginal, oral, or anal								
2. How many of your partners were	female?								
3. How many of your partners were male?									
4. Interviewer: Code gender of res (If Male, complete sections D, (If Female, complete sections (If Don't Know, ask ALL sex/gender)	E, F, G, & I)	○ Male ○ Female ○ Don't Knownswer as they like.)							
D. Ask Male/Female Clients wh	o had Female Partners								
O Once or irregularly		ral							
sex ("went down") on you? O Never	○ Always								
Q	○ Don't know/unsure								
About half the timeMore than half the time	O Refused								
2a. How many women did you per (If 000, then skip to next sect	form oral sex ("go down") on? ion appropriate for the gender of this client.)								
O Once or irregularly	sex ("go down") on your partner(s)? ○ 2-3 times a day ○ 4 or more times a day ○ Don't know/unsure ○ Refused								
2c. How often did you use condon	ns/dental dams when you performed oral sex ("we	ent down") on your partner(s)?							
O NeverO Less than half the timeO About half the timeO More than half the time	○ Always○ Don't know/unsure○ Refused								



QSCAT= Risk Behaviors Survey (RBS) (continued)

DOMAIN: QS

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			` '	rage 5 01 5				
Site	#: Participant ID:	Name Code:	Date of Assessment: (mm/dd/yyyy)	Visit #: Study Day:				
	USUBJID		/ QSDTC					
E.	VISIT/VISITNUM . Ask Male Clients who had Female Partners:							
	How many women did you hav (If 000, then skip to question How often did you have vagina	OSTEST/O	STESTCD	QSORRES				
	 Once or irregularly Less than once a week About once a week 2-6 times a week About once a day How often did you use a cond	O 2-3 times a day O 4 or more times a O Don't know/unsure O Refused	-					
16.	O Never	O Always						
	O Less than half the time O About half the time	O Don't know/unsure O Refused						
	O More than half the time							
2a.	How many women did you ha							
2b.	How often did you have (inse	tive) anal sex?						
	Once or irregularlyLess than once a weekAbout once a week2-6 times a weekAbout once a day	2-3 times a day4 or more times aDon't know/unsureRefused	*					
2c.	How often did you use a cond	lom?						
	O Never	O Always						
	O Less than half the time	O Don't know/unsure	•					
	O About half the time O More than half the time	O Refused						
_	Ask Male Clients who had M	ala Bartnara						
г.	ASK Male Chefts who had w	ale Faithers						
1a.	How many men did you have (If 000, then skip to next see	,	1 1					
1b.	How often did you have (insert O Once or irregularly O Less than once a week O About once a week O 2-6 times a week O About once a day	rtive) anal sex? O 2-3 times a day O 4 or more times a O Don't know/unsure O Refused	-					
1c.	How often did you use a cond	lom?						
	 O Never O Less than half the time O About half the time O More than half the time 	○ Always○ Don't know/unsure○ Refused						



QSCAT= Risk Behaviors Survey (RBS) (continued)

DOMAIN: QS

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Site #	t: Participant ID:	Name Code: Date of	of Assessment: (mm/dd/yy	/vv) \	/isit #: Study Day:		
	U\$UBJII						
			/	QSDTC			
G	. Ask Male/Female Clients wi	no had Male Partners		VISI	T/VISITNUM		
1a.	How many men performed ora (If 000, then skip to question				QSORRES		
1b.	How often did your partner(s)		on you?				
	O Once or irregularly		STEST/QSTESTCD				
	O Less than once a week O About once a week	O 4 or more times a day O Don't know/unsure					
	O 2-6 times a week	O Refused					
	O About once a day	O Relused					
	Ic. How often did you use condoms/dental dams when your partner(s) performed oral sex ("went down") on you?						
	O Never	O Always					
	O Less than half the time	O Don't know/unsure					
	O About half the time	O Refused					
	O More than half the time						
2a.	How many men did you perfor (If 000, then skip to next sed		nder of this client.)				
2b	. How often did you perform ora	al sex ("go down") on your pa	rtner(s)?				
	O Once or irregularly	O 2-3 times a day					
	O Less than once a week	O 4 or more times a day					
	O About once a week	O Don't know/unsure					
	O 2-6 times a week	O Refused					
2-	O About once a day		former of and any ("house	da			
20	. How often did you use condor		normed oral sex (went	down) on your p	arther(s)?		
	O Never	O Always					
	O Less than half the time	O Don't know/unsure					
	O About half the time	O Refused					
	O More than half the time						
Н.	Ask Female Clients who had	Male Partners					
1a.	How many men did you have vaginal sex with? (If 000, then skip to next section appropriate for the gender of this client.)						
1b	. How often did you have vagin	al sex?					
	O Once or irregularly	O 2-3 times a day					
	O Less than once a week	O 4 or more times a day					
	O About once a week	O Don't know/unsure					
	O 2-6 times a week	O Refused					
10	O About once a day . How often did you use a cond	om?					
IC	O Never						
		O Always					
	O Less than half the time	O Don't know/unsure					
	O About half the time	O Refused			_		



QSCAT= Risk Behaviors Survey (RBS) (continued)

DOMAIN: QS

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Site #:	Participant ID:	Name Code:	Date of Assessment: (mm/dd/yyyy)	Visit #: Study Day:
	U\$UBJID		/ QSDTC	SIT/VISITNUM
l	Ask Male/Female Clients who	had Male Partners	VIC	5117 V 10111 V 0 W
1a.	QSTEST/QSTES How many men did you have (If 000, end questionnaire.)	STCD (receptive) anal sex w	rith?	QSORRES
1b.	How often did you have (rece	ptive) anal sex?		
	O Once or irregularly	O 2-3 times a day		
	O Less than once a week	O 4 or more times a	a day	
	O About once a week	O Don't know/unsur	e	
	O 2-6 times a week	O Refused		
	 About once a day 			
1c.	How often did you use a cond	lom?		
	O Never	O Always		
	O Less than half the time	O Don't know/unsure	э	
	 About half the time 	O Refused		
	O More than half the time			

	57572	QSCAT Stud	111	S S	rupyir		on-Tı	reatn	nent Atten	OMAIN: QS dance Pa	age 1 of 1
	Node #: Site #	:	Partici	pant ID:	Name	Code:	Date	of Ass	essment: (mm/d	d/yyyy)	Visit #:
	0 9 Phase: O Screening		CQI Codes -No errors unavailable	5:	CQI:	O Entir	mments:		//[QSDTC VI	SIT/VISITNUM Study Day:
	Active Follow-Up	10-Da	ata collector unable/unwi	error	0 0 0 0	O Que	stion #(s).				
									QSO	RRES	
	QSTEST/QST	ESTCD					Week Day 1-	<u>1</u> 7	<u>Week 2</u> Day 8-14	Week 3 Day 15-21	<u>Week 4</u> Day 22-28
	Number of clinica	al staff trying	to make	contact:							
)	Number of phone	e calls:*									
	Number of comm	unity visits:	k								
	Number of letters	-* 									
·).	Number of times	patient actu	ally conta	acted:							

QSORRESU='MINUTES'

6. Estimated amount of time devoted to these interventions (in minutes)

 $^{^{\}star}$ This number should include all attempts at contact whether or not they were successful.

	U	_	
		_	Ы

O Follow-Up

QSCAT= Helping Alliance Questionnaire - Client Form

11602	Study:	STUDYID		
	N I D A -	C T N - O	0 1 3 Form # 1320	
Node #: Site #:	Participant ID:	Name Code:	Date of Assessment: (mm/dd/yyyy)	Visit #:
0 9	U\$UBJID		/ SDTC	VISIT/VISITNUM
EPO	CH <u>cqi Codes:</u>	CQI Comm	nents:	Study Day:
Phase: O Screening	blank-No errors 01-Pt unavailable	☐ ☐ ☐ Entire fo		Study Day.
Active	10-Data collector error	0 0	(5).	

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

0 0

11-Pt unable/unwilling to

QSORRES

QSTEST/QSTESTCD	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
I feel I can depend upon the therapist.	0	2	3	•	(6)	0
2. I feel the therapist understands me.	0	3	3	•	(3)	•
3. I feel the therapist wants me to achieve my goals.	0	3	3	•	0	0
4. At times, I distrust the therapist's judgment.	0	3	3	•	•	•
5. I feel I am working together with the therapist in a joint effort.	•	②	3	•	(5)	0
6. I believe we have similar ideas about the nature of my problems.	0	3	3	•	•	•
7. I generally respect the therapist's views about me.	0	3	3	•	0	0
8. The procedures used in my therapy are <u>not</u> well-suited to my need	ls. ①	3	3	•	0	•
9. I like the therapist as a person.	1	3	3	•	0	•
10. In most sessions, the therapist and I find a way to work on my problems together.	0	0	3	•	0	0
11. The therapist relates to me in ways that $\underline{\text{slow up}}$ the progress of therapy.	he 🕦	3	3	•	0	0
12. A good relationship has formed with my therapist.	0	3	3	•	0	0
13. The therapist appears to be experienced in helping people.	1	2	3	•	6	0
14. I want very much to work out my problems.	0	2	3	•	•	0
15. The therapist and I have meaningful exchanges.	0	3	3	•	•	0
16. The therapist and I sometimes have <u>un</u> profitable exchanges.	0	3	3	•	0	0
17. From time to time, we both talk about the same important events in my past.	0	3	3	•	•	0
18. I believe the therapist likes me as a person.	1	3	3	•	6	0
19. At times, the therapist seems distant.	0	2	3	•	•	0

Nod	 e#:	13844	QSCAT=	lelping /	Alliance		naire - (DOMAIN: Q Clinician Form	Page 1 of 1
0	9]	NI	D A	- C T	N - 0 0	1 3	Form # 1321	
Site	#:	-	Clinician ID:	Participa	nt ID: N	lame Code:	Date of Ass	essment: (mm/dd/yyyy)	Visit #:
				USUB	JID			/ QSDTC	
(0	Phase: Screening Active Follow-Up	blank-No e 01-Pt unav 10-Data co	vailable ollector error ole/unwilling to	CQI:	CQI Comments: O Entire form O Question #(s)	-		VISIT/VISITNUM Study Day:

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

QSORRES

QSTEST/QSTESTCD	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
The patient feels she can depend upon me.	0	2	3	•	0	0
2. She feels I understand her.	0	2	3	•	0	0
3. She feels I want her to achieve her goals.	0	3	3	•	(6)	0
At times, the patient distrusts my judgment.	0	2	3	•	0	0
5. The patient feels she is working together with me in a joint effort.	•	2	3	•	6	0
6. I believe we have similar ideas about the nature of her problems.	0	3	3	•	6	0
7. The patient generally respects my views about her.	0	2	3	•	0	0
8. The patient believes the procedures used in her therapy are $\underline{\text{not}}$ well-suited to her needs.	0	3	3	•	•	0
9. The patient likes me as a person.	0	3	3	•	(6)	0
10. In most sessions, we find a way to work on her problems together	r. ①	3	3	•	0	0
11. The patient believes I relate to her in ways that <u>slow up</u> the progress of the therapy.	0	②	3	•	•	0
12. The patient believes a good relationship has formed between us.	0	2	3	•	6	0
13. The patient believes I am experienced in helping people.	0	3	3	•	0	0
14. I want very much for the patient to work out her problems.	0	2	3	•	0	0
15. The patient and I have meaningful exchanges.	0	2	3	•	(6)	0
16. The patient and I sometimes have <u>un</u> profitable exchanges.	0	3	3	•	(3)	0
17. From time to time, we both talk about the same important events in her past.	0	3	3	•	6	0
18. The patient believes I like her as a person.	0	2	3	•	•	0_
19. At times, the patient sees me as distant.	0	3	3	•	(6)	0

	QSCAT= Treatment Services Review STUDYID	OMAIN: QS	Page 1 of 4
	41630	orm # 1319)
Nod	le #: Site #: Participant ID: Name Code: Date of Assessment: (n	mm/dd/yyyy)	Visit #:
0	9 USUBJID /	/ QSDT	
C	Phase: Screening		VISIT/VISITNUM Study Day:
	ase record services (provided or referred) by the treatment program (IN-PROG) vided by other sources (OUT-PROG).	separately fro	m those
•	SCAT-	QS	ORRES OUT
<u>A</u>	MEDICAL PROBLEMS: QSTEST/QSTESTCD	II.	OUT
1	How many days in the past week have you: QSEVLNT=-P1W experienced significant physical medical problems?	4	
١.	QSORRESU='DAYS'	1	
2.	been hospitalized for <u>physical medical</u> problems?	2a	2b
3.	received medication for a medical problem?	3a.	3b.
	How many times in the past week have you:	Ja	J 50.
4.	seen a physician for medical care?	4a	4b.
5.	seen a nurse, nurse practitioner, or physician's assistant for medical care?	5a.	5b.
6.	had a significant discussion pertinent to your medical problems: Individual session?	6a.	6b.
7.	had a significant discussion pertinent to your medical problems: Group session?	7a	7b.
В	. EMPLOYMENT AND SUPPORT PROBLEMS:=QSSCAT	IN	N OUT
1.	How many days in the past week have you: been paid for working? QSORRESU='DAYS'	1.	
2.	been in school or training?	2a.	2b.
3.	ow many times in the past week have you: seen someone regarding employment opportunities, training, or education: Employn pecialist?	nent 3a.	3b.
	seen someone regarding employment opportunities, training, or education: ounselor/social worker?	4a.	4b.
	seen someone regarding unemployment compensation, welfare, social security, hou other income: Benefits specialist?	ısing, 5a.	5b.
	seen someone regarding unemployment compensation, welfare, social security, hou other income: Counselor/social worker?	ısing, 6a.	6b.
	had a significant discussion pertinent to your employment/support problem: Individual ession?	al 7a	7b.
	had a significant discussion pertinent to your employment/support problem: Group ession?	8a	8b.



QSCAT=Treatment Services Review (continued)

DOMAIN: QS

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Site #: Participant ID: Name Code:	Date of Assessment: (mm/dd/yyyy)	Study Day:
USUBJID	/ QSDTC	;
QSTEST/QSTESTCD C. ALCOHOL PROBLEMS: =QSSCAT	PRRESU='DAYS'	IN OUT
How many days in the past week have you: 1. drunk any alcohol? (base this on Substance Use Calend		J
drunk any alcohol to the point of intoxication? QS	EVLINT=-P1W 2	QSORRES
3. been in inpatient treatment for an alcohol problem?	3a	ı. 3b.
4. received medication to help you detoxify from alcohol?	4a	4b.
5. received medication to prevent you from drinking?	58	
How many times in the past week have you: 6. received a blood alcohol test (e.g. breathalzyer)?	68	
7. attended an alcohol education sesion?	08	
attended an AA or 12-step meeting?	7a	ı 7b
	8a	ı. 8b.
attended an alcohol relapse prevention meeting?	9a	ı 9b
had a signficant discussion pertinent to your alcohol pro	oblem: Individual session?	a. 10b.
had a signficant discussion pertinent to your alcohol pro	oblem: Group session?	a 11b
D. DRUG PROBLEMS: =QSSCAT	SORRESU='DAYS'	IN OUT
How many days in the past week have you: 1. used any illicit drug? (base this on Substance Use Caler		
2. been in inpatient treatment for a drug problem?	2a	ı. 2b.
3. received medication to help you detoxify/come off a drug	? 38	3b.
4. received medication to maintain/stabilize your drug use?		
	48	
5. received medication to block the effects of drugs?		1. 4b.
5. received medication to block the effects of drugs?How many times in the past week have you:6. received a urinalysis or other test for drug use?	4a	a. 4b. 5b.
How many times in the past week have you:	4a 5a	4b
How many times in the past week have you: 6. received a urinalysis or other test for drug use?	4a 5a 6a	4b.
How many times in the past week have you: 6. received a urinalysis or other test for drug use? 7. attended a drug education session?	4a 5a 6a 7a	4b.
How many times in the past week have you: 6. received a urinalysis or other test for drug use? 7. attended a drug education session? 8. attended a session of NA or CA?	4a 5a 6a 7a 8a 9a	4b.



QSCAT=Treatment Services Review

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	41630 (continued)									
	Site #:	Participant ID:	Name Code:	Dat	e of Asses	ssment: (r	nm/dd/yyyy)		Study Day:
00004		USUBJID					/ QSE	тс		
QSSCAT	<u>E. LEGAL PROBL</u>			QSI	EVLINT=	P1W				
	How many days 1. been incarcerate	s in the past week had?	ave you:	QSORF	RESU='D	AYS'		1.		
	engaged in illega	l activities for profit?	?					2.		ORRES OUT
	How many times in 3. the courts, crimin legal problem (eithe	nal justice system, p	robation/pard	ole office be	een conta	cted rega	arding your	За.		3b.
	4. you had a signific	cant discussion pert	inent to your	legal probl	ems: Indi	vidual se	ssion?	4a.		4b
	you had a signific	cant discussion pert	inent to your	legal probl	ems: Gro	up sessio	n?	5a.	Ш	5b
QSSCAT	E. FAMILY PROB			0000	D=011 /	- A \ (0)				
	How many days 1. experienced sign	s in the past week har nificant family/social		QSOR	RESU='	DAYS		1.		
	experienced sign	nificant loneliness ar	nd/or boredor	n?				2.	L. IN	OUT
	How many time 3. had a significant specialist?	es in the past week f discussion pertinen		ily problem	s with fan	nily prese	ent: Family	3a.		3b.
	 had a significant Counselor/social wo 		t to your fami	ily problem	s with fan	nily prese	ent:	4a.		4b.
	had a significant Family specialist?	discussion pertinen	t to your fami	ily problem	s without	family pr	esent:	5a.		5b.
	6. had a significant Counselor/social wo	orker?			s without	family pr	esent:	6a.		6b.
	G. PSYCHOLOGI	ICAL/EMOTIONA in the past week h		<u>MS:</u>					IN	OUT
	experienced sign	nificant emotional pr	oblems?	QSORF	RESU='D	AYS'		1.		
	been hospitalized							2a.		2b.
	received medical	tion for your psycho • s in the past week l		otional pro	blems?			За.		3b
	received testing t			oblems?				4a.		4b
	received a session meditation: Psych sp		cticed a form	of relaxation	on training	g, biofeed	lback, or	5a.		5b
	received a session meditation: Counsel		cticed a form	of relaxation	on training	g, biofeed	lback, or	6a.		6b.
	 received a session rehearsal, psychodre 			of behavio	r modifica	ation (e.g	., role play,	7a.		7b
	8. received a session rehearsal, psychodr				r modifica	ation (e.g	., role play,	8a.		8b



QSCAT=Treatment Services Review (continued)

DOMAIN: QS

Page 4 of 4

	Site #:	Participant ID:	Name Code:	Date of Assessment: (mm/dd/	(yyyy) (DSDTC)	Study Day:
(SSC)	How many tim	GICAL/EMOTIONA es in the past week	have you:	ontinued@SEVLINT=-P	1W IN (OUT QSORRES 9b.
	10. had a significa Counselor/social w		ent to your psycholo QSTESTCD	gical or emotional problems:	10a	10b.
(SSC	H. CHILD PROT	ECTIVE SERVICE or have an open cas	ES PROBLEMS: se with child protecti	ve services?	O No	O Yes
				ective services problems:	2a	OUT 2b.
	had a significan session?	t discussion pertine	nt to your child prote	ctive services problems: Gro	oup 3a.	3b.

071107/10	Pregnancy Status	DOMAIN: RP page 1 of 1
9010 Study: STUDYID N I D A - C	T N - 0 0 1 3	Form # 1326 VISIT/VISITNUM
Node #: Site #: USUBJID Participant ID:	Name Code: Date of Assessme	nt: (mm/dd/yyyy) Visit #:
0 9		/
Phase: blank-No errors	CQI: CQI Comments: CQI Commen	RPDTC Study Day:
RPTEST/RPTESTCD		RPORRES
1. Was the participant still pregnant at the end	of the three-month follow-up period?	○ No ○ Yes ○ Unknown
If the response to question 1 was "Unknown field and leave the remainder of the form bla		s unknown in the Comments
If "Yes," questionnaire is complete. If "No,"	please answer the following:	
2. Why was the participant no longer pregnant	? O Gave birth O Ha	ad miscarriage O Had abortion
3. What was the date of the participant's delive	ery or of fetal demise?	1 1
3a. If the date is unknown, please provide any ended (if at all possible please record in terms		mate time period when the pregnancy
DOMAIN: CO COVAL RDOMAIN=RP COREF=PREGNAI IDVAR=VISITNUM	NCY STATUS – PREGNANCY I	NFO
Comments:		
DOMAIN: CO COVAL RDOMAIN=RP COREF=PREGNAI IDVAR=VISITNUM	NCY STATUS – GENERAL	

	ipant Status at	End of	Active \$	Study Pha	ase page 1 DOMAIN:							
				Form # 1								
31346 N I D	A - C T N	- 0 0	1 3		VISIT/VIS	ITNUM						
Node #: Site #: Par	ticipant ID: Name Co	ode: [Date of Asses	ssment: (mm/dd	/yyyy)	Visit #:						
0 9	USUBJID COL		/	/_[DSDT¢							
Phase: Screening Active Follow-Up CQI Collaboration blank-No error 01-Pt unavail. 10-Data colle EPOCH 1-Pt unable/ answer	able ctor error © 0 unwilling to 0 0	O Entire form O Question #	_			Study Day:						
	CAT=DISPOSITION											
DSTERM 1. Did the participant complete three ind	ividual (MET or TAU) ses	sions within :	28 days after	being randomiz	ed? O No O	Yes						
1a. If no, how many sessions did the par	ticipant complete?	QLABEI	DSSESS L=SESSIONS VISITNUM	PARTICIPANT	COMPLETED							
2. Please indicate the participant's statu	is at the end of her partici	-	active study	phase.								
Completer -	Participant cor	mpleted the t	treatment ou	tcome assessme	ent							
	O Significant psy	ychiatric risk	(suicial, hom	nicidal, psychotio	c)							
<u>Withdrawn</u>	Death											
DSDECOD	Other type of	clinical deteri	ioration (incre	eased drug use,	other)							
	O Administrative	discharge										
	Moving from a	area										
	O Practical prob	lems (no chil	ldcare, trans	portation, other)								
	 Medical proble 	ems (hospita	lization, othe	r)								
Non-completer	 Incarceration 	O Incarceration										
	O Pressure or a	O Pressure or advice from outsiders										
	O Feels treatment	nt no longer	necessary, c	ured								
	 Feels treatment 	nt no longer	necessary, s	till using								
	O Failed to retur	n to clinic an	id unable to o	contact								
	O Unknown											
DSTERM	O Other, please		QNAM=DSN QLABEL=NO IDVAR=VIS	ON-COMPLETE	R OTHER SPECIFY	7						
The participant's treatment plans are	(mark most appropriate):	:										
o to continue in treatment at the CTI												
O to continue in treatment at the CTF	at a more intense level	of care										
O to continue in treatment at the CTF	at a less intense level o	of care										
O to discontinue treatment at the CT	P but to participate in dru	ıg abuse trea	atment elsew	here								
O to discontinue drug abuse treatme	nt											
O other, specify: QNAM=DS QLABEL= SPECIFY IDVAR=DS	TREATMENT PLANS AR	RE: OTHER,										

QSCAT= Treatment Session	on Summary DOMAIN page 1 of 4
Study: STUDYID	
N I D A - C T N - 0	0 1 3 Form # 1322
Node #: Site #: Participant ID: Name Code:	Date of Assessment: (mm/dd/yyyy) Visit #:
0 9 USUBJID	/ QSpTc
Phace:	e form stion #(s):
I. Session Information QSTEST/QSTESTCD	QSORRES
The session that was completed today was:	O Session 2 O Session 3 O Not applicable
Since the last session (or since randomization for the first session)	r.
2. How long has it been since your last session?	days QSORRESU='DAYS'
3. How many appointments were scheduled?	
4. How many appointments did the client not show up for?	
5. How many appointments did the client cancel?	
6. How many appointments did you cancel?	
If no session was completed then leave the remainder of the f	form blank.
QSSCAT=	
B. Information about Today's Session	
<u> </u>	
7. How long was today's session?	minutes QSORRESU='MINUTES'
8. Are there problems that the study staff should know about?	O No O Yes
8a. If Yes, Specify:	QNAM=PROBLEMS QLABEL=PROBLEMS STUDY STAFF SHOULD KNOW IDVAR=VISITNUM
9. Did you record the session and label the audiotape with your ID and the participant's ID, the week, session, and date?	○ No ○ Yes
10. When did you schedule your next session?	/ / date
	time

Reset

TRS013 - 07/10/2002 - v1

QSCAT= Treatment Session Summary

Name Code:

Site #:

Participant ID:

(continued)

Date of Assessment: (mm/dd/yyyy)

Page

e 2 of 4	

Study Day:

					US	UB.	JID								/			/		qsı	отс					
II. Clinic	ian Sel	f-A	sses	ssm	ent	=C	SS	CAT				_														•
INSTRUC the degree particular them (exte defining te	e to which techniquensivens	ch ue ess	you withi s). P	use in or leas	d the racr se a	e folk ross s nswe	owing essi er all	g techn ons (fre items.	iques quer If you	s. Thi ncy) a u are	is rating is well as	shoo the ar w	uld ta e dept ith a p	ke inte th or e particu	o ac empl	cour	nt bot s you	h the	e nu ce o	umbe n the	er of ti ese te	mes y	you jues	use wh	ed a en ye	ou use
PROBI participan and the ev	t entere	d tı	reatr	men	t? 1	To wh	nat ex	ktent di	d you	ı revie	ew or pro	t dic	d you e per	facilita sonali	ate a zed	a dis feed	cussiback	ion o	of th	he p	oblem articip	ant's	sul	ch t osta	he nce a	abuse
	O No	t a	t all) A	little	0	Infrequ	uently	, C) Somev	/hat	0	Quite	e a l	oit	00	ons	ider	ably	0	Exte	nsiv	ely/		
2. ASSES of drugs a tests?																										
	O Not	t at	t all	C) A I	little	0	Infrequ	ently	0) Somew	hat	0	Quite	e a b	oit	00	onsi	ider	ably	0	Exter	nsiv	ely		
3. OPEN elicit the p																	s that	elici	it m	ore t	han y	es/no	o res	spor	nses)	to
	O Not	t at	t all	С) A I	little	0	Infrequ	ently	0) Somew	hat	0	Quite	e a b	oit	0 C	onsi	ider	ably	0	Exter	nsiv	ely		
FOSTE collaborat participan participan	ive relat t's own	ior de	nship cisio	in ons,	cont conf	trast t fidend	o one ce, a	e where	e you	are i	n charge	? F	low n	nuch (did y	ou e	mph	asiz	e th	e (gr	eater) impo	orta	nce	of th	
	O Not	t at	t all	C) A I	little	0	Infrequ	ently	0	Somew	hat	0	Quite	e a b	oit	O C	onsi	ider	ably	0	Exter	nsiv	ely		
5. PROS participan decisiona appreciati	it's subs I balanc	tar	nce u g, co	use mpl	and ete a	what a cos	mig t-ber	ht be g nefit an	ained alysis	and ord	lost by a levelop a	bsti Hist	nence	e or re	educ	tion	in su	bsta	nce	use	? To	what	ext	ent	did y	ou use
	O Not	t at	t all	С) A I	little	0	Infrequ	ently	0) Somew	hat	0	Quite	e a b	oit	O C	onsi	ider	ably	0	Exter	nsiv	ely		
6. PSYCH alcohol inc of substan	luding s	ym	nptor	ns c	of int	toxica	ation,	abuse	, dep	ende	nce, or v	vitho	drawa	l? Ho	ow n	านch	did y	or fa /ou e	acilit edu	ate o	discus the pa	sion : articip	abo bant	ut d	rugs the e	and ffects
	O Not	t at	t all	С) A I	little	0	Infrequ	iently	0) Somew	hat	0	Quite	eab	oit	00	onsi	ider	ably	0	Exter	nsiv	ely		
7. REFLE																										
	O Not	t at	t all	С) A I	little	0	Infrequ	ently	0) Somew	hat	0	Quite	eab	oit	00	onsi	ider	ably	0	Exter	nsiv	ely		



QSCAT=Treatment Session Summary (continued)

Page 3 of 4



Site #:	Participan	t ID: Name	e Code:	Date of As	sessmen	nt: (mm/do	l/yyyy)		Study Day		
	USUBJ	IID			/	/ [QSDT	С			
B. SELF-HELP INVO (AA/NA/CA) or other what extent did you e groups with this partio	recovery self-help explicitly refer to o	meetings (e.g.,	relying on mem ciples (e.g., spe	bers, plann	ing or par	rticipating	in meeting ts) or revie	j-related a	ctivities ss in se	s)? To	
O Not at	all O A little	O Infrequently	O Somewha	t O Quite	e a bit	O Consid	erably (O Extensi	vely		
HEIGHTENING D ner substance use? currently is versus where rom reaching life goal	To what extent di nere she wants it i	d you facilitate or	r increase the pa	articipant's a	awarenes	s of a disc	repancy b	etween w	here he	er life	
O Not at	all O A little	O Infrequently	Somewhar	t O Quite	e a bit	O Consid	erably () Extensi	vely		
10. CHANGE PLANI a plan for change? F and how to address in	low much did you	ı facilitate discus									
○ Not at	all O A little	O Infrequently	Somewhar	t O Quite	e a bit	O Consid	erably () Extensi	vely		
11. REALITY THERA and the choices she l depends on this parti	has made that ha	ve kept her in a s	substance using	lifestyle? I	How much						
○ Not at	all O A little	O Infrequently	○ Somewhar	t O Quite	e a bit	O Consid	erably () Extensi	vely		
12. SOCIAL FUNCT ife areas (e.g., work, actors (e.g., legal, er or jeopardize (e.g., u	family, partner, s nployment) that ir	ocial network, leg nfluence the parti	gal, etc.)? How icipant's being ir	much did y	ou focus	on stresso	ors (e.g., in	nterperson	al conf	lict) or	
O Not at	all O A little	O Infrequently	Somewhar	t O Quite	e a bit	O Consid	erably () Extensi	vely		
13. MOTIVATION To designed to promote elaboration on a topic current readiness, or	greater participar related to chang	nt awareness/con e? To what exte	ncern for the pro ent did you discu	blem, incre	ase intent	t/optimism	to change	e, or enco	urage		
O Not at	all O A little	O Infrequently	O Somewha	t O Quite	e a bit	O Consid	erably () Extensi	vely		
14. AFFIRMATION (abilities, or efforts to (oraising small steps i successful efforts to (change her behaven the direction of	vior? To what ex	tent did you end	courage a s	ense of s	elf-efficac	y on the pa	art of the p	participa	ant by	
○ Not at	all O A little	○ Infrequently	○ Somewhar	t O Quite	e a bit	O Consid	erably () Extensi	vely		
15. MOTIVATIONAL with resistance (e.g.,									back, re	olling	
O Not at	all O A little	O Infrequently	○ Somewhar	t O Quite	e a bit	O Consid	erably () Extensi	vely		
16. PREGNANCY: 3 substance use in rela			cus on the parti	cipant's pre	gnancy?	How muc	h did you	discuss th	e patie	nt's	
○ Not at	all O A little	O Infrequently	O Somewha	t O Quite	e a bit	O Consid	erably (⊃ Extensi	vely	_	



QSCAT=Treatment Session Summary (continued)

Page

e 4 of 4	
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Site #:	Participant ID:	Name Code:	Date of Assessment: (mm/dd/y	yyyy) Study Day:									
	USUBJID		/ / /	QSDTC									
I. Participant Rating	=QSSCAT												
		QSTEST/QS											
How much did	the participant want	to discuss topics unrela	ited to the protocol?	QSORRES									
O Not at all	Very little () Son	newhat () Moderatel	y O Quite a bit O Conside	erably O Extensively									
2. How much diff	iculty did the particip	ant have understanding	or accepting the material?										
O Not at all	Very little O Son	newhat O Moderatel	y O Quite a bit O Conside	erably O Extensively									
3. How strong wo	ould you rate the ther	apeutic alliance or bond	between you and the participa	nt?									
O Not at all	○ Very weak ○	Weak O Adequate	○ Strong ○ Very strong	O Extremely strong									
How motivated	d to make changes di	id the participant seem	at the beginning of this session'	?									
O Not at all	O Very weak	Weak O Adequate	O Strong O Very strong	Extremely strong									
5. How motivated	d to make changes d	id the participant seem	at the end of this session?										
O Not at all	○ Very weak ○	Weak O Adequate	O Strong O Very strong	O Extremely strong									
Comments:													
DOMAIN: CO COVAL RDOMAIN=QS COREF=TREATMENT SESSION SUMMARY IDVAR=VISITNUM													

QSCAT= Participant Satisfaction	on	[OOMA	AIN: Q	Sage '	1 of 3	
Node #: Site #: Participant ID: Name Code: Date of A			n # 13 m/dd/y			Visit#	
Phase: O Screening Active O Follow-Up CQI Codes: Dlank-No errors 01-Pt unavailable 10-Data collector error 11-Pt unable/unwilling to answer CQI Codes: C						Study	Day:
QSTEST/QSTESTCD 1. Which drug did you come into treatment for? 2. Did you meet your treatment goal? QSORRES QSORRES							
2. Did you meet your treatment goal? ○ No ○ Yes	y treatment			QSOI	RRES	3	
Now, we would like to know what things were most helpful to you in your treatment. Please indicate how helpful you believe each of the following was for you.	Did not happen in my treatment	Slightly helpful	Somewhat helpful	Moderately helpful	Helpful	Very helpful	Extremely helpful
QSTEST/QSTESTCD							
Talking about things that happened to me when I was growing up.	0	0	0	0	0	0	0
Learning skills that will help me cope with my problems.	0	0	0	0	0	0	0
5. Learning how to deal with my family conflicts.	0	0	0	0	0	0	0
6. Learning more about the effects of drugs/alcohol on my body and mind.	0	0	0	0	0	0	0
7. Teaching my family about how to help me stop using.	0	0	0	0	0	0	0
B. Going to AA, CA, NA meetings.	0	0	0	0	0	0	0
Monitoring of my drug use through urine testing.	0	0	0	0	0	0	0
10. Learning skills on how to deal with situations that tempt me to use drugs/alcohol.	0	0	0	0	0	0	0
11. Being able to call sober friends when I need help.	0	0	0	0	0	0	0
12. Treatment for emotional problems like depression or anxiety.	0	0	0	0	0	0	0
13. Just being in treatment.	0	0	0	0	0	0	0
 Helping me get along better with the people who are important to me and improving my social life. 	0	0	0	0	0	0	0



QSCAT= Participant Satisfaction (continued)



Page 2 of 3

Site #:	Participant ID:	Name Code:	Date of Assess	ment: (mr	,	yy) SDTC		Visit #:	St	udy Day:
							QSO	RRES		
New year interest	ad in constant		:4	Not at all	htly	omewhat	Moderately so	ų.	Very much so	Extremely
counselor	ed in your feelings abo STEST/QSTEST		ith your	Not	Slightly	Son	Mod	A lot	Very	Extr
15 To what dograp	did you fool that your	souppolar was outpost	ivo2	\circ	\circ	\circ	\circ	\circ	\circ	\circ

QSTEST/QSTESTOD							
15. To what degree did you feel that your counselor was supportive?	0	0	0	0	0	0	0
16. To what degree did you feel that your counselor was detached?	0	0	0	0	0	0	0
17. To what degree did you feel that your counselor was logical?	0	0	0	0	0	0	0
18. To what degree did you feel that your counselor was sensitive?	0	0	0	0	0	0	0
19. To what degree did you feel that your counselor gave you advice?	0	0	0	0	0	0	0
20. To what degree did you feel that your counselor listened to you?	0	0	0	0	0	0	0
21. To what degree did you feel that your counselor has a background like yours?	0	0	0	0	0	0	0
22. To what degree did you feel that your counselor was critical of you?	0	0	0	0	0	0	0
23. To what dgree did you feel that your counselor relieved any guilt you have about your drug/alcohol use?	0	0	0	0	0	0	0
24. Was your counselor the same gender as you? O No O Yes							
25. Was your counselor the same race as you? O No O Yes							
26. To what degree did you feel that your counselor was sensitive to your sexual orientation?	0	0	0	0	0	0	0
27. To what degree did you feel that your counselor seemed to understand your family situation?	0	0	0	0	0	0	0
28. To what degree did you feel that your counselor seemed to understand your culture?	0	0	0	0	0	0	0



QSCAT= Participant Satisfaction (continued)

Page 3 of 3

Sit	Site #:		Participant ID:				ne Co	ode:		Dat	ate of Assessment: (mm/dd/yyyy)								V	Visit #:			dy Day:
				USUE	BJID							/			/	Q	SDTC						
		- Fire -			4- 1		64			// i	:		4	.	4		:	in Heir					
				would like		ow a	DOUL	your	overa	ıı ımpı	essio	III OI	irie	ıreaırı	ierii.	you i	eceivea	III UIIS	s prog	jram.			
				TESTC																			
	29. Over received			ed are you problem?	u with	the t	treatr	nent	you			. Ho		atisfie	d are	e you	with the	amo	unt of	f treatr	nen	t you	ı
	O Extrem	nely dis	satisfie	d	09	SOE	RRE	0			0	Extr	eme	ly dis	satist	fied							
	O Very di	issatisfi	ed		Q	3 0 F	XIXL.	.3			0	Very	/ dis	satisfi	ed								
	○ Somev	vhat dis	satisfie	ed							0	Som	newh	at dis	satis	fied							
	O Somev	vhat sa	tisfied								0	Som	newh	at sa	tisfie	d							
	O Satisfie	ed									0	Sati	sfied										
	O Very sa	atisfied									0	Very	/ sat	isfied									
	O Extrem	nely sat	isfied								0	Extr	eme	ly sat	isfied	l							
	30. Over present?		v would	l you desc	ribe y	our c	ondit	tion a	t		33	. Но	ow s	atisfie	d are	e you	with the	thera	pist y	ou sa	w?		
	○ Worse	than e	ver								0	Extr	eme	ly dis	satist	fied							
	O Poor										0	Very	/ dis	satisfi	ed								
	O Fair										0	Som	newh	at dis	satis	fied							
	O O.K.										0	Som	newh	at sa	tisfie	d							
	○ Good										0	Sati	sfied										
	O Very go	ood									0	Very	/ sat	isfied									
	O Better	than ev	er								0	Extr	eme	ly sat	isfied	I							
	31. Over		v much	have you	chanç	ged s	since	you l	oegan	1		. O		ll, to v	/hat (exter	nt did the	treat	ment	meet	you	r	
	O Much v	worse tl	han I w	as							0	Not	at al	I									
	O Worse	than I	was								0	Sligl	htly										
	O Still po	or									0	Som	newh	at									
	O No cha	ange									0	Mod	lerat	ely									
	O Better										0	A lo	t										
	O Much b	oetter									0	Very	/ mu	ch									
	○ Better t	than ev	er								\circ	Extr	eme	lv									

QSCAT= Independent Tape Rater Form Page 1														
		Study:	STUDYID											
	28747	N I D A	1 1 1 1	и – о	0 1 3	Form # 13	333							
	Supervisor ID:	Clinician ID:	Partic	ipant ID:	Date of Asses	sment: (mm/dd/	уууу)							
		USUBJI	D			/ 08	SDTC							
Phas	se: EPQ	GHodes: CQI:	CQI Comments	<u>:</u>										
O Scre	ening 01-Pt un	available	O Entire form O Question #(s	١٠		Site	#:	Node #:						
Activ O Follo	/C / 11 Dt	collector error able/unwilling to ① ① r ① ①	O Question #(s).				0 9						
	QSTEST/QS			SORRES [\Box , \Box								
	Session #:	01 02 ()3 Sess	ion Date:	/									
are revi session rating e	INSTRUCTIONS: Listed below are a variety of therapeutic interventions that may have been used in the audiotaped session you are reviewing. Please rate the degree (Frequency and Extensiveness) and quality (Skill Level) of each intervention in this session. Please consult the Independent Tape Rater Guide using the page number locations provided for each item when rating each session. QSSCAT= 1. PROBLEM DISCUSSION AND FEEDBACK (p. 13): To what extent did the clinician facilitate a discussion of the problems for which the participant entered treatment? To what extent did the clinician review or provide personalized feedback about the participant's substance abuse and the evidence or indications of problems in other life areas? QSORRES QSORRES													
a)	Frequency and e	xtensiveness: QST	EST/QSTES	TCD			QSORR	ES						
,	O Not at all				Quite a bit	Considerably	O Extensively							
b)	Skill level:													
-,	O Very poor	○ Poor ○ Accep	table () Adequ	iate () Good	d ○ Very good	O Excellent	O Not done at a	all						
the part	ticipant's past or re	RING SUBSTANCE ecent use of drugs an of recent urine/breath	d alcohol, includir	what extent did ng the pattern	the clinician ma of use, extent of	intain focus durin urges/thoughts, e	g the session on extent of							
a)	Frequency and e O Not at all		equently O Sc	omewhat O	Quite a bit O	Considerably	O Extensively							
b)	Skill level:													
	O Very poor	O Poor O Accep	otable 🔘 Adequ	iate 🔾 Good	d O Very good	 Excellent 	O Not done at a	all						
(i.e., qu		TIONS (p. 17): To wh more than yes/no res ?					notivation,							
a)	Frequency and e		equently O So	omewhat O	Quite a bit O	Considerably	O Extensively							
b)	Skill level: O Very poor	○ Poor ○ Accep	otable () Adequ	uate () Good	d O Very good	O Excellent	O Not done at a	all						
goal an impose	d indicate that a co his/her judgment a	INENCE (p. 19): To voluntrolled use goal was about the goals of ab improvement during t	s not acceptable stinence and em	or completely i	unrealistic? How	much did the clin	iician seek to							
a)	Frequency and e		equently O Sc	omewhat O	Quite a bit O	Considerably	O Extensively							
b)	Skill level:													
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QSCAT=



	FT-spel	inaepenae	nt rape R	ater Foi	rm (co	ntinue	u)	Page 2 of 7
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ychia mest rvice:	tric appointment, ic violence service s emphasized, for	ve to primary substa childcare, parenting es, financial/insuran ms/releases filled c	g groups) or othe ce/entitlements,	r agencies (e transportatioi	.g., housin n)? To wha	g, vocation at extent wa	al, educational, s the importanc	legal, medical,
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HING	OLICITED ADVIC	CE OR DIRECTION	GIVING (n. 27)	To what dea	ree did the	clinician n	rovide unsolicite	ad advice or
ectio	n to the participan	t (e.g., offering spe f telling the participa	cific, concrete su	ggestions for	what the	participant s		
a)	Frequency and e		frequently O	Somewhat	O Quite	a bit 🔘	Considerably	O Extensively
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ects e? To	or results of the pa o what extent did t substance use? F	MBIVALENCE (p. : articipant's substan the clinician use de How much did the c	ce use and what cisional balancing	might be gair g, complete a	ned and lo cost-bene	st by abstin efits analysi:	ence or reductions, or develop a	on in substance list of pros and
	Frequency and e				_			0 - 1
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QSCAT= Independent Tape Rater Form (continued)

Page 3	of	7
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ı		Q	SSCA	_ √=													_						
15.	HE	IGH	TENING	3 D	ISCR	EPAN	ICIES	(p. 4	<u>1) :</u> T	o wh	at ext	ent d	id the	clinici	ian c	reate	or he	ighter	the i	inte	rnal conflic	ts of	the
oar	ticip	ant r	elative	to h	is/he	r subs	tance	use?	7 To w	/hat e	extent	did th	ne clir	nician	facilit	tate or	incre	ease t	he pa	artic	ipant's aw	arene	ess of
			cy betw role of s																? Hov	v m	uch did the	e clini	cian
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and	l pla	nne		enti	ons?	To wh	nat ex	tenť v	vas th												t-term obje ersus the		
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ma	7. CHANGE PLANNING DISCUSSION (p. 45): To what extent did the clinician and participant collaboratively develop and take a commitment to a plan for change? How much did the clinician facilitate discussion of the positive and negative aspects f changing, what might get in the way, and how to address impediments to change?																						
of c	han	ging	, what r	nigh	nt ge	t in the	way,	and	how to	o add	iress i	mped	limen	ts to c	hang	je?							
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Page 5 of 7

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Site	#:	Superviso	r ID: Clinicia	ın ID:	Participa	ant ID:	Date of	Assessment: (mm/dd/yyyy)
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functio stresso	ning in differen ers (e.g., interp	t life areas (ersonal cont	e.g., work, famil	y, partner, e.g., legal,	social net employme	work, lega ent) that ir	al, etc.)? I nfluence ti	How much did tl he participant's	the participant's social ne clinician focus on being in treatment or nt success?
a)	Frequency a	nd extensive	eness: QSTES	ST/QSTE	STCD				
b)	O Not at all	O A little	O Infrequenti	ly OSc	omewhat	O Quit	te a bit	O Considerable	,
D)	Skill level: O Very poor	O Poor	O Acceptable	○ Adequ	uate O	Good (O Very go	od O Excelle	ent O Not done at all
(self-m increas discuss strengt a) b)	otivational state intent/optimis the stages of hened? Frequency a O Not at all Skill level: O Very poor	ements) three sm to change change, held the extensive O A little O Poor	ge, or encourage up the participant eness: O Infrequent O Acceptable	or comment elaboration to develop a support of the	ats designed on a top a rating of a rating	ed to pronoic related current re O Quit Good C	note grea I to chang adiness, on the a bit O Very go	ter awareness/o le? To what extoor explore how le C Considerable and C Excelle	concern for the problem, ent did the clinician motivation might be
particip "what v	ant followed c	ertain steps eatment or t	or guidelines in the likelihood of p	treatment?	To what	extent did	the clinic	ian try to lectur	e the participant about
	O Not at all	O A little	O Infrequently	y O So	mewhat	O Quite	e a bit	O Considerably	O Extensively
b)	Skill level:								· · · · · · · · · · · · · · · · · · ·
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behavi training	oral coping ski	lls, label the m to past or	m as such (e.g., future substance	refusal ski					e, or role play specific t, communication
	O Not at all	O A little	O Infrequenti	ly OSc	omewhat	O Quit	te a bit	O Considerabl	y O Extensively
b)	Skill level:								
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discuss transm about s	sion about beh itted diseases'	aviors which ? To what e duction strate	xtent did the clin egies (e.g., cond	gh risk for i iician disco	infectious ourage suc	diseases th risky be	such as I	HIV, Hepatitis, T	on or facilitate iuberculosis, or sexually ucate the participant
,	O Not at all	O A little	O Infrequently	O Sor	mewhat	O Quite	a bit	 Considerably 	O Extensively
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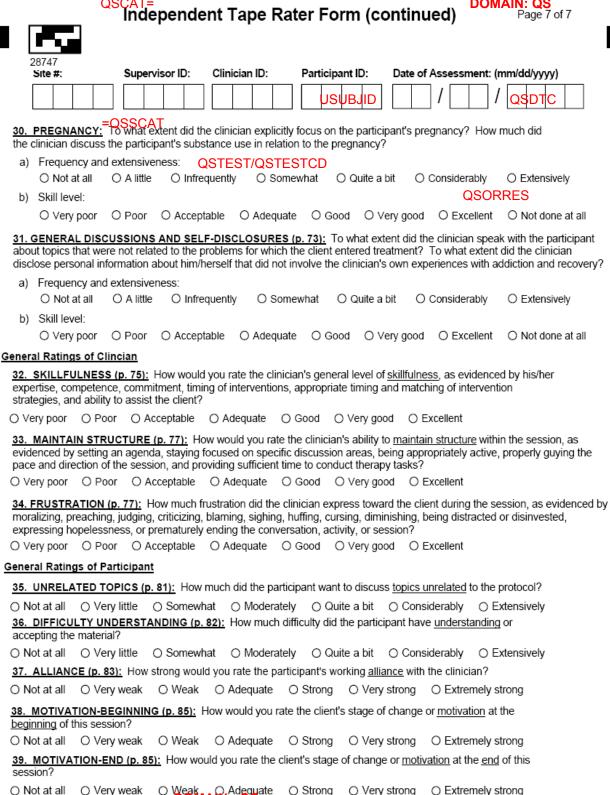
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Independent Tape Rater Form (continued)

Page 6 of 7

	Site	#:	Sι	ıpervi	isor II	D:	Clinic	cian IE):	Р	artici	oant l	D:	Da	te of	of Assessment: (mr					/yyyy)		
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ass dis	co socia putir ated	QSSCAT= GNITIONS (p ated with subsing the particip mood or inter Frequency a	tand ant's and e	e use irrat sonal extens	or re ional, probl siven	elated auto ems? ess:	problematic,	ems? distor	To w ted, [/Q	hat e or dy:	xtent sfunct	did th ional D	ie clir thou	nician ghts r	use o	cogn d to	iitive his/h	ther ner u	apy se o	tech of sub	niques	of es or	h.
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26.	AF	FIRMATION	OF S	TRE	NGT	HS A	ND SE	LF-E	FFIC	ACY	(p. 63	<u>):</u> To	what	exte	nt did	the	clini	cian	vert	bally	reinfor	ce the	
sel	f-effi sona	ant's strength cacy on the p al qualities in Frequency a	art o	f the partic	partio ipant	cipant that r	t by pra	aising	sma	II ster	os in t	he dir	ectio	n of c	hang								f
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res the	istar clin part	TIVATIONAL nce (e.g., avoi ician convey e ticipant's expe Frequency a	iding empa erien	argu athic ces?	ment sensi	s, shi tivity	ifting fo	cus),	and	use a	supp	ortive	e, wai	m, no	on-jud	igme	ental	app	road	ch? T	o wha	t exter	
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(e.	g., di erpre	YCHODYNAI iscuss intraps etations, etc)? Frequency a	ychi and e	c con extens	flicts, siven	conn ess:	nect chi	ildhoo	d his	story v		urren	t beh	avior,	discu	ISS (drea	ms, r	nak	e trar	nsfere	nce	
	la \	O Not at all) A litt	uC	O III	nfreque	iluy	O	SUIII	cwiidl	(, Qui	te a b	IL		JOHS	idera	ыy		/ Exter	nsively	
	b)	Skill level: O Very poor	C) Poo	r C) Acc	eptable	e C) Ade	equat	e C) God	od (O Ve	ry god	od	0	Exce	llent	t C) Not (done a	t all



O Weak O Adequate COVAL Comments: RDOMAIN=QS COREF=INDEPENDENT TAPE RATER FORM IDVAR=VISITNUM

Form # 1336

page 1 of 1

Supervisor ID: CQI Codes: CC		Date of assmt (mm/dd/yyyy) Date that supervision was given:
US JBJID 10-Pt unavailable 10-Data collector error 11-Pt unavailable 0	O Entire form O Question #(s):	/ QSDTC
answer (J	o	
QSTEST/QSTESTCD	QSORRES	
Supervision format:	○ Group ○ Individua	I
2. List the ID(s) of the clinician(s) when	no attended this supervision session:	
2a. ; 2b.	; 2c. ; 2c	d;
Was at least one audiotaped sess	sion reviewed? O No O Yes	
4. List the ID(s) of the clinician(s) wh	nose session was reviewed:	
4a. ; 4b.	; 4c. ; 4c.	d;
Comments:		
Comments.		
CC RD CC	OMAIN: CO OVAL OOMAIN=QS OREF=SUPERVISION RECORD VAR=VISITNUM	

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QSCAT= Supervision Record

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QSCAT= Supervisor Tape Rating Form												D	MC	AIN	QS Pa	age 1	of 7	7									
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_	53443	N	Ι	D	A	_	С	Т	N	<u> </u>	- L	0	0	1	3			(-ori	m	# 13	332)			'	
	Supervisor ID:	(Clini	cian	ID:			Par	rtici	pant	ID:		ı	Date	of /	٩ss	ess	me	nt: (ı	mn	n/dd/	уууу)				
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	Session #:	01	() 2	0	3		Se	ssic	on Da	ate:			\perp] /] /								
INSTRUCTIONS: Listed below are a variety of therapeutic interventions that may have been used in the audiotaped session you are reviewing. Please rate the degree (Frequency and Extensiveness) and quality (Skill Level) of each intervention in this session. Please consult the Independent Tape Rater Guide using the page number locations provided for each item when rating each session. QSSCAT 1. PROBLEM DISCUSSION AND FEEDBACK (p. 13): To what extent did the clinician facilitate a discussion of the problems for which the participant entered treatment? To what extent did the clinician review or provide personalized feedback about the participant's substance abuse and the evidence or indications of problems in other life areas?																											
	Frequency and exte					TES																					
u)) A littl				quentl				newh		С) Qı	uite a	a bit		0	Con	side	rat	oly	0	Exter	nsively	y		
b)	Skill level:																	Q	SOI	RF	RES						
-,	_) Poor) Ac	cepta	able	0	Ade	equa	ate	0	Goo	d	0	∨ery	go	od	С	Ex	cel	lent	0	Not o	done a	at a	II	
the part	ESSING/MONITORI dicipant's past or rece on in use, results of re Frequency and exter O Not at all	nt use ecent i	of durine	Irugs e/brea	and ath te	alcol	hol, i	nclu	ıdinç		pat	tern	of u		exte	ent o	of u	rges		oug	hts,	exter	nt of	ssion			
b)	Skill level:																				•						
υ,	_) Poor	. () Ac	cepta	able	0	Ade	equa	ate	0	Goo	d	0	√ery	go	od	С	Ex	cel	lent	0	Not o	done a	at a	II	
(i.e., qu	EN-ENDED QUESTIC estions that elicit mo efforts, and plans?																		pro	ble	ms,	motiv	/atior	٦,			
a)	Frequency and exte	nsiver A littl		_	nfred	quenti	у	0	Son	newh	nat	С) Qı	uite a	a bit		0	Con	side	rat	oly	0	Exter	nsively	y		
b)	Skill level: O Very poor C) Poor	. () Ac	cepta	able	0	Ade	equa	ate	0	Goo	d	0 '	Very	go	od	С	Ex	cel	lent	0	Not o	done a	at a	II	
goal an impose	PHASIS ON ABSTINI d indicate that a cont his/her judgment abo d for judging any imp	rolled out the	use goa	goal als of	was abs	not a	accep ce ar	ptab	le o	r con	nple	tely	unr	ealis	stic?	Но	w n	nucl	n dic	d th	e clii	niciai	n see	k to	ė		
a)	Frequency and exte	nsiver) A littl			nfred	quenti	y	0	Son	newh	nat	С) Qı	uite a	a bit		0	Con	side	rat	oly	0	Exter	nsively	y		
b)	Skill level:																										
	O Very poor C	Poor	() Acc	cepta	able	0	Ade	equa	ite	0	G00	d	0 \	/ery	god	bc	0	Exc	cell	ent	0	Not d	lone a	at al	I	

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	Superviso	r Tape Rate	er Form (co	ntinued)	Page 2 of 7
53443 Site #:	Supervisor ID:	Clinician ID:	Participant ID:	Date of Assessment: (mm/dd/yyyy)
			USUBJID		QSDTC
				formation to the participant ectations, fee payment, uri	
a) Frequency and O Not at all		QSTEST/QSTI nfrequently O S		uite a bit O Considerably	O Extensively
b) Skill level: O Very poor	O Poor O Ac	ceptable O Adeq	uate O Good	O Very good O Exceller	
the therapy is a collabor emphasize the (greater)	ative relationship in importance of the p	contrast to one who participant's own de	ere the clinician is i cisions, confidence	d the clinician convey in wo in charge? How much did ti e, and perception of the imp autonomy and personal cho	he clinician oortance of
a) Frequency and O Not at all		nfrequently O S	omewhat O Qu	uite a bit O Considerably	O Extensively
b) Skill level: O Very poor	O Poor O Ac	ceptable O Adeq	uate O Good	O Very good O Exceller	nt O Not done at all
(i.e., ancillary or adjunct psychiatric appointment	ive to primary subst , childcare, parentin ces, financial/insura	ance abuse counse og groups) or other a nce/entitlements, tra	ling), including tho agencies (e.g., hou ansportation)? To v	itate the coordination of ad- se that might be provided be sing, vocational, education what extent was the importa e calls planned?	y the clinic (e.g., al, legal, medical,
a) Frequency and		frequently O So	mewhat O Quit	te a bit O Considerably	○ Extensively
b) Skill level: O Very poor	O Poor O Acc	eptable O Adequ	ate O Good (O Very good O Excellent	O Not done at all
8. UNSOLICITED ADVI direction to the participa the clinician's style one	nt (e.g., offering spe	ecific, concrete sugg	gestions for what th	the clinician provide unsoli ne participant should do)? T covery?	cited advice or o what extent was
a) Frequency and		nfrequently O So	omewhat 🔿 Qui	ite a bit O Considerably	○ Extensively
b) Skill level: O Very poor	O Poor O Acc	eptable O Adequ	uate () Good (○ Very good ○ Excellen	t O Not done at all
effects or results of the puse? To what extent did	participant's substar the clinician use de	nce use and what mecisional balancing,	ight be gained and complete a cost-be	ddress or explore the positi I lost by abstinence or redu enefits analysis, or develop ivalence as a normal part o	ction in substance a list of pros and

a) Fred	uency	and	extens	siveness:
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,	O Not at all	O A little	O Infrequently	y O Somew	hat O Q	uite a bit O	Considerably	O Extensively
b)	Skill level:							
	O Very poor	O Poor	O Acceptable	O Adequate	O Good	O Very good	O Excellent	O Not done at all

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Supervisor Tape Rater Form (continued)

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Site #:				Supervisor ID:			Clinician	Participant ID:												
										US	SUB	JID]/			/ [QSD	TC
disc clini	ussi ician	ion abou	ıt druç	gs an	d alcoho	ol inclu n the e	STANCE: Iding symp Iffects of s	otom	s of in	ntoxica	tion,	abuse	, dep	ender	nce, c	or wit	hdraw	al? H	ow mu	ch did the
	•	Freque	at all		tensive A little		QST Infrequent			TES			Quite a	a bit	0	Cons	iderab	•	O Ext	ensively
	b)	Skill lev O Ver		· C) Poor	O A	cceptable	0	Adeq	luate	0	Good	0 \	√ery g	ood	0				t done at all
para	11. REFLECTIVE STATEMENTS (p. 33): To what extent did the clinician repeat (exact words), rephrase (slight rewording), paraphrase (e.g., amplifying the thought or feeling, use of analogy, making inferences) or make reflective summary statements of what the participant was saying? a) Frequency and extensiveness:																			
		O Not	at all		A little	_	Infrequent	ly	O s	omewl	nat	00	uite a	bit	0	Cons	iderab	ly	O Ext	ensively
	b)	Skill lev		0	Poor	ОАс	ceptable	0	Adeq	uate	00	Good	0 v	/ery g	ood	0	Excell	ent	O Not	done at all
pow exte	erle ent d	ssness	over a liniciai	addici n exp	tion as a ress the	a disea e view	that all su	e imp	oortan	ice of t	the pa	articipa	ant's l	belief	in thi	s for	succe	essful	sobriet	y? To what
	a)	Freque			tensive A little		Infrequent	ly	O S	omewl	nat	00	uite a	bit	0	Cons	iderab	oly	O Exte	ensively
	b)	Skill lev		0	Poor	O Ac	ceptable	0	Adeq	uate	00	Good	0 V	/ery g	ood	0	Excell	ent	O Not	done at all
part part	icipa	ant's inv ating in i	olvem meetir	ent ir ng-rel	n 12 Ste ated ac	p (AA/ tivities	NT (p. 37) (NA/CA) o)? To wha eview the	r oth t ext	er rec ent di	overy d the c	self-h	nelp m an exp	eetino dicitly	gs (e. refer	g., re to or	lying	on me	embe	rs, plan	ining or
	a)	Freque			tensive A little		Infrequent	ly	O S	omewl	hat	00	uite a	bit	0	Cons	iderab	oly	O Ext	ensively
	b)	Skill lev		. 0	Poor	O Ac	cceptable	0	Adeq	uate	00	Good	0 \	∕ery g	ood	0	Excell	ent	O No	t done at all
high	ner p	ower as	a soi	urce	of streng	gth, ho	5. 39): To pe, and g er, religiou	uidar	nce in	the pa	articip	ant's	workii	ng a r	ecov					
	a)	Freque O Not		nd ex C	tensive A little		Infrequent	ly	Os	omewl	hat	00	uite a	bit	0	Cons	iderab	oly	O Ext	ensively
	b)	Skill lev		0	Poor	O Ac	cceptable	0	Adeq	uate	00	Good	0 V	/ery g	ood	0	Excell	ent	O Not	done at all



Supervisor Tape Rater Form (continued)

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Site	#:	Supervisor	ID: Clinicia	n ID:	Participa	nt ID:	Date of Assessment: (mm/dd/yyyy)								
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particip a discre	ant relative to I epancy betwee	his/her subs n where her	ICIES (p. 41) : tance use? To	what exten ntly versus	t did the cli where s/h	nician faci e wants it t	litate or incre to be in the f	ease the participuture? How mu	nal conflicts of the pant's awareness of ch did the clinician						
a)	Frequency ar	nd extensive	eness: QS	STEST/Q	STEST	CD									
,	O Not at all	O A little	O Infrequent	tly OS	omewhat	O Quite	a bit O	Considerably	○ Extensively						
b)	Skill level:							QSO	RRES						
	O Very poor	O Poor	O Acceptable	O Adeq	uate O	Good O	Very good	O Excellent	O Not done at all						
treatme and pla	16. FORMAL TREATMENT PLANNING (p. 43): To what extent did the clinician develop and/or review the participant's formal creatment plan for the clinic program during the session, including problem/needs list, long-term goals, short-term objectives, and planned interventions? To what extent was the appropriateness of the current level of care discussed versus the need for a referral to a more or less intensive program?														
a)	Frequency ar	nd extensive	eness: O Infrequen	tly OS	omewhat	O Quite	a bit O	Considerably	O Extensively						
b)	Skill level: O Very poor	O Poor	O Acceptable	O Adeq	uate O	Good C	Very good	O Excellent	O Not done at all						
make a of chan	commitment to ging, what mig	o a plan for ht get in the	change? How n way, and how	nuch did th	e clinician	facilitate d	iscussion of	ant collaborative the positive and	ely develop and I negative aspects						
a)	Frequency ar O Not at all	nd extensive	eness:	ly OS	omewhat	O Quite	a bit 🔘 🤇	Considerably	O Extensively						
b)	Skill level: O Very poor	O Poor	O Acceptable	O Adeq	uate 🔘 (Good O	Very good	O Excellent	O Not done at all						
respons How m	sibility for his/h	er substanc iician empha	e abuse and the	e choices s	/he has ma	ade that ha	as kept him/h	e participant to ner in a substan making the righ	ce using lifestyle?						
a)	Frequency ar	nd extensive	eness:	tly OS	omewhat	O Quite	a bit 🔘 (Considerably	○ Extensively						
b)	Skill level: O Very poor	O Poor	O Acceptable	O Adeq	uate O	Good O	Very good	O Excellent	O Not done at all						
particip	ant's denial or	defensivene	IAL OR DEFEN ess about ackno ith treatment)?	SIVENESS owledging p	5 (p. 49): Toroblems o	o what ext r concerns	ent did the c related to s	linician directly ubstance use (e	confront the e.g., acceptance of						
a)	Frequency ar	nd extensive	eness:												
	O Not at all	O A little	Infrequent	ty Os	omewhat	O Quite	a bit O	Considerably	O Extensively						
b)	Skill level: O Very poor	O Poor	O Acceptable	O Adeq	uate 🔘 (Good O	Very good	O Excellent	O Not done at all						

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Supervisor ID:

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Date of Assessment: (mm/dd/yyyy)



Site #:

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Clinician ID:

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Participant ID:

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		Q	SSCAT												
functio stresso	ning in differen ors (e.g., interpe	t life areas ersonal cor	(e.g., work, family oflict) or factors (e	/, partner, soci .g., legal, emp	ial network, I loyment) tha	egal, etc.)? it influence	assess or discuss the P How much did the the participant's be conships) treatment s	ing in treatment or							
a)	a) Frequency and extensiveness: QSTEST/QSTESTCD														
b)	O Not at all Skill level:	O A little	 Infrequently 	y O Some	what O	Quite a bit	Considerably	O Extensively SORRES							
υ,	O Very poor	O Poor	O Acceptable	O Adequate	O Good	O Very (good O Excellent	O Not done at all							
(self-m increas discus strengi	otivational stat se intent/optimi:	ements) thi sm to chan change, he	rough questions o ge, or encourage lp the participant	or comments d elaboration or	esigned to p n a topic rela	romote gre ted to char	ticipant discussion c eater awareness/con nge? To what extent , or explore how mo	cern for the problem, did the clinician							
	O Not at all	O A little	O Infrequently	y O Some	what O	ùite a bit	O Considerably	O Extensively							
b)	Skill level: O Very poor	O Poor	O Acceptable	O Adequate	O Good	O Very (good O Excellent	O Not done at all							
particip 'what v	oant followed ce	ertain steps eatment or	or guidelines in t the likelihood of p	reatment? To oor outcome i	what extent f the particip	did the clin	at recovery would be ician try to lecture the do his/her own trea								
b)	Skill level: O Very poor	O Poor	O Acceptable	O Adequate	O Good	O Very o	good O Excellent	O Not done at all							
behavi trainin	ILLS TRAININ oral coping skil	G (p. 57): Is, label the n to past o	Fo what extent did om as such (e.g., r future substance	the clinician a	attempt to ac	tively teac	h, model, rehearse, ger management, c	or role play specific							
	O Not at all	O A little	O Infrequently	y O Some	what O	Quite a bit	O Considerably	O Extensively							
b)		0.5	0.4	0.44	0.01	0.1/	O F	O N-1-11-II							
	O Very poor	O Poor	O Acceptable	O Adequate	O Good	O Very (good O Excellent	O Not done at all							
discus: transm about :	sion about beha itted diseases?	aviors whic To what e luction stra	h place one at hig extent did the clini tegies (e.g., cond	gh risk for infed ician discoura	ctious diseas ge such risky	es such as behaviors	ormation/education s HIV, Hepatitis, Tub s or attempt to educa	erculosis, or sexually							
	O Not at all	O A little	O Infrequently	O Somew	hat O Q	uite a bit	O Considerably	O Extensively							
b)	_	O D	O Association	O Ada	0.0	O V	O F"- '	O Natidace et ell							
	O Very poor	O Poor	O Acceptable	O Adequate	O Good	O Very g	ood O Excellent	O Not done at all							

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Supervisor Tape Rater Form (continued)

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,	Site #:				Sup	pervi	sor II) :	Cli	niciar	n ID:		F	artic	ipant	ID:		Date	e of	Asse	ssn	nent	: (n	nm/c	dd/y	уууу)		
														US	SUB	IID				/[/		Q	SDT	C	
ass disp	ocia outir ated	ited ng th mod	QSS TIONS with s ne part od or i	s (p. ubst ticipa nterr	61): ance int's erso	use irrat	or re ional, probl	elate , auto lems	d pro omat ?	oblem ic, dis	storte	o wl	hat e or dy	exten sfun	t did i ctiona	he c	linici	an u	se c	ognit	ive	thera	apy	tecl	hni	ques o	of	
	a)		equen O No				siven A little			STES nfrequ					D what	C) Qı	iite a	bit	C) Co	onsid		-		O Ex	tensiv	ely
	b)		ill leve O Ve		ог	0	Poor	0	Acc	eptat	ole	0	Ade	quate	: C	God	od	0 \	/ery	good	i	() ()		OR			t don	e at all
par self	ticip f-effi sona	ant's cacy al qu Fre	MATION S strer y on the ualities equen	ngths ne pa s in tl cy ar	, ab irt of ne p nd e	ilities the artic xtens	s, or e partic ipant siven	effort cipar that ess:	s to It by migh	chang prais nt faci	ge hi ing s ilitate	s/he mal suc	r be I ste	havio ps in sful o	or? To the o	wha irect to c	at ex ion c hanç	tent of ch ge?	did t ange	he c	linic	ian e essii	enc ng a	oura appr	age reci	a sen	ise of of	·
	b)		O Not		II	0	A little	è	O In	ıfrequ	ently		0.5	Some	what	C) Qu	ite a	bit	С) Co	nsid	era	ibly		O Ext	tensiv	ely
	D)		O Ve		or	0	Poor	0	Acc	eptat	ole	0	Ade	quate	. C	God	od	0 \	/ery	good	i	O E	хсе	ellent	t	O No	t don	e at all
syn	npto chia	ms o itric Fre	of dep sympt equen Not at a	ressi oms cy ar	ortind e	anxi reatr	ety, p nent siven	sych for a ess:	otic psy	disor	ders) ic dis)? Ho sord	ow r er?		did t		nicia	n di	scus		pa	rticip	an	t's p	ast		urrer	
	b)	_	ill leve /ery p		0	Poo	r C) Ac	cepta	able	0	Ade	quat	te	O Go	od	0	Very	goo	d	O E	Excel	len	t (0	Not do	ne at	all
res the	istar clin par	nce (iciar ticipa	ATION (e.g., a n conv ant's e equen	avoid ey e exper	ling mpa rienc	argu thic :es?	ment sensi	s, sh itivity	ifting	g focu	ıs), a	ind (ise	a sup	portiv	e, w	arm,	nor	i-jud e ge	gmei nuin	ntal e co	appi ncer	roa rn a	ch? and a	To an	what aware	exter ness	
	L- \		Not at		0	A lit	tle	01	nfred	quentl	У	0	Som	ewh	at	O Q	uite a	a bit	(O Co	nsio	deral	bly	(0	Extens	ively	
	D)	_	ill leve √ery p		0	Poo	r () Ac	cept	able	0	Ade	qua	te	() Go	od	0	Very	goo	d	O E	Excel	llen	t	0	Not do	ne at	all
(e.g	g., di erpre	iscu: tatio	HODY ss intr ons, et	apsy tc)?	chic	con	flicts,	con											9									
		10	Not at	all	0	A lit	tle	01	nfred	quentl	у	0	Som	ewh	at	O Q	uite a	a bit	(O Co	nsio	deral	bly	(0	Extens	ively	
	b)		ill leve √ery p		0	Poo	r () Ac	cept	able	0	Ade	qua	te	() Go	od	0	Very	goo	d	O E	Excel	llen	ıt	0	Not do	ne at	all

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Supe	rvisor Tape Rate	er Form (con	inuea)	Page / or /
53443 Site #: Superviso	or ID: Clinician ID:	Participant ID:	Date of Assessment: (n	am/dd/aaaa)
Site #. Superviso	or ib. Clinician ib.	USUBJID		QSDTC
30. PREGNANCY B. 71: To w much did the clinician discuss the	hat extent did the clinician e e participant's substance use	explicitly focus on the pre	participant's pregnancy? gnancy?	How
 a) Frequency and extensivene O Not at all O A little b) Skill level: 	ess: QSTEST/QSTE O Infrequently O Some			O Extensively ORRES
,	O Acceptable O Adequate	e O Good O Vei		O Not done at all
31. GENERAL DISCUSSIONS A about topics that were not related disclose personal information about	d to the problems for which t	he client entered trea	tment? To what extent of	lid the clinician
a) Frequency and extensivene O Not at all O A little	ess: O Infrequently O Some	ewhat O Quite a b	it O Considerably	O Extensively
b) Skill level:O Very poor O Poor O	O Acceptable O Adequate	e O Good O Ver	y good O Excellent	O Not done at all
General Ratings of Clincian 32. SKILLFULNESS (p. 75): Ho expertise, competence, commitm strategies, and ability to assist the	nent, timing of interventions,			
O Very poor O Poor O Acce		Good O Very good	I	
33. MAINTAIN STRUCTURE (p. evidenced by setting an agenda, pace and direction of the session O Very poor O Poor O Accession O Poor O Accession O Very poor O Poor O Accession Development (p. 79): How moralizing, preaching, judging, crexpressing hopelessness, or prer	staying focused on specific and providing sufficient time eptable O Adequate O w much frustration did the cli- riticizing, blaming, sighing, he maturely ending the converse	discussion areas, beine to conduct therapy Good O Very good nician express toward suffing, cursing, dimini sation, activity, or sess	ng appropriately active, p tasks? O Excellent the client during the sessing, being distracted only.	properly guying the ssion, as evidenced by
O Very poor O Poor O Acce	eptable O Adequate O	Good O Very good	I O Excellent	
36. DIFFICULTY UNDERSTAND accepting the material?	Somewhat O Moderately DING (p. 82): How much dif	,	Considerably CEx	tensively
○ Not at all ○ Very little ○ 37. ALLIANCE (p. 83): How strope	Somewhat O Moderately		-	tensively
) Weak ⊝ Adequate (rong
38. MOTIVATION-BEGINNING (beginning of this session?	(p. 85): How would you rate	the client's stage of c	change or <u>motivation</u> at th	ne
•	·	O Strong O Very s	,	-
39. MOTIVATION-END (p. 85): session?	How would you rate the clie	ent's stage of change of	or <u>motivation</u> at the <u>end</u> (of this
O Not at all O Very weak O) Weak O Adequate (Strong O Very s	trong O Extremely str	rong
Comments:	DOMAIN: CO COVAL RDOMAIN=QS COREF=SUPERVIS IDVAR=VISITNUM	OR TAPE RATIN	NG FORM	

Node #: Site #:	Study	STUDYID	Adverse Events CRF	DOMAIN: A D: Name Code:	E Page of
Phase: O Screening O Active O Follow-Up EPOCH	SJID Assessment: (I D A - C	Visit #: Study Day: blank-No errors 01-Pt unavailable 10-Data collector error 11-Pt unable/unwilling to 2 answer NUM	QI:	DOMAIN: SC SCTESTCD=SAEOCCU below CTEST=PATIENT REPORTED SAE
1. Event	3. Max Severity	4. Causality	6. Serious Reporting Criteria	7. Final Outcome	Final Outcome Date/Time or 9. Ongoing
AETERM\ AEDECOD 2. Onset Date/Time	O Mild O Moderate O Severe AESEV	O Reasonable possibility Not reasonable possibility AEREL 5. Serious O No O Yes AESER	O Death O Life-threatening O Prolonged or requires hospitalization AESHOSP Congenital anomaly/birth defect AESCONG Resulted in persistent or significant disability/incapacity AESDISAB Other significant event requiring medical and/or surgical intervention AESMIE	O Resolved O Resolved-with sequelae O Unresolved O Death AEOUT	AEENDTC OR O Ongoing AEENRF
AESTDTC 1. Event	3. Max	4. Causality	6. Serious Reporting Criteria	7. Final Outcome	8. Final Outcome
2. Onset Date/Time	Severity O Mild O Moderate O Severe	O Reasonable possibility Not reasonable possibility Solution of the possibility 5. Serious O No O Yes	O Death O Life-threatening O Prolonged or requires hospitalization O Congenital anomaly/birth defect Resulted in persistent or significant disability/incapacity Other significant event requiring medical and/or surgical intervention	O Resolved O Resolved-with sequelae O Unresolved O Death	Date/Time or 9. Ongoing /
QNAM=AESIG QLABEL=AE SIGNATURE IDVAR=AESEQ		OF SITE INVESTIGA	TOR (please print): DATE SIGNED: /	QL SIG	IAM=ASIGDT ABEL=SAE GNATURE DATE /AR=AESEQ

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	Node	STUDYID #: Site #:	Stud	Substance	Use	Calendar -	Pre-	Treatment	VI	SIT/VISITNUM Visit#:	Study	Page 1 of 2	
50 65			N		СТ	N - 0 0	1 3	Form	# 1302				100
EPOCH	0	9	14	1 D A -	C 1							60	
Phase:	blank-No	CQI:	COIC	omments:		Participant II	D: N	ame Code:	Date of	Assessment: (mi	n/dd/yy	yy) &	3
ScreeningActive	01-Pt una	vailable	O En	tire form estion #(s):						1	1	100	
O Follow-Up		collector error	O Qu	estion #(s):					\vdash	1. ——	SUEV	LINT=-P1D	
	answer					USUBJIE)			SUDTC	SUDL		
SUCAT=PRETRE	ATMENT_D	DIMADY DDI IC									3000		
Primary Drug:			Mariju	iana O Opioids	OBe	enzos O Meth	amphet	amine O Othe	r Plea	ase specify Othe	er -		
		SUTRT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							are opening			
SUSPID				JCAT=PRETREATMI									
Day 1 Date(mm	n/dd/yyyy)	: Day 2 Date(mi	n/dd):	Day 3 Date(mm	/dd):	Day 4 Date(m	m/dd):	Day 5 Date(mi	m/dd):	Day 6 Date(m	m/dd):	Day 7 Date(mi	m/dd):
No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
Alcohol O	0	Alcohol O	0	Alcohol O	0	Alcohol O	0	Alcohol O	0	Alcohol O	0	Alcohol O	0
Cocaine O Marijuana O	00	Cocaine O	0	Cocaine O	0	Cocaine O	0	Cocaine O	0	Cocaine O	0	Cocaine O	0
Opioids O	0	Marijuana O	0	Marijuana O	0	Marijuana O	0	Marijuana O	0	Marijuana O	0	Marijuana O	0
Benzos O	0	Opioids O	0	Opioids O	0	Opioids O	0	Opioids O	0	Opioids O	0	Opioids O	0
Methamph O	0	Benzos O	0	Benzos O Methamph O	0	Benzos O	0	Benzos O Methamph O	0	Benzos O Methamph O	00	Benzos O	0
Cigarettes O	0	Methamph O	0	Cigarettes O	0	Methamph O	0	Cigarettes O	0	Cigarettes O	0	Methamph O	0
Other O	0	Cigarettes O Other O	0	Other O	Ö	Cigarettes O Other O	0	Other O	0	Other O	O	Cigarettes O Other O	00
SUTRT SUC	OCCUR	Oulei C		outor o		Outer O	0	outor o		outor o		Colci C	
Day 8 Date(m	m/dd):	Day 9 Date(m	m/dd):	Day 10 Date(mr	m/dd):	Day 11 Date(m	nm/dd):	Day 12 Date(m	m/dd):	Day 13 Date(m	m/dd)	: Day 14 Date(m	ım/dd)
1		1		1		1		1		1		1	
No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
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Cocaine O	0	Cocaine O	0	Cocaine O	0	Cocaine O	0	Cocaine O	0	Cocaine O	0	Cocaine O	0
Marijuana O	0	Marijuana O	0	Marijuana O	0	Marijuana O	0	Marijuana O	0	Marijuana O	0	Marijuana O	0
Opioids O	0	Opioids O	0	Opioids O	0	Opioids O	0	Opioids O	0	Opioids O	0	Opioids O	0
Benzos O	0	Benzos O	0	Benzos O	0	Benzos O	0	Benzos O	0	Benzos O	0	Benzos O	0
Methamph O	0	Methamph O	0	Methamph O	0	Methamph O	0	Methamph O	0	Methamph O	0	Methamph O	0
Cigarettes O Other O	0	Cigarettes O Other O	00	Cigarettes O	0	Cigarettes O	0	Cigarettes O	0	Cigarettes O	0	Cigarettes O Other O	0
Office	U	Other O	0	Other O	0	Other O	0	Other O	0	Other O	0	Office	

SUP013 - 10/10/2002 - v1.1

DOMAIN: SU

Substance Use Calendar - Pre-Treatment

Page 2 of 2

(continued) **USUBJID** SUDTO VISIT/VISITNUM Participant ID: Date of Assessment: (mm/dd/yyyy) Name Code: Visit #: Study Day: Site #: SUSPID Day 15 Date(mm/dd): Day 16 Date(mm/dd): Day 17 Date(mm/dd): Day 18 Date(mm/dd): Day 19 Date(mm/dd): Day 20 Date(mm/dd): Day 21 Date(mm/dd): No Yes Yes No No Yes No Yes Yes Yes No Yes No No 0 Alcohol O 0 Alcohol O Alcohol O 0 0 0 Alcohol O 0 0 Alcohol O Alcohol O Alcohol O Cocaine O 0 0 Cocaine O 0 0 Cocaine O 0 0 0 Cocaine O Cocaine O Cocaine O Cocaine O 0 Marijuana O Marijuana O 0 0 0 0 Marijuana O 0 Marijuana O Marijuana O Marijuana O 0 Marijuana O 0 Opioids O 0 Opioids O 0 0 Opioids O 0 0 Opioids O Opioids O Opioids O 0 Opioids O 0 Benzos O Benzos O 0 0 0 Benzos O 0 Benzos O 0 Benzos O 0 Benzos O Benzos O Methamph O 0 Methamph O 0 0 0 0 Methamph O 0 Methamph O 0 Methamph O Methamph O Methamph O 0 Cigarettes O 0 0 0 0 Cigarettes O 0 0 Cigarettes O Cigarettes O Cigarettes O Cigarettes O Cigarettes O Other O 0 Other O 0 0 0 0 Other O 0 0 Other O Other O Other O Other O SUCAT=PRETREATMENT-DAILY LOG SUEVLINT=-P1D SUTRT SUOCCUR SUDUR=' ' Day 23 Date(mm/dd): Day 24 Date(mm/dd): Day 25 Date(mm/dd): Day 26 Date(mm/dd): Day 27 Date(mm/dd): Day 28 Date(mm/dd): Day 22 Date(mm/dd): Yes No Yes Yes No Yes Yes No No Yes No No No Yes Alcohol O 0 Alcohol O Alcohol O 0 Alcohol O 0 Alcohol O 0 Alcohol O 0 0 Alcohol O 0 0 Cocaine O 0 Cocaine O 0 Cocaine O 0 Cocaine O 0 Cocaine O Cocaine O 0 Cocaine O 0 0 0 0 0 0 Marijuana O 0 0 Marijuana O Marijuana O Marijuana O Marijuana O Marijuana O Marijuana O 0 0 0 0 0 Opioids O 0 0 Opioids O Opioids O Opioids O Opioids O Opioids O Opioids O 0 0 0 0 0 Benzos O 0 Benzos O Benzos O Benzos O Benzos O Benzos O Benzos O 0 0 0 0 0 0 Methamph O 0 Methamph O Methamph O Methamph O Methamph O Methamph O 0 Methamph O 0 0 0 Cigarettes O 0 Cigarettes O 0 Cigarettes O 0 Cigarettes O Cigarettes O Cigarettes O Cigarettes O 0 0 0 0 0 Other O 0 0 Other O Other O Other O Other O Other O 0 Other O If Yes, please indicate for which drug(s) below: Is there a discrepancy between the self-report and today's urine toxicology Benzos Methamph Opioids Marijuana Alcohol Cocaine and/or breathalyzer results? O No O No ONo O No ONo O No QNAM = 'PREDISC O Yes O No O Yes O Yes O Yes O Yes O Yes O Yes QLABEL = 'DISCREPANCY IN PRETREATMENT TEST RESULTS IDVAR = VISITNUM

DOMAII	N: SU		e#: Site#:	STUDY	D Study	bstance U	se Ca	lendar - Ad	ctive F	Phase (Par	t A)	VISIT/VISIT	NUM /isit#:	page 1 of 1 Study Day:	
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SUCAT=ACTIVE Primary Drug	JE PH	Alcol	nol O Coo	aine	O Mariju	ana O Opioid SUCAT=ACTIVE	s OB	enzos O Meth	ampheta	amine O Other	Ple	ase specify Othe	SUDU or:	R=' '	
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Cocaine C		0		aine O		Cocaine O	0	Cocaine O	0	Cocaine O	0	Cocaine O	0	Cocaine O	0
Marijuana (2	0	Mariju	uana O	0	Marijuana O	0	Marijuana O	0	Marijuana O	0	Marijuana O	0	Marijuana O	0
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Methamph C		0		mph O		Methamph O	0	Methamph O	0	Methamph O	0	Methamph O	0	Methamph O	0
Cigarettes C		0		ettes O		Cigarettes O	0	Cigarettes O	0	Cigarettes O	0	Cigarettes O	0	Cigarettes O	0
Other		OCLID		ther O	0	Other O	0	Other O	0	Other O	0	Other O	0	Other O	0
SUTRT	is th		discrepancy				es, pleas	e indicate for wh	ich drug	(s) below:					
self-report			and today's urine toxicology			Alcohol		Cocaine	Marijuana Opioids			Benzos Methamph			
and/or brea			athalyzer results		QNAM = 'AC	TA1DISC' O No		O No	O No	O No		ONo ON		lo	
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Cocaine C		5		ine O	0	Cocaine O	0	Cocaine O	0	Cocaine O	0	Cocaine O	0	Cocaine O	0
Marijuana C			Marijua		0	Marijuana O	0	Marijuana O	0	Marijuana O	0	Marijuana O	0	Marijuana O	0
Opioids C				ids O	0	Opioids O	0	Opioids O	0	Opioids O	0	Opioids O	0	Opioids O	0
Benzos C) ()		zos O	0	Benzos O	0	Benzos O	0	Benzos O	0	Benzos O	0	Benzos O	0
Methamph C) ()	Methan	iph O	0	Methamph O	0	Methamph O	0	Methamph O	0	Methamph O	0	Methamph O	0
Cigarettes C)	Cigaret	tes O	0	Cigarettes O	0	Cigarettes O	0	Cigarettes O	0	Cigarettes O	0	Cigarettes O	0
Other O	()	Ot	her O	0	Other O	0	Other O	0	Other O	0	Other O	0	Other O	0
	Is the	ere a	discrepancy	betwee	en the	If Y	es, pleas	e indicate for wh	ich drug	(s) below:					
self-report and			and today's	d today's urine toxicol		Alcohol		Cocaine	Marijua	na Opioids		Benzos I	Methan	lethamph	
	and/	or bre	athalyzer res	sults?	QNAM = 'Ad	CTAODISC	No	O No	O No			ONo	O No		
	ON	lo	O Yes		QLABEL = '	DISCREPANCY I	N					O Yes	O Ye		
8383	0110 0163			F	ACTIVE PART A2 TEST RESULTS IDVAR = VISITNUM			Reset	O Ye	es O Yes		SUAA013 - 11/08/2002 - v1.3			

Node #: Site #: Study: Substance Use Calendar - Active Phase (Part B)	/ISITNUM Visit#:	page 1 of 1 Study Day:	
EPOCH 0 9 N I D A - C T N - 0 0 1 3 Form # 1317B			
District D. No. Cat.	· /mm/ddh	(MAX) #	
Phase: COI Codes: COI: COI Comments: Participant ID: Name Code: Date of Assessment	. (minvaary	(yyy) ~	Ε.
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O Follow-Up 11-Pt unable/unwilling to ③ ③ Usustion #(s):	SUE	EVLINT=-P1D	
SUCAT=ACTIVE PHASE-DAILY LOG	SUE	OUR=' '	
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Is there a discrepancy between the If Yes, please indicate for which drug(s) below:	000000	10	
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and/or breathalyzer results? QNAM = 'ACTB1DISC' O No O No O No O No O No O No O No O N	ON	O	
O No O Yes QLABEL = 'DISCREPANCY IN ACTIVE PART B1 TEST RESULTS O Yes O Yes O Yes O Yes	O Ye	es	
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Cocaine C			Cocaine O	0	Cocaine O	0	Cocaine O	0	Cocaine O	0	Cocaine O	0	Cocaine O	0
Marijuana C			Marijuana O	O	Marijuana O	0	Marijuana O	0	Marijuana O	0	Marijuana O	0	Marijuana O	0
Opioids C			Opioids O	0	Opioids O	0	Opioids O	0	Opioids O	0	Opioids O	0	Opioids O	0
Benzos O	0)	Benzos O	0	Benzos O	0	Benzos O	0	Benzos O	0	Benzos O	0	Benzos O	0
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USUBJID

Substance Use Calendar - Follow-Up 1 (continued) SUDTC

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N			No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
Alcohol O		A	Icohol O	0	Alcohol O	0	Alcohol O	0	Alcohol O	0	Alcohol O	0	Alcohol O	0
Cocaine O		C	ocaine O	0	Cocaine O	0	Cocaine O	0	Cocaine O	0	Cocaine O	0	Cocaine O	0
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Alcohol Cocaine Marijuana Opioids Benzos Methamph	No Yes	s Ma Ma Me	No Alcohol O Cocaine O rijuana O Opioids O Benzos O hamph O	Yes	No Alcohol O Cocaine O Marijuana O Opioids O Benzos O Methamph O	Yes 0 0 0 0 0 0 0 0 0	No Alcohol O Cocaine O Marijuana O Opioids O Benzos O Methamph O	Yes	Alcohol O Cocaine O Marijuana O Opioids O Benzos O Methamph O	Yes 0 0 0 0 0 0 0 0	No Alcohol O Cocaine O Marijuana O Opioids O Benzos O Methamph O	Yes 0 0 0 0 0 0 0	No Alcohol O Cocaine O Marijuana O Opioids O Benzos O Methamph O	Yes 0 0 0 0 0 0 0 0 0
Alcohol Cocaine Marijuana Opioids Benzos Methamph Cigarettes Other	No Yes	s Ma Ma Mei Cig	No Alcohol O cocaine O rijuana O Opioids O Benzos O hamph O arettes O Other O	Yes 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	No Alcohol O Cocaine O Marijuana O Opioids O Benzos O Methamph O Cigarettes O Other O	Yes 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	No Alcohol O Cocaine O Marijuana O Opioids O Benzos O Methamph O Cigarettes O	Yes 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Nc Alcohol O Cocaine O Marijuana O Opioids O Benzos O Methamph O Cigarettes O Other O	Yes 0 0 0 0 0 0 0 0 0 0	No Alcohol O Cocaine O Marijuana O Opioids O Benzos O Methamph O Cigarettes O	Yes 0 0 0 0 0 0 0 0	No Alcohol O Cocaine O Marijuana O Opioids O Benzos O Methamph O Cigarettes O	Yes 0 0 0 0 0 0 0 0 0 0
Alcohol Cocaine Marijuana Opioids Benzos Methamph Cigarettes Other	No Yes	s Ma Ma Me	No Alcohol O cocaine O rijuana O Opioids O Benzos O hamph O arettes O Other O	Yes O O O O O O O O O O O O O O O O O O O	No Alcohol O Cocaine O Marijuana O Opioids O Benzos O Methamph O Cigarettes O Other O	Yes O O O O O O S, please	No Alcohol O Cocaine O Marijuana O Opioids O Benzos O Methamph O Cigarettes O Other O	Yes O O O O O O O O O O O O O O O O O O O	Note Alcohol Of Cocaine Of Marijuana Of Opioids Of Benzos Of Methamph Of Cigarettes Of Other Of (s) below:	Yes 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	No Alcohol O Cocaine O Marijuana O Opioids O Benzos O Methamph O Cigarettes O	Yes 0 0 0 0 0 0 0 0	No Alcohol O Cocaine O Marijuana O Opioids O Benzos O Methamph O Cigarettes O Other O	Yes 0 0 0 0 0 0 0 0 0 0
Alcohol Cocaine Marijuana Opioids Benzos Methamph Cigarettes Other	No Yes	s Ma Ma Mei Cig	No Alcohol O cocaine O rijuana O Dpioids O Benzos O hamph O arettes O Other O ncy betwee	Yes O O O O O O O O O O O O O O O O O O O	No Alcohol O Cocaine O Marijuana O Opioids O Benzos O Methamph O Cigarettes O Other O	Yes O O O O O S, please	No Alcohol O Cocaine O Marijuana O Opioids O Benzos O Methamph O Cigarettes O Other O e indicate for wh	Yes O O O O O O Marijua	Alcohol O Cocaine O Marijuana O Opioids O Benzos O Methamph O Cigarettes O Other O (s) below:	Yes 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	No Alcohol O Cocaine O Marijuana O Opioids O Benzos O Methamph O Cigarettes O Other O	Yes O O O O O O O O O O O O O O O O O O O	No Alcohol O Cocaine O Marijuana O Opioids O Benzos O Methamph O Cigarettes O Other O	Yes 0 0 0 0 0 0 0 0 0 0
Alcohol Cocaine Marijuana Opioids Benzos Methamph Cigarettes Other	No Yes	Ma Mei Cig a discrepa ort and toda preathalyze	No Alcohol O cocaine O rijuana O Dipioids O Benzos O hamph O arettes O Other O ncy betwee ay's urine to	Yes O O O O O O O O O O O O O O O O O O O	No Alcohol O Cocaine O Marijuana O Opioids O Benzos O Methamph O Cigarettes O Other O If Ye Alcohol O Remain Alcohol O If Ye Alcohol O Remain Alcohol O	Yes OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	No Alcohol O Cocaine O Marijuana O Opioids O Benzos O Methamph O Cigarettes O Other O e indicate for wh	Yes O O O O O O Marijua O No	No Alcohol O Cocaine O Marijuana O Opioids O Benzos O Methamph O Cigarettes O Other O (s) below: na Opioids O No	Yes 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	No Alcohol O Cocaine O Marijuana O Opioids O Benzos O Methamph O Cigarettes O Other O Benzos	Yes O O O O O O O O O O O O O O O O O O O	No Alcohol O Cocaine O Marijuana O Opioids O Benzos O Methamph O Cigarettes O Other O	Yes 0 0 0 0 0 0 0 0 0 0
Alcohol Cocaine Marijuana Opioids Benzos Methamph Cigarettes Other	No Yes	Ma Ma Me Cig a discrepa ort and toda	No Alcohol O cocaine O rijuana O Opioids O Benzos O hamph O arettes O Other O ncy betwee ay's urine to r results? QNAM QLABI	Yes O O O O O O O O O O O O O O O O O O O	No Alcohol O Cocaine O Marijuana O Opioids O Benzos O Methamph O Cigarettes O Other O If Ye Alcohol Alcohol O And Alcohol O Alco	Yes O O O O O S, please	No Alcohol O Cocaine O Marijuana O Opioids O Benzos O Methamph O Cigarettes O Other O e indicate for wh	Yes O O O O O O Marijua	No Alcohol O Cocaine O Marijuana O Opioids O Benzos O Methamph O Cigarettes O Other O (s) below: na Opioids O No	Yes 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	No Alcohol O Cocaine O Marijuana O Opioids O Benzos O Methamph O Cigarettes O Other O	Yes O O O O O O O O O O O O O O O O O O O	No Alcohol O Cocaine O Marijuana O Opioids O Benzos O Methamph O Cigarettes O Other O	Yes 0 0 0 0 0 0 0 0 0 0
Alcohol Cocaine Marijuana Opioids Benzos Methamph Cigarettes Other	No Yes	Ma Mei Cig a discrepa ort and toda preathalyze	No Alcohol O Cocaine O Tijuana O Dipioids O Benzos O hamph O arettes O Other O They betwee ay's urine to results? QNAM QLABI FOLLO	Yes O O O O O O O O O O O O O O O O O O O	No Alcohol O Cocaine O Marijuana O Opioids O Benzos O Methamph O Cigarettes O Other O If Ye Alcohol O REPANCY IN EST RESULTS	Yes OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	No Alcohol O Cocaine O Marijuana O Opioids O Benzos O Methamph O Cigarettes O Other O e indicate for wh	Yes O O O O O O Marijua O No	No Alcohol O Cocaine O Marijuana O Opioids O Benzos O Methamph O Cigarettes O Other O (s) below: na Opioids O No	Yes 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	No Alcohol O Cocaine O Marijuana O Opioids O Benzos O Methamph O Cigarettes O Other O Benzos	Yes O O O O O O O O O O O O O O O O O O O	No Alcohol O Cocaine O Marijuana O Opioids O Benzos O Methamph O Cigarettes O Other O	Yes 0 0 0 0 0 0 0 0 0 0

DOMAIN: S	SU											Page 1 of 2	_
50.00	Made #	STUDYID	Study:	ıbstance U	se Ca	lendar - Fo	ollow	-Up 2, Part	A	VISIT/VISIT	NUM Study		
EPOCH	Node #:	Site #:	N I		T	N - 0 0	1 3	Form #	1328			33515	
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ScreeningActiveFollow-Up	blank-No erro 01-Pt unavaila 10-Data collect 11-Pt unable/	rs able ctor error	O Entire O Ques			HOURIBUR				/ []	1		
	answer	0 0	_			USUBJID				SUDTC	UEVLIN	NT=-P1D	
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				SUCAT=FOLLOW	JP 2-DAII	Y LOG							
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Day 57 Date(m	m/aa/yyyy)	Day 58 Date(r	nm/dd):	Day 59 Date(n	im/dd):	Day 60 Date(n	im/dd):	Day 61 Date(m	m/dd)	: Day 62 Date(n	im/dd	Day 63 Date(n	im/dd):
					Ļ								
No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
Alcohol O	0	Alcohol O	0	Alcohol O	0	Alcohol O	0	Alcohol O	0	Alcohol O	0	Alcohol O	0
Cocaine O	0	Cocaine O	0	Cocaine O	0	Cocaine O	0	Cocaine O	0	Cocaine O	0	Cocaine O	0
Marijuana O	0	Marijuana O	0	Marijuana O	0	Marijuana O	0	Marijuana O	0	Marijuana O	0	Marijuana O	0
Opioids O	0	Opioids O	0	Opioids O	0	Opioids O	0	Opioids O	0	Opioids O	0	Opioids O	0
Benzos O	0	Benzos O	0	Benzos O	0	Benzos O	0	Benzos O	0	Benzos O	0	Benzos O	0
Methamph O	0	Methamph O	0	Methamph O	0	Methamph O	0	Methamph O	0	Methamph O	0	Methamph O	0
Cigarettes O Other O	0	Cigarettes O	0	Cigarettes O	0	Cigarettes O	0	Cigarettes O	0	Cigarettes O	0	Cigarettes O	0
	OCCUR	Other O	O	Other O	0	Other O	0	Other O	0	Other O	0	Other O	0
Day 64 Date(n	nm/dd):	Day 65 Date(m	m/dd):	Day 66 Date(m	m/dd):	Day 67 Date(m	m/dd):	Day 68 Date(mr	n/dd):	Day 69 Date(m	m/dd)	: Day 70 Date(m	m/dd):
						1				1			
No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
Alcohol O	0	Alcohol O	0	Alcohol O	0	Alcohol O	0	Alcohol O	0	Alcohol O	0	Alcohol O	0
Cocaine O	0	Cocaine O	0	Cocaine O	0	Cocaine O	0	Cocaine O	0	Cocaine O	0	Cocaine O	0
Marijuana O	0	Marijuana O	0	Marijuana O	0	Marijuana O	0	Marijuana O	0	Marijuana O	0	Marijuana O	0
Opioids O	0	Opioids O	0	Opioids O	0	Opioids O	0	Opioids O	0	Opioids O	0	Opioids O	0
Benzos O	0	Benzos O	0	Benzos O	0	Benzos O	0	Benzos O	0	Benzos O	0	Benzos O	0
Methamph O	0	Methamph O	0	Methamph O	0	Methamph O	0	Methamph O	0	Methamph O	0	Methamph O	0
Cigarettes O	0	Cigarettes O	0	Cigarettes O	0	Cigarettes O	0	Cigarettes O	0	Cigarettes O	0	Cigarettes O	0
Other O	0	Other O	0	Other O	0	Other O	0	Other O	0	Other O	0	Other O	0

DOMAIN: SU

Substance Use Calendar - Follow-Up 2 (Part A) (continued) SUDTC

Page 2 of 2

Site #: Participant ID: Name Code: Date of Assessment: (mm/dd/yyyy) Visit #: Study Day:

33515

SUEVLINT=-P1D

SUSPID			S	UCAT=FOLLOWU	P 2-DAIL	Y LOG					SUDL	IR=' '	
Day 71 Date(m	m/dd):	Day 72 Date(m	nm/dd):	Day 73 Date(m	m/dd):	Day 74 Date(mr	n/dd):	Day 75 Date(mn	n/dd):	Day 76 Date(m)	n/dd):	Day 77 Date(m	m/dd):
No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
Alcohol O	0	Alcohol O	0	Alcohol O	0	Alcohol O	0	Alcohol O	0	Alcohol O	0	Alcohol O	0
Cocaine O	0	Cocaine O	0	Cocaine O	0	Cocaine O	0	Cocaine O	0	Cocaine O	0	Cocaine O	0
Marijuana O	0	Marijuana O	0	Marijuana O	0	Marijuana O	0	Marijuana O	0	Marijuana O	0	Marijuana O	0
Opioids O	0	Opioids O	Ö	Opioids O	0	Opioids O	0	Opioids O	0	Opioids O	0	Opioids O	0
Benzos O	0	Benzos O	0	Benzos O	0	Benzos O	0	Benzos O	0	Benzos O	0	Benzos O	0
Methamph O	0	Methamph O	Õ	Methamph O	0	Methamph O	0	Methamph O	0	Methamph O	0	Methamph O	0
Cigarettes O	0	Cigarettes O	0	Cigarettes O	0	Cigarettes O	0	Cigarettes O	0	Cigarettes O	0	Cigarettes O	0
Other O	0	Other O	Ö	Other O	0	Other O	0	Other O	O	Other O	0	Other O	O
SUTRT SI	JOCCUR	0 4101 0											
Day 78 Date(m	m/dd):	Day 79 Date(n	nm/dd):	Day 80 Date(m	m/dd):	Day 81 Date(mi	m/dd):	Day 82 Date(mn	n/dd):	Day 83 Date(mi	m/dd):	: Day 84 Date(m	m/dd):
No '	Yes						Ш					/	0.00
		No	Yes	No	Yes	No	Yes		Yes	No	Yes	No	Yes
Alcohol O	0	Alcohol O	0	Alcohol O	0	Alcohol O	0	Alcohol O	0	Alcohol O	0	Alcohol O	0
Cocaine O	0	Cocaine O	0	Cocaine O	0	Cocaine O	0	Cocaine O	0	Cocaine O	0	Cocaine O	0
Marijuana O	0	Marijuana O	0	Marijuana O	0	Marijuana O	0	Marijuana O	0	Marijuana O	0	Marijuana O	0
	0	Opioids O	0	Opioids O	0	Opioids O	0	Opioids O	0	Opioids O	0	Opioids O	0
	0	Benzos O	0	Benzos O	0	Benzos O	0	Benzos O	0	Benzos O	0	Benzos O	0
	0	Methamph ○	0	Methamph O	0	Methamph O	0	Methamph ○	0	Methamph ○	0	Methamph ○	0
	0	Cigarettes O	0	Cigarettes O	0	Cigarettes O	0	Cigarettes O	0	Cigarettes O	0	Cigarettes O	0
Other O	0	Other O	0	Other O	0	Other O	0	Other O	0	Other O	0	Other O	0

DOMAIN:		#: Site #: STUDYID	Stud	ubstance U	se C	alendar - Fo	ollov	v-Up 2, Par	t B	VISIT/VISITN Visit#:		Page 1 of 2 y Day:	
EPOCH	0	9	N		CT	N - 0 0	1 3	Form	# 1328	B			
Phase:	C	QI Codes: CQI:	COLC	omments:		Participant ID): 1	Name Code:	Date o	f Assessment: (mr	n/dd/yy	yy) g	
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Follow-Up	11-Pt un	able/unwilling to ③ ④	27.16.16.76			USUBJID)			SUDTC	CLIEV	UNIT- DAD	
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SUSPID Day 85 Date(m	nm/dd):	Day 86 Date(m	m/dd):	Day 87 Date(mr			n/dd):	Day 89 Date(m	m/dd):	Day 90 Date(mn	n/dd):	Day 91 Date(m	m/dd):
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No	Yes	No	Yes	No	Yes	LL / LL	Vac	No	Yes	No	Yes	No	Yes
Alcohol O	0	Alcohol O	O	Alcohol O	O		Yes	Alcohol O	O	Alcohol O	O	Alcohol O	O
Cocaine O	0	Cocaine O	0	Cocaine O	0	Alcohol O Cocaine O	00	Cocaine O	0	Cocaine O	0	Cocaine O	0
Marijuana O	0	Marijuana O	0	Marijuana O	0	Marijuana O	0	Marijuana O	0	Marijuana O	0	Marijuana O	0
Opioids O	0	Opioids O	0	Opioids O	0	Opioids O	0	Opioids O	0	Opioids O	0	Opioids O	0
Benzos O	0	Benzos O	0	Benzos O	0	Benzos O	0	Benzos O	0	Benzos O	0	Benzos O	0
Methamph O	0	Methamph O	0	Methamph O	0	Methamph O	0	Methamph O	O	Methamph O		Methamph O	0
Cigarettes O	0	Cigarettes O	0	Cigarettes O	0	Cigarettes O	0	Cigarettes O	0	Cigarettes O	0	Cigarettes O	0
Other O	0	Other O	0	Other O	0	Other O	0	Other O	O	Other O	O	Other O	0
SUTRT S	UOCCUR					Outor O		outer o					-
Day 92 Date	(mm/dd):	Day 93 Date	mm/dd): Day 94 Date(n	nm/dd)	: Day 95 Date(m	nm/dd): Day 96 Date(mm/dd): Day 97 Date(n	nm/dd): Day 98 Date(mm/dd):
No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
Alcohol O	0	Alcohol O	0	Alcohol O	0	Alcohol O	0	Alcohol O	0	Alcohol O	0	Alcohol O	0
Cocaine O	0	Cocaine O	0	Cocaine O	0	Cocaine O	0	Cocaine O	0	Cocaine O	0	Cocaine O	0
Marijuana O	0	Marijuana O	0	Marijuana O	0	Marijuana O	0	Marijuana O	0	Marijuana O	0	Marijuana O	0
Opioids O	0	Opioids O	0	Opioids O	0	Opioids O	0	Opioids O	0	Opioids O	0	Opioids O	0
Benzos O	0	Benzos O	0	Benzos O	0	Benzos O	0	Benzos O	0	Benzos O	0	Benzos O	0
Methamph O	0	Methamph O	0	Methamph O	0	Methamph O	0	Methamph O	0	Methamph O	0	Methamph O	
Cigarettes O	0	Cigarettes O	0	Cigarettes O	0	Cigarettes O	0	Cigarettes O	0	Cigarettes O	0	Cigarettes O	0
Other O	0	Other O	0	Other O	0	Other O	0	Other O	0	Other O	0	Other O	0

Substance Use Calendar - Follow-Up 2 (Part B)

Page 2 of 2

	USUBJID			(continued	SUDTO	50 5000000 ES		VISIT/VISITNUM			40036
Site #:	Subject ID:	Name C	Code:	Date of Ass	essment	(mm/dd/yyyy)		Visit#: S	Study Da	iy:	취]
				/	f		7,			SUEVLINT=	-P1D
Day 100 Date(mm/do	d):	Day 101 Date(mm/dd):		Day 102 Date(mm/dd):		Day 103 Date(mm/dd):		Day 104 Date(mm/dd)	:	Day 105 Date(mm/dd)	:
	Ш		Ш								
No				No	Yes	No	Yes	No	Yes	No	Yes
Alcohol O				Alcohol O	0	Alcohol O	0	Alcohol O	0	Alcohol O	0
				Cocaine O		Cocaine O	0	Cocaine O	0	Cocaine O	0
				Marijuana O		Marijuana O	0	Marijuana O	0	Marijuana O	0
				***				Opioids O	0		0
											0
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Otner O	O	Other	0	Other O	O	Other O	O	Other O	0	Other O	0
CUR		SUCAT=FOLL	.OWUP	2-DAILY LOG							
Day 107 Date(mm/dd	i):	Day 108 Date(mm/dd):		Day 109 Date(mm/dd):		Day 110 Date(mm/dd):		Day 111 Date(mm/dd):		Day 112 Date(mm/dd):	
			Vac							/[
										No	Yes
					0	Alcohol O	0	Alcohol O	0	Alcohol (0
Cocaine O	0									ALCOHOL C	
Marijuana			0	Cocaine O	0	Cocaine O	0	Cocaine O	0	Cocaine O	0
Marijuana O	0	Marijuana O	0	Marijuana O	0	Cocaine O Marijuana O	00	Marijuana O	00	Cocaine O Marijuana O	0
Opioids O	0	Marijuana O Opioids O	0	Marijuana O Opioids O	000	Cocaine O Marijuana O Opioids O	000	Marijuana O Opioids O	000	Cocaine O Marijuana O Opioids O	000
Opioids O Benzos O	000	Marijuana O Opioids O Benzos O	000	Marijuana O Opioids O Benzos O	0000	Cocaine O Marijuana O Opioids O Benzos O	0000	Marijuana O Opioids O Benzos O	0000	Cocaine O Marijuana O Opioids O Benzos O	0000
Opioids O Benzos O Methamph O	0 0 0 0	Marijuana O Opioids O Benzos O Methamph O	0000	Marijuana O Opioids O Benzos O Methamph O	00000	Cocaine O Marijuana O Opioids O Benzos O Methamph O	00000	Marijuana O Opioids O Benzos O Methamph O	00000	Cocaine O Marijuana O Opioids O Benzos O Methamph O	00000
Opioids O Benzos O Methamph O Cigarettes O	00000	Marijuana O Opioids O Benzos O Methamph O Cigarettes O	00000	Marijuana O Opioids O Benzos O Methamph O Cigarettes O	000000	Cocaine O Marijuana O Opioids O Benzos O Methamph O Cigarettes O	000000	Marijuana O Opioids O Benzos O Methamph O Cigarettes O	000000	Cocaine O Marijuana O Opioids O Benzos O Methamph O Cigarettes O	000000
Opioids O Benzos O Methamph O	0 0 0 0	Marijuana O Opioids O Benzos O Methamph O	0000	Marijuana O Opioids O Benzos O Methamph O	00000	Cocaine O Marijuana O Opioids O Benzos O Methamph O	00000	Marijuana O Opioids O Benzos O Methamph O	00000	Cocaine O Marijuana O Opioids O Benzos O Methamph O	00000
Opioids O Benzos O Methamph O Cigarettes O Other O	000000	Marijuana () Opioids () Benzos () Methamph () Cigarettes () Other ()	000000	Marijuana O Opioids O Benzos O Methamph O Cigarettes O	000000	Cocaine O Marijuana O Opioids O Benzos O Methamph O Cigarettes O Other O	000000	Marijuana O Opioids O Benzos O Methamph O Cigarettes O	000000	Cocaine O Marijuana O Opioids O Benzos O Methamph O Cigarettes O	000000
Opioids O Benzos O Methamph O Cigarettes O Other O a discrepancy betwee	o o o o o o o o o o o o o o o o o o o	Marijuana O Opioids O Benzos O Methamph O Cigarettes O Other O	0 0 0 0 0 0	Marijuana O Opioids O Benzos O Methamph O Cigarettes O Other O	0 0 0 0 0 0	Cocaine O Marijuana O Opioids O Benzos O Methamph O Cigarettes O Other O	000000	Marijuana O Opioids O Benzos O Methamph O Cigarettes O Other O	0000000	Cocaine O Marijuana O Opioids O Benzos O Methamph O Cigarettes O Other O	000000
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Opioids O Benzos O Methamph O Cigarettes O Other O a discrepancy betwee rt and today's urine to reathalyzer results? OYes QLABI	en the exicology 1 = 'FU2DISGEL = 'DISCF	Marijuana O Opioids O Benzos O Methamph O Cigarettes O Other O If Yes	O O O O O s, pleas	Marijuana O Opioids O Benzos O Methamph O Cigarettes O Other O	0 0 0 0 0 0	Cocaine O Marijuana O Opioids O Benzos O Methamph O Cigarettes O Other O s) below: na Opioids O No	000000	Marijuana O Opioids O Benzos O Methamph O Cigarettes O Other O	0000000	Cocaine O Marijuana O Opioids O Benzos O Methamph O Cigarettes O Other O	000000
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NOT DATABASED	Treatmen	nt Tracking - Active	Page 1 of 1
NOT DATABASED	N I D A - C T N	- 0 0 1 3 Form # 1	318
Node #: Site #: 0 9 Phase:	blank-No errors 01-Pt unavallable 10-Data collector error 11-Pt unable/unwilling to answer mber:	de: Date of Assessment: (mm/dd/yyy CQI Comments: Dentire form Dentire	Study Day:
Schedu		Types of Treatmen	
1. Outpatient 2. IOP 3. Methadone 4. Outpatient detox 5. Inpatient detox 6. Residential	-	7. Number of MET sessions 12. I met MET sessions 20the TAU sessions 20ther individual sessions 10. Number of group sessions 15. I met MET sessions 12. I met MET sessions 13. I met MET sessions 13. I met MET sessions 14. I met MET sessions 15. I met MET	Number of hadone doses er services Number offsite engmt visits patal Care Services Prenatal care scheduled Prenatal care s attended
Comments:			

Reset

EXCAT=TREATMENT TRACKING FOLLOWUP 1

DOMAIN: EX Study: STUDYI	Treatment Tra	acking - Follow-	Up 1 #: Site#:	USUBJID Page 1 of 2 Participant ID: Name Code:
N I D A - C T N	0 0 1 3 For	m # 1329	9	
Phase: O Screening O Active Follow-Up 1. Did the participant receive treatments	CQI Comments: Entire form Question #(s): nt at the original CTP during study w	USUBJID	No O Yes	VISITNUM' = TRTCTP5 QNAM = TRTOCTP5 :L=TREATMENT QLABEL=TREATMENT
Did the participant receive treatment EXSTDTC Week 5 Date /	nt at another CTP during study week	100 N 100 N	No O Yes AT OR WEEKS	IGINAL CTP S 5-8 = U\$UBJ/D AT OTHER CTP WEEKS 5-8 IDVAR = U\$UBJID
EXENDTC through /	EXSCAT= WEEK 5		hrough /	EXSCAT= WEEK 6
Hours of Treatment; EXELTM Scheduled Actual Hours 1. Outpatient	Types of Treatment: Study Interventions 7. Number of EXTRT MET sessions 8. Number of TAU sessions OutpatientIIOP 9. Number of other individual sessions 10. Number of group sessions 11. Number of case mgmt sessions EXDOSU=SESSIONS Methadone 12. Number of methadone doses EXDOSU=DOSES Other services	Hours of Treatmen Sche Hour 1. Outpatient 2. IOP 3. Methadone 4. Outpatient detox 5. Inpatient detox 6. Residential	eduled <u>Actual</u>	Types of Treatment: Study Interventions 7. Number of MET sessions 8. Number of TAU sessions OutpatientIIOP 9. Number of other individual sessions 10. Number of group sessions 11. Number of case mgmt sessions Methadone 12. Number of methadone doses Other services
EXDOSFRM, EXDOSE SAME AS EXDOSU EXTPREF SAME AS EXSCAT	13. Number offsite case mgmt visits EXDOSU=VISITS Prenatal Care Services 14. Prenatal care visits scheduled 15. Prenatal care visits attended			13. Number offsite case mgmt visits Prenatal Care Services 14. Prenatal care visits scheduled 15. Prenatal care visits attended

Reset

Treatment Tracking - Follow-Up 1 (continued)

	Site #:	Participant ID: Name Code:	Date of Assessment: (mm/dd/yyyy)	Study Day:	
	Week 7 Date / [EXSCAT=	Week 8 Date /	EXSCATE WEEK 8	
Hours of Tre	Scheduled Actual Hours Hours	Types of Treatment: Study Interventions 7. Number of	Hours of Treatment: Scheduled Actual Hours Hours	Types of Treatment: Study Interventions 7. Number of	
1. Outpatient		MET sessions	1. Outpatient .	MET sessions	
2. IOP		8. Number of TAU sessions Outpatient/IOP	2. IOP	8. Number of TAU sessions Outpatient/IOP	
3. Methadone		9. Number of other individual sessions	3. Methadone	Number of other individual sessions	
4. Outpatient detox		10. Number of group sessions	4. Outpatient detox	10. Number of group sessions	
5. Inpatient detox		11. Number of case mgmt sessions	5. Inpatient	11. Number of case mgmt sessions	
6.Residential		Methadone	6.Residential	Methadone	
7. Nosideriaa		12. Number of methadone doses	o.resideritai	12. Number of methadone doses	
		Other services		Other services	
		13. Number offsite case mgmt visits		13. Number offsite case mgmt visits	
		Prenatal Care Services		Prenatal Care Services	
		14. Prenatal care visits scheduled		14. Prenatal care visits scheduled	
		15. Prenatal care visits attended		15. Prenatal care visits attended	



Comments:

Study:	Treatment Tra	acking - Fol	low-Up 2	e#:	Participant ID:	Page 1 of 4 Name Code:
	0 0 1 3 For	m # 1330	0 9			
Fridate. blank-No errors	Comments: Entire form Question #(s):		1	ent: (mm/dd/yyyy)	QN	#: Study Day: AM = TRTCTP13
	articipant receive treatment at the		Weeks 9-12 O No O Ye	es O No	O Yes AT	ABEL=TREATMENT ORIGINAL CTP EKS 13-16
Week 9 Date / through /	/	EXSCAT= WEEK 10	Week 10 Da through	/ te		QNAM = TROCTF QLABEL=TREATM
Hours of Treatment: Scheduled Hours I. Outpatient	Types of Treatment: Study Interventions 7. Number of MET sessions 8. Number of TAU sessions Outpatient/IOP 9. Number of other individual sessions 10. Number of group sessions 11. Number of case mgmt sessions Methadone 12. Number of methadone doses	1. Outpatient 2. IOP 3. Methadone 4. Outpatient detox 5. Inpatient detox 6. Residential	Scheduled Hours	Actual Hours	Types of Tre Study Interv 7. Number of MET session 8. Number of TAU session Outpatientiff 9. Number of individual session 10. Number of group session 11. Number mgmt session Methadone 12. Number methadone	entions IDVAR = USUBJ
1599	Other services 13. Number offsite case mgmt visits Prenatal Care Services 14. Prenatal care visits scheduled 15. Prenatal care visits attended	QNAM = TRTC QLABEL=TRE AT ORIGINAL WEEKS 9-12 IDVAR = USUE	ATMENT QL CTP AT	NAM = TRTOCTPS ABEL=TREATME OTHER CTP EEKS 9-12 VAR = USUBJID	Other servi	offsite offsits ore Services care lled care

Treatment Tracking - Follow-Up 2 (continued)

5	Site #:	Participant ID: Name Code:	ode: Date of Asses	sment: (mm/dd/y	Study Day:	
			1	1		
Week 11 D		EXSCAT WEEK 1		Week 12 Date		EXSCAT= WEEK 12
Hours of Treatment:		Types of Treatment:	Hours of Trea			Types of Treatment:
Scheduled Hours	Actual Hours	Study Interventions 7. Number of	Hours of free	Scheduled Hours	Actual Hours	Study Interventions 7. Number of
1. Outpatient .		MET sessions 8. Number of	1. Outpatient		<u> </u>	MET sessions 8. Number of
2. IOP		TAU sessions OutpatientilOP	2. IOP			TAU sessions Outpatient/IOP
3. Methadone .		Number of other individual sessions	3. Methadone			9. Number of other individual sessions
4. Outpatient detox		10. Number of group sessions	4. Outpatient detox			10. Number of group sessions
5. Inpatient detox		11. Number of case mgmt sessions	5. Inpatient detox			11. Number of case mgmt sessions
6.Residential .		Methadone	6.Residential			Methadone
		12. Number of methadone doses				12. Number of methadone doses
		Other services				Other services
		13. Number offsite case mgmt visits				13. Number offsite case mgmt visits
		Prenatal Care Services				Prenatal Care Services
		14. Prenatal care visits scheduled				14. Prenatal care visits scheduled
		15. Prenatal care visits attended				15. Prenatal care visits attended



Page 3 of 4

Treatment	Tracking - Follow-Up 2
	(continued)

Sit	Site #:		Participant ID: Name Code:	Date of Assessment: (mm/dd/yyyy)			Study Day:	
] [] / [1			
Week 13 Dat	te/_		XSCAT= /EEK 13		Week 14 Date		/	EXSCAT= WEEK 14
Hours of Treatment: Scheduled Hours 1. Outpatient 2. IOP 3. Methadone 4. Outpatient detox 5. Inpatient detox	Actual Hours	Types of Treatment: Study Interventions 7. Number of MET sessions 8. Number of TAU sessions OutpatientilOP 9. Number of other individual sessions 10. Number of group sessions 11. Number of case mgmt sessions		1. Outpatient 2. IOP 3. Methadone 4. Outpatient detox 5. Inpatient detox	tment: Scheduled Hours	Actual Hours	Types of Treatme Study Intervention 7. Number of MET sessions 8. Number of TAU sessions OutpatientilOP 9. Number of other individual sessions 10. Number of group sessions 11. Number of cas mgmt sessions	
6.Residential .		Methadone 12. Number of methadone doses Other services 13. Number offsite case mgmt visits Prenatal Care Service		6.Residential			Methadone 12. Number of methadone doses Other services 13. Number offsite case mgmt visits Prenatal Care Se	• 🗌
		14. Prenatal care visits scheduled 15. Prenatal care visits attended					14. Prenatal care visits scheduled 15. Prenatal care visits attended	



Treatment Tracking - Follow-Up 2 (continued)

	Site #:	Participant ID: Name Code:	e Code:	Date of Assess	sment: (mm/dd/yy	Study Day:	
				1	1		
Week 18	5 Date /		SCAT=		Week 16 Date	1	EXSCAT
Hours of Treatment: Schedu Hours	uled Actual Hours	Types of Treatment: Study Interventions 7. Number of		ours of Treat	tment: Scheduled Hours	Actual Hours	Types of Treatment: Study Interventions 7. Number of
1. Outpatient .		MET sessions 8. Number of TAU sessions		Outpatient			MET sessions 8. Number of TAU sessions
2. IOP		Outpatient/IOP 9. Number of other		Methadone			Outpatient/IOP 9. Number of other
4. Outpatient	: -	individual sessions 10. Number of	4	Outpatient [individual sessions 10. Number of
detox 5. Inpatient detox		group sessions 11. Number of case	5.	etox Inpatient etox			group sessions 11. Number of case
6.Residential]	mgmt sessions Methadone 12. Number of		Residential			mgmt sessions Methadone 12. Number of
		methadone doses Other services					methadone doses Other services
		13. Number offsite case mgmt visits					13. Number offsite case mgmt visits
		Prenatal Care Service	es				Prenatal Care Services
		14. Prenatal care visits scheduled					14. Prenatal care visits scheduled
		15. Prenatal care visits attended					15. Prenatal care visits attended

4500

Comments: