

QSCAT= Clinician Survey

DOMAIN: QS page 1 of 4



60478

Study: STUDYID

N I D A - C T N - 0 0 1 3

Form # 1331

Node #:

Site #:

Clinician ID:

Name Code:

Date of Assessment: (mm/dd/yyyy)

0 9

USUBJID

QSDTC

Phase:

- ☒ Screening
☐ Active
☐ Follow-Up

EPOCH

CQI Codes:

blank-No errors
 01-Pt unavailable
 10-Data collector error
 11-Pt unable/unwilling to answer

CQI:

☐ ☐
☐ ☐
☐ ☐

CQI Comments:

- ☐ Entire form
☐ Question #(s):

VISIT/VISITNUM

QSTEST

/QSTESTCD

QSORRES

1. Sex: ☐ Male ☐ Female

2. Age:

3. Indicate which single major race/ethnicity applies:

- ☐ White, not of Hispanic Origin
☐ Hispanic or Latino
☐ African American, Black, not of Hispanic Origin
☐ Asian or Pacific Islander
☐ American Indian or Alaska Native
☐ Other, specify:
☐ Unknown

QNAM=QSORACE
 QLABEL=CLINICIAN OTHER RACE
 IDVAR=VISITNUM

4. Job title:

5. Years of substance abuse counseling experience:

(Circle one) 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20+

6. Years of experience counseling pregnant substance users:

(Circle one) 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20+

7. Years of supervisory experience:

(Circle one) 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20+

8. Years working for this agency:

(Circle one) 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20+

9. Years of formal education:

(Circle one) 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20+

Reset

Clinician Survey (continued)

DOMAIN: QS

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60478

Site #:

Clinician ID:

Name Code:

Date of Assessment: (mm/dd/yyyy)

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U	S	B	J	I	D
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QSDTC

QSTEST/QSTESTCD

10. Please mark all of the applicable professional certifications, credentials, or licenses you have:

QNAM=SCCSPEC

QLABEL=STATE COUNSELOR CERTIFICATION SPECIAL

IDVAR=VISITNUM

☐ State counselor certification (area of specialization: _____)

QNAM=NCLSPEC

QLABEL=NATIONAL COUNSELOR LICENSE SPECIAL

IDVAR=VISITNUM

☐ National counselor licensure (area of specialization: _____)

QNAM=SCLSPEC

QLABEL=STATE COUNSELOR LICENSE SPECIAL

IDVAR=VISITNUM

☐ State counselor licensure (area of specialization: _____)

☐ Professional certificate of proficiency (area of specialization: _____)

☐ Certified teacher or educational administrator

NOT IN DATABASE

☐ Certified or licensed marriage and family therapist

☐ Certified or licensed social worker

☐ Registered or licensed nurse

☐ Advanced practice nursing license/certificate

☐ Licensed psychologist

☐ National board credentialed psychologist (e.g., ABPP)

☐ Licensed physician

QNAM=BCPSPEC

QLABEL=BOARD CERT PSYCHIATRIST SPECIAL

IDVAR=VISITNUM

☐ Board certified psychiatrist (list any areas of subspecialization: _____)

☐ Other credentials (e.g., list any other relevant credentials, for example, completion of a formally recognized training program for a specific treatment approach: _____)

QNAM=OTHCREC

QLABEL=OTHER CREDENTIALS

IDVAR=VISITNUM

11. For how many years have you held the credential most relevant to your current work?

--	--

QSORRESU='YEARS'

12. Please mark all of the degrees you hold:

☐ High School Diploma/GED

QNAM=ADMAJOR

QLABEL=ASSOCIATES MAJOR

IDVAR=VISITNUM

☐ Associates (area of study or major: _____)

☐ Bachelors (area of study or major: _____)

QNAM=BAMAJOR

QLABEL=BACHELORS MAJOR

IDVAR=VISITNUM

☐ Masters (area of study and initials of degree: _____)

QNAM=MASTUDY

QLABEL=MASTERS AREA OF STUDY

IDVAR=VISITNUM

☐ Doctorate (area of study and initials of degree: _____)

☐ Other (specify: _____)

QNAM=DOCSTUDY

QLABEL=DOCTORATE AREA OF STUDY

IDVAR=VISITNUM

13. For how many years have you held your highest degree?

--	--

QSORRESU='YEARS'

QNAM=ODEGREE

QLABEL=OTHER DEGREE

IDVAR=VISITNUM

14. OPTIONAL (circle an answer only if you are comfortable doing so):

Do you consider yourself to be a person in recovery?

☐ No

☐ Yes

Clinician Survey (continued)

DOMAIN: QS

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60478

Site #:

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Clinician ID:

U	S	B	J	I	D
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Name Code:

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Date of Assessment: (mm/dd/yyyy)

		/			/				
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QSDTC

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

ESTIMATED PERCENTAGE (%)

QSORRES

29. ...are currently in recovery.	0	10	20	30	40	50	60	70	80	90	100
30. ...will be in recovery 1 year from now.	0	10	20	30	40	50	60	70	80	90	100
31. ...have been very resistant.	0	10	20	30	40	50	60	70	80	90	100
32. ...have been generally difficult-to-like.	0	10	20	30	40	50	60	70	80	90	100
33. ...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
34. Resistant clients are very difficult to work with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Abstinence should be an initial goal for all clients entering treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. Good treatment involves some form of struggle between counselor and client.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Clients must accept that they have no control over their addiction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Effective addiction treatment requires advice, guidance, and suggestions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. Good counselors will find a way to get through to an unmotivated or resistant client.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

THANK YOU FOR YOUR TIME

Clinician Eligibility

DOMAIN: IE

page 1 of 1



63423

Study STUDYID

N I D A - C T N - 0 0 1 3

Form # 1335

Node #: 0 9 Site #: USUBJID Clinician ID: Name Code: Date of Assessment: (mm/dd/yyyy) IEDTC

EPOCH Phase: ☒ Screening ☐ Active ☐ Follow-Up CQI Codes: blank-No errors 01-Pt unavailable 10-Data collector error 11-Pt unable/unwilling to answer CQI: ☐ ☐ ☐ ☐ ☐ ☐ CQI Comments: ☐ Entire form ☐ Question #(s): VISIT/VISITNUM

IECAT

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

INCLUSION CRITERIA

IETEST

IEORRES

- Does the clinician have experience working with pregnant substance users or has he/she been trained to work with pregnant substance users? ☐ No ☐ Yes
- Is the clinician willing to learn and implement a manualized version of MET and willing to be randomly assigned to either the MET or TAU condition? ☐ No ☐ Yes
- Is the clinician willing to have his/her sessions audiotaped and then reviewed by a Protocol MET supervisor and/or Independent Rater, to participate in regular supervision sessions, and to complete process ratings (e.g., ratings of the therapeutic alliance) for the duration of the protocol? ☐ No ☐ Yes
- Is the clinician approved by the CTPs administrative/supervisory staff as appropriate for the study (e.g., reliable, competent, likely to be with the CTP for the duration of the study)? ☐ No ☐ Yes

If any of questions 1-4 are answered "No," then the clinician is ineligible for study participation.

- Has the clinician received credentialing as a MET trainer or served as a MET clinician in a prior clinical trial? ☐ No ☐ Yes

If question 5 is answered "Yes," then the clinician is ineligible for study participation.

EXCLUSION CRITERIA

- Is the clinician eligible to serve as a clinician in the study based on the above criteria? ☐ No ☐ Yes

If question 6 is answered "No," then the clinician is ineligible for study participation.

Job title of individual completing the form:

QNAM=IETITLE
QLABEL=JOB TITLE OF INDIVIDUAL COMPLETING FORM
IDVAR=VISITNUM

Signature of individual completing the form:

DATA NOT COLLECTED

Date:

/ /

QNAM=INVSIGDT
QLABEL=INVESTIGATOR SIGNATURE DATE
IDVAR=VISITNUM

Reset

Study Eligibility

DOMAIN: IE/SC page 1 of 1

1958		Study: STUDYID		N I D A - C T N - 0 0 1 3		Form # 1312	
Node #:	Site #:	Participant ID:	Name Code:	Date of Assessment: (mm/dd/yyyy)	Visit #:		
0 9		USUBJID		/ /	IEDTC		
Phase: <input checked="" type="radio"/> Screening <input type="radio"/> Active <input type="radio"/> Follow-Up		EPOCH blank-No errors 01-Pt unavailable 10-Data collector error 11-Pt unable/unwilling to answer	CQI: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CQI Comments: <input type="radio"/> Entire form <input type="radio"/> Question #(s):		VISIT/VISITNUM Study Day:	

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

Is the individual:

- | | |
|--|--|
| 1. pregnant, as confirmed by a positive urine pregnancy test, and not planning to terminate the pregnancy? (See Pregnancy Assessment) | IEORRES
<input type="radio"/> No <input type="radio"/> Yes |
| 2. identified as needing substance abuse treatment via the CTPs usual screening procedure? | <input type="radio"/> No <input type="radio"/> Yes |
| 3. 18 years of age or older? (See Demographics) | <input type="radio"/> No <input type="radio"/> Yes |
| 4. willing to participate in the protocol (e.g., to be randomized to treatment, to have their sessions audiotaped, etc.)? (Signed Informed Consent Form) | <input type="radio"/> No <input type="radio"/> Yes |
| 5. able to understand and provide written informed consent in English? (Evidenced understanding of, and signed Informed Consent Form) | <input type="radio"/> No <input type="radio"/> Yes |
| 6. in a living arrangement of sufficient stability to allow for outpatient treatment? (See Biopsychosocial Functioning Assessment) | <input type="radio"/> No <input type="radio"/> Yes |
| 7. willing to sign a release(s) of information to allow research staff access to the portions of her clinical record(s) required for data collection (e.g., treatment attendance at the CTP, etc.)? (Signed the Release) | <input type="radio"/> No <input type="radio"/> Yes |

If any of questions 1-7 are answered "no," then the individual is ineligible for study participation.

EXCLUSION CRITERIA

- | | |
|--|--|
| 8. Does the individual plan to relocate from the area within four months of signing the study consent form? (See Biopsychosocial Functioning Assessment) | <input type="radio"/> No <input type="radio"/> Yes |
| 9. Does the individual have pending legal charges, other than those requiring the participant to attend treatment, that might lead to incarceration? (See Biopsychosocial Functioning Assessment) | <input type="radio"/> No <input type="radio"/> Yes |
| 10. Does the individual self-report having a condition(s) (e.g., medical complications, psychological problems, etc.) that would necessitate residential/inpatient treatment (excluding detoxification) and willingness to attend such treatment or self-report having a condition that would make study participation difficult? (See Biopsychosocial Functioning Assessment) | <input type="radio"/> No <input type="radio"/> Yes |
| 11. Is the individual a significant suicidal/homicidal risk? (See Biopsychosocial Functioning) | <input type="radio"/> No <input type="radio"/> Yes |
| 12. Is the individual more than 32 weeks pregnant? (Pregnancy Assessment) | <input type="radio"/> No <input type="radio"/> Yes |

If any of the questions 8-12 are answered "yes," then the individual is ineligible for study participation.

- | | |
|--|--|
| 13. Is the individual eligible for study enrollment based on the above criteria? | SC.SCTEST
<input type="radio"/> No <input type="radio"/> Yes |
|--|--|

Investigator Signature:

DATA NOT COLLECTED

Date:

		/			/				
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QNAM=INVSIGDT
QLABEL=INVESTIGATOR SIGNATURE DATE
IDVAR=VISITNUM

Reset

Randomization Form

DOMAIN: page 1 of 1

DM/DS/SC

Form # 1313

Study: STUDYID

N	I	D	A	-	C	T	N	-	0	0	1	3
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19144

Node #:

Site #:

Participant ID:

Name Code:

Date of Assessment: (mm/dd/yyyy)

Visit #:

0	9
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U	S	U	B	J	I	D
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D	M	D	T	C	/	D	S	D	T	C
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Phase:

- ☐ Screening
- ☐ Active
- ☐ Follow-Up

EPOCH

CQI Codes:

- blank-No errors
- 01-Pt unavailable
- 10-Data collector error
- 11-Pt unable/unwilling to answer

CQI:

0	0
1	1

CQI Comments:

- ☐ Entire form
- ☐ Question #(s):

VISIT/VISITNUM

Study Day:

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Section 1 of this form must be completed prior to using the Access program to randomize the study candidate.

SECTION 1

SC.SCTEST

1. Has it been determined that the individual is eligible for the study as defined by the inclusion/exclusion criteria? (See Study Eligibility Form)

SC.SCORRES

☐ No ☐ Yes

2. How many days did the individual self-report using alcohol and/or drugs in the last 28? (See the Substance Use Calendar)

☐ <10 ☐ ≥10

3. Will the individual go to jail, have a child (or children) removed, or have housing removed as a consequence of not attending treatment? (See Biopsychosocial Functioning Assessment)

☐ No ☐ Yes

4. Will this client be referred for methadone maintenance based on her self-report and the treatment referral practices followed at the CTP? (See the Substance Use Calendar)

☐ No ☐ Yes

SECTION 2

Complete Randomization procedure

DM.ARM

5. Treatment assignment?

☐ TAU ☐ MET

6. Date of randomization (mm/dd/yyyy):

		/			/				
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DM.RFSTDTC

DSCAT=DISPOSITION EVENT

7. If the client was eligible but not randomized, please mark reason:

DS.DSTERM

☐ No longer interested in participating in the protocol

☐ Left prior to randomization and failed to return

☐ Other, Specify:

QNAM=DSOTHER
QLABEL=OTHER REASON NOT RANDOMIZED
IDVAR=VISITNUM

Reset



1477

QSCAT=

Study:

Biopsychosocial Functioning

DOMAIN: QS Page 1 of 3

STUDYID

N I D A - C T N - 0 0 1 3

Form # 1305

Node #: 0 9 Site #: Participant ID: USUBJID Name Code: Date of Assessment: (mm/dd/yyyy) / / Visit #: QSDTC

Phase:

- ☐ Screening
☐ Active
☐ Follow-Up

EPOCH

CQI Codes:

blank-No errors
 01-Pt unavailable
 10-Data collector error
 11-Pt unable/unwilling to answer

CQI:

☐ ☐
☐ ☐
☐ ☐

CQI Comments:

- ☐ Entire form
☐ Question #(s):

VISIT/VISITNUM

Study Day:

☐ ☐

In order to determine if you are eligible for the study, I need to ask you how you are doing in several areas of your life.

QSSCAT

1. Medical Status (Inclusion/Exclusion #10)

QSTEST/QSTESTCD

QSORRES

1a. Do you have any medical problems (e.g., diabetes, high blood pressure, etc.) that will prevent you from keeping appointments? ☐ No ☐ Yes

1b. If yes, please describe:

QNAM=MEDPROB
 QLABEL=MEDICAL PROBLEMS PREVENT APPT
 IDVAR=VISITNUM

QSSCAT

2. Psychological Status (Inclusion/Exclusion #10 & 11)

2a. Are you currently taking medication or being otherwise treated for psychological problems? ☐ No ☐ Yes

2b. If yes, please describe:

QNAM=PSYCTRT
 QLABEL=CURRENTLY TREATED FOR PSYCH PROBLEMS
 IDVAR=VISITNUM

2c. Have you taken medication or been otherwise treated for psychological problems during the past year? ☐ No ☐ Yes

QSEVLINT='-P1Y'

2d. If yes, please describe:

QNAM=PYRTRT
 QLABEL=PAST YEAR TREATED FOR PSYCH PROBLEMS
 IDVAR=VISITNUM

In the past 6 months [Be sure to emphasize that we are interested in whether the individual has experienced the following things while sober]:

QSEVLINT='-P6M'

2e. have you had any problems with depression characterized by feeling sad or blue, changes in sleep patterns, changes in appetite for as long as two weeks at a time? ☐ No ☐ Yes

2f. If yes, please describe:

QNAM=DEPRESS
 QLABEL=PROBLEMS WITH DEPRESSION
 IDVAR=VISITNUM

2g. have you felt very nervous over long periods of time? ☐ No ☐ Yes

2h. If yes, please describe:

QNAM=NERVOUS
 QLABEL=NERVOUS OVER LONG PERIODS OF TIME
 IDVAR=VISITNUM

2i. have you had periods where your thoughts were too fast or people tell you that you talk too fast? ☐ No ☐ Yes

2j. If yes, please describe:

QNAM=TOOFAST
 QLABEL=TALKING/THOUGHTS TOO FAST
 IDVAR=VISITNUM

2k. have you had mood swings? ☐ No ☐ Yes

2l. If yes, please describe:

QNAM=MOODY
 QLABEL=MOOD SWINGS
 IDVAR=VISITNUM

2m. have you felt that people are out to get you or do you hear voices? ☐ No ☐ Yes

2n. If yes, please describe:

QNAM=PARANOID
 QLABEL=PEOPLE OUT TO GET YOU/HEARING VOICES
 IDVAR=VISITNUM

Biopsychosocial Functioning (continued)

DOMAIN: QS Page 2 of 3

1477

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

USUBJID

QSDTC

QSTEST/QSTESTCD

QSORRES

2o. have you thought about hurting yourself or wish you were dead?

☐ No ☐ Yes

QNAME=HURTDEAD

QLABEL=THOUGHTS OF HURTING
YOURSELF/SUICIDE
IDVAR=VISITNUM

2p. If yes, please describe:

2q. have you been thinking about hurting someone else?

☐ No ☐ Yes

2r. If yes, please describe:

QNAME=HURTOH

QLABEL=THOUGHTS OF HURTING OTHERS
IDVAR=VISITNUM

QSSCAT

3. Substance Use Treatment (Inclusion/Exclusion #10)

3a. Do you think that you will be able to successfully complete your treatment while still living in the community or do you think that you will need to enter an inpatient or residential treatment program?

☐ Able to complete as outpatient☐ Needs inpatient/residential setting

3b. If the candidate reports needing inpatient/residential treatment, provide a brief summary of her thoughts about this:

QNAME=INPTTRT

QLABEL=NEEDS INPATIENT/RESIDENTIAL
TREATMENT
IDVAR=VISITNUM

QSSCAT

4. Legal Status/Child Protective Agency Involvement (Randomization form #3; Inclusion/Exclusion #9)

4a. Have you been formally notified that you will go to jail if you fail to attend treatment?

☐ No ☐ Yes

QNAME=NTRTJAIL

QLABEL=NO TREATMENT WILL GO TO JAIL
IDVAR=VISITNUM

4b. If yes, please describe:

4c. Have you been formally notified that a child will be removed from you if you fail to attend treatment ?

☐ No ☐ Yes

4d. If yes, please describe:

QNAME=NTRTCHLD

QLABEL=NO TREATMENT CHILD REMOVED
FROM YOU

IDVAR=VISITNUM

4e. Do you have pending legal charges that might lead to incarceration regardless of whether or not you attend treatment?

☐ No ☐ Yes

QNAME=INCARC

QLABEL=INCARCERATION REGARDLESS OF
TREATMENT
IDVAR=VISITNUM

4f. If yes, please describe:

QSSCAT

5. Living Arrangements (Randomization form #3; Inclusion/Exclusion #6 & 8)

5a. Where are you currently living?

- ☐ Own/rent house, apartment, boarding room
- ☐ With parents
- ☐ With other family
- ☐ With friends
- ☐ Controlled environment (shelter, halfway house, treatment center)
- ☐ No stable arrangements
- ☐ On the streets or in places not meant for human habitation

Biopsychosocial Functioning (continued)

DOMAIN: QS

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Site #:	Participant ID:	Name Code:	Date of Assessment: (mm/dd/yyyy)	Visit #:	Study Day:
<input type="text"/>	<input type="text"/> USUBJID	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> QSDTC

QSTEST/QSTESTCD

5b. How long do you plan to continue with this arrangement?

- ☐ Less than 1 month
☐ For at least a few months
☐ For the foreseeable future

QSORRES

5c. Are you planning to move to another community within the next four months? ☐ No ☐ Yes

**QNAM=MOVING
QLABEL=MOVE TO ANOTHER COMMUNITY
IDVAR=VISITNUM**

5d. If yes, please describe:

5e. Do you live with anyone who uses alcohol and/or drugs so much that it makes your living situation unsafe? ☐ No ☐ Yes

**QNAM=UNSAFE
QLABEL=LIVING W/ DRUG ABUSER IN UNSAFE
HOME
IDVAR=VISITNUM**

5f. If yes, please describe:

5g. Do you live with anyone who physically hurts you or forces unwanted sexual activity on you? ☐ No ☐ Yes

**QNAM=PSABUSE
QLABEL=LIVING WITH PHYSICAL/SEXUAL
ABUSE
IDVAR=VISITNUM**

5h. If yes, please describe:

5i. How are you getting your basic (shelter, food, clothing) needs met?

- ☐ Income from employment
☐ Income from public assistance (welfare, etc.) or benefits (pension, SSI, disability, workman's comp., etc.)
☐ Supported by parents/partner
☐ Illegal activities
☐ No stable source of financial support

5j. Is there anything in your foreseeable future that threatens to keep you from having a safe place to live? ☐ No ☐ Yes

**QNAM=OUNSAFE
QLABEL=OTHER UNSAFE LIVING SITUATION
IDVAR=VISITNUM**

5k. If yes, please describe:

5l. Are you living in housing that will be taken away if you fail to attend treatment? ☐ No ☐ Yes

Urine Toxicology

DOMAIN: LB

page 1 of 1



54208

Study:

N I D A - C T N - 0 0 1 3

Form # 1304

Node #: 0 9 Site #: USUBJID Participant ID: Name Code: Date of Assessment: (mm/dd/yyyy) VISIT/VISITNUM Visit #:

EPOCH Phase: ☐ Screening ☐ Active ☐ Follow-Up CQI Codes: blank-No errors 01-Pt unavailable 10-Data collector error 11-Pt unable/unwilling to answer CQI: LB DTC CQI Comments: ☐ Entire form ☐ Question #(s): Study Day:

LBCAT=DRUG SCREEN

Section I: Urine Collection

1. Was a urine sample obtained? LBSTAT/LBRESND ☐ No ☐ Yes
If Yes, continue. If No, stop.

2. Was urine collection observed? QNAM=LBSUPER QLABEL=URINE COLLECTION SUPERVISED IDVAR=VISITNUM ☐ No ☐ Yes

3. Urine temperature within expected range (between 90 and 99 degrees Fahrenheit)? QNAM=LBTEMP QLABEL=URINE TEMP WITHIN EXPECTED RANGE IDVAR=VISITNUM ☐ No ☐ Yes
If the urine sample was not within the expected range, please collect another sample from the participant.
Do not test samples that are not within the expected range.

Section II: Toxicology Results

LBTEST	LBORRES		
	Negative	Positive	Unknown
4. Benzodiazepines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Cannabinoids (THC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Cocaine metabolites	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Methamphetamines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Opiates/Morphine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

DOMAIN: CO
COVAL
RDOMAIN=LB
IDVAR=VISITNUM

Reset

Alcohol Breathalyzer

DOMAIN: BR page 1 of 1



Study: STUDYID

N	I	D	A	-	C	T	N	-	0	0	1	3
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Form # 1306

Node #:	Site #:	Participant ID:	Name Code:	Date of Assessment: (mm/dd/yyyy)	VISIT/VISITNUM
0 9		USUBJID			BRDTC

EPOCH

Phase:

☐ Screening

☐ Active

☐ Follow-Up

CQI Codes:

blank-No errors

01-Pt unavailable

10-Data collector error

11-Pt unable/unwilling to answer

CQI:

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

CQI Comments:

- ☐ Entire form
- ☐ Question #(s):

Study Day:

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BRTEST

1. Was Alcohol Breathalyzer performed successfully?

BRORRES

☐ No ☐ Yes

BRSEQ

2. Alcohol Breathalyzer result:

0	.				mg/ml
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BRORRESU = MG/ML

Comments:

DOMAIN: CO

COVAL

RDOMAIN=BR

IDVAR=VISITNUM

Reset



46294

QSCAT Thoughts About Abstinence - Alcohol

DOMAIN: QS

page 1 of 1

Study:

STUDYID

N I D A - C T N - 0 0 1 3

Form # 1307

Node #:

Site #:

Participant ID:

Name Code:

Date of Assessment: (mm/dd/yyyy)

Visit #:

0 9

USUBJID

QSDTC

Phase:

- ☐ Screening
☐ Active
☐ Follow-Up

EPOCH

CQI Codes:

blank-No errors
 01-Pt unavailable
 10-Data collector error
 11-Pt unable/unwilling to answer

CQI:

☐ ☐
☐ ☐
☐ ☐

CQI Comments:

- ☐ Entire form
☐ Question #(s):

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)? ☐ No ☐ Yes QSORRES QSTEST/QSTESTCD

If 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 both baseline and the treatment outcome assessment.

Section I QSCAT

QSTEST/QSTESTCD

This section asks 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, how 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?

QSORRES

0 1 2 3 4 5 6 7 8 9
 No desire to quit Greatest desire to quit

2. Using the scale below, how would you describe how successful you expect to be in quitting?

0 1 2 3 4 5 6 7 8 9
 Very low chance of success 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?

0 1 2 3 4 5 6 7 8 9
 Very easy Very difficult

Section II QSCAT

4. What is the GOAL you have chosen for yourself about using alcohol at this time?

Please read the goals listed below and choose which goal best represents your own goal at this time. Please read all of them before you pick one. QSTEST/QSTESTCD

- ☐ No clear goal - I really don't have a clear goal in mind. QSORRES
- ☐ 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.
- ☐ New decision - I want 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.
- ☐ Occasional use - I don't want using to be a habit for me, but I would like to be able to occasionally use when I really have the urge.
- ☐ I may slip - I want to quit using once and for all, even though I realize I may slip and use once in a while.
- ☐ Quit completely - I want to quit using once and for all, to be totally abstinent, and never use ever again for the rest of my life.
- ☐ None of the above - None of the above applies exactly to me. My own goal is:

QNAM=ALCGOAL
 QLABEL=MY OWN ALCOHOL GOAL
 IDVAR=VISITNUM

Reset

TAA013 - 10/17/2002 - v1.1



60396

QSCAT=Thoughts About Abstinence - Cigarettes

DOMAIN: QS

page 1 of 1

Study:

STUDYID

N I D A - C T N - 0 0 1 3

Form # 1309

Node #:

Site #:

Participant ID:

Name Code:

Date of Assessment: (mm/dd/yyyy)

Visit #:

0 9

USUBJID

QSDTC

EPOCH

Phase:

- ☐ Screening
☐ Active
☐ Follow-Up

CQI Codes:
 blank-No errors
 01-Pt unavailable
 10-Data collector error
 11-Pt unable/unwilling to answer

CQI:

☐ ☐
☐ ☐
☐ ☐

CQI Comments:

- ☐ Entire form
☐ Question #(s):

VISIT/VISITNUM

Study Day:

At screening/baseline, did the participant report that she used cigarettes within the previous 28 days (see the Substance Use Pre-Treatment assessment)? ☐ No ☐ Yes QSORRES QSTEST/QSTESTCD

If 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 both baseline and the treatment outcome assessment.

Section I

QSSCAT

QSTEST/QSTESTCD

This section asks about how you feel about **stopping all cigarette use** at this time in your life. Use the scales below to rate how you feel about stopping, how 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 cigarettes at this time in your life?

QSORRES

0 1 2 3 4 5 6 7 8 9
 No desire to quit Greatest desire to quit

2. Using the scale below, how would you describe how successful you expect to be in quitting?

0 1 2 3 4 5 6 7 8 9
 Very low chance of success Very high chance of success

3. Using the scale below, how would you describe how difficult it will be to keep from using cigarettes at this time in your life?

0 1 2 3 4 5 6 7 8 9
 Very easy Very difficult

Section II

QSSCAT

4. What is the GOAL you have chosen for yourself about using cigarettes at this time?

Please read the goals listed below and choose which goal best represents your own goal at this time. Please read all of them before you pick one.

QSTEST/QSTESTCD

- ☐ No clear goal - I really don't have a clear goal in mind.
☐ 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.
☐ New decision - I want 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.
☐ Occasional use - I don't want using to be a habit for me, but I would like to be able to occasionally use when I really have the urge.
☐ I may slip - I want to quit using once and for all, even though I realize I may slip and use once in a while.
☐ Quit completely - I want to quit using once and for all, to be totally abstinent, and never use ever again for the rest of my life.
☐ None of the above - None of the above applies exactly to me. My own goal is:

QNAM=CIGGOAL
 QLABEL=MY OWN CIGARETTES GOAL
 IDVAR=VISITNUM

TAC013-10/17/2002-v1.1

Reset



60529

QSCAT=Thoughts About Abstinence - DrugsDOMAIN: QS
page 1 of 1

Study:

STUDYID

N I D A - C T N - 0 0 1 3

Form # 1308

Node #:

Site #:

Participant ID:

Name Code:

Date of Assessment: (mm/dd/yyyy)

Visit #:

0 9

USUBJID

QSDTC

EPOCH

Phase:

- ☐ Screening
☐ Active
☐ Follow-Up

CQI Codes:

blank-No errors
 01-Pt unavailable
 10-Data collector error
 11-Pt unable/unwilling to answer

CQI:

☐ ☐
☐ ☐
☐ ☐

CQI Comments:

- ☐ Entire form
☐ Question #(s):

VISIT/VISITNUM

Study Day:

At screening/baseline, did the participant report that she used drugs within the previous 28 days (see the Substance Use Pre-Treatment assessment)? ☐ No ☐ Yes QSORRES QSTEST/QSTESTCD

If 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 both baseline and the treatment outcome assessment.

Section I QSCAT

QSTEST/QSTESTCD

This section asks about how you feel about stopping all drug use at this time in your life. Use the scales below to rate how you feel about stopping, how 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 drugs at this time in your life?

QSORRES

0 1 2 3 4 5 6 7 8 9
 No desire to quit Greatest desire to quit

2. Using the scale below, how would you describe how successful you expect to be in quitting?

0 1 2 3 4 5 6 7 8 9
 Very low chance of success Very high chance of success

3. Using the scale below, how would you describe how difficult it will be to keep from using drugs at this time in your life?

0 1 2 3 4 5 6 7 8 9
 Very easy Very difficult

Section II QSCAT

4. What is the GOAL you have chosen for yourself about using drugs at this time?

Please read the goals listed below and choose which goal best represents your own goal at this time. Please read all of them before you pick one.

QSTEST/QSTESTCD

- ☐ No clear goal - I really don't have a clear goal in mind. QSORRES
- ☐ 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.
- ☐ New decision - I want 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.
- ☐ Occasional use - I don't want using to be a habit for me, but I would like to be able to occasionally use when I really have the urge.
- ☐ I may slip - I want to quit using once and for all, even though I realize I may slip and use once in a while.
- ☐ Quit completely - I want to quit using once and for all, to be totally abstinent, and never use ever again for the rest of my life.
- ☐ None of the above - None of the above applies exactly to me. My own goal is: QNAM=DRUGGOAL QLABEL=MY OWN DRUG GOAL IDVAR=VISITNUM

Reset

TAD013 - 10/17/2002 - v1.1



46867

QSCAT=

University of Rhode Island Change Assessment Scale (URICA)

DOMAIN: QS

Page 1 of 2

Study:

STUDYID

N I D A - C T N - 0 0 1 3

Form # 1311

Node #:

0 9

Site #:

Participant ID:

USUBJID

Name Code:

Date of Assessment: (mm/dd/yyyy)

Visit #:

QSDTC

VISIT/VISITNUM

Phase:

- ☐ Screening
☐ Active
☐ Follow-Up

EPOCH

CQI Codes:

blank-No errors
 01-Pt unavailable
 10-Data collector error
 11-Pt unable/unwilling to answer

CQI:

☐ ☐
☐ ☐
☐ ☐

CQI Comments:

- ☐ Entire form
☐ Question #(s):

Study Day:

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
1. As far as I'm concerned, I don't have any problems that need changing.	①	②	③	④	⑤
2. I think I might be ready for some self-improvement.	①	②	③	④	⑤
3. I am doing something about the problems that have been bothering me.	①	②	③	④	⑤
4. It might be worthwhile to work on my problem.	①	②	③	④	⑤
5. I'm not the problem one; it doesn't make much sense for me to be here.	①	②	③	④	⑤
6. It worries me that I might slip back on a problem I have already changed, so I am here to seek help.	①	②	③	④	⑤
7. I am finally doing some work on my problem.	①	②	③	④	⑤
8. I've been thinking that I might want to change something about myself.	①	②	③	④	⑤
9. I have been successful in working on my problem, but I'm not sure I can keep up the effort on my own.	①	②	③	④	⑤
10. At times my problem is difficult, but I'm working on it.	①	②	③	④	⑤
11. Being here is pretty much a waste of time for me because the problem doesn't have much to do with me.	①	②	③	④	⑤
12. I'm hoping this place will help me to better understand myself.	①	②	③	④	⑤
13. I guess I have faults, but there's nothing that I really need to change.	①	②	③	④	⑤
14. I am really working hard to change.	①	②	③	④	⑤
15. I have a problem, and I really think I should work on it.	①	②	③	④	⑤
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.	①	②	③	④	⑤
17. Even though I'm not always successful in changing, I am at least working on my problem.	①	②	③	④	⑤
18. I thought once I had resolved the problem, I would be free of it, but sometimes I still find myself struggling with it.	①	②	③	④	⑤



46867

University of Rhode Island Change Assessment Scale (URICA)

(continued)

DOMAIN: QS

Page 2 of 2

Site #:	Participant ID:	Name Code:	Date of Assessment: (mm/dd/yyyy)	Visit #:	Study Day:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
	USUBJID		QSDTC		

QSTEST/QSTESTCD

QSORRES

	Strongly Disagree	Disagree	Un-decided	Agree	Strongly Agree
19. I wish I had more ideas on how to solve my problem.	①	②	③	④	⑤
20. I have started working on my problem, but I would like help.	①	②	③	④	⑤
21. Maybe this place will be able to help me.	①	②	③	④	⑤
22. I may need a boost right now to help me maintain the changes I've already made.	①	②	③	④	⑤
23. I may be part of the problem, but I don't really think I am.	①	②	③	④	⑤
24. I hope that someone here will have some good advice for me.	①	②	③	④	⑤
25. Anyone can talk about changing; I'm actually doing something about it.	①	②	③	④	⑤
26. All this talk about psychology is boring. Why can't people just forget about their problems?	①	②	③	④	⑤
27. I'm here to prevent myself from having a relapse of my problem.	①	②	③	④	⑤
28. It is frustrating, but I feel I might be having a recurrence of a problem I thought I had resolved.	①	②	③	④	⑤
29. I have worries, but so does the next guy. Why spend time thinking about them?	①	②	③	④	⑤
30. I am actively working on my problem.	①	②	③	④	⑤
31. I would rather cope with my faults than try to change them.	①	②	③	④	⑤
32. After all I had done to try and change my problem, every now and again it comes back to haunt me.	①	②	③	④	⑤



18600

Pregnancy Assessment

DOMAIN: RP

Page 1 of 1

Study: STUDYID

N I D A - C T N - 0 0 1 3

Form # 1303

VISIT/VISITNUM

Node #: 0 9 Site #: Participant ID: USUBJID Name Code: Date of Assessment: (mm/dd/yyyy) Visit #: 0 9

Phase:

- ☐ Screening
☐ Active
☐ Follow-Up

EPOCH

CQI Codes:

blank-No errors
 01-Pt unavailable
 10-Data collector error
 11-Pt unable/unwilling to answer

CQI:

☐ ☐
☐ ☐
☐ ☐

CQI Comments:

- ☐ Entire form
☐ Question #(s):

RPDTC

Study Day:

☐ ☐

RPSCAT=SECTION I

RPCAT=PREGNANCY ASSESSMENT

Section I (Complete Section I only at screening/baseline)

- 1a. How many weeks have you been pregnant? (unknown = 99) RPORRES
- 1b. What was the date of your last period? / / (unknown = 11/11/1911)
- 1c. What is your "due" date? / / (unknown = 11/11/1911)
- 1d. Is the participant less than 33 weeks pregnant? ☐ No ☐ Yes

If more than 32 weeks, the candidate is ineligible for the study so do not continue with the assessment.

If less than 20 weeks, ask question 2. Otherwise, skip to the urine pregnancy test.

2. Are you planning to have the baby? ☐ No ☐ Yes (Inclusion/Exclusion #1)
- Complete the urine pregnancy test.
3. What was the result of the pregnancy test? ☐ Negative ☐ Positive (Inclusion/Exclusion #1)

Only continue on to the next section if the individual is less than 33 weeks pregnant, is not planning to terminate her pregnancy, and has a positive urine pregnancy test result.

Section II

Pregnancy Relevant Behaviors

I will be asking you about a number of behaviors that can affect a pregnancy.

RPEVLINT=-P7D

During the past seven days, how many days did you:

RPORRESU=DAY

4. take a multi-vitamin or prenatal vitamin? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7
5. drink milk and/or consume foods with calcium? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7
6. eat at least two nutritious meals? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7
7. get at least five hours of sleep each night? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7
8. drink at least four glasses of water (a glass=8 ounces)? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7
9. do at least 20 minutes of moderate exercise (e.g., walking, housecleaning, etc.)? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7
10. How many prenatal care appointments have you attended so far?
11. How would you rate your general level of stress on a scale of 0 to 10 where 0 is no stress at all and 10 is extreme stress? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Comments:

DOMAIN: CO
 COVAL
 RDOMAIN=RP
 IDVAR=VISITNUM

Demographics

DOMAIN: DM/SC page 1 of 2

4836

Study: STUDYID

N I D A - C T N - 0 0 1 3

Form # 1301

VISIT/VISITNUM

Node #: 0 9 Site #: Participant ID: USUBJID Name Code: Date of Assessment: (mm/dd/yyyy) DMDTC/SCDTC Visit #: 0 9

Phase: EPOCH

- ☒ Screening
- ☐ Active
- ☐ Follow-Up

CQI Codes:
blank-No errors
01-Pt unavailable
10-Data collector error
11-Pt unable/unwilling to answer

CQI:

☐ ☐
☐ ☐
☐ ☐

CQI Comments:

- ☐ Entire form
- ☐ Question #(s):

Study Day:

DM.SEX

1. Sex: ☐ Male ☐ Female

DM.BRTHDTC

2. Date of birth (mm/dd/yyyy): / /

SCTEST

SCORES

4. Education completed: (GED=12 years) Years:

SCORESU

5. Usual employment pattern:

a. Past 3 years:

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

SCTEST

SCORES

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

b. Past 30 days:

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

SCTEST

6. Marital status (Common-law marriage=Married. Specify in comments.):

- ☐ Married
- ☐ Remarried
- ☐ Widowed
- ☐ Separated
- ☐ Divorced
- ☐ Never married

SCORES

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

3. ETHNICITY/RACE: For each of the following, please fill in "No" or "Yes." You have the option of not answering by filling in "Chooses not to answer." For those categories with further specification, please select at least one subcategory.

- ☐ Yes ☐ No White
- ☐ Yes ☐ No Black, African American, or Negro
- ☐ Yes ☐ No American Indian or Alaskan Native
- ☐ Yes ☐ No Spanish, Hispanic, or Latino (mark all that apply)

SCORES

- ☐ Mexican, Mexican-American, or Chicano
- ☐ Puerto Rican
- ☐ Cuban
- ☐ Other (specify)

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

- ☐ Yes ☐ No Asian (mark all that apply)

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

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

- ☐ Yes ☐ No Native Hawaiian or Pacific Islander (mark all that apply)

- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other (specify)

- ☐ Yes ☐ No Other (specify)

- ☐ Participant chooses not to answer

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

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

Reset

Demographics (continued)

DOMAIN: SU

Page 2 of 2

VISIT/VISITNUM

Site #:	USUBJID Participant ID:	Name Code:	SUDTC Date of Assessment: (mm/dd/yyyy)	Visit #:	Study Day:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>

7. 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 months, code Lifetime use as 0 years (6-12 months of use is coded as 1 year) and make a note on the form.

SUTRT SUBSTANCE:	Past 30 Days	Lifetime Use Years	SUDUR Most frequent route of administration:
Alcohol (any use at all)	<input type="text"/>	<input type="text"/>	<input type="radio"/> Oral <input type="radio"/> Nasal <input type="radio"/> Smoking <input type="radio"/> IV or non-IV Injection <input type="radio"/> N/A SURROUTE
Alcohol (to intoxication)	<input type="text"/>	<input type="text"/>	<input type="radio"/> Oral <input type="radio"/> Nasal <input type="radio"/> Smoking <input type="radio"/> IV or non-IV Injection <input type="radio"/> N/A
Heroin	<input type="text"/>	<input type="text"/>	<input type="radio"/> Oral <input type="radio"/> Nasal <input type="radio"/> Smoking <input type="radio"/> IV or non-IV Injection <input type="radio"/> N/A
Methadone/LAAM (prescribed)	<input type="text"/>	<input type="text"/>	<input type="radio"/> Oral <input type="radio"/> Nasal <input type="radio"/> Smoking <input type="radio"/> IV or non-IV Injection <input type="radio"/> N/A
Methadone/LAAM (illicit)	<input type="text"/>	<input type="text"/>	<input type="radio"/> Oral <input type="radio"/> Nasal <input type="radio"/> Smoking <input type="radio"/> IV or non-IV Injection <input type="radio"/> N/A
Other Opiates/Analgesics	<input type="text"/>	<input type="text"/>	<input type="radio"/> Oral <input type="radio"/> Nasal <input type="radio"/> Smoking <input type="radio"/> IV or non-IV Injection <input type="radio"/> N/A
Barbiturates	<input type="text"/>	<input type="text"/>	<input type="radio"/> Oral <input type="radio"/> Nasal <input type="radio"/> Smoking <input type="radio"/> IV or non-IV Injection <input type="radio"/> N/A
Other Sedatives/Hypnotics /Tranquilizers including Benzodiazapines	<input type="text"/>	<input type="text"/>	<input type="radio"/> Oral <input type="radio"/> Nasal <input type="radio"/> Smoking <input type="radio"/> IV or non-IV Injection <input type="radio"/> N/A
Cocaine	<input type="text"/>	<input type="text"/>	<input type="radio"/> Oral <input type="radio"/> Nasal <input type="radio"/> Smoking <input type="radio"/> IV or non-IV Injection <input type="radio"/> N/A
Amphetamines/ Methamphetamine	<input type="text"/>	<input type="text"/>	<input type="radio"/> Oral <input type="radio"/> Nasal <input type="radio"/> Smoking <input type="radio"/> IV or non-IV Injection <input type="radio"/> N/A
Cannabis	<input type="text"/>	<input type="text"/>	<input type="radio"/> Oral <input type="radio"/> Nasal <input type="radio"/> Smoking <input type="radio"/> IV or non-IV Injection <input type="radio"/> N/A
Hallucinogens	<input type="text"/>	<input type="text"/>	<input type="radio"/> Oral <input type="radio"/> Nasal <input type="radio"/> Smoking <input type="radio"/> IV or non-IV Injection <input type="radio"/> N/A
Inhalants	<input type="text"/>	<input type="text"/>	<input type="radio"/> Oral <input type="radio"/> Nasal <input type="radio"/> Smoking <input type="radio"/> IV or non-IV Injection <input type="radio"/> N/A
More than 1 substance per day (including alcohol)	<input type="text"/>	<input type="text"/>	
Nicotine (tobacco products)	<input type="text"/>	<input type="text"/>	<input type="radio"/> Oral <input type="radio"/> Nasal <input type="radio"/> Smoking <input type="radio"/> IV or non-IV Injection <input type="radio"/> N/A

Comment:

NOT ENTERED

8. According to the interviewer, which substance is the major problem? Interviewer should determine the major drug of abuse. Code as above. Ask patient when not clear.


- | | | | |
|---|---|---|---|
| <input type="radio"/> No problem
<input type="radio"/> Alcohol (any)
<input type="radio"/> Alcohol (intox.)
<input type="radio"/> Heroin
<input type="radio"/> Methadone/LAAM (presc) | <input type="radio"/> Methadone/LAAM (illicit)
<input type="radio"/> Opiates/Analgesics
<input type="radio"/> Barbiturates
<input type="radio"/> Sed/Hyp/Tranq/Benz
<input type="radio"/> Cocaine | <input type="radio"/> Amphetamines/Meth
<input type="radio"/> Cannabis
<input type="radio"/> Hallucinogens
<input type="radio"/> Inhalants
<input type="radio"/> Nicotine | <input type="radio"/> Alcohol and drug (dual addiction)
<input type="radio"/> Polydrug |
|---|---|---|---|

SUCAT=MAJOR DRUG PROBLEM

QSCAT= Short Inventory of Problems - Revised

DOMAIN: QS

page 1 of 1



8515

Study: N I D A - C T N - 0 0 1 3

STUDYID

Form # 1310

Node #: 0 9

Site #:

Participant ID: USUBJID

Name Code:

Date of Assessment: (mm/dd/yyyy) / /

Visit #:

Phase:

☐ Screening

☐ Active

☐ Follow-Up

EPOCH

CQI Codes:

blank-No errors

01-Pt unavailable

10-Data collector error

11-Pt unable/unwilling to answer

CQI:

☐ ☐

☐ ☐

CQI Comments:

☐ Entire form

☐ Question #(s):

VISIT/VISITNUM

Study Day:

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."

QSEVLNT=-P1M

During the past month, about how often has this happened to you?
(Bubble one answer for each item.)

QSTEST/QSTESTCD

	Never	Once or a few times	Once or twice a week	Daily or almost daily
1. I have been unhappy because of my drinking or drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Because of my drinking or drug use, I have lost weight or not eaten properly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I have failed to do what is expected of me because of my drinking or drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I have felt guilty or ashamed because of my drinking or drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I have taken foolish risks when I have been drinking or using drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. When drinking or using drugs, I have done impulsive things that I regretted later.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Drinking or using one drug has caused me to use other drugs more.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I have gotten into trouble because of drinking or drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. The quality of my work has suffered because of my drinking or drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

QSORRES

During the past month, 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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I have had money problems because of my drinking or drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. My physical appearance has been harmed by my drinking or drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. My family has been hurt by my drinking or drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. A friendship or close relationship has been damaged by my drinking or drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. My drinking or drug use has gotten in the way of my growth as a person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. My drinking or drug problem has damaged my social life, popularity, or reputation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I have spent too much or lost a lot of money because of my drinking or drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Reset

QSCAT= DSM-IV Diagnostic Summary

DOMAIN: QS

page 1 of 1



Study:

STUDYID

Form # 1315

N I D A - C T N - 0 0 1 3

Node #:

Site #:

Participant ID:

Name Code:

Date of Assessment: (mm/dd/yyyy)

Visit #:

0 9

USUBJID

QSDTC

EPOCH

Phase:

- ☐ Screening
☒ Active
☐ Follow-Up

CQI Codes:

blank-No errors
 01-Pt unavailable
 10-Data collector error
 11-Pt unable/unwilling to answer

CQI:

☐ ☐
☐ ☐
☐ ☐

CQI Comments:

- ☐ Entire form
☐ Question #(s):

VISIT/VISITNUM

Study Day:

Axis I Diagnosis:

QSCAT=

Please list all CURRENT Substance Abuse or Dependence Diagnoses (including DSM-IV code).

QSTEST/QSTESTCD

DSM-IV CODE:

DSM-IV DIAGNOSIS: QSORRES

1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

QSCAT=

Please list all PAST Substance Abuse or Dependence Diagnoses (including DSM-IV code).

DSM-IV CODE:

DSM-IV DIAGNOSIS:

1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Reset

QSCAT= ASI - Lite

DOMAIN: QS

3037

Study:

STUDYID

Form # 1314

Node #:

Site #:

Participant ID:

Name Code:

Date of Assessment: (mm/dd/yyyy)

Visit #:

0 9

USUBJID

QSDTC

EPOCH

VISIT/VISITNUM

Phase:

- ☐ Screening
☐ Active
☐ Follow-Up

CQI Codes:

blank-No errors
 01-Pt unavailable
 10-Data collector error
 11-Pt unable/unwilling to answer

CQI:

☐ ☐
☐ ☐
☐ ☐

CQI Comments:

- ☐ Entire form
☐ Question #(s):

Study Day:

Note: See page 10 for instructions and codes

Circled items asked at follow-up

* Starred items rephrased at follow-up as "Since the last ASI interview,..."

QSSCAT=GENERAL INFORMATION

QSTEST/QSTESTCD

QSORRES

G4. Date of admission: (MM/DD/YYYY)

G8. Class: ☐ 1-Intake ☐ 2-Follow-up

G9. Contact code:

- ☐ 1-In Person
☐ 2-Telephone (Intake ASI must be in person)
☐ 3-Mail

G10. Gender: ☐ 1-Male ☐ 2-Female

G12. Special:

- ☐ 1-Patient terminated
☐ 2-Patient refused
☐ 3-Patient unable to respond

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

A-Yrs. B-Mos.

G16. Date of birth: (MM/DD/YYYY)

G17. Of what race do you consider yourself?

- ☐ 1-White (Not Hispanic) ☐ 6-Hispanic - Mexican
☐ 2-Black (Not Hispanic) ☐ 7-Hispanic - Puerto Rican
☐ 3-American Indian ☐ 8-Hispanic - Cuban
☐ 4-Alaskan Native ☐ 9-Other Hispanic
☐ 5-Asian/Pacific

G18. Do you have a religious preference?

- ☐ 1-Protestant ☐ 3-Jewish
☐ 2-Catholic ☐ 4-Islamic
☐ 5-Other: NOT IN DATABASE
☐ 6-None

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

- ☐ 1-No ☐ 4-Medical Treatment
☐ 2-Jail ☐ 5-Psychiatric Treatment
☐ 3-Alcohol or Drug Treat. ☐ 6-Other: NOT IN DATABASE

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

G20. How many days?

QSORRESU='DAYS'

* • "NN" if question G19 is "No". Refers to total number of days detained in the past 30 days.

Comments:

DOMAIN: CO
 COVAL
 RDOMAIN=QS
 COREF=ASI PAGE 1
 IDVAR=VISITNUM

QSSCAT= MEDICAL STATUS

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

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 which continue to interfere with your life? ☐ 1-Yes ☐ 0-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 medication on a regular basis for a physical problem? ☐ 1-Yes ☐ 0-No

- If "Yes", specify in comments.
- Medication prescribed by a M.D. for medical conditions; **not psychiatric medicines**. Include medicines prescribed whether or not the patient is currently taking them. The intent is to verify chronic medical problems.

M5. Do you receive a pension for a physical disability? ☐ 1-Yes ☐ 0-No

- If "Yes", specify in comments.
- Include Worker's Compensation, exclude psychiatric disability.

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

- Do not include ailments directly caused by drugs/alcohol. **QSEVLNT=P30D**
- Include flu, colds, etc. Include serious ailments related to drugs/alcohol, which would continue even if the patient were abstinent (e.g., cirrhosis of the liver, abscesses from needles, etc.).

For questions M7 and M8, please ask the patient to use the Patient's Rating Scale.

M7. How troubled or bothered have you been by these medical problems in the past 30 days? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

- Restrict response to problem days of question M6.

M8. How important to you *now* is treatment for these medical problems? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

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

CONFIDENCE RATINGS

Is the above information significantly distorted by:

QSORRES

M10. Patient's misrepresentation? ☐ 1-Yes ☐ 0-No

M11. Patient's inability to understand? ☐ 1-Yes ☐ 0-No

Comments:

DOMAIN: CO
COVAL
RDOMAIN=QS
COREF=ASI PAGE 2
IDVAR=VISITNUM

QSSCAT=

EMPLOYMENT/SUPPORT STATUS

* E1. Education completed Yrs. Mos.

- GED=12 years, note in comments
- Include formal education only **QSORRESU='YEARS'**
QSORRESU='MONTHS'

* E2. Training or technical education completed Mos.

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

E4. Do you have a valid driver's license? ☐ 1-Yes ☐ 0-No

- Valid license; not suspended/revoked.

E5. Do you have an automobile available for use? ☐ 1-Yes ☐ 0-No

- If answer to E4 is "No", then E5 must be "No". Does not require ownership, only requires availability on a regular basis

E6. How long was your longest full time job? **QSORRESU='YEARS'**
QSORRESU='MONTHS'

Yrs. Mos.

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

3037

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

QSORRES

VISIT/VISITNUM

QSTEST/QSTESTCD

Past 30 Lifetime use

QSORRESU=

A-Days B-Years

D1. Alcohol-(any use at all)

D2. Alcohol-(to intoxication)

D3. Heroin

D4. Methadone

D5. Other opiates/analgesics

D6. Barbiturates

D7. Other sed/hyp/tranq

D8. Cocaine

D9. Amphetamines

D10. Cannabis

D11. Hallucinogens

D12. Inhalants

D13. More than one substance per day (including alcohol).

Route of administration:
1-Oral 4-Non IV injection
2-Nasal 5-IV injection
3-Smoking

Note the usual or most recent route. For more than one route, choose the most severe. The routes are listed from least severe to most severe.

☐ Oral ☐ Non IV
☐ Nasal ☐ IV
☐ Smoke

☐ Oral ☐ Non IV
☐ Nasal ☐ IV
☐ Smoke

☐ Oral ☐ Non IV
☐ Nasal ☐ IV
☐ Smoke

☐ Oral ☐ Non IV
☐ Nasal ☐ IV
☐ Smoke

☐ Oral ☐ Non IV
☐ Nasal ☐ IV
☐ Smoke

☐ Oral ☐ Non IV
☐ Nasal ☐ IV
☐ Smoke

☐ Oral ☐ Non IV
☐ Nasal ☐ IV
☐ Smoke

☐ Oral ☐ Non IV
☐ Nasal ☐ IV
☐ Smoke

☐ Oral ☐ Non IV
☐ Nasal ☐ IV
☐ Smoke

☐ Oral ☐ Non IV
☐ Nasal ☐ IV
☐ Smoke

☐ Oral ☐ Non IV
☐ Nasal ☐ IV
☐ Smoke

☐ Oral ☐ Non IV
☐ Nasal ☐ IV
☐ Smoke

☐ Oral ☐ Non IV
☐ Nasal ☐ IV
☐ Smoke

☐ Oral ☐ Non IV
☐ Nasal ☐ IV
☐ Smoke

☐ Oral ☐ Non IV
☐ Nasal ☐ IV
☐ Smoke

☐ Oral ☐ Non IV
☐ Nasal ☐ IV
☐ Smoke

☐ Oral ☐ Non IV
☐ Nasal ☐ IV
☐ Smoke

☐ Oral ☐ Non IV
☐ Nasal ☐ IV
☐ Smoke

☐ Oral ☐ Non IV
☐ Nasal ☐ IV
☐ Smoke

How many of these were detox only:

D21. Alcohol? D22. Drugs?

- If D19="00", then question D21 is "NN"
- If D20="00", then question D22 is "NN"

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

D23. \$ D24. \$

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

QSORRESU='DOLLARS'

D25. How many days have you been treated in an out-patient setting for alcohol or drugs in the past 30 days?

- • Include AA/NA

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

QSEVLINT=-P30D

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

QSORRESU='DAYS'

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

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

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

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

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

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

CONFIDENCE RATINGS

Is the above information significantly distorted by:

D34. Patient's misrepresentation? ☐ 1-Yes ☐ 0-No
D35. Patient's inability to understand? ☐ 1-Yes ☐ 0-No

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

* D19. Alcohol abuse * D20. Drug abuse

- Include detoxification, halfway houses, in/outpatient counseling and AA or NA (if 3+ meetings within one month period)

Comments:

DOMAIN: CO
COVAL
RDOMAIN=QS
COREF=ASI PAGE 4
IDVAR=VISITNUM

QSSCAT=

LEGAL STATUS

3037

Site #:	Participant ID:	Name Code:	Date of Assessment: (mm/dd/yyyy)	Visit #:	Study Day:
<input type="text"/>	<input type="text"/> USUBJID <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> QSDTC <input type="text"/>	<input type="text"/>	<input type="text"/>

QSTEST/QSTESTCD**VISIT/VISITNUM**

L1. Was this admission prompted or suggested by the criminal justice system? ☐ 1-Yes ☐ 0-No

* ● judge, probation/parole officer, etc.

(L2. Are you on probation or parole? ☐ 1-Yes ☐ 0-No

● Note duration and level in comments.

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

* (L3. Shoplifting/vandalism

* (L4. Parole/probation violations

* (L5. Drug charges

* (L6. Forgery

* (L7. Weapons offense

* (L8. Burglary/larceny/B&E

* (L9. Robbery

* (L10. Assault

* (L11. Arson

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

Include formal charges only.

* (L12. Rape

QSORRES

* (L13. Homicide/manslaughter

* (L14. Prostitution

* (L15. Contempt of court

* (L16. Other: **QNAM=OARREST
QLABEL=OTHER REASON ARRESTED
IDVAR=VISITNUM**

* (L17. How many of these charges resulted in convictions?
* ● If L3-16="00", then question L17="NN".
* ● Do not include misdemeanor offenses from questions L18-20 below.
* ● Convictions include fines, probation, incarcerations, suspended sentences, and guilty pleas.

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

* (L18. Disorderly conduct, vagrancy, public intoxication

* (L19. Driving while intoxicated

* (L20. Major driving violations
● Moving violations:
speeding, reckless driving, no license, etc.

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

QSORRESU='DAYS'

● If incarcerated 2 weeks or more, round this up to 1 month. List total number of months incarcerated.

3037

Site #:	Participant ID:	Name Code:	Date of Assessment: (mm/dd/yyyy)	QSDTC	Visit #:	Study Day:
<input type="text"/>	<input type="text"/> USUBJID <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

VISIT/VISITNUM

QSTEST/QSTESTCD

QSORRES

L24.

Are you presently awaiting charges, trial or sentence?

☐ 1-Yes ☐ 0-No

L25.

What for? (If multiple charges, use most severe.)

- * • Refers to question L24. If more than one, choose most severe.
- * • Don't include civil cases, unless a criminal offense is involved.

- | | | | |
|--------------------------------------|-----------------------------------|---|--|
| <input type="radio"/> 03-Shoplift | <input type="radio"/> 08-Burglary | <input type="radio"/> 13-Homicide | <input type="radio"/> 19-DWI |
| <input type="radio"/> 04-Prob. viol. | <input type="radio"/> 09-Robbery | <input type="radio"/> 14-Prostitution | <input type="radio"/> 20-Major driving violation |
| <input type="radio"/> 05-Drug | <input type="radio"/> 10-Assault | <input type="radio"/> 15-Contempt | |
| <input type="radio"/> 06-Forgery | <input type="radio"/> 11-Arson | <input type="radio"/> 16-Other | |
| <input type="radio"/> 07-Weapons | <input type="radio"/> 12-Rape | <input type="radio"/> 18-Disorderly conduct | |

QSEVLINT=-P30D

QSORRESU='DAYS'

L26.

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

- * • Include being arrested and released on the same day.

L27.

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

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

For questions L28 & 29, please ask patient to use the Patient's Rating Scale

L28.

How serious do you feel your present legal problems are?

- * • Exclude civil problems.

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

L29.

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

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

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

CONFIDENCE RATINGS

Is the above information significantly distorted by:

L31.

Patient's misrepresentation?

☐ 1-Yes ☐ 0-No

L32.

Patient's inability to understand?

☐ 1-Yes ☐ 0-No

Comments:

DOMAIN: CO
COVAL
RDOMAIN=QS
COREF=ASI PAGE 6
IDVAR=VISITNUM

3037

Site #:	Participant ID:	Name Code:	Date of Assessment: (mm/dd/yyyy)	Visit #:	Study Day:
<input type="text"/>	<input type="text"/> USUBJID <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> QSDTC <input type="text"/>	<input type="text"/>	<input type="text"/>

VISIT/VISITNUM

QSTEST/QSTESTCD

QSORRES

- F1. Marital Status:
- ☐ 1-Married ☐ 4-Separated
- ☐ 2-Remarried ☐ 5-Divorced
- ☐ 3-Widowed ☐ 6-Never Married

Common-law marriage=1. Specify in comments.

- F3. * Are you satisfied with this situation?
- Satisfied=generally liking the situation. Refers to question F1.
- ☐ 2-Yes ☐ 0-No ☐ 1-Indifferent

- F4. * Usual living arrangements (past 3 yrs.):
- ☐ 1-With sexual partner and children ☐ 6-With friends
- ☐ 2-With sexual partner alone ☐ 7-Alone
- ☐ 3-With children alone ☐ 8-Controlled environment
- ☐ 4-With parents ☐ 9-No stable arrangements
- ☐ 5-With family

QSEVLINT=-P3Y

Choose arrangements most representative of the past 3 years.
If there is an even split in time between these arrangements,
choose the most recent arrangements.

- F6. Are you satisfied with these living arrangements?
- ☐ 2-Yes ☐ 0-No ☐ 1-Indifferent

Do you live with anyone who:

- F7. Has a current alcohol problem? ☐ 1-Yes ☐ 0-No
- F8. Uses non-prescribed drugs? ☐ 1-Yes ☐ 0-No
- F9. With whom do you spend most of your free time?

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

☐ 1-Family ☐ 2-Friends ☐ 3-Alone

- F10. Are you satisfied with spending your free time this way?
- ☐ 2-Yes ☐ 0-No ☐ 1-Indifferent

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

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

QSEVLINT=-P30D

- | | A. Past 30 days | B. In your life |
|--|--|--|
| F18. Mother | <input type="radio"/> 1-Yes <input type="radio"/> 0-No | <input type="radio"/> 1-Yes <input type="radio"/> 0-No |
| F19. Father | <input type="radio"/> 1-Yes <input type="radio"/> 0-No | <input type="radio"/> 1-Yes <input type="radio"/> 0-No |
| F20. Brothers/sisters | <input type="radio"/> 1-Yes <input type="radio"/> 0-No | <input type="radio"/> 1-Yes <input type="radio"/> 0-No |
| F21. Sexual partner/spouse | <input type="radio"/> 1-Yes <input type="radio"/> 0-No | <input type="radio"/> 1-Yes <input type="radio"/> 0-No |
| F22. Children | <input type="radio"/> 1-Yes <input type="radio"/> 0-No | <input type="radio"/> 1-Yes <input type="radio"/> 0-No |
| F23. Other significant family:
(specify) <input type="text"/> | <input type="radio"/> 1-Yes <input type="radio"/> 0-No | <input type="radio"/> 1-Yes <input type="radio"/> 0-No |
| F24. Close friends | <input type="radio"/> 1-Yes <input type="radio"/> 0-No | <input type="radio"/> 1-Yes <input type="radio"/> 0-No |
| F25. Neighbors | <input type="radio"/> 1-Yes <input type="radio"/> 0-No | <input type="radio"/> 1-Yes <input type="radio"/> 0-No |
| F26. Co-workers | <input type="radio"/> 1-Yes <input type="radio"/> 0-No | <input type="radio"/> 1-Yes <input type="radio"/> 0-No |

"Serious problems" mean those that endangered the relationship.

A "problem" requires contact of some sort, either by telephone or in person.

QNAM=OFAMILY
QLABEL=OTHER SIGNIFICANT FAMILY
IDVAR=VISITNUM

QSSCAT=FAMILY/SOCIAL RELATIONSHIPS
(continued)

3037

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

QSTEST/QSTESTCD

Did anyone abuse you:

QSEVLINT=-P30D

A. Past 30 days

VISIT/VISITNUM

B. In your life

QSORRES

F28. Physically (cause you physical harm)?

☐ 1-Yes ☐ 0-No☐ 1-Yes ☐ 0-No

F29. Sexually (force sexual advances/acts)?

☐ 1-Yes ☐ 0-No☐ 1-Yes ☐ 0-No

QSORRESU='DAYS'

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

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

For questions F32-34, please ask patient to use the Patient's Rating Scale

QSEVLINT=-P30D

F32 How troubled or bothered have you been in the past 30 days by these family problems? ① ② ③ ④

F34 How important to you *now* is treatment or counseling for these family problems? ① ② ③ ④

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

QSORRESU='DAYS'

For questions F33-35, ask the patient to use the patient's rating scale

F33 How troubled or bothered have you been in the past 30 days by social problems? ① ② ③ ④

QSEVLINT=-P30D

F35 How important to you *now* is treatment or counseling for these social problems? ① ② ③ ④

* Include patient's need to seek treatment for such social problems as loneliness, inability to socialize, and dissatisfaction with friends. Patient rating should refer to dissatisfaction, conflicts, or other serious problems.

CONFIDENCE RATINGS

Is the above information significantly distorted by:

F37 Patient's misrepresentation? ☐ 1-Yes ☐ 0-No

F38 Patient's inability to understand? ☐ 1-Yes ☐ 0-No

Comments:

DOMAIN: CO
COVAL
RDOMAIN=QS
COREF=ASI PAGE 8
IDVAR=VISITNUM

QSSCAT= PSYCHIATRIC STATUS

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

* P1. In a hospital or inpatient setting?

* P2. As an outpatient or private patient?

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

Do not include substance abuse, employment, or family counseling.

Treatment episode=a series of more or less continuous visits or treatment days, not the number of visits or treatment days.

Enter diagnosis in comments if known.

3037

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

VISIT/VISITNUM

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

QSEVLINT=-P30D

A. Past 30 days

B. In your life

QSTEST/QSTESTCD

P4. Experienced serious depression - sadness, hopelessness, loss of interest, difficulty with daily function?

☐ 1-Yes ☐ 0-No

QSORRES

☐ 1-Yes ☐ 0-No

P5. Experienced serious anxiety/tension - uptight, unreasonably worried, inability to feel relaxed?

☐ 1-Yes ☐ 0-No

☐ 1-Yes ☐ 0-No

P6. Experienced hallucinations - saw things or heard voices that were not there?

☐ 1-Yes ☐ 0-No

☐ 1-Yes ☐ 0-No

P7. Experienced trouble understanding, concentrating, or remembering?

☐ 1-Yes ☐ 0-No

☐ 1-Yes ☐ 0-No

P8. Experienced trouble controlling violent behavior including episodes of rage, or violence?

☐ 1-Yes ☐ 0-No

☐ 1-Yes ☐ 0-No

P9. Experienced serious thoughts of suicide?

☐ 1-Yes ☐ 0-No

☐ 1-Yes ☐ 0-No

- * Patient seriously considered a plan for taking his/her life.

For questions P8-10, patient could have been under the influence of alcohol/drugs.

P10. Attempted suicide?

☐ 1-Yes ☐ 0-No

☐ 1-Yes ☐ 0-No

- * Include actual suicidal gestures or attempts

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

☐ 1-Yes ☐ 0-No

☐ 1-Yes ☐ 0-No

- * Prescribed for the patient by MD.

Record "Yes" if a medication was prescribed *even if* the patient is not taking it.

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

QSORRESU='DAYS'

- * This refers to problems noted in question P4-10

CONFIDENCE RATINGS

Is the above information significantly distorted by:

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

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

For questions P13 & 14, please ask patient to use the Patient's Rating Scale

QSEVLINT=-P30D

P13. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

- * Patient should be rating the problem days from question P12

P14. How important to you *now* is treatment for these psychological or emotional problems? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Comments:

DOMAIN: CO
COVAL
RDOMAIN=QS
COREF=ASI PAGE 9
IDVAR=VISITNUM



3037

Site #:	Participant ID:	Name Code:	Date of Assessment: (mm/dd/yyyy)	Visit #:	Study Day:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>

Patient Rating Scale

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

Hollingshead Categories

1. Higher executive, major professional, owner of large business.
2. Business manager if medium sized business, lesser professionals, i.e., nurses, opticians, pharmacists, social workers, teachers.
3. Administrative personnel, manager, minor professionals, owner/Proprietor of small business, i.e., bakery, car dealership, engraving business, plumbing business, florist, decorator, actor, reporter, travel agent.
4. Clerical and sales, technicians, small businesses (bank teller, bookkeeper, clerk, draftsman, timekeeper, secretary).
5. Skilled manual-usually having had training (barber, brakeman, chef, electrician, fireman, machinist, mechanic, paperhanger, painter, repairman, tailor, welder, police, plumber).
6. Semi-skilled (hospital aide, painter, bartender, bus driver, cutter, cook, drill press, garage guard, checker, waiter, spot welder, machine operator).
7. Unskilled (attendant, janitor, construction helper, unspecified labor, porter, include unemployed).
8. Homemaker.
9. Student, disabled, no occupation.

Please
PRINT CLEARLY

1	2	3	4	5	6	7	8	9	0
---	---	---	---	---	---	---	---	---	---

A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z



41995

QSCAT= Risk Behaviors Survey (RBS)**DOMAIN: QS**

Page 1 of 5

Study:

STUDYID

N I D A - C T N - 0 0 1 3

Form # 1316

VISIT/VISITNUM

Node #:

Site #:

Participant ID:

Name Code:

Date of Assessment: (mm/dd/yyyy)

Visit #:

0 9

USUBJID

/ / QSDTC

EPOCH**Phase:**

- ☐ Screening
☐ Active
☐ Follow-Up

CQI Codes:

blank-No errors
 01-Pt unavailable
 10-Data collector error
 11-Pt unable/unwilling to answer

CQI:

☐ ☐
☐ ☐
☐ ☐

CQI Comments:

- ☐ Entire form
☐ Question #(s):

Study Day:

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

A. DRUG USE =QSSCAT QSTEST/QSTESTCD QSEVLINT=-P30D QSORRES

I'm going to ask you some questions about your drug use. I'll ask what types of drugs you've used and how often you use them.	A.				B.	C.	D.	E.	F.
	Have you ever used? (If no use, skip to next drug)				How many days did you use ___ in the last 30 days? (If 00, do not ask parts C-F, and skip to next drug)	How many days did you inject ___ in the last 30 days? (If 00, skip to column E)	How many times a day did you inject ___? (Average # of injections/day)	How many days did you use ___ without injecting (smoking, snorting, swallowing) in the last 30 days? (If 00, skip to next drug)	How many times a day did you use ___ without injecting?
	No	Yes	Unk	Ref					
1. Cocaine by itself (injected or snorted)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Heroin by itself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Cocaine & Heroin mixed together (Speedball)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Other Opiates (Demerol, codeine, dilaudid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Amphetamines (speed, methamphetamine, crank)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

QSSCAT=**QSEVLINT=-P30D****QSORRESU='DAYS'****B. DRUG INJECTION (If no injection use in past 30 days, skip to Section C.)**

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 you injected after someone, how many times did you clean the works with full-strength bleach?

3. How many times in the last 30 days did you use a cooker/cotton/rinse water that had been used by another injector?

4. How many times in the last 30 days did you fix drugs with another person, then split the drug solution (through use of the same cooker/spoon or through front or back loading)?



41995

QSCAT= Risk Behaviors Survey (RBS) (continued)

DOMAIN: QS

Page 2 of 5

Site #:	Participant ID:	Name Code:	Date of Assessment: (mm/dd/yyyy)	Visit #:	Study Day:
<input type="text"/>	<input type="text"/> USUBJID <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> QSDTC <input type="text"/>	<input type="text"/>	<input type="text"/>

C. SEXUAL ACTIVITY =QSSCAT

VISIT/VISITNUM

Now I'm going to ask you some questions about sex. I'm referring here to anybody you've had sex with in the last 30 days. QSTEST/QSTESTCD QSEVLINT=-P30D

- During the last 30 days, with how many people did you have vaginal, oral, or anal sex?
(If none, enter 000 and the questionnaire is complete.) QSORRES
- How many of your partners were female?
- How many of your partners were male?
- Interviewer: Code gender of respondent ☐ Male ☐ Female ☐ Don't Know
(If Male, complete sections D, E, F, G, & I)
(If Female, complete sections D, G, H, & I)
(If Don't Know, ask ALL sex/gender specific questions and allow client to answer as they like.)

D. Ask Male/Female Clients who had Female Partners

- How many women performed oral sex ("went down") on you?
(If 000, then skip to question 2a.)
- How often did your partner(s) perform oral sex ("go down") on you?
☐ Once or irregularly ☐ 2-3 times a day
☐ Less than once a week ☐ 4 or more times a day
☐ About once a week ☐ Don't know/unsure
☐ 2-6 times a week ☐ Refused
☐ About once a day
- How often did you use condoms/dental dams when your partner(s) performed oral sex ("went down") on you?
☐ Never ☐ Always
☐ Less than half the time ☐ Don't know/unsure
☐ About half the time ☐ Refused
☐ More than half the time

- How many women did you perform oral sex ("go down") on?
(If 000, then skip to next section appropriate for the gender of this client.)

- How often did you perform oral sex ("go down") on your partner(s)?
☐ Once or irregularly ☐ 2-3 times a day
☐ Less than once a week ☐ 4 or more times a day
☐ About once a week ☐ Don't know/unsure
☐ 2-6 times a week ☐ Refused
☐ About once a day
- How often did you use condoms/dental dams when you performed oral sex ("went down") on your partner(s)?
☐ Never ☐ Always
☐ Less than half the time ☐ Don't know/unsure
☐ About half the time ☐ Refused
☐ More than half the time



41995

QSCAT= Risk Behaviors Survey (RBS) (continued)

DOMAIN: QS

Page 3 of 5

Site #:	Participant ID:	Name Code:	Date of Assessment: (mm/dd/yyyy)	Visit #:	Study Day:
<input type="text"/>	<input type="text"/> USUBJID <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> QSDTC <input type="text"/>	<input type="text"/>	<input type="text"/>
				VISIT/VISITNUM	

E. Ask Male Clients who had Female Partners:

1a. How many women did you have vaginal sex with?

*(If 000, then skip to question 2a.)***QSTEST/QSTESTCD****QSORRES**

1b. How often did you have vaginal sex?

- ☐ Once or irregularly ☐ 2-3 times a day
☐ Less than once a week ☐ 4 or more times a day
☐ About once a week ☐ Don't know/unsure
☐ 2-6 times a week ☐ Refused
☐ About once a day

1c. How often did you use a condom?

- ☐ Never ☐ Always
☐ Less than half the time ☐ Don't know/unsure
☐ About half the time ☐ Refused
☐ More than half the time

2a. How many women did you have (insertive) anal sex with?

(If 000, then skip to next section appropriate for the gender of this client.)

2b. How often did you have (insertive) anal sex?

- ☐ Once or irregularly ☐ 2-3 times a day
☐ Less than once a week ☐ 4 or more times a day
☐ About once a week ☐ Don't know/unsure
☐ 2-6 times a week ☐ Refused
☐ About once a day

2c. How often did you use a condom?

- ☐ Never ☐ Always
☐ Less than half the time ☐ Don't know/unsure
☐ About half the time ☐ Refused
☐ More than half the time

F. Ask Male Clients who had Male Partners

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

(If 000, then skip to next section appropriate for the gender of this client.)

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

- ☐ Once or irregularly ☐ 2-3 times a day
☐ Less than once a week ☐ 4 or more times a day
☐ About once a week ☐ Don't know/unsure
☐ 2-6 times a week ☐ Refused
☐ About once a day

1c. How often did you use a condom?

- ☐ Never ☐ Always
☐ Less than half the time ☐ Don't know/unsure
☐ About half the time ☐ Refused
☐ More than half the time



QSCAT= Risk Behaviors Survey (RBS)
(continued)

DOMAIN: QS

Page 4 of 5

Site #:	Participant ID:	Name Code:	Date of Assessment: (mm/dd/yyyy)	Visit #:	Study Day:
<input type="text"/>	<input type="text"/> USUBJID <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> QSDTC <input type="text"/>	<input type="text"/>	<input type="text"/>

G. Ask Male/Female Clients who had Male Partners

VISIT/VISITNUM

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

QSORRES

(If 000, then skip to question 2a.)

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

- ☐ Once or irregularly ☐ 2-3 times a day
☐ Less than once a week ☐ 4 or more times a day
☐ About once a week ☐ Don't know/unsure
☐ 2-6 times a week ☐ Refused
☐ About once a day

QSTEST/QSTESTCD

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

- ☐ Never ☐ Always
☐ Less than half the time ☐ Don't know/unsure
☐ About half the time ☐ Refused
☐ More than half the time

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

(If 000, then skip to next section appropriate for the gender of this client.)

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

- ☐ Once or irregularly ☐ 2-3 times a day
☐ Less than once a week ☐ 4 or more times a day
☐ About once a week ☐ Don't know/unsure
☐ 2-6 times a week ☐ Refused
☐ About once a day

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

- ☐ Never ☐ Always
☐ Less than half the time ☐ Don't know/unsure
☐ About half the time ☐ Refused
☐ More than half the time

H. 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 vaginal sex?

- ☐ Once or irregularly ☐ 2-3 times a day
☐ Less than once a week ☐ 4 or more times a day
☐ About once a week ☐ Don't know/unsure
☐ 2-6 times a week ☐ Refused
☐ About once a day

1c. How often did you use a condom?

- ☐ Never ☐ Always
☐ Less than half the time ☐ Don't know/unsure
☐ About half the time ☐ Refused
☐ More than half the time



QSCAT= Risk Behaviors Survey (RBS) (continued)

DOMAIN: QS



Page 5 of 5

Site #:	Participant ID:	Name Code:	Date of Assessment: (mm/dd/yyyy)	Visit #:	Study Day:
<input type="text"/>	<input type="text"/> USUBJID	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> QSDTC	<input type="text"/>	<input type="text"/>
				VISIT/VISITNUM	

I. Ask Male/Female Clients who had Male Partners

QSTEST/QSTESTCD

1a. How many men did you have (receptive) anal sex with?
(If 000, end questionnaire.)

QSORRES

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

- | | |
|---|---|
| <input type="radio"/> Once or irregularly | <input type="radio"/> 2-3 times a day |
| <input type="radio"/> Less than once a week | <input type="radio"/> 4 or more times a day |
| <input type="radio"/> About once a week | <input type="radio"/> Don't know/unsure |
| <input type="radio"/> 2-6 times a week | <input type="radio"/> Refused |
| <input type="radio"/> About once a day | |

1c. How often did you use a condom?

- | | |
|---|---|
| <input type="radio"/> Never | <input type="radio"/> Always |
| <input type="radio"/> Less than half the time | <input type="radio"/> Don't know/unsure |
| <input type="radio"/> About half the time | <input type="radio"/> Refused |
| <input type="radio"/> More than half the time | |



57572

QSCAT=

Interventions for Non-Treatment Attendance

DOMAIN: QS

Page 1 of 1

Study:

STUDYID

N I D A - C T N - 0 0 1 3

Form # 1323

Node #:

0 9

Site #:

Participant ID:

USUBJID

Name Code:

Date of Assessment: (mm/dd/yyyy)

QSDTC

Visit #:

EPOCH

Phase:

- ☐ Screening
- ☒ Active
- ☐ Follow-Up

CQI Codes:

blank-No errors

01-Pt unavailable

10-Data collector error

11-Pt unable/unwilling to answer

CQI:

☐ ☐

☐ ☐

☐ ☐

CQI Comments:

- ☐ Entire form
- ☐ Question #(s):

VISIT/VISITNUM

Study Day:

QSORRES

QSTEST/QSTESTCD

1. Number of clinical staff trying to make contact:

Week 1

Day 1-7

Week 2

Day 8-14

Week 3

Day 15-21

Week 4

Day 22-28

2. Number of phone calls:*

3. Number of community visits:*

4. Number of letters:*

5. Number of times patient actually contacted:

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

QSORRESU='MINUTES'

*This number should include all attempts at contact whether or not they were successful.



11602

QSCAT=

Helping Alliance Questionnaire - Client Form

DOMAIN: QS

Page 1 of 1



Study:

STUDYID

N I D A - C T N - 0 0 1 3

Form # 1320

Node #:

0 9

Site #:

Participant ID:

USUBJID

Name Code:

Date of Assessment: (mm/dd/yyyy)

Visit #:

QSDTC

VISIT/VISITNUM

Phase:

- ☐ Screening
☒ Active
☐ Follow-Up

EPOCH

CQI Codes:

blank-No errors
 01-Pt unavailable
 10-Data collector error
 11-Pt unable/unwilling to answer

CQI:

☐ ☐
☐ ☐
☐ ☐

CQI Comments:

- ☐ Entire form
☐ Question #(s):

Study Day:

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.**

QSORRES

QSTEST/QSTESTCD

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
-------------------	----------	-------------------	----------------	-------	----------------

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



13844

STUDYID

Node #:

0 9

Study:

N I D A - C T N - 0 0 1 3

Form # 1321

Site #:

Clinician ID:

Participant ID:

USUBJID

Name Code:

Date of Assessment: (mm/dd/yyyy)

Visit #:

EPOCH

CQI Codes:

blank-No errors
01-Pt unavailable
10-Data collector error
11-Pt unable/unwilling to answer

CQI:

CQI Comments:

☐ Entire form
☐ Question #(s):

VISIT/VISITNUM

Study Day:

Phase:
☐ Screening
☒ Active
☐ Follow-Up

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

1. The patient feels she can depend upon me.	①	②	③	④	⑤	⑥
2. She feels I understand her.	①	②	③	④	⑤	⑥
3. She feels I want her to achieve her goals.	①	②	③	④	⑤	⑥
4. At times, the patient distrusts my judgment.	①	②	③	④	⑤	⑥
5. The patient feels she is working together with me in a joint effort.	①	②	③	④	⑤	⑥
6. I believe we have similar ideas about the nature of her problems.	①	②	③	④	⑤	⑥
7. The patient generally respects my views about her.	①	②	③	④	⑤	⑥
8. The patient believes the procedures used in her therapy are <u>not</u> well-suited to her needs.	①	②	③	④	⑤	⑥
9. The patient likes me as a person.	①	②	③	④	⑤	⑥
10. In most sessions, we find a way to work on her problems together.	①	②	③	④	⑤	⑥
11. The patient believes I relate to her in ways that <u>slow up</u> the progress of the therapy.	①	②	③	④	⑤	⑥
12. The patient believes a good relationship has formed between us.	①	②	③	④	⑤	⑥
13. The patient believes I am experienced in helping people.	①	②	③	④	⑤	⑥
14. I want very much for the patient to work out her problems.	①	②	③	④	⑤	⑥
15. The patient and I have meaningful exchanges.	①	②	③	④	⑤	⑥
16. The patient and I sometimes have <u>unprofitable</u> exchanges.	①	②	③	④	⑤	⑥
17. From time to time, we both talk about the same important events in her past.	①	②	③	④	⑤	⑥
18. The patient believes I like her as a person.	①	②	③	④	⑤	⑥
19. At times, the patient sees me as distant.	①	②	③	④	⑤	⑥



41630

QSCAT= Treatment Services Review

DOMAIN: QS Page 1 of 4

Study:

STUDYID

N I D A - C T N - 0 0 1 3

Form # 1319

Node #:	Site #:	Participant ID:	Name Code:	Date of Assessment: (mm/dd/yyyy)	Visit #:
0 9		USUBJID		/ /	
				QSDTC	
EPOCH		CQI Codes:	CQI:	CQI Comments:	VISIT/VISITNUM
Phase: <input type="radio"/> Screening <input checked="" type="radio"/> Active <input type="radio"/> Follow-Up		blank-No errors 01-Pt unavailable 10-Data collector error 11-Pt unable/unwilling to answer	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> Entire form <input type="radio"/> Question #(s):	Study Day:

Please record services (provided or referred) by the treatment program (IN-PROG) separately from those provided by other sources (OUT-PROG).

QSSCAT=

QSTEST/QSTESTCD

QSORRES

A. MEDICAL PROBLEMS:

- How many **days** in the past week have you:
- experienced significant physical medical problems?
 - been hospitalized for physical medical problems?
 - received medication for a medical problem?
- How many **times** in the past week have you:
- seen a physician for medical care?
 - seen a nurse, nurse practitioner, or physician's assistant for medical care?
 - had a significant discussion pertinent to your medical problems: Individual session?
 - had a significant discussion pertinent to your medical problems: Group session?

QSEVLNT=-P1W

QSORRESU='DAYS'

	IN	OUT
1.		
2a.		2b.
3a.		3b.
4a.		4b.
5a.		5b.
6a.		6b.
7a.		7b.

B. EMPLOYMENT AND SUPPORT PROBLEMS: =QSSCAT

- How many **days** in the past week have you:
- been paid for working?
 - been in school or training?
- How many **times** in the past week have you:
- seen someone regarding employment opportunities, training, or education: Employment specialist?
 - seen someone regarding employment opportunities, training, or education: Counselor/social worker?
 - seen someone regarding unemployment compensation, welfare, social security, housing, or other income: Benefits specialist?
 - seen someone regarding unemployment compensation, welfare, social security, housing, or other income: Counselor/social worker?
 - had a significant discussion pertinent to your employment/support problem: Individual session?
 - had a significant discussion pertinent to your employment/support problem: Group session?

QSORRESU='DAYS'

	IN	OUT
1.		
2a.		2b.
3a.		3b.
4a.		4b.
5a.		5b.
6a.		6b.
7a.		7b.
8a.		8b.

Reset



41630

QSCAT= Treatment Services Review (continued)

DOMAIN: QS
Page 2 of 4

Site #:	Participant ID:	Name Code:	Date of Assessment: (mm/dd/yyyy)	Study Day:
<input type="text"/>	<input type="text"/> USUBJID <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> QSDTC <input type="text"/>	<input type="text"/>

QSTEST/QSTESTCD C. ALCOHOL PROBLEMS: =QSSCAT

QSORRESU='DAYS'

IN OUT

How many **days** in the past week have you:

1. drunk any alcohol? (base this on Substance Use Calendar)

2. drunk any alcohol to the point of intoxication?

QSEVLINT=-P1W

QSORRES

3. been in inpatient treatment for an alcohol problem?

3a. 3b.

4. received medication to help you detoxify from alcohol?

4a. 4b.

5. received medication to prevent you from drinking?

5a. 5b. How many **times** in the past week have you:

6. received a blood alcohol test (e.g. breathalyzer)?

6a. 6b.

7. attended an alcohol education session?

7a. 7b.

8. attended an AA or 12-step meeting?

8a. 8b.

9. attended an alcohol relapse prevention meeting?

9a. 9b.

10. had a significant discussion pertinent to your alcohol problem: Individual session?

10a. 10b.

11. had a significant discussion pertinent to your alcohol problem: Group session?

11a. 11b.

D. DRUG PROBLEMS: =QSSCAT

QSORRESU='DAYS'

IN OUT

How many **days** in the past week have you:

1. used any illicit drug? (base this on Substance Use Calendar)

2. been in inpatient treatment for a drug problem?

2a. 2b.

3. received medication to help you detoxify/come off a drug?

3a. 3b.

4. received medication to maintain/stabilize your drug use?

4a. 4b.

5. received medication to block the effects of drugs?

5a. 5b. How many **times** in the past week have you:

6. received a urinalysis or other test for drug use?

6a. 6b.

7. attended a drug education session?

7a. 7b.

8. attended a session of NA or CA?

8a. 8b.

9. attended a drug relapse prevention group or session?

9a. 9b.

10. had a significant discussion pertinent to your drug problem: Individual session?

10a. 10b.

11. had a significant discussion pertinent to your drug problem: Group session?

11a. 11b.



41630

QSCAT= Treatment Services Review (continued)

DOMAIN: QS

Page 3 of 4

Site #:

Participant ID:

Name Code:

Date of Assessment: (mm/dd/yyyy)

Study Day:

 USUBJID

 / /
 QSDTC

QSCAT=

QSTEST/QSTESTCD

QSEVLINT=-P1W

E. LEGAL PROBLEMS:How many **days** in the past week have you:

1. been incarcerated?

QSORRESU='DAYS'

1.

2. engaged in illegal activities for profit?

2.

QSORRES

IN

OUT

How many **times** in the past week have:

3. the courts, criminal justice system, probation/parole office been contacted regarding your legal problem (either by patient or program)?

3a. 3b.

4. you had a significant discussion pertinent to your legal problems: Individual session?

4a. 4b.

5. you had a significant discussion pertinent to your legal problems: Group session?

5a. 5b. **QSCAT F. FAMILY PROBLEMS:**How many **days** in the past week have you:

1. experienced significant family/social problems?

QSORRESU='DAYS'

1.

2. experienced significant loneliness and/or boredom?

2.

IN

OUT

How many **times** in the past week have you:

3. had a significant discussion pertinent to your family problems with family present: Family specialist?

3a. 3b.

4. had a significant discussion pertinent to your family problems with family present: Counselor/social worker?

4a. 4b.

5. had a significant discussion pertinent to your family problems without family present: Family specialist?

5a. 5b.

6. had a significant discussion pertinent to your family problems without family present: Counselor/social worker?

6a. 6b. **G. PSYCHOLOGICAL/EMOTIONAL PROBLEMS:**How many **days** in the past week have you:

1. experienced significant emotional problems?

QSORRESU='DAYS'

1.

2. been hospitalized for an emotional or psychological problem?

2a. 2b.

3. received medication for your psychological or emotional problems?

3a. 3b. How many **times** in the past week have you:

4. received testing for psychological or emotional problems?

4a. 4b.

5. received a session in which you practiced a form of relaxation training, biofeedback, or meditation: Psych specialist?

5a. 5b.

6. received a session in which you practiced a form of relaxation training, biofeedback, or meditation: Counselor/social worker?

6a. 6b.

7. received a session in which you practiced a form of behavior modification (e.g., role play, rehearsal, psychodrama, etc.): Psych specialist?

7a. 7b.

8. received a session in which you practiced a form of behavior modification (e.g., role play, rehearsal, psychodrama, etc.): Counselor/social worker?

8a. 8b.



41630

QSCAT=Treatment Services Review (continued)

DOMAIN: QS

Page 4 of 4

Site #:

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Participant ID:

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USUBJID

Name Code:

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Date of Assessment: (mm/dd/yyyy)

		/			/				
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QSDTC

Study Day:

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QSSCAT=

G. PSYCHOLOGICAL/EMOTIONAL PROBLEMS (continued)

QSEVLINT=-P1W

IN

OUT

How many **times** in the past week have you:9. had a significant discussion pertinent to your psychological or emotional problems:
Psych specialist?9a.

--	--

9b.

--	--

10. had a significant discussion pertinent to your psychological or emotional problems:
Counselor/social worker?10a.

--	--

10b.

--	--

QSTEST/QSTESTCD

QSSCAT=

H. CHILD PROTECTIVE SERVICES PROBLEMS:

1. Are you active, or have an open case with child protective services?

☐ No ☐ Yes
How many **times** in the past week have you:2. had a significant discussion pertinent to your child protective services problems:
Individual session?

IN

OUT

2a.

--	--

2b.

--	--

3. had a significant discussion pertinent to your child protective services problems: Group
session?3a.

--	--

3b.

--	--

Pregnancy Status

DOMAIN: RP page 1 of 1

Study: STUDYID

N	I	D	A	-	C	T	N	-	0	0	1	3
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Form # 1326

VISIT/VISITNUM

Node #:	Site #: USUBJID	Participant ID:	Name Code:	Date of Assessment: (mm/dd/yyyy)	Visit #:
0 9					

EPOCH

Phase:

☐ Screening

☐ Active

☒ Follow-Up

CQI Codes:

blank-No errors
01-Pt unavailable
10-Data collector error
11-Pt unable/unwilling to answer

CQI:

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

CQI Comments:

☐ Entire form
☐ Question #(s):

RPDTC

RPCAT=PREGNANCY STATUS

Study Day:

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RPTEST/RPTESTCD

RPPORRES

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," please explain the reason this is unknown in the Comments field and leave the remainder of the form blank.

If "Yes," questionnaire is complete. If "No," please answer the following:

2. Why was the participant no longer pregnant? ☐ Gave birth ☐ Had miscarriage ☐ Had abortion

3. What was the date of the participant's delivery or of fetal demise?

--	--

 /

--	--

 /

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3a. If the date is unknown, please provide any information known about the approximate time period when the pregnancy ended (if at all possible please record in terms of study days or weeks):

DOMAIN: CO

COVAL

RDOMAIN=RP

COREF=PREGNANCY STATUS – PREGNANCY INFO

IDVAR=VISITNUM

Comments:

DOMAIN: CO

COVAL

RDOMAIN=RP

COREF=PREGNANCY STATUS – GENERAL

IDVAR=VISITNUM

Reset

Participant Status at End of Active Study Phase

page 1 of 1

Study: **STUDYID**

DOMAIN: DS

31346

N I D A - C T N - 0 0 1 3

Form # 1325

VISIT/VISITNUM

Node #:

Site #:

Participant ID:

Name Code:

Date of Assessment: (mm/dd/yyyy)

Visit #:

0 9

USUBJID

/ /

DSDTC

Phase:

- ☐ Screening
☒ Active
☐ Follow-Up

EPOCH

CQI Codes:

blank-No errors
01-Pt unavailable
10-Data collector error
11-Pt unable/unwilling to answer

CQI:

☐ ☐
☐ ☐
☐ ☐

CQI Comments:

- ☐ Entire form
☐ Question #(s):

Study Day:

DSCAT=DISPOSITION EVENT

DSTERM

1. Did the participant complete three individual (MET or TAU) sessions within 28 days after being randomized? ☐ No ☐ Yes

1a. If no, how many sessions did the participant complete?

QNAM=DSSESS
QLABEL=SESSIONS PARTICIPANT COMPLETED
IDVAR=VISITNUM

2. Please indicate the participant's status at the end of her participation in the active study phase.

DSTERM

Completer

☐ Participant completed the treatment outcome assessment

Withdrawn

☐ Significant psychiatric risk (suicidal, homicidal, psychotic)

☐ Death

DSDECOD

☐ Other type of clinical deterioration (increased drug use, other)

☐ Administrative discharge

☐ Moving from area

☐ Practical problems (no childcare, transportation, other)

☐ Medical problems (hospitalization, other)

☐ Incarceration

☐ Pressure or advice from outsiders

☐ Feels treatment no longer necessary, cured

☐ Feels treatment no longer necessary, still using

☐ Failed to return to clinic and unable to contact

☐ Unknown

☐ Other, please specify:

QNAM=DSNCOTH
QLABEL=NON-COMPLETER OTHER SPECIFY
IDVAR=VISITNUM

Non-completer

DSTERM

3. The participant's treatment plans are (mark most appropriate):

☐ to continue in treatment at the CTP at the current level of care

☐ to continue in treatment at the CTP at a more intense level of care

☐ to continue in treatment at the CTP at a less intense level of care

☐ to discontinue treatment at the CTP but to participate in drug abuse treatment elsewhere

☐ to discontinue drug abuse treatment

☐ other, specify:

QNAM=DSRTOTH
QLABEL=TREATMENT PLANS ARE: OTHER, SPECIFY
IDVAR=DSSEQ

Reset

QSCAT= Treatment Session Summary

DOMAIN: QS page 1 of 4



Study:

STUDYID

N	I	D	A	-	C	T	N	-	0	0	1	3
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Form # 1322

Node #:	Site #:	Participant ID:	Name Code:	Date of Assessment: (mm/dd/yyyy)	Visit #:
0 9		USUBJID		/ /	QSDTC

Phase:

☐ Screening

☒ Active

☐ Follow-Up

EPOCH

CQI Codes:

blank-No errors
01-Pt unavailable
10-Data collector error
11-Pt unable/unwilling to answer

CQI:

0	0
1	1

CQI Comments:

☐ Entire form
☐ Question #(s):

VISIT/VISITNUM

Study Day:

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I. Session Information

QSTEST/QSTESTCD

QSORRES

1. The session that was completed today was: ☐ Session 1 ☐ Session 2 ☐ Session 3 ☐ Not applicable

QSSCAT=

A. Activity Since Last Session

Since the last session (or since randomization for the first session):

- How long has it been since your last session? days QSORRESU='DAYS'
- How many appointments were scheduled?
- How many appointments did the client not show up for?
- How many appointments did the client cancel?
- How many appointments did the client cancel?
- How many appointments did you cancel?

If no session was completed then leave the remainder of the form blank.

QSSCAT=

B. Information about Today's Session

7. How long was today's session? minutes QSORRESU='MINUTES'

8. Are there problems that the study staff should know about? ☐ No ☐ 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

<input type="text"/>	:	<input type="text"/>	time
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Reset

QSCAT= Treatment Session Summary (continued)

DOMAIN: QS

Page 2 of 4

36509

Site #:

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Participant ID:

U	S	U	B	J	I	D
---	---	---	---	---	---	---

Name Code:

--	--	--	--

Date of Assessment: (mm/dd/yyyy)

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

Study Day:

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II. Clinician Self-Assessment =QSSCAT

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

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

QSORRES

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

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

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

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

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

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

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

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

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

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

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

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

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

QSCAT=Treatment Session Summary (continued)

36509

Site #:	Participant ID:	Name Code:	Date of Assessment: (mm/dd/yyyy)	Study Day:
<input type="text"/>	<input type="text"/> USUBJID <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> QSDTC <input type="text"/>	<input type="text"/>

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

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

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

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

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

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

11. REALITY THERAPY PRINCIPLES: To what extent did you encourage this participant to accept responsibility for her substance use and the choices she has made that have kept her in a substance using lifestyle? How much did you emphasize that successful recovery depends on this participant making the right decisions and taking control of her life?

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

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

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

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

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

14. AFFIRMATION OF STRENGTHS AND SELF-EFFICACY: To what extent did you verbally reinforce the participant's strengths, abilities, or efforts to change her behavior? To what extent did you encourage a sense of self-efficacy on the part of the participant by praising small steps in the direction of change or expressing appreciation of personal qualities in the participant that might facilitate successful efforts to change?

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

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

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

16. PREGNANCY: To what extent did you explicitly focus on the participant's pregnancy? How much did you discuss the patient's substance use in relation to the pregnancy?

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

QSCAT=**Treatment Session Summary** (continued)



36509

Site #:

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Participant ID:

U	S	U	B	J	I	D
---	---	---	---	---	---	---

Name Code:

--	--	--	--

Date of Assessment: (mm/dd/yyyy)

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

Study Day:

--	--

QSDTC

III. Participant Rating

=QSSCAT

QSTEST/QSTESTCD

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

QSORRES

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

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

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

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

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

4. How motivated to make changes did the participant seem at the beginning of this session?

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

5. How motivated to make changes did the participant seem at the end of this session?

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

Comments:

DOMAIN: CO
COVAL
RDOMAIN=QS
COREF=TREATMENT SESSION SUMMARY
IDVAR=VISITNUM



18059

Study:

STUDYID

N I D A - C T N - 0 0 1 3

Form # 1324

VISIT/VISITNUM

Node #:

Site #:

Participant ID:

Name Code:

Date of Assessment: (mm/dd/yyyy)

Visit #:

0 9

USUBJID

QSDTC

Phase:

- ☐ Screening
☒ Active
☐ Follow-Up

EPOCH

CQI Codes:

blank-No errors
 01-Pt unavailable
 10-Data collector error
 11-Pt unable/unwilling to answer

CQI:

☐ ☐
☐ ☐
☐ ☐

CQI Comments:

- ☐ Entire form
☐ Question #(s):

Study Day:

QSTEST/QSTESTCD

QSORRES

1. Which drug did you come into treatment for?

2. Did you meet your treatment goal?

☐ No ☐ Yes

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.

QSTEST/QSTESTCD

QSORRES

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

Did not happen in my treatment	Slightly helpful	Somewhat helpful	Moderately helpful	Helpful	Very helpful	Extremely helpful
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

5. Learning how to deal with my family conflicts.

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

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

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

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

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

8. Going to AA, CA, NA meetings.

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

9. Monitoring of my drug use through urine testing.

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

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

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

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

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

12. Treatment for emotional problems like depression or anxiety.

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

13. Just being in treatment.

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

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

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Reset



18059

QSCAT= Participant Satisfaction (continued)

Page 2 of 3

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

QSORRES

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

QSTEST/QSTESTCD

	Not at all	Slightly	Somewhat	Moderately so	A lot	Very much so	Extremely
15. To what degree did you feel that your counselor was supportive?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. To what degree did you feel that your counselor was detached?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. To what degree did you feel that your counselor was logical?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. To what degree did you feel that your counselor was sensitive?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. To what degree did you feel that your counselor gave you advice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. To what degree did you feel that your counselor listened to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. To what degree did you feel that your counselor has a background like yours?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. To what degree did you feel that your counselor was critical of you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. To what degree did you feel that your counselor relieved any guilt you have about your drug/alcohol use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Was your counselor the same gender as you?	<input type="radio"/> No <input type="radio"/> Yes						
25. Was your counselor the same race as you?	<input type="radio"/> No <input type="radio"/> Yes						
26. To what degree did you feel that your counselor was sensitive to your sexual orientation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. To what degree did you feel that your counselor seemed to understand your family situation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. To what degree did you feel that your counselor seemed to understand your culture?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



18059

QSCAT= Participant Satisfaction (continued)

Page 3 of 3

Site #:	Participant ID:	Name Code:	Date of Assessment: (mm/dd/yyyy)	Visit #:	Study Day:
<input type="text"/>	<input type="text"/> USUBJID <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> QSDTC <input type="text"/>	<input type="text"/>	<input type="text"/>

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

QSTEST/QSTESTCD

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

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

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

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

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

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

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

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

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

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

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

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



28747

Study:

STUDYID

N I D A - C T N - 0 0 1 3

Form # 1333

Supervisor ID:

Clinician ID:

USUBJID

Participant ID:

Date of Assessment: (mm/dd/yyyy)

/ / QSDTC

Phase:

- ☐ Screening
☒ Active
☐ Follow-Up

EPOCH

CQI Codes:

blank-No errors
 01-Pt unavailable
 10-Data collector error
 11-Pt unable/unwilling to answer

CQI:

☐ ☐
☐ ☐
☐ ☐

CQI Comments:

- ☐ Entire form
☐ Question #(s):

Site #:

Node #:

0 9

QSTEST/QSTESTCD

Session #: ☐ 1 ☐ 2 ☐ 3

QSORRES

Session Date: / /

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. **QSCAT=**

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?

a) Frequency and extensiveness: QSTEST/QSTESTCD

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

b) Skill level:

☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

2. ASSESSING/MONITORING SUBSTANCE USE (p. 15): To what extent did the clinician maintain focus during the session on the participant's past or recent use of drugs and alcohol, including the pattern of use, extent of urges/thoughts, extent of reduction in use, results of recent urine/breath tests?

a) Frequency and extensiveness:

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

b) Skill level:

☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

3. OPEN-ENDED QUESTIONS (p. 17): To what extent did the clinician use open-ended questions (i.e., questions that elicit more than yes/no responses) to elicit the participant's perception of his/her problems, motivation, change efforts, and plans?

a) Frequency and extensiveness:

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

b) Skill level:

☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

4. EMPHASIS ON ABSTINENCE (p. 19): To what extent did the clinician present the goal of abstinence as the only legitimate goal and indicate that a controlled use goal was not acceptable or completely unrealistic? How much did the clinician seek to impose his/her judgment about the goals of abstinence and emphasize that abstinence was considered to be the necessary standard for judging any improvement during treatment?

a) Frequency and extensiveness:

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

b) Skill level:

☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

Reset

QSCAT=

Independent Tape Rater Form (continued)

Page 2 of 7



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Site #:

Supervisor ID:

Clinician ID:

Participant ID:

Date of Assessment: (mm/dd/yyyy)

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USUBJID

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QSDTC

5. PROGRAM ORIENTATION (p. 21): To what extent did the clinician provide information to the participant about the treatment agency's services, policies, and procedures, including clinic rules, attendance expectations, fee payment, urine/breath testing, substance use, etc. =QSSCAT

a) Frequency and extensiveness: QSTEST/QSTESTCD

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

b) Skill level:

QSORRES

☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

6. FOSTERING A COLLABORATIVE ATMOSPHERE (p. 23): To what extent did the clinician convey in words or actions that the therapy is a collaborative relationship in contrast to one where the clinician is in charge? How much did the clinician emphasize the (greater) importance of the participant's own decisions, confidence, and perception of the importance of changing? To what extent did the therapist verbalize respect for the participant's autonomy and personal choice?

a) Frequency and extensiveness:

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

b) Skill level:

☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

7. CASE MANAGEMENT (p. 25): To what extent did the clinician discuss or facilitate the coordination of additional services (i.e., ancillary or adjunctive to primary substance abuse counseling), including those that might be provided by the clinic (e.g., psychiatric appointment, childcare, parenting groups) or other agencies (e.g., housing, vocational, educational, legal, medical, domestic violence services, financial/insurance/entitlements, transportation)? To what extent was the importance of these extra services emphasized, forms/releases filled out, appointments scheduled, or phone calls planned?

a) Frequency and extensiveness:

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

b) Skill level:

☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

8. UNSOLICITED ADVICE OR DIRECTION GIVING (p. 27): To what degree did the clinician provide unsolicited advice or direction to the participant (e.g., offering specific, concrete suggestions for what the participant should do)? To what extent was the clinician's style one of telling the participant how to be successful in his/her recovery?

a) Frequency and extensiveness:

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

b) Skill level:

☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

9. PROS, CONS, AND AMBIVALENCE (p. 29): To what extent did the clinician address or explore the positive and negative effects or results of the participant's substance use and what might be gained and lost by abstinence or reduction in substance use? To what extent did the clinician use decisional balancing, complete a cost-benefits analysis, or develop a list of pros and cons of substance use? How much did the clinician express appreciation for ambivalence as a normal part of the change process?

a) Frequency and extensiveness:

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

b) Skill level:

☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

QSCAT=

Independent Tape Rater Form (continued)

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Site #:	Supervisor ID:	Clinician ID:	Participant ID:	Date of Assessment: (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	USUBJID	<input type="text"/> / <input type="text"/> / QSDTC

QSSCAT=

10. PSYCHOEDUCATION ABOUT SUBSTANCES (p. 31): To what extent did the clinician provide information or facilitate discussion about drugs and alcohol including symptoms of intoxication, abuse, dependence, or withdrawal? How much did the clinician educate the participant on the effects of substances on medical, employment, family, social, legal, and psychological functioning?

- a) Frequency and extensiveness: QSTEST/QSTESTCD
☐ Not at all ☐ A little ☐ Infrequently ☐ Somewhat ☐ Quite a bit ☐ Considerably ☐ Extensively
- b) Skill level: QSORRES
☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

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:
☐ Not at all ☐ A little ☐ Infrequently ☐ Somewhat ☐ Quite a bit ☐ Considerably ☐ Extensively
- b) Skill level:
☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

12. POWERLESSNESS AND LOSS OF CONTROL (p. 35): To what extent did the clinician emphasize the concept of powerlessness over addiction as a disease and the importance of the participant's belief in this for successful sobriety? To what extent did the clinician express the view that all substance use represents a loss of control or that the participant's life is unmanageable when s/he uses substances?

- a) Frequency and extensiveness:
☐ Not at all ☐ A little ☐ Infrequently ☐ Somewhat ☐ Quite a bit ☐ Considerably ☐ Extensively
- b) Skill level:
☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

13. SELF-HELP GROUP INVOLVEMENT (p. 37): To what extent did the clinician encourage, monitor, or reinforce the participant's involvement in 12 Step (AA/NA/CA) or other recovery self-help meetings (e.g., relying on members, planning or participating in meeting-related activities)? To what extent did the clinician explicitly refer to or explain the principles (e.g., specific Steps or recovery concepts) or review the participant's progress in self-help groups?

- a) Frequency and extensiveness:
☐ Not at all ☐ A little ☐ Infrequently ☐ Somewhat ☐ Quite a bit ☐ Considerably ☐ Extensively
- b) Skill level:
☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

14. SPIRITUALITY/HIGHER POWER (p. 39): To what extent did the clinician explicitly invoke the concept of spirituality or a higher power as a source of strength, hope, and guidance in the participant's working a recovery program (e.g., clinician suggested reliance on the Serenity Prayer, religious concepts, or Steps 2 or 3 of AA/NA/CA)?

- a) Frequency and extensiveness:
☐ Not at all ☐ A little ☐ Infrequently ☐ Somewhat ☐ Quite a bit ☐ Considerably ☐ Extensively
- b) Skill level:
☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

QSCAT=

Independent Tape Rater Form (continued)



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Site #:	Supervisor ID:	Clinician ID:	Participant ID:	Date of Assessment: (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	USUBJID	<input type="text"/> / <input type="text"/> / QSDTC

QSSCAT=

15. HEIGHTENING DISCREPANCIES (p. 41): To what extent did the clinician create or heighten the internal conflicts of the participant relative to his/her substance use? To what extent did the clinician facilitate or increase the participant's awareness of a discrepancy between where her/his life is currently versus where s/he wants it to be in the future? How much did the clinician explore the role of substances in preventing the participant from reaching life goals or values?

a) Frequency and extensiveness: QSTEST/QSTESTCD

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

b) Skill level:

QSORRES

☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

16. FORMAL TREATMENT PLANNING (p. 43): To what extent did the clinician develop and/or review the participant's formal treatment plan for the clinic program during the session, including problem/needs list, long-term goals, short-term objectives, and planned interventions? To what extent was the appropriateness of the current level of care discussed versus the need for a referral to a more or less intensive program?

a) Frequency and extensiveness:

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

b) Skill level:

☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

17. CHANGE PLANNING DISCUSSION (p. 45): To what extent did the clinician and participant collaboratively develop and make a commitment to a plan for change? How much did the clinician facilitate discussion of the positive and negative aspects of changing, what might get in the way, and how to address impediments to change?

a) Frequency and extensiveness:

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

b) Skill level:

☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

18. REALITY THERAPY PRINCIPLES (p. 47): To what extent did the clinician encourage the participant to accept responsibility for his/her substance abuse and the choices s/he has made that has kept him/her in a substance using lifestyle? How much did the clinician emphasize that successful recovery depended on the participant making the right decisions and taking control of his/her life?

a) Frequency and extensiveness:

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

b) Skill level:

☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

19. CONFRONTATION OF DENIAL OR DEFENSIVENESS (p. 49): To what extent did the clinician directly confront the participant's denial or defensiveness about acknowledging problems or concerns related to substance use (e.g., acceptance of problem, lying, non-compliance with treatment)?

a) Frequency and extensiveness:

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

b) Skill level:

☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

QSCAT=

Independent Tape Rater Form (continued)



28747

Site #:	Supervisor ID:	Clinician ID:	Participant ID:	Date of Assessment: (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> USUBJID <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> QSDTC <input type="text"/>

QSSCAT=

20. SOCIAL FUNCTIONING AND FACTORS (p. 51): To what extent did the clinician assess or discuss the participant's social functioning in different life areas (e.g., work, family, partner, social network, legal, etc.)? How much did the clinician focus on stressors (e.g., interpersonal conflict) or factors (e.g., legal, employment) that influence the participant's being in treatment or that might promote (e.g., drug-free social supports) or jeopardize (e.g., unhealthy relationships) treatment success?

a) Frequency and extensiveness: QSTEST/QSTESTCD

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

b) Skill level:

☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

QSORRES

21. MOTIVATION TO CHANGE (p. 53): To what extent did the clinician try to elicit participant discussion of change (self-motivational statements) through questions or comments designed to promote greater awareness/concern for the problem, increase intent/optimism to change, or encourage elaboration on a topic related to change? To what extent did the clinician discuss the stages of change, help the participant develop a rating of current readiness, or explore how motivation might be strengthened?

a) Frequency and extensiveness:

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

b) Skill level:

☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

22. THERAPEUTIC AUTHORITY (p. 55): To what extent did the clinician verbalize clear conclusions or decisions about what course of therapy would be best for the participant? How much did the clinician warn that recovery would be impeded unless the participant followed certain steps or guidelines in treatment? To what extent did the clinician try to lecture the participant about "what works" about treatment or the likelihood of poor outcome if the participant tried to do his/her own treatment?

a) Frequency and extensiveness:

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

b) Skill level:

☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

23. SKILLS TRAINING (p. 57): To what extent did the clinician attempt to actively teach, model, rehearse, or role play specific behavioral coping skills, label them as such (e.g., refusal skills, urge/craving control, anger management, communication training), and link them to past or future substance use?

a) Frequency and extensiveness:

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

b) Skill level:

☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

24. RISK BEHAVIOR REDUCTION (p. 59): To what extent did the clinician provide information/education or facilitate discussion about behaviors which place one at high risk for infectious diseases such as HIV, Hepatitis, Tuberculosis, or sexually transmitted diseases? To what extent did the clinician discourage such risky behaviors or attempt to educate the participant about specific risk reduction strategies (e.g., condom use, needle cleaning)?

a) Frequency and extensiveness:

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

b) Skill level:

☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

QSCAT=

Independent Tape Rater Form (continued)

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28747

Site #:	Supervisor ID:	Clinician ID:	Participant ID:	Date of Assessment: (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> USUBJID <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> QSDTC <input type="text"/>

QSSCAT=

25. COGNITIONS (p. 61): To what extent did the clinician ask the patient to monitor, report or evaluate specific cognitions associated with substance use or related problems? To what extent did the clinician use cognitive therapy techniques of disputing the participant's irrational, automatic, distorted, or dysfunctional thoughts related to his/her use of substances or related mood or interpersonal problems?

a) Frequency and extensiveness: QSTEST/QSTESTCD

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

b) Skill level:

QSORRES

☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

26. AFFIRMATION OF STRENGTHS AND SELF-EFFICACY (p. 63): To what extent did the clinician verbally reinforce the participant's strengths, abilities, or efforts to change his/her behavior? To what extent did the clinician encourage a sense of self-efficacy on the part of the participant by praising small steps in the direction of change or expressing appreciation of personal qualities in the participant that might facilitate successful efforts to change?

a) Frequency and extensiveness:

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

b) Skill level:

☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

27. PSYCHOPATHOLOGY (p. 65): To what extent did the clinician explicitly focus on the participant's psychopathology (i.e. symptoms of depressive, anxiety, psychotic disorders)? How much did the clinician discuss the participant's past and current psychiatric symptoms or treatment for a psychiatric disorder?

a) Frequency and extensiveness:

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

b) Skill level:

☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

28. MOTIVATIONAL INTERVIEWING STYLE (p. 67): To what extent did the clinician provide low-key feedback, roll with resistance (e.g., avoiding arguments, shifting focus), and use a supportive, warm, non-judgmental approach? To what extent did the clinician convey empathic sensitivity through words and tone of voice, demonstrate genuine concern and an awareness of the participant's experiences?

a) Frequency and extensiveness:

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

b) Skill level:

☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

29. PSYCHODYNAMIC INTERVENTIONS (p. 69): To what extent did the clinician engage in psychodynamic interventions (e.g., discuss intrapsychic conflicts, connect childhood history with current behavior, discuss dreams, make transference interpretations, etc)?

a) Frequency and extensiveness:

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

b) Skill level:

☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

Independent Tape Rater Form (continued)



28747

Site #:

Supervisor ID:

Clinician ID:

Participant ID:

Date of Assessment: (mm/dd/yyyy)

30. PREGNANCY: ^{=QSCAT} To what extent did the clinician explicitly focus on the participant's pregnancy? How much did the clinician discuss the participant's substance use in relation to the pregnancy?

- a) Frequency and extensiveness: ^{QSTEST/QSTESTCD}
- ☐ Not at all ☐ A little ☐ Infrequently ☐ Somewhat ☐ Quite a bit ☐ Considerably ☐ Extensively
- b) Skill level: ^{QSORRES}
- ☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

31. GENERAL DISCUSSIONS AND SELF-DISCLOSURES (p. 73): To what extent did the clinician speak with the participant about topics that were not related to the problems for which the client entered treatment? To what extent did the clinician disclose personal information about him/herself that did not involve the clinician's own experiences with addiction and recovery?

- a) Frequency and extensiveness:
- ☐ Not at all ☐ A little ☐ Infrequently ☐ Somewhat ☐ Quite a bit ☐ Considerably ☐ Extensively
- b) Skill level:
- ☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

General Ratings of Clinician

32. SKILLFULNESS (p. 75): How would you rate the clinician's general level of skillfulness, as evidenced by his/her expertise, competence, commitment, timing of interventions, appropriate timing and matching of intervention strategies, and ability to assist the client?

- ☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent

33. MAINTAIN STRUCTURE (p. 77): How would you rate the clinician's ability to maintain structure within the session, as evidenced by setting an agenda, staying focused on specific discussion areas, being appropriately active, properly guiding the pace and direction of the session, and providing sufficient time to conduct therapy tasks?

- ☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent

34. FRUSTRATION (p. 77): How much frustration did the clinician express toward the client during the session, as evidenced by moralizing, preaching, judging, criticizing, blaming, sighing, huffing, cursing, diminishing, being distracted or disinvested, expressing hopelessness, or prematurely ending the conversation, activity, or session?

- ☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent

General Ratings of Participant

35. UNRELATED TOPICS (p. 81): How much did the participant want to discuss topics unrelated to the protocol?

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

36. DIFFICULTY UNDERSTANDING (p. 82): How much difficulty did the participant have understanding or accepting the material?

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

37. ALLIANCE (p. 83): How strong would you rate the participant's working alliance with the clinician?

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

38. MOTIVATION-BEGINNING (p. 85): How would you rate the client's stage of change or motivation at the beginning of this session?

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

39. MOTIVATION-END (p. 85): How would you rate the client's stage of change or motivation at the end of this session?

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

Comments:

DOMAIN: CO
COVAL
RDOMAIN=QS
COREF=INDEPENDENT TAPE RATER FORM
IDVAR=VISITUM



1694

Study: QSCAT= Supervision Record

STUDYID

N	I	D	A	-	C	T	N	-	0	0	1	3
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Form # 1336

Supervisor ID:

USUBJID

CQI Codes:

blank-No errors
01-Pt unavailable
10-Data collector error
11-Pt unable/unwilling to answer

CQI:

<input type="checkbox"/>	<input type="checkbox"/>
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<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>

CQI Comments:

☐ Entire form
☐ Question #(s):

Date of assmt (mm/dd/yyyy)

Date that supervision was given:

		/			/	QSDTC		
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QSTEST/QSTESTCD

QSORRES

1. Supervision format: ☐ Group ☐ Individual

2. List the ID(s) of the clinician(s) who attended this supervision session:

2a.

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; 2b.

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; 2c.

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; 2d.

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3. Was at least one audiotaped session reviewed? ☐ No ☐ Yes

4. List the ID(s) of the clinician(s) whose session was reviewed:

4a.

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; 4b.

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; 4c.

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; 4d.

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;

Comments:

DOMAIN: CO
COVAL
RDOMAIN=QS
COREF=SUPERVISION RECORD
IDVAR=VISITNUM

Reset



53443

Study:

STUDYID

N I D A - C T N - 0 0 1 3

Form # 1332

Supervisor ID:

Clinician ID:

Participant ID:

Date of Assessment: (mm/dd/yyyy)

USUBJIDQSDTC

EPOCH

Phase:

- ☐ Screening
☒ Active
☐ Follow-Up

CQI Codes:

blank-No errors
 01-Pt unavailable
 10-Data collector error
 11-Pt unable/unwilling to answer

CQI:

CQI Comments:

- ☐ Entire form
☐ Question #(s):

Site #:

Node #:

0 9

QSTEST/QSTESTCD

Session #: ☐ 1 ☐ 2 ☐ 3

QSORRES

Session Date:

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?

a) Frequency and extensiveness: QSTEST/QSTESTCD

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

b) Skill level:

QSORRES

- ☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

2. ASSESSING/MONITORING SUBSTANCE USE (p. 15): To what extent did the clinician maintain focus during the session on the participant's past or recent use of drugs and alcohol, including the pattern of use, extent of urges/thoughts, extent of reduction in use, results of recent urine/breath tests?

a) Frequency and extensiveness:

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

b) Skill level:

- ☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

3. OPEN-ENDED QUESTIONS (p. 17): To what extent did the clinician use open-ended questions (i.e., questions that elicit more than yes/no responses) to elicit the participant's perception of his/her problems, motivation, change efforts, and plans?

a) Frequency and extensiveness:

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

b) Skill level:

- ☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

4. EMPHASIS ON ABSTINENCE (p. 19): To what extent did the clinician present the goal of abstinence as the only legitimate goal and indicate that a controlled use goal was not acceptable or completely unrealistic? How much did the clinician seek to impose his/her judgment about the goals of abstinence and emphasize that abstinence was considered to be the necessary standard for judging any improvement during treatment?

a) Frequency and extensiveness:

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

b) Skill level:

- ☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

Reset



Supervisor Tape Rater Form (continued)

53443

Site #:

Supervisor ID:

Clinician ID:

Participant ID:

Date of Assessment: (mm/dd/yyyy)

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U	S	B	J	I	D
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		/			/				
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Q	S	D	T	C
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5. PROGRAM ORIENTATION (p. 21): To what extent did the clinician provide information to the participant about the treatment agency's services, policies, and procedures, including clinic rules, attendance expectations, fee payment, urine/breath testing, substance use, etc.

QSSCAT

a) Frequency and extensiveness: QSTEST/QSTESTCD

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

b) Skill level:

QSORRES

☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

6. FOSTERING A COLLABORATIVE ATMOSPHERE (p. 23): To what extent did the clinician convey in words or actions that the therapy is a collaborative relationship in contrast to one where the clinician is in charge? How much did the clinician emphasize the (greater) importance of the participant's own decisions, confidence, and perception of the importance of changing? To what extent did the therapist verbalize respect for the participant's autonomy and personal choice?

a) Frequency and extensiveness:

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

b) Skill level:

☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

7. CASE MANAGEMENT (p. 25): To what extent did the clinician discuss or facilitate the coordination of additional services (i.e., ancillary or adjunctive to primary substance abuse counseling), including those that might be provided by the clinic (e.g., psychiatric appointment, childcare, parenting groups) or other agencies (e.g., housing, vocational, educational, legal, medical, domestic violence services, financial/insurance/entitlements, transportation)? To what extent was the importance of these extra services emphasized, forms/releases filled out, appointments scheduled, or phone calls planned?

a) Frequency and extensiveness:

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

b) Skill level:

☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

8. UNSOLICITED ADVICE OR DIRECTION GIVING (p. 27): To what degree did the clinician provide unsolicited advice or direction to the participant (e.g., offering specific, concrete suggestions for what the participant should do)? To what extent was the clinician's style one of telling the participant how to be successful in his/her recovery?

a) Frequency and extensiveness:

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

b) Skill level:

☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

9. PROS, CONS, AND AMBIVALENCE (p. 29): To what extent did the clinician address or explore the positive and negative effects or results of the participant's substance use and what might be gained and lost by abstinence or reduction in substance use? To what extent did the clinician use decisional balancing, complete a cost-benefits analysis, or develop a list of pros and cons of substance use? How much did the clinician express appreciation for ambivalence as a normal part of the change process?

a) Frequency and extensiveness:

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

b) Skill level:

☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all



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Supervisor Tape Rater Form (continued)

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Site #:	Supervisor ID:	Clinician ID:	Participant ID:	Date of Assessment: (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	USUBJID	<input type="text"/> / <input type="text"/> / <input type="text"/>

10. PSYCHOEDUCATION ABOUT SUBSTANCES (p. 31): To what extent did the clinician provide information or facilitate discussion about drugs and alcohol including symptoms of intoxication, abuse, dependence, or withdrawal? How much did the clinician educate the participant on the effects of substances on medical, employment, family, social, legal, and psychological functioning?

QSSCAT

a) Frequency and extensiveness:

QSTEST/QSTESTCD

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

b) Skill level:

QSORRES

☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

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:

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

b) Skill level:

☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

12. POWERLESSNESS AND LOSS OF CONTROL (p. 35): To what extent did the clinician emphasize the concept of powerlessness over addiction as a disease and the importance of the participant's belief in this for successful sobriety? To what extent did the clinician express the view that all substance use represents a loss of control or that the participant's life is unmanageable when s/he uses substances?

a) Frequency and extensiveness:

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

b) Skill level:

☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

13. SELF-HELP GROUP INVOLVEMENT (p. 37): To what extent did the clinician encourage, monitor, or reinforce the participant's involvement in 12 Step (AA/NA/CA) or other recovery self-help meetings (e.g., relying on members, planning or participating in meeting-related activities)? To what extent did the clinician explicitly refer to or explain the principles (e.g., specific Steps or recovery concepts) or review the participant's progress in self-help groups?

a) Frequency and extensiveness:

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

b) Skill level:

☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

14. SPIRITUALITY/HIGHER POWER (p. 39): To what extent did the clinician explicitly invoke the concept of spirituality or a higher power as a source of strength, hope, and guidance in the participant's working a recovery program (e.g., clinician suggested reliance on the Serenity Prayer, religious concepts, or Steps 2 or 3 of AA/NA/CA)?

a) Frequency and extensiveness:

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

b) Skill level:

☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all



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Supervisor Tape Rater Form (continued)

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Site #:	Supervisor ID:	Clinician ID:	Participant ID:	Date of Assessment: (mm/dd/yyyy)
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				QSDTC

QSSCAT

15. HEIGHTENING DISCREPANCIES (p. 41): To what extent did the clinician create or heighten the internal conflicts of the participant relative to his/her substance use? To what extent did the clinician facilitate or increase the participant's awareness of a discrepancy between where her/his life is currently versus where s/he wants it to be in the future? How much did the clinician explore the role of substances in preventing the participant from reaching life goals or values?

- a) Frequency and extensiveness: **QSTEST/QSTESTCD**
- ☐ Not at all ☐ A little ☐ Infrequently ☐ Somewhat ☐ Quite a bit ☐ Considerably ☐ Extensively
- b) Skill level: **QSORRES**
- ☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

16. FORMAL TREATMENT PLANNING (p. 43): To what extent did the clinician develop and/or review the participant's formal treatment plan for the clinic program during the session, including problem/needs list, long-term goals, short-term objectives, and planned interventions? To what extent was the appropriateness of the current level of care discussed versus the need for a referral to a more or less intensive program?

- a) Frequency and extensiveness:
- ☐ Not at all ☐ A little ☐ Infrequently ☐ Somewhat ☐ Quite a bit ☐ Considerably ☐ Extensively
- b) Skill level:
- ☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

17. CHANGE PLANNING DISCUSSION (p. 45): To what extent did the clinician and participant collaboratively develop and make a commitment to a plan for change? How much did the clinician facilitate discussion of the positive and negative aspects of changing, what might get in the way, and how to address impediments to change?

- a) Frequency and extensiveness:
- ☐ Not at all ☐ A little ☐ Infrequently ☐ Somewhat ☐ Quite a bit ☐ Considerably ☐ Extensively
- b) Skill level:
- ☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

18. REALITY THERAPY PRINCIPLES (p. 47): To what extent did the clinician encourage the participant to accept responsibility for his/her substance abuse and the choices s/he has made that has kept him/her in a substance using lifestyle? How much did the clinician emphasize that successful recovery depended on the participant making the right decisions and taking control of his/her life?

- a) Frequency and extensiveness:
- ☐ Not at all ☐ A little ☐ Infrequently ☐ Somewhat ☐ Quite a bit ☐ Considerably ☐ Extensively
- b) Skill level:
- ☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

19. CONFRONTATION OF DENIAL OR DEFENSIVENESS (p. 49): To what extent did the clinician directly confront the participant's denial or defensiveness about acknowledging problems or concerns related to substance use (e.g., acceptance of problem, lying, non-compliance with treatment)?

- a) Frequency and extensiveness:
- ☐ Not at all ☐ A little ☐ Infrequently ☐ Somewhat ☐ Quite a bit ☐ Considerably ☐ Extensively
- b) Skill level:
- ☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all



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Supervisor Tape Rater Form (continued)

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Site #:	Supervisor ID:	Clinician ID:	Participant ID:	Date of Assessment: (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	USUBJID	<input type="text"/> / <input type="text"/> / <input type="text"/> QSDTC

QSCAT

20. SOCIAL FUNCTIONING AND FACTORS (p. 51): To what extent did the clinician assess or discuss the participant's social functioning in different life areas (e.g., work, family, partner, social network, legal, etc.)? How much did the clinician focus on stressors (e.g., interpersonal conflict) or factors (e.g., legal, employment) that influence the participant's being in treatment or that might promote (e.g., drug-free social supports) or jeopardize (e.g., unhealthy relationships) treatment success?

- a) Frequency and extensiveness: QSTEST/QSTESTCD
- ☐ Not at all ☐ A little ☐ Infrequently ☐ Somewhat ☐ Quite a bit ☐ Considerably ☐ Extensively
- b) Skill level: QSORRES
- ☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

21. MOTIVATION TO CHANGE (p. 53): To what extent did the clinician try to elicit participant discussion of change (self-motivational statements) through questions or comments designed to promote greater awareness/concern for the problem, increase intent/optimism to change, or encourage elaboration on a topic related to change? To what extent did the clinician discuss the stages of change, help the participant develop a rating of current readiness, or explore how motivation might be strengthened?

- a) Frequency and extensiveness:
- ☐ Not at all ☐ A little ☐ Infrequently ☐ Somewhat ☐ Quite a bit ☐ Considerably ☐ Extensively
- b) Skill level:
- ☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

22. THERAPEUTIC AUTHORITY (p. 55): To what extent did the clinician verbalize clear conclusions or decisions about what course of therapy would be best for the participant? How much did the clinician warn that recovery would be impeded unless the participant followed certain steps or guidelines in treatment? To what extent did the clinician try to lecture the participant about "what works" about treatment or the likelihood of poor outcome if the participant tried to do his/her own treatment?

- a) Frequency and extensiveness:
- ☐ Not at all ☐ A little ☐ Infrequently ☐ Somewhat ☐ Quite a bit ☐ Considerably ☐ Extensively
- b) Skill level:
- ☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

23. SKILLS TRAINING (p. 57): To what extent did the clinician attempt to actively teach, model, rehearse, or role play specific behavioral coping skills, label them as such (e.g., refusal skills, urge/craving control, anger management, communication training), and link them to past or future substance use?

- a) Frequency and extensiveness:
- ☐ Not at all ☐ A little ☐ Infrequently ☐ Somewhat ☐ Quite a bit ☐ Considerably ☐ Extensively
- b) Skill level:
- ☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

24. RISK BEHAVIOR REDUCTION (p. 59): To what extent did the clinician provide information/education or facilitate discussion about behaviors which place one at high risk for infectious diseases such as HIV, Hepatitis, Tuberculosis, or sexually transmitted diseases? To what extent did the clinician discourage such risky behaviors or attempt to educate the participant about specific risk reduction strategies (e.g., condom use, needle cleaning)?

- a) Frequency and extensiveness:
- ☐ Not at all ☐ A little ☐ Infrequently ☐ Somewhat ☐ Quite a bit ☐ Considerably ☐ Extensively
- b) Skill level:
- ☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all



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Supervisor Tape Rater Form (continued)

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Site #:	Supervisor ID:	Clinician ID:	Participant ID:	Date of Assessment: (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	USUBJID	<input type="text"/> / <input type="text"/> / <input type="text"/> QSDTC

QSCAT

25. COGNITIONS (p. 61): To what extent did the clinician ask the patient to monitor, report or evaluate specific cognitions associated with substance use or related problems? To what extent did the clinician use cognitive therapy techniques of disputing the participant's irrational, automatic, distorted, or dysfunctional thoughts related to his/her use of substances or related mood or interpersonal problems?

a) Frequency and extensiveness: QSTEST/QSTESTCD

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

b) Skill level:

QSORRES

☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

26. AFFIRMATION OF STRENGTHS AND SELF-EFFICACY (p. 63): To what extent did the clinician verbally reinforce the participant's strengths, abilities, or efforts to change his/her behavior? To what extent did the clinician encourage a sense of self-efficacy on the part of the participant by praising small steps in the direction of change or expressing appreciation of personal qualities in the participant that might facilitate successful efforts to change?

a) Frequency and extensiveness:

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

b) Skill level:

☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

27. PSYCHOPATHOLOGY (p. 65): To what extent did the clinician explicitly focus on the participant's psychopathology (i.e. symptoms of depressive, anxiety, psychotic disorders)? How much did the clinician discuss the participant's past and current psychiatric symptoms or treatment for a psychiatric disorder?

a) Frequency and extensiveness:

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

b) Skill level:

☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

28. MOTIVATIONAL INTERVIEWING STYLE (p. 67): To what extent did the clinician provide low-key feedback, roll with resistance (e.g., avoiding arguments, shifting focus), and use a supportive, warm, non-judgmental approach? To what extent did the clinician convey empathic sensitivity through words and tone of voice, demonstrate genuine concern and an awareness of the participant's experiences?

a) Frequency and extensiveness:

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

b) Skill level:

☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

29. PSYCHODYNAMIC INTERVENTIONS (p. 69): To what extent did the clinician engage in psychodynamic interventions (e.g., discuss intrapsychic conflicts, connect childhood history with current behavior, discuss dreams, make transference interpretations, etc)?

a) Frequency and extensiveness:

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

b) Skill level:

☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all



Supervisor Tape Rater Form (continued)

53443

Site #:

Supervisor ID:

Clinician ID:

Participant ID:

Date of Assessment: (mm/dd/yyyy)

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U	S	B	J	I	D
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Q	S	D	T	C
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30. PREGNANCY (p. 71): To what extent did the clinician explicitly focus on the participant's pregnancy? How much did the clinician discuss the participant's substance use in relation to the pregnancy?

- a) Frequency and extensiveness: **QSTEST/QSTESTCD**
- ☐ Not at all ☐ A little ☐ Infrequently ☐ Somewhat ☐ Quite a bit ☐ Considerably ☐ Extensively
- b) Skill level: **QSORRES**
- ☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

31. GENERAL DISCUSSIONS AND SELF-DISCLOSURES (p. 73): To what extent did the clinician speak with the participant about topics that were not related to the problems for which the client entered treatment? To what extent did the clinician disclose personal information about him/herself that did not involve the clinician's own experiences with addiction and recovery?

- a) Frequency and extensiveness:
- ☐ Not at all ☐ A little ☐ Infrequently ☐ Somewhat ☐ Quite a bit ☐ Considerably ☐ Extensively
- b) Skill level:
- ☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent ☐ Not done at all

General Ratings of Clinician

32. SKILLFULNESS (p. 75): How would you rate the clinician's general level of skillfulness, as evidenced by his/her expertise, competence, commitment, timing of interventions, appropriate timing and matching of intervention strategies, and ability to assist the client?

- ☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent

33. MAINTAIN STRUCTURE (p. 77): How would you rate the clinician's ability to maintain structure within the session, as evidenced by setting an agenda, staying focused on specific discussion areas, being appropriately active, properly guiding the pace and direction of the session, and providing sufficient time to conduct therapy tasks?

- ☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent

34. FRUSTRATION (p. 79): How much frustration did the clinician express toward the client during the session, as evidenced by moralizing, preaching, judging, criticizing, blaming, sighing, huffing, cursing, diminishing, being distracted or disinvested, expressing hopelessness, or prematurely ending the conversation, activity, or session?

- ☐ Very poor ☐ Poor ☐ Acceptable ☐ Adequate ☐ Good ☐ Very good ☐ Excellent

General Ratings of Participant

35. UNRELATED TOPICS (p. 81): How much did the participant want to discuss topics unrelated to the protocol?

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

36. DIFFICULTY UNDERSTANDING (p. 82): How much difficulty did the participant have understanding or accepting the material?

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

37. ALLIANCE (p. 83): How strong would you rate the participant's working alliance with the clinician?

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

38. MOTIVATION-BEGINNING (p. 85): How would you rate the client's stage of change or motivation at the beginning of this session?

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

39. MOTIVATION-END (p. 85): How would you rate the client's stage of change or motivation at the end of this session?

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

Comments:

DOMAIN: CO

COVAL

RDOMAIN=QS

COREF=SUPERVISOR TAPE RATING FORM

IDVAR=VISITUM

Adverse Events CRF

DOMAIN: AE

Page of

Node #:

Site #:

Study: STUDYID

Participant ID:

Name Code:

Form # 1334

Phase:

- ☐ Screening
☐ Active
☐ Follow-Up

EPOCH

USUBJID

Date of Assessment: (mm/dd/yyyy)

AEDTC

Visit #:

Study Day:

VISIT/VISIT
NUM

CQL Codes:
blank-No errors
01-Pt unavailable
10-Data collector error
11-Pt unable/unwilling to
answer

CQL:

DOMAIN: SC

SCTESTCD=SAEOCCUR

SCTEST=PATIENT

REPORTED SAE

Did the participant report any adverse event(s) during the study period? ☐ No ☐ Yes

If Yes, provide details below:

1. Event	3. Max Severity	4. Causality	6. Serious Reporting Criteria	7. Final Outcome	8. Final Outcome Date/Time or 9. Ongoing
AETERM\ AEDECOD	<input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe AESEV	<input type="radio"/> Reasonable possibility <input type="radio"/> Not reasonable possibility AEREL 5. Serious <input type="radio"/> No <input type="radio"/> Yes AESER	<input type="radio"/> Death <input type="radio"/> Life-threatening AESLIFE <input type="radio"/> Prolonged or requires hospitalization AESHOSP <input type="radio"/> Congenital anomaly/birth defect AESCONG <input type="radio"/> Resulted in persistent or significant disability/incapacity AESDISAB <input type="radio"/> Other significant event requiring medical and/or surgical intervention AESMIE	<input type="radio"/> Resolved <input type="radio"/> Resolved-with sequelae <input type="radio"/> Unresolved <input type="radio"/> Death AEOUT	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> : <input type="text"/> AEENDTC OR <input type="radio"/> Ongoing AEENRF

AESTDTC

1. Event	3. Max Severity	4. Causality	6. Serious Reporting Criteria	7. Final Outcome	8. Final Outcome Date/Time or 9. Ongoing
	<input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe	<input type="radio"/> Reasonable possibility <input type="radio"/> Not reasonable possibility 5. Serious <input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Death <input type="radio"/> Life-threatening <input type="radio"/> Prolonged or requires hospitalization <input type="radio"/> Congenital anomaly/birth defect <input type="radio"/> Resulted in persistent or significant disability/incapacity <input type="radio"/> Other significant event requiring medical and/or surgical intervention	<input type="radio"/> Resolved <input type="radio"/> Resolved-with sequelae <input type="radio"/> Unresolved <input type="radio"/> Death	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> : <input type="text"/> OR <input type="radio"/> Ongoing

QNAM=AESIG
QLABEL=AE
SIGNATURE
IDVAR=AESEQ

NAME OF SITE INVESTIGATOR (please print):

QNAM=ASIGDT
QLABEL=SAE
SIGNATURE DATE
IDVAR=AESEQ

SIGNATURE:

DATE SIGNED:

Substance Use Calendar - Pre-Treatment

Node #:

Site #:

Study:

Visit #:

Study Day:

EPOCH

Phase:

- ☒ Screening
☐ Active
☐ Follow-Up

CQI Codes:

blank-No errors
 01-Pt unavailable
 10-Data collector error
 11-Pt unable/unwilling to answer

CQI:

CQI Comments:

- ☐ Entire form
☐ Question #(s):

Form # 1302

Participant ID:

Name Code:

Date of Assessment: (mm/dd/yyyy)

USUBJID

SUDTC

SUEVLINT=P1D

SUDUR=

28509



SUCAT=PRETREATMENT-PRIMARY DRUG

 Primary Drug: ☐ Alcohol ☐ Cocaine ☐ Marijuana ☐ Opioids ☐ Benzos ☐ Methamphetamine ☐ Other Please specify Other:

SUTRT

SUSPID

SUCAT=PRETREATMENT-DAILY LOG

Day 1 Date(mm/dd/yyyy):

Day 2 Date(mm/dd):

Day 3 Date(mm/dd):

Day 4 Date(mm/dd):

Day 5 Date(mm/dd):

Day 6 Date(mm/dd):

Day 7 Date(mm/dd):

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No Yes

No Yes

No Yes

No Yes

No Yes

No Yes

No Yes

- Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

- Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

- Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

- Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

- Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

- Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

- Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

SUTRT SUOCCUR

Day 8 Date(mm/dd):

Day 9 Date(mm/dd):

Day 10 Date(mm/dd):

Day 11 Date(mm/dd):

Day 12 Date(mm/dd):

Day 13 Date(mm/dd):

Day 14 Date(mm/dd):

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No Yes

No Yes

No Yes

No Yes

No Yes

No Yes

No Yes

- Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

- Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

- Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

- Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

- Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

- Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

- Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

Reset

Substance Use Calendar - Pre-Treatment (continued)



Site #:	USUBJID	Participant ID:	Name Code:	Date of Assessment: (mm/dd/yyyy)	SUDTC	VISIT/VISITNUM	Visit #:	Study Day:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

SUTRT SUOCCUR

SUCAT=PRETREATMENT-DAILY LOG

SUEVLINT=-P1D

SUDUR=

Day 22 Date(mm/dd):	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):
<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
No Yes	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes
Alcohol <input type="radio"/> <input type="radio"/>	Alcohol <input type="radio"/> <input type="radio"/>	Alcohol <input type="radio"/> <input type="radio"/>	Alcohol <input type="radio"/> <input type="radio"/>	Alcohol <input type="radio"/> <input type="radio"/>	Alcohol <input type="radio"/> <input type="radio"/>	Alcohol <input type="radio"/> <input type="radio"/>
Cocaine <input type="radio"/> <input type="radio"/>	Cocaine <input type="radio"/> <input type="radio"/>	Cocaine <input type="radio"/> <input type="radio"/>	Cocaine <input type="radio"/> <input type="radio"/>	Cocaine <input type="radio"/> <input type="radio"/>	Cocaine <input type="radio"/> <input type="radio"/>	Cocaine <input type="radio"/> <input type="radio"/>
Marijuana <input type="radio"/> <input type="radio"/>	Marijuana <input type="radio"/> <input type="radio"/>	Marijuana <input type="radio"/> <input type="radio"/>	Marijuana <input type="radio"/> <input type="radio"/>	Marijuana <input type="radio"/> <input type="radio"/>	Marijuana <input type="radio"/> <input type="radio"/>	Marijuana <input type="radio"/> <input type="radio"/>
Opioids <input type="radio"/> <input type="radio"/>	Opioids <input type="radio"/> <input type="radio"/>	Opioids <input type="radio"/> <input type="radio"/>	Opioids <input type="radio"/> <input type="radio"/>	Opioids <input type="radio"/> <input type="radio"/>	Opioids <input type="radio"/> <input type="radio"/>	Opioids <input type="radio"/> <input type="radio"/>
Benzos <input type="radio"/> <input type="radio"/>	Benzos <input type="radio"/> <input type="radio"/>	Benzos <input type="radio"/> <input type="radio"/>	Benzos <input type="radio"/> <input type="radio"/>	Benzos <input type="radio"/> <input type="radio"/>	Benzos <input type="radio"/> <input type="radio"/>	Benzos <input type="radio"/> <input type="radio"/>
Methamph <input type="radio"/> <input type="radio"/>	Methamph <input type="radio"/> <input type="radio"/>	Methamph <input type="radio"/> <input type="radio"/>	Methamph <input type="radio"/> <input type="radio"/>	Methamph <input type="radio"/> <input type="radio"/>	Methamph <input type="radio"/> <input type="radio"/>	Methamph <input type="radio"/> <input type="radio"/>
Cigarettes <input type="radio"/> <input type="radio"/>	Cigarettes <input type="radio"/> <input type="radio"/>	Cigarettes <input type="radio"/> <input type="radio"/>	Cigarettes <input type="radio"/> <input type="radio"/>	Cigarettes <input type="radio"/> <input type="radio"/>	Cigarettes <input type="radio"/> <input type="radio"/>	Cigarettes <input type="radio"/> <input type="radio"/>
Other <input type="radio"/> <input type="radio"/>	Other <input type="radio"/> <input type="radio"/>	Other <input type="radio"/> <input type="radio"/>	Other <input type="radio"/> <input type="radio"/>	Other <input type="radio"/> <input type="radio"/>	Other <input type="radio"/> <input type="radio"/>	Other <input type="radio"/> <input type="radio"/>

Is there a discrepancy between the self-report and today's urine toxicology and/or breathalyzer results?

☐ No ☐ Yes

If Yes, please indicate for which drug(s) below:

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

QNAM = 'PREDISC

QLABEL = 'DISCREPANCY IN
PRETREATMENT TEST RESULTS

IDVAR = VISITNUM

Substance Use Calendar - Active Phase (Part A)

Node #: Site #:

STUDYID

Study:

Visit #:

Study Day:

EPOCH

0 9

N I D A - C T N -

0 0 1 3

Form # 1317A

28068

Phase:

- ☐ Screening
☒ Active
☐ Follow-Up

CQI Codes:

blank-No errors
01-Pt unavailable
10-Data collector error
11-Pt unable/unwilling to answer

CQI:

☐☐☐☐

CQI Comments:

- ☐ Entire form
☐ Question #(s):

Participant ID:

Name Code:

Date of Assessment: (mm/dd/yyyy)

USUBJID

SUDTC

SUEVLINT=P1D

SUDUR=

SUCAT=ACTIVE PHASE-PRIMARY DRUG

Primary Drug: ☐ Alcohol ☐ Cocaine ☐ Marijuana ☐ Opioids ☐ Benzos ☐ Methamphetamine ☐ Other Please specify Other:

SUTRT

SUCAT=ACTIVE PHASE-DAILY LOG

Day 1 Date(mm/dd/yyyy):

Day 2 Date(mm/dd):

Day 3 Date(mm/dd):

Day 4 Date(mm/dd):

Day 5 Date(mm/dd):

Day 6 Date(mm/dd):

Day 7 Date(mm/dd):

SUSPID / /

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No Yes

No Yes

No Yes

No Yes

No Yes

No Yes

No Yes

Alcohol ☐ ☐
Cocaine ☐ ☐
Marijuana ☐ ☐
Opioids ☐ ☐
Benzos ☐ ☐
Methamph ☐ ☐
Cigarettes ☐ ☐
Other ☐ ☐

Alcohol ☐ ☐
Cocaine ☐ ☐
Marijuana ☐ ☐
Opioids ☐ ☐
Benzos ☐ ☐
Methamph ☐ ☐
Cigarettes ☐ ☐
Other ☐ ☐

Alcohol ☐ ☐
Cocaine ☐ ☐
Marijuana ☐ ☐
Opioids ☐ ☐
Benzos ☐ ☐
Methamph ☐ ☐
Cigarettes ☐ ☐
Other ☐ ☐

Alcohol ☐ ☐
Cocaine ☐ ☐
Marijuana ☐ ☐
Opioids ☐ ☐
Benzos ☐ ☐
Methamph ☐ ☐
Cigarettes ☐ ☐
Other ☐ ☐

Alcohol ☐ ☐
Cocaine ☐ ☐
Marijuana ☐ ☐
Opioids ☐ ☐
Benzos ☐ ☐
Methamph ☐ ☐
Cigarettes ☐ ☐
Other ☐ ☐

Alcohol ☐ ☐
Cocaine ☐ ☐
Marijuana ☐ ☐
Opioids ☐ ☐
Benzos ☐ ☐
Methamph ☐ ☐
Cigarettes ☐ ☐
Other ☐ ☐

Alcohol ☐ ☐
Cocaine ☐ ☐
Marijuana ☐ ☐
Opioids ☐ ☐
Benzos ☐ ☐
Methamph ☐ ☐
Cigarettes ☐ ☐
Other ☐ ☐

SUTRT

SUOCCUR

Is there a discrepancy between the self-report and today's urine toxicology and/or breathalyzer results?

☐ No ☐ Yes

If Yes, please indicate for which drug(s) below:

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

QNAM = 'ACTA1DISC'

QLABEL = 'DISCREPANCY IN ACTIVE PART A1 TEST RESULTS'

IDVAR = VISITNUM

Day 8 Date(mm/dd):

Day 9 Date(mm/dd):

Day 10 Date(mm/dd):

Day 11 Date(mm/dd):

Day 12 Date(mm/dd):

Day 13 Date(mm/dd):

Day 14 Date(mm/dd):

No Yes

No Yes

No Yes

No Yes

No Yes

No Yes

No Yes

Alcohol ☐ ☐
Cocaine ☐ ☐
Marijuana ☐ ☐
Opioids ☐ ☐
Benzos ☐ ☐
Methamph ☐ ☐
Cigarettes ☐ ☐
Other ☐ ☐

Alcohol ☐ ☐
Cocaine ☐ ☐
Marijuana ☐ ☐
Opioids ☐ ☐
Benzos ☐ ☐
Methamph ☐ ☐
Cigarettes ☐ ☐
Other ☐ ☐

Alcohol ☐ ☐
Cocaine ☐ ☐
Marijuana ☐ ☐
Opioids ☐ ☐
Benzos ☐ ☐
Methamph ☐ ☐
Cigarettes ☐ ☐
Other ☐ ☐

Alcohol ☐ ☐
Cocaine ☐ ☐
Marijuana ☐ ☐
Opioids ☐ ☐
Benzos ☐ ☐
Methamph ☐ ☐
Cigarettes ☐ ☐
Other ☐ ☐

Alcohol ☐ ☐
Cocaine ☐ ☐
Marijuana ☐ ☐
Opioids ☐ ☐
Benzos ☐ ☐
Methamph ☐ ☐
Cigarettes ☐ ☐
Other ☐ ☐

Alcohol ☐ ☐
Cocaine ☐ ☐
Marijuana ☐ ☐
Opioids ☐ ☐
Benzos ☐ ☐
Methamph ☐ ☐
Cigarettes ☐ ☐
Other ☐ ☐

Alcohol ☐ ☐
Cocaine ☐ ☐
Marijuana ☐ ☐
Opioids ☐ ☐
Benzos ☐ ☐
Methamph ☐ ☐
Cigarettes ☐ ☐
Other ☐ ☐

Is there a discrepancy between the self-report and today's urine toxicology and/or breathalyzer results?

☐ No ☐ Yes

If Yes, please indicate for which drug(s) below:

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

QNAM = 'ACTA2DISC'

QLABEL = 'DISCREPANCY IN ACTIVE PART A2 TEST RESULTS'

IDVAR = VISITNUM

Reset

Substance Use Calendar - Active Phase (Part B)

Node #: Site #: STUDYID

Study:

Visit #: Study Day:

EPOCH

0 9

N I D A - C T N -

0 0 1 3

Form # 1317B

Phase:

- ☐ Screening
- ☒ Active
- ☐ Follow-Up

CQI Codes:

blank-No errors

01-Pt unavailable

10-Data collector error

11-Pt unable/unwilling to answer

CQI:

☐ ☐

☐ ☐

CQI Comments:

- ☐ Entire form
- ☐ Question #(s):

Participant ID:

Name Code:

Date of Assessment: (mm/dd/yyyy)

USUBJID

SUDTC

SUEVLINT=P1D

SUDUR=

SUCAT=ACTIVE PHASE-DAILY LOG

Day 15 Date(mm/dd):

SUSPID /

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Cigarettes ☐ ☐

Other ☐ ☐

SUTRT

SUOCCUR

Is there a discrepancy between the self-report and today's urine toxicology and/or breathalyzer results?

☐ No ☐ Yes

If Yes, please indicate for which drug(s) below:

Alcohol Cocaine Marijuana Opioids Benzos Methamph

☐ No ☐ No ☐ No ☐ No ☐ No ☐ No

☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes

QNAM = 'ACTB1DISC'

QLABEL = 'DISCREPANCY IN ACTIVE PART B1 TEST RESULTS'

IDVAR = VISITNUM

Day 22 Date(mm/dd):

/

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Cigarettes ☐ ☐

Other ☐ ☐

Is there a discrepancy between the self-report and today's urine toxicology and/or breathalyzer results?

☐ No ☐ Yes

If Yes, please indicate for which drug(s) below:

Alcohol Cocaine Marijuana Opioids Benzos Methamph

☐ No ☐ No ☐ No ☐ No ☐ No ☐ No

☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes

QNAM = 'ACTB2DISC'

QLABEL = 'DISCREPANCY IN ACTIVE PART B2 TEST RESULTS'

IDVAR = VISITNUM

Reset

Substance Use Calendar - Follow-Up 1

Node #: Site #: STUDYID

Study:

Visit #:

Study Day:

EPOCH

Phase:

- ☐ Screening
☐ Active
☒ Follow-Up

CQI Codes:

blank-No errors
 01-Pt unavailable
 10-Data collector error
 11-Pt unable/unwilling to answer

CQI:

☐ ☐
☐ ☐
☐ ☐

CQI Comments:

- ☐ Entire form
☐ Question #(s):

Form # 1327

Participant ID:

Name Code:

Date of Assessment: (mm/dd/yyyy)

USUBJID

SUDTC

SUEVLINT=-P1D

SUDUR=

SUCAT=FOLLOWUP 1-DAILY LOG

Day 29

Date(mm/dd/yyyy):

Day 30

Date(mm/dd):

Day 31

Date(mm/dd):

Day 32

Date(mm/dd):

Day 33

Date(mm/dd):

Day 34

Date(mm/dd):

Day 35

Date(mm/dd):

SUSPID

No Yes

Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

No Yes

Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

No Yes

Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

No Yes

Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

No Yes

Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

No Yes

Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

No Yes

Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

SUTRT

SUOCCUR

Day 36

Date(mm/dd):

No Yes

Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

Day 37

Date(mm/dd):

No Yes

Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

Day 38

Date(mm/dd):

No Yes

Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

Day 39

Date(mm/dd):

No Yes

Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

Day 40

Date(mm/dd):

No Yes

Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

Day 41

Date(mm/dd):

No Yes

Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

Day 42

Date(mm/dd):

No Yes

Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

Reset

Substance Use Calendar - Follow-Up 1

(continued)

USUBJID

SUDTC

VISIT/VISITNUM

Site #:

Participant ID:

Name Code:

Date of Assessment: (mm/dd/yyyy)

Visit #:

Study Day:

 /

 /

31694



Day 43 Date(mm/dd):

SUSPID /

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Cigarettes ☐ ☐

Other ☐ ☐

Day 44 Date(mm/dd):

 /

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Cigarettes ☐ ☐

Other ☐ ☐

Day 45 Date(mm/dd):

 /

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Cigarettes ☐ ☐

Other ☐ ☐

Day 46 Date(mm/dd):

 /

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Cigarettes ☐ ☐

Other ☐ ☐

Day 47 Date(mm/dd):

 /

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Cigarettes ☐ ☐

Other ☐ ☐

Day 48 Date(mm/dd):

 /

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Cigarettes ☐ ☐

Other ☐ ☐

Day 49 Date(mm/dd):

 /

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Cigarettes ☐ ☐

Other ☐ ☐

SUTRT SUOCCUR

SUCAT=FOLLOWUP 1-DAILY LOG

SUEVLINT=P1D

SUDUR= ' '

Day 50 Date(mm/dd):

 /

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Cigarettes ☐ ☐

Other ☐ ☐

Day 51 Date(mm/dd):

 /

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Cigarettes ☐ ☐

Other ☐ ☐

Day 52 Date(mm/dd):

 /

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Cigarettes ☐ ☐

Other ☐ ☐

Day 53 Date(mm/dd):

 /

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Cigarettes ☐ ☐

Other ☐ ☐

Day 54 Date(mm/dd):

 /

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Cigarettes ☐ ☐

Other ☐ ☐

Day 55 Date(mm/dd):

 /

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Cigarettes ☐ ☐

Other ☐ ☐

Day 56 Date(mm/dd):

 /

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Cigarettes ☐ ☐

Other ☐ ☐

Is there a discrepancy between the self-report and today's urine toxicology and/or breathalyzer results?

☐ No ☐ Yes

If Yes, please indicate for which drug(s) below:

Alcohol

Cocaine

Marijuana

Opioids

Benzos

Methamph

☐ No☐ No☐ No☐ No☐ No☐ No☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes

QNAM = 'FU1DISC'

QLABEL = 'DISCREPANCY IN FOLLOWUP 1 TEST RESULTS'

IDVAR = VISITNUM

STUDYID

Substance Use Calendar - Follow-Up 2, Part A

VISIT/VISITNUM

Visit #:

Study Day:

EPOCH

Node #:

Site #:

Study:

0 9

N I D A

- C T N

- 0 0 1 3

Form # 1328A

Phase:

- ☐ Screening
☐ Active
☒ Follow-Up

CQI Codes:

blank-No errors
 01-Pt unavailable
 10-Data collector error
 11-Pt unable/unwilling to answer

CQI:

☐ ☐
☐ ☐
☐ ☐

CQI Comments:

- ☐ Entire form
☐ Question #(s):

Participant ID:

Name Code:

Date of Assessment: (mm/dd/yyyy)

 / /
 /

USUBJID

SUDTC

SUEVLINT=-P1D

SUDUR=

SUCAT=FOLLOWUP 2-DAILY LOG

SUSPID

Day 57 Date(mm/dd/yyyy):

 / /

No Yes

- Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

Day 58 Date(mm/dd):

 /

No Yes

- Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

Day 59 Date(mm/dd):

 /

No Yes

- Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

Day 60 Date(mm/dd):

 /

No Yes

- Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

Day 61 Date(mm/dd):

 /

No Yes

- Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

Day 62 Date(mm/dd):

 /

No Yes

- Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

Day 63 Date(mm/dd):

 /

No Yes

- Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

SUTRT

SUOCCUR

Day 64 Date(mm/dd):

 /

No Yes

- Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

Day 65 Date(mm/dd):

 /

No Yes

- Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

Day 66 Date(mm/dd):

 /

No Yes

- Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

Day 67 Date(mm/dd):

 /

No Yes

- Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

Day 68 Date(mm/dd):

 /

No Yes

- Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

Day 69 Date(mm/dd):

 /

No Yes

- Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

Day 70 Date(mm/dd):

 /

No Yes

- Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

Reset

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

USUBJID

SUDTC

VISIT/VISITNUM

Site #:

Participant ID:

Name Code:

Date of Assessment: (mm/dd/yyyy)

Visit #:

Study Day:

/

/

33515



SUEVLINT=P1D

SUDUR= ' '

SUCAT= FOLLOWUP 2-DAILY LOG

SUSPID

Day 71 Date(mm/dd):

/

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Cigarettes ☐ ☐

Other ☐ ☐

SUTRT SUOCCUR

Day 72 Date(mm/dd):

/

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Cigarettes ☐ ☐

Other ☐ ☐

Day 73 Date(mm/dd):

/

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Cigarettes ☐ ☐

Other ☐ ☐

Day 74 Date(mm/dd):

/

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Cigarettes ☐ ☐

Other ☐ ☐

Day 75 Date(mm/dd):

/

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Cigarettes ☐ ☐

Other ☐ ☐

Day 76 Date(mm/dd):

/

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Cigarettes ☐ ☐

Other ☐ ☐

Day 77 Date(mm/dd):

/

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Cigarettes ☐ ☐

Other ☐ ☐

Day 78 Date(mm/dd):

/

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Cigarettes ☐ ☐

Other ☐ ☐

Day 79 Date(mm/dd):

/

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Cigarettes ☐ ☐

Other ☐ ☐

Day 80 Date(mm/dd):

/

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Cigarettes ☐ ☐

Other ☐ ☐

Day 81 Date(mm/dd):

/

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Cigarettes ☐ ☐

Other ☐ ☐

Day 82 Date(mm/dd):

/

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Cigarettes ☐ ☐

Other ☐ ☐

Day 83 Date(mm/dd):

/

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Cigarettes ☐ ☐

Other ☐ ☐

Day 84 Date(mm/dd):

/

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Cigarettes ☐ ☐

Other ☐ ☐

Node #: Site #: STUDYID Study:

0 9

N I D A - C T N

- 0 0 1 3

Form # 1328B

Visit #: Study Day:

EPOCH

Phase:

- ☐ Screening
☐ Active
☒ Follow-Up

CQI Codes:

blank-No errors
 01-Pt unavailable
 10-Data collector error
 11-Pt unable/unwilling to answer

CQI:

☐ ☐
☐ ☐

CQI Comments:

- ☐ Entire form
☐ Question #(s):

Participant ID: Name Code: Date of Assessment: (mm/dd/yyyy)

USUBJID

SUDTC

SUEVLINT=-P1D

SUDUR=' '

40036



SUCAT=FOLLOWUP 2-DAILY LOG

SUSPID
Day 85 Date(mm/dd):

No Yes

- Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

Day 86 Date(mm/dd):

No Yes

- Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

Day 87 Date(mm/dd):

No Yes

- Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

Day 88 Date(mm/dd):

No Yes

- Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

Day 89 Date(mm/dd):

No Yes

- Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

Day 90 Date(mm/dd):

No Yes

- Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

Day 91 Date(mm/dd):

No Yes

- Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

SUTRT SUOCCUR

Day 92 Date(mm/dd):

No Yes

- Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

Day 93 Date(mm/dd):

No Yes

- Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

Day 94 Date(mm/dd):

No Yes

- Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

Day 95 Date(mm/dd):

No Yes

- Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

Day 96 Date(mm/dd):

No Yes

- Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

Day 97 Date(mm/dd):

No Yes

- Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

Day 98 Date(mm/dd):

No Yes

- Alcohol ☐ ☐
 Cocaine ☐ ☐
 Marijuana ☐ ☐
 Opioids ☐ ☐
 Benzos ☐ ☐
 Methamph ☐ ☐
 Cigarettes ☐ ☐
 Other ☐ ☐

Reset

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

USUBJID

(continued)

SUDTC

VISIT/VISITNUM

Site #:

Subject ID:

Name Code:

Date of Assessment: (mm/dd/yyyy)

Visit #:

Study Day:

/

/

SUEVLINT=P1D

SUDUR=

Day 99 SUSPID

Date(mm/dd):

/

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Cigarettes ☐ ☐

Other ☐ ☐

Day 100

Date(mm/dd):

/

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Cigarettes ☐ ☐

Other ☐ ☐

Day 101

Date(mm/dd):

/

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Cigarettes ☐ ☐

Other ☐ ☐

Day 102

Date(mm/dd):

/

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Cigarettes ☐ ☐

Other ☐ ☐

Day 103

Date(mm/dd):

/

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Cigarettes ☐ ☐

Other ☐ ☐

Day 104

Date(mm/dd):

/

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Cigarettes ☐ ☐

Other ☐ ☐

Day 105

Date(mm/dd):

/

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Cigarettes ☐ ☐

Other ☐ ☐

SUTRT SUOCCUR

SUCAT=FOLLOWUP 2-DAILY LOG

Day 106

Date(mm/dd):

/

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Cigarettes ☐ ☐

Other ☐ ☐

Day 107

Date(mm/dd):

/

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Cigarettes ☐ ☐

Other ☐ ☐

Day 108

Date(mm/dd):

/

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Cigarettes ☐ ☐

Other ☐ ☐

Day 109

Date(mm/dd):

/

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Cigarettes ☐ ☐

Other ☐ ☐

Day 110

Date(mm/dd):

/

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Cigarettes ☐ ☐

Other ☐ ☐

Day 111

Date(mm/dd):

/

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Cigarettes ☐ ☐

Other ☐ ☐

Day 112

Date(mm/dd):

/

No Yes

Alcohol ☐ ☐

Cocaine ☐ ☐

Marijuana ☐ ☐

Opioids ☐ ☐

Benzos ☐ ☐

Methamph ☐ ☐

Cigarettes ☐ ☐

Other ☐ ☐

Is there a discrepancy between the self-report and today's urine toxicology and/or breathalyzer results?

☐ No ☐ Yes

If Yes, please indicate for which drug(s) below:

Alcohol

Cocaine

Marijuana

Opioids

Benzos

Methamph

☐ No ☐ Yes

☐ No ☐ Yes

☐ No ☐ Yes

☐ No ☐ Yes

☐ No ☐ Yes

☐ No ☐ Yes

QNAM = 'FU2DISC

QLABEL = 'DISCREPANCY IN FOLLOWUP 2 TEST RESULTS

IDVAR = VISITNUM

NOT DATABASED

Treatment Tracking - Active

Page 1 of 1

Study:

N I D A - C T N - 0 0 1 3

Form # 1318

Node #:

0 9

Site #:

Participant ID:

Name Code:

Date of Assessment: (mm/dd/yyyy)

Visit #:

Phase:

- ☐ Screening
☐ Active
☐ Follow-Up

CQI Codes:

blank-No errors
 01-Pt unavailable
 10-Data collector error
 11-Pt unable/unwilling to answer

CQI:

☐ ☐
☐ ☐
☐ ☐

CQI Comments:

- ☐ Entire form
☐ Question #(s):

Study Day:

Study Week Number:

☐ 1 ☐ 2 ☐ 3 ☐ 4

Week Start Date

Week End Date

Hours of Treatment:

	<u>Scheduled Hours</u>	<u>Actual Hours</u>
1. Outpatient	<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
2. IOP	<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
3. Methadone	<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
4. Outpatient detox	<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
5. Inpatient detox	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
6. Residential	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>

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

Other services

13. Number offsite case mgmt visits

Prenatal Care Services

14. Prenatal care visits scheduled

15. Prenatal care visits attended

Comments:

Reset



DOMAIN: EX

Treatment Tracking - Follow-Up 1

USUBJID

Page 1 of 2

Study:

STUDYID

Node #:

Site #:

Participant ID:

Name Code:

N I D A - C T N - 0 0 1 3

Form # 1329

0 9

EPOCH

Phase:

- ☐ Screening
☐ Active
☒ Follow-Up

CQI Codes:

blank-No errors
 01-Pt unavailable
 10-Data collector error
 11-Pt unable/unwilling to answer

CQI:

☐☐☐☐

CQI Comments:

- ☐ Entire form
☐ Question #(s):

USUBJID

Date of Assessment: (mm/dd/yyyy)

/ /

Visit #:

Study Day:

EXDTC

VISITNUM:

1. Did the participant receive treatment at the original CTP during study weeks 5 through 8? ☐ No ☐ Yes2. Did the participant receive treatment at another CTP during study weeks 5 through 8? ☐ No ☐ Yes

QNAM = TRTCTP5

QNAM = TRTOCTP5

QLABEL=TREATMENT
AT ORIGINAL CTP
WEEKS 5-8QLABEL=TREATMENT
AT OTHER CTP
WEEKS 5-8

EXSTDTC Week 5 Date / / EXSCAT=
 EXENDTC through / / WEEK 5

EXTRT	Hours of Treatment: EXELTM		EXDUR	Types of Treatment: Study Interventions EXTRT	EXDUR
	Scheduled Hours	Actual Hours			
1. Outpatient	.	.		7. Number of MET sessions	
2. IOP	.	.		8. Number of TAU sessions	
3. Methadone	.	.		Outpatient/IOP	
4. Outpatient detox	.	.		9. Number of other individual sessions	
5. Inpatient detox	.	.		10. Number of group sessions	
6. Residential	.	.		11. Number of case mgmt sessions	

EXDOSU=HOURS

EXDOSFRM, EXDOSE
SAME AS EXDOSUEXTPREF SAME AS
EXSCAT

EXDOSU=SESSIONS

Methadone

EXDOSU=DOSES

Other services

EXDOSU=VISITS

Prenatal Care Services

14. Prenatal care visits scheduled

15. Prenatal care visits attended

Reset

EXSTDTC Week 6 Date / / EXSCAT=
 EXENDTC through / / WEEK 6

EXTRT	Hours of Treatment: EXELTM		EXDUR	Types of Treatment: Study Interventions EXTRT	EXDUR
	Scheduled Hours	Actual Hours			
1. Outpatient	.	.		7. Number of MET sessions	
2. IOP	.	.		8. Number of TAU sessions	
3. Methadone	.	.		Outpatient/IOP	
4. Outpatient detox	.	.		9. Number of other individual sessions	
5. Inpatient detox	.	.		10. Number of group sessions	
6. Residential	.	.		11. Number of case mgmt sessions	

EXDOSU=HOURS

Methadone

EXDOSU=DOSES

Other services

EXDOSU=VISITS

Prenatal Care Services

14. Prenatal care visits scheduled

15. Prenatal care visits attended



2114

Treatment Tracking - Follow-Up 1 (continued)

Site #:

Participant ID:

Name Code:

Date of Assessment: (mm/dd/yyyy)

 / /

Study Day:

Week 7 Date

 / /

EXSCAT=

through

 / /

WEEK 7

Hours of Treatment:
Scheduled
Hours

Actual
Hours

1. Outpatient

 .
 .

2. IOP

 .
 .

3. Methadone

 .
 .
4. Outpatient
detox
 .
 .
5. Inpatient
detox
 .
 .

6. Residential

 .
 .
Types of Treatment:**Study Interventions**7. Number of
MET sessions
8. Number of
TAU sessions
Outpatient/IOP9. Number of other
individual sessions
10. Number of
group sessions

11. Number of case
mgmt sessions
Methadone12. Number of
methadone doses
Other services13. Number offsite
case mgmt visits
Prenatal Care Services14. Prenatal care
visits scheduled
15. Prenatal care
visits attended

Week 8 Date

 / /

EXSCAT=

through

 / /

WEEK 8

Hours of Treatment:
Scheduled
Hours

Actual
Hours

1. Outpatient

 .
 .

2. IOP

 .
 .

3. Methadone

 .
 .
4. Outpatient
detox
 .
 .
5. Inpatient
detox
 .
 .

6. Residential

 .
 .
Types of Treatment:**Study Interventions**7. Number of
MET sessions
8. Number of
TAU sessions
Outpatient/IOP9. Number of other
individual sessions
10. Number of
group sessions

11. Number of case
mgmt sessions
Methadone12. Number of
methadone doses
Other services13. Number offsite
case mgmt visits
Prenatal Care Services14. Prenatal care
visits scheduled
15. Prenatal care
visits attended

Comments:



2114

Treatment Tracking - Follow-Up 2

Study:

N I D A - C T N - 0 0 1 3

Form # 1330

Node #:

Site #:

Participant ID:

Name Code:

0 9

Phase:

- ☐ Screening
☐ Active
☒ Follow-Up

CQI Codes:

blank-No errors
 01-Pt unavailable
 10-Data collector error
 11-Pt unable/unwilling to answer

CQI:

☐☐☐

CQI Comments:

- ☐ Entire form
☐ Question #(s):

Date of Assessment: (mm/dd/yyyy)

/ /

Visit #:

Study Day:

/ /

Weeks 9-12

☐ No ☐ Yes

Weeks 13-16

☐ No ☐ Yes

1. Did the participant receive treatment at the original CTP?

2. Did the participant receive treatment at another CTP?

☐ No ☐ Yes☐ No ☐ Yes

QNAM = TRTCTP13

QLABEL=TREATMENT
AT ORIGINAL CTP
WEEKS 13-16

IDVAR = USUBJID

QNAM = TROCTP13

QLABEL=TREATMENT
AT OTHER CTP
WEEKS 13-16

IDVAR = USUBJID

Week 9 Date

/ /

through

/ /

EXSCAT=

WEEK 9

Hours of Treatment:

Scheduled
HoursActual
Hours

Types of Treatment:

Study Interventions

1. Outpatient

. .

. .

7. Number of MET sessions

☐

2. IOP

. .

. .

8. Number of TAU sessions

☐

3. Methadone

. .

. .

Outpatient/IOP

9. Number of other individual sessions

☐

4. Outpatient detox

. .

. .

10. Number of group sessions

☐

5. Inpatient detox

. .

. .

11. Number of case mgmt sessions

☐

6. Residential

. .

. .

Methadone

12. Number of methadone doses

☐

Other services

13. Number offsite case mgmt visits

☐

Prenatal Care Services

14. Prenatal care visits scheduled

☐

15. Prenatal care visits attended

☐

EXSCAT=

WEEK 10

Week 10 Date

/ /

through

/ /

Hours of Treatment:

Scheduled
HoursActual
Hours

Types of Treatment:

Study Interventions

1. Outpatient

. .

. .

7. Number of MET sessions

☐

2. IOP

. .

. .

8. Number of TAU sessions

☐

3. Methadone

. .

. .

Outpatient/IOP

9. Number of other individual sessions

☐

4. Outpatient detox

. .

. .

10. Number of group sessions

☐

5. Inpatient detox

. .

. .

11. Number of case mgmt sessions

☐

6. Residential

. .

. .

Methadone

12. Number of methadone doses

☐

Other services

13. Number offsite case mgmt visits

☐

Prenatal Care Services

14. Prenatal care visits scheduled

☐

15. Prenatal care visits attended

☐

QNAM = TRTCTP9

QLABEL=TREATMENT
AT ORIGINAL CTP
WEEKS 9-12

IDVAR = USUBJID

QNAM = TRTOCTP9

QLABEL=TREATMENT
AT OTHER CTP
WEEKS 9-12

IDVAR = USUBJID

Reset



1599

Treatment Tracking - Follow-Up 2 (continued)

Site #:

Participant ID:

Name Code:

Date of Assessment: (mm/dd/yyyy)

 / /

Study Day:

Week 11 Date

 / /

EXSCAT=

through

 / /

WEEK 11

Hours of Treatment:
Scheduled
Hours

Actual
Hours

1. Outpatient

 .
 .

2. IOP

 .
 .

3. Methadone

 .
 .
4. Outpatient
detox
 .
 .
5. Inpatient
detox
 .
 .

6. Residential

 .
 .
Types of Treatment:**Study Interventions**7. Number of
MET sessions
8. Number of
TAU sessions
Outpatient/IOP9. Number of other
individual sessions
10. Number of
group sessions

11. Number of case
mgmt sessions
Methadone12. Number of
methadone doses
Other services13. Number offsite
case mgmt visits
Prenatal Care Services14. Prenatal care
visits scheduled
15. Prenatal care
visits attended

Week 12 Date

 / /

EXSCAT=

through

 / /

WEEK 12

Hours of Treatment:
Scheduled
Hours

Actual
Hours

1. Outpatient

 .
 .

2. IOP

 .
 .

3. Methadone

 .
 .
4. Outpatient
detox
 .
 .
5. Inpatient
detox
 .
 .

6. Residential

 .
 .
Types of Treatment:**Study Interventions**7. Number of
MET sessions
8. Number of
TAU sessions
Outpatient/IOP9. Number of other
individual sessions
10. Number of
group sessions

11. Number of case
mgmt sessions
Methadone12. Number of
methadone doses
Other services13. Number offsite
case mgmt visits
Prenatal Care Services14. Prenatal care
visits scheduled
15. Prenatal care
visits attended


1599

Treatment Tracking - Follow-Up 2 (continued)

Site #:	Participant ID:	Name Code:	Date of Assessment: (mm/dd/yyyy)	Study Day:
<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>

Week 13 Date	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	EXSCAT=
through	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	WEEK 13

Hours of Treatment:	Scheduled Hours	Actual Hours	Types of Treatment:
1. Outpatient	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	7. Number of MET sessions <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
2. IOP	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	8. Number of TAU sessions <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
3. Methadone	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	Outpatient/IOP
4. Outpatient detox	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	9. Number of other individual sessions <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
5. Inpatient detox	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	10. Number of group sessions <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
6. Residential	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	11. Number of case mgmt sessions <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
			Methadone
			12. Number of methadone doses <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
			Other services
			13. Number offsite case mgmt visits <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
			Prenatal Care Services
			14. Prenatal care visits scheduled <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
			15. Prenatal care visits attended <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>

Week 14 Date	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	EXSCAT=
through	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	WEEK 14

Hours of Treatment:	Scheduled Hours	Actual Hours	Types of Treatment:
1. Outpatient	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	7. Number of MET sessions <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
2. IOP	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	8. Number of TAU sessions <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
3. Methadone	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	Outpatient/IOP
4. Outpatient detox	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	9. Number of other individual sessions <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
5. Inpatient detox	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	10. Number of group sessions <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
6. Residential	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	11. Number of case mgmt sessions <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
			Methadone
			12. Number of methadone doses <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
			Other services
			13. Number offsite case mgmt visits <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
			Prenatal Care Services
			14. Prenatal care visits scheduled <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
			15. Prenatal care visits attended <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>



Treatment Tracking - Follow-Up 2 (continued)

Site #:	Participant ID:	Name Code:	Date of Assessment: (mm/dd/yyyy)	Study Day:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

Week 15 Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	EXSCAT=
through	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	WEEK 15

<u>Hours of Treatment:</u>	<u>Scheduled Hours</u>	<u>Actual Hours</u>	<u>Types of Treatment:</u>	
1. Outpatient	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	7. Number of MET sessions	<input type="text"/>
2. IOP	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	8. Number of TAU sessions	<input type="text"/>
3. Methadone	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	Outpatient/IOP	
4. Outpatient detox	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	9. Number of other individual sessions	<input type="text"/>
5. Inpatient detox	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	10. Number of group sessions	<input type="text"/>
6. Residential	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	11. Number of case mgmt sessions	<input type="text"/>
			Methadone	
			12. Number of methadone doses	<input type="text"/>
			Other services	
			13. Number offsite case mgmt visits	<input type="text"/>
			Prenatal Care Services	
			14. Prenatal care visits scheduled	<input type="text"/>
			15. Prenatal care visits attended	<input type="text"/>

Week 16 Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	EXSCAT=
through	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	WEEK 16

<u>Hours of Treatment:</u>	<u>Scheduled Hours</u>	<u>Actual Hours</u>	<u>Types of Treatment:</u>	
1. Outpatient	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	7. Number of MET sessions	<input type="text"/>
2. IOP	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	8. Number of TAU sessions	<input type="text"/>
3. Methadone	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	Outpatient/IOP	
4. Outpatient detox	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	9. Number of other individual sessions	<input type="text"/>
5. Inpatient detox	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	10. Number of group sessions	<input type="text"/>
6. Residential	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	11. Number of case mgmt sessions	<input type="text"/>
			Methadone	
			12. Number of methadone doses	<input type="text"/>
			Other services	
			13. Number offsite case mgmt visits	<input type="text"/>
			Prenatal Care Services	
			14. Prenatal care visits scheduled	<input type="text"/>
			15. Prenatal care visits attended	<input type="text"/>

Comments: