

Note: Supplemental Qualifier variables  
are annotated within a red box.

## Demographics

DOMAIN: DM, SC,  
SUPPSC

Protocol Number: NIDA-CTN-0020

STUDYID

Node ID: _____	Phase: <u>01</u>	EPOCH	1
Site ID: _____	Study Day: <u>000</u>	VISITNUM	3
Participant ID: _____			5
Name Code: _____	Visit Date: _____ / _____ / _____	DMDTSC/SCDTC	6
FORM COMPLETION STATUS:			
CRF Administered <input type="checkbox"/> 1	Not enough time to administer <input type="checkbox"/> 4		8
Participant refused <input type="checkbox"/> 2	No participant contact <input type="checkbox"/> 5		
Staff member did not administer <input type="checkbox"/> 3	Other <input type="checkbox"/> 6		
Specify: _____			

Start Time:

DMSTDTC/SCSTDTC

\_\_\_\_ : \_\_\_\_  
h h m m  
(24 hour clock)\*

### DEMOGRAPHICS

1. Sex:

DM.SEX

Male ☐1  
Female ☐2

2. Date of birth:

DM.BRTHDTC

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
m m d d y y y y

3a. Ethnicity:

DM.ETHNIC

Spanish origin, Hispanic or Latino ☐1  
Not of Spanish origin, Hispanic or Latino ☐2

(If Not of Spanish origin, Hispanic or Latino, skip to Question 4.)

If Hispanic or Latino, mark 'Yes' for all that apply and mark 'No' for all that do not apply:				SCSTRESN
SCTEST	SCTESTCD	SCORRES/SCSTRESC		
	=DEM003B1	Mexican, Mexican-American, or Chicano	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	14
	=DEM003B2	Puerto Rican	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	15
	=DEM003B3	Cuban	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	16
	=DEM003B4	Hispanic or Latino, other	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	17
	=DEM003B5	Other, specify: _____		18

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

Participant: _____ <b>USUBJID</b>	Study Day <b>000</b>
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- 4. Race:** **DM.RACE** (if multiple, then 'MULTIPLE')
- For each of the following, please check "No" or "Yes."
  - Check "Yes" for items "g" or "h" if participant chooses not to answer or race is unknown.
  - For those categories with further specification, please respond to all sub-category questions. Answer "Yes" to at least one sub-category.
  - If sub-category is unknown, select "Other" for the sub-category and write "Unknown" for the specify.

**4a. American Indian or Alaska Native** Yes ☐ 19  
No ☐ 0

**4b. Asian** Yes ☐ 20  
No ☐ 0  
(If "No", skip to Question 4c.)

If Asian, mark 'Yes' for all that apply and mark 'No' for all that do not apply:			
<b>SCTEST</b>	<b>SCTESTCD</b> →	<p><b>=DEM004B1</b> Asian-Indian Yes <input type="checkbox"/> 21 No <input type="checkbox"/> 0</p> <p><b>=DEM004B2</b> Chinese Yes <input type="checkbox"/> 22 No <input type="checkbox"/> 0</p> <p><b>=DEM004B3</b> Filipino Yes <input type="checkbox"/> 23 No <input type="checkbox"/> 0</p> <p><b>=DEM004B4</b> Japanese Yes <input type="checkbox"/> 24 No <input type="checkbox"/> 0</p> <p><b>=DEM004B5</b> Korean Yes <input type="checkbox"/> 25 No <input type="checkbox"/> 0</p> <p><b>=DEM004B6</b> Vietnamese Yes <input type="checkbox"/> 26 No <input type="checkbox"/> 0</p> <p><b>=DEM004B7</b> Asian, other Yes <input type="checkbox"/> 27 No <input type="checkbox"/> 0</p> <p><b>=DEM004B8</b> Other, specify: _____</p>	<p><b>SCORRES/SCSTRESC \$CSTRESN</b></p>
<div style="border: 1px solid red; padding: 2px; display: inline-block;"> <b>QNAM=AOTHERS</b>  <b>QLABEL=ASIAN: OTHER TEXT</b>  <b>IDVAR=SCSEQ</b> </div>		<div style="border: 1px solid red; width: 100px; height: 100px; position: relative;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; background: linear-gradient(to bottom, transparent 49%, red 49% 51%, red 51% 100%);"></div> </div>	

**4c. Black or African American** Yes ☐ 29  
No ☐ 0

DOMAIN: DM, SC,  
SUPPSC

Participant: \_\_\_\_\_ USUBJID Study Day 000

- 4d. Native Hawaiian or Pacific Islander Yes ☐ 1 30  
DM.RACE (if multiple, then 'MULTIPLE') No ☐ 0  
(If "No", skip to Question 4e.)

If Native Hawaiian or Pacific Islander, mark 'Yes' for all that apply and mark 'No' for all that do not apply:

SCTEST	SCTESTCD	SCORRES/SCSTRESC	SCSTRESN
	=DEM004D1	Native Hawaiian	Yes <input type="checkbox"/> 1 31 No <input type="checkbox"/> 0
	=DEM004D2	Guamanian or Chamorro	Yes <input type="checkbox"/> 1 32 No <input type="checkbox"/> 0
	=DEM004D3	Samoan	Yes <input type="checkbox"/> 1 33 No <input type="checkbox"/> 0
	=DEM004D4	Native Hawaiian or Pacific Islander, other	Yes <input type="checkbox"/> 1 34 No <input type="checkbox"/> 0
	=DEM004D5	Other, specify: _____	35

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

↓

- 4e. White Yes ☐ 1 36  
No ☐ 0

- 4f. Other Yes ☐ 1 37  
No ☐ 0

Other, specify: \_\_\_\_\_ 38

- 4g. Participant chooses not to answer Yes ☐ 1 39

- 4h. Unknown Yes ☐ 1 40

- SCTEST 5. How long have you been involved in substance abuse treatment at this clinic (current episode)? SCTESTCD = DEM004D5 SCORRES/SCSTRESC SCSTRESN
- 0 to 6 months ☐ 1 41  
7 to 12 months ☐ 2  
more than one year ☐ 3

DOMAIN: DM, SC

Participant: \_\_\_\_\_ USUBJID

Study Day 000

**Stop Time:**

*\*If time spent completing form was not continuous, adjust stop time to account for any breaks.*

DMENDTTC/SCENDTTC

$$\frac{\text{h}}{\text{h}} : \frac{\text{m}}{\text{m}} \quad 42$$

(24 hour clock)\*

Completed by (Staff ID): \_\_\_\_\_

43

Reviewed by (Staff ID): \_\_\_\_\_

44

Entered by (Staff ID): \_\_\_\_\_



# Inclusion/Exclusion Criteria

DOMAIN: IE/DS/SC

Protocol Number: NIDA - CTN - 0020 STUDYID

Node ID: _____	Phase: <u>01</u>	EPOCH	1
Site ID: _____	Study Day: <u>000</u>	VISITNUM	3
Participant ID: _____			5
Name Code: _____	Visit Date: _____ / _____ / _____	IEDTC	6
FORM COMPLETION STATUS:			8
CRF administered <input type="checkbox"/> 1      Not enough time to administer <input type="checkbox"/> 4 Participant refused <input type="checkbox"/> 2      No participant contact <input type="checkbox"/> 5 Staff Member did not administer <input type="checkbox"/> 3      Other <input type="checkbox"/> 6			9
Specify: _____			

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

- IETEST**
- Is the participant 18 years of age or older ? IEORRES ☐1 ☐0 10
  - Does the participant meet either drug or alcohol abuse or dependence (lifetime) according to the DSM-IV criteria using the CIDI? ☐1 ☐0 11
  - Has the participant been enrolled in this treatment facility for at least 30 days prior to study enrollment? ☐1 ☐0 12
  - Is the participant unemployed (no taxed or untaxed work in the 4 weeks prior to study enrollment) ☐1 ☐0 13
- OR**
- Underemployed (worked no more than 20 hours/week during the 4 weeks prior to study enrollment)? ☐1 ☐0 13
  - Has the participant reported interest in obtaining a job? ☐1 ☐0 14

**B. EXCLUSION CRITERIA** IECAT=Exclusion IEORRES

- IETEST**
- Does the participant have any cognitive impairment, psychiatric instability, or a language barrier that causes them to fail the informed consent quiz? ☐1 ☐0 15

**C. ELIGIBILITY** SC.SCTEST

- Does the participant meet all inclusion/exclusion criteria? SC.SCORRES ☐1 ☐0 16

DSCAT=Protocol milestone

- DSTERM**
- Consent Date: DSDECOD=Inform consent obtained DSDTC/DSSTDTC \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 17

Completed by (Staff ID): _____	18
Reviewed by (Staff ID): _____	19
Entered by (Staff ID): _____	

Substance Use Diagnoses—CIDI (SUD)  
STUDYID

Protocol Number: NIDA - CTN - 0020

Node ID: _____	Phase: 01	EPOCH
Site ID: _____	Study Day: 000	VISITNUM
Participant ID: _____	USUBJID	
Name Code: _____	Visit Date: _____	QSSTDTC/QSENDDTC
FORM COMPLETION STATUS:		
CRF administered <input type="checkbox"/> 1	Not enough time to administer <input type="checkbox"/> 4	
Participant refused <input type="checkbox"/> 2	No participant contact <input type="checkbox"/> 5	
Staff Member did not administer <input type="checkbox"/> 3	Other <input type="checkbox"/> 6	
This field no longer collected : _____ (other specify)		

Assessment of all drugs is required.

Start Time QSSTDTC

10

	A. Screened in J1/J1A/J2/J2A	B. Abuse J10 Completed	C. Abuse Recency Code from J10	D. Dep. Code J21	E. Dependence Recency Full Criteria Code from J22	F. Dependence Recency Any Criteria Code from J23
1. Alcohol	Yes-12+ drinks <input type="checkbox"/> 5 No-12+ drinks <input type="checkbox"/> 1 NA <input type="checkbox"/> 5	Yes <input type="checkbox"/> 5 No <input type="checkbox"/> 1 NA <input type="checkbox"/> 5	Within last 2 weeks <input type="checkbox"/> 1 2 weeks to <1 month ago <input type="checkbox"/> 2 1 month to <6 months ago <input type="checkbox"/> 3 6 months to <1 year ago <input type="checkbox"/> 4 In last 12 months <input type="checkbox"/> 5 More than 1 year ago <input type="checkbox"/> 6 NA <input type="checkbox"/> 5	Yes <input type="checkbox"/> 5 No <input type="checkbox"/> 1 NA <input type="checkbox"/> 5	Within last 2 weeks <input type="checkbox"/> 1 2 weeks to <1 month ago <input type="checkbox"/> 2 1 month to <6 months ago <input type="checkbox"/> 3 6 months to <1 year ago <input type="checkbox"/> 4 In last 12 months <input type="checkbox"/> 5 More than 1 year ago <input type="checkbox"/> 6 NA <input type="checkbox"/> 5	Within last 2 weeks <input type="checkbox"/> 1 2 weeks to <1 month ago <input type="checkbox"/> 2 1 month to <6 months ago <input type="checkbox"/> 3 6 months to <1 year ago <input type="checkbox"/> 4 In last 12 months <input type="checkbox"/> 5 More than 1 year ago <input type="checkbox"/> 6 NA <input type="checkbox"/> 5
	A. Screened in L4A=1	B. Abuse L11	C. Abuse Recency Code from L11	D. Dep. Code from L22	E. Dependence Recency Full Criteria Code from L22	F. Dependence Recency Any Criteria Code from L24
2. Marijuana	Yes <input type="checkbox"/> 5 No <input type="checkbox"/> 1 NA <input type="checkbox"/> 5	Yes <input type="checkbox"/> 5 No <input type="checkbox"/> 1 NA <input type="checkbox"/> 5	Within last 2 weeks <input type="checkbox"/> 1 2 weeks to <1 month ago <input type="checkbox"/> 2 1 month to <6 months ago <input type="checkbox"/> 3 6 months to <1 year ago <input type="checkbox"/> 4 In last 12 months <input type="checkbox"/> 5 More than 1 year ago <input type="checkbox"/> 6 NA <input type="checkbox"/> 5	Yes <input type="checkbox"/> 5 No <input type="checkbox"/> 1 NA <input type="checkbox"/> 5	Within last 2 weeks <input type="checkbox"/> 1 2 weeks to <1 month ago <input type="checkbox"/> 2 1 month to <6 months ago <input type="checkbox"/> 3 6 months to <1 year ago <input type="checkbox"/> 4 In last 12 months <input type="checkbox"/> 5 More than 1 year ago <input type="checkbox"/> 6 NA <input type="checkbox"/> 5	Within last 2 weeks <input type="checkbox"/> 1 2 weeks to <1 month ago <input type="checkbox"/> 2 1 month to <6 months ago <input type="checkbox"/> 3 6 months to <1 year ago <input type="checkbox"/> 4 In last 12 months <input type="checkbox"/> 5 More than 1 year ago <input type="checkbox"/> 6 NA <input type="checkbox"/> 5

Participant ID: \_\_\_\_\_ USUBJID \_\_\_\_\_ QSSTDTC/QSENDTC Study Day 000

	A. Screened in J4A=1 QSTEST	B. Abuse L11	C. Abuse Recency Code from L11	D. Dep. Code from L22	E. Dependence Recency Full Criteria Code from L22	F. Dependence Recency Any Criteria Code from L24	
QSSCAT							
3. Stimulants	Yes <input type="checkbox"/> 5 No <input type="checkbox"/> 1 NA <input type="checkbox"/> 5	Yes <input type="checkbox"/> 5 No <input type="checkbox"/> 1 NA <input type="checkbox"/> 5	Within last 2 weeks <input type="checkbox"/> 1 2 weeks to <1 month ago <input type="checkbox"/> 2 1 month to <6 months ago <input type="checkbox"/> 3 6 months to <1 year ago <input type="checkbox"/> 4 In last 12 months <input type="checkbox"/> 5 More than 1 year ago <input type="checkbox"/> 6 NA <input type="checkbox"/> 5	Yes <input type="checkbox"/> 5 No <input type="checkbox"/> 1 NA <input type="checkbox"/> 5	Within last 2 weeks <input type="checkbox"/> 1 2 weeks to <1 month ago <input type="checkbox"/> 2 1 month to <6 months ago <input type="checkbox"/> 3 6 months to <1 year ago <input type="checkbox"/> 4 In last 12 months <input type="checkbox"/> 5 More than 1 year ago <input type="checkbox"/> 6 NA <input type="checkbox"/> 5	Within last 2 weeks <input type="checkbox"/> 1 2 weeks to <1 month ago <input type="checkbox"/> 2 1 month to <6 months ago <input type="checkbox"/> 3 6 months to <1 year ago <input type="checkbox"/> 4 In last 12 months <input type="checkbox"/> 5 More than 1 year ago <input type="checkbox"/> 6 NA <input type="checkbox"/> 5	23
4. Sedatives	Yes <input type="checkbox"/> 5 No <input type="checkbox"/> 1 NA <input type="checkbox"/> 5	Yes <input type="checkbox"/> 5 No <input type="checkbox"/> 1 NA <input type="checkbox"/> 5	Within last 2 weeks <input type="checkbox"/> 1 2 weeks to <1 month ago <input type="checkbox"/> 2 1 month to <6 months ago <input type="checkbox"/> 3 6 months to <1 year ago <input type="checkbox"/> 4 In last 12 months <input type="checkbox"/> 5 More than 1 year ago <input type="checkbox"/> 6 NA <input type="checkbox"/> 5	Yes <input type="checkbox"/> 5 No <input type="checkbox"/> 1 NA <input type="checkbox"/> 5	Within last 2 weeks <input type="checkbox"/> 1 2 weeks to <1 month ago <input type="checkbox"/> 2 1 month to <6 months ago <input type="checkbox"/> 3 6 months to <1 year ago <input type="checkbox"/> 4 In last 12 months <input type="checkbox"/> 5 More than 1 year ago <input type="checkbox"/> 6 NA <input type="checkbox"/> 5	Within last 2 weeks <input type="checkbox"/> 1 2 weeks to <1 month ago <input type="checkbox"/> 2 1 month to <6 months ago <input type="checkbox"/> 3 6 months to <1 year ago <input type="checkbox"/> 4 In last 12 months <input type="checkbox"/> 5 More than 1 year ago <input type="checkbox"/> 6 NA <input type="checkbox"/> 5	29
5. Opioids	Yes <input type="checkbox"/> 5 No <input type="checkbox"/> 1 NA <input type="checkbox"/> 5	Yes <input type="checkbox"/> 5 No <input type="checkbox"/> 1 NA <input type="checkbox"/> 5	Within last 2 weeks <input type="checkbox"/> 1 2 weeks to <1 month ago <input type="checkbox"/> 2 1 month to <6 months ago <input type="checkbox"/> 3 6 months to <1 year ago <input type="checkbox"/> 4 In last 12 months <input type="checkbox"/> 5 More than 1 year ago <input type="checkbox"/> 6 NA <input type="checkbox"/> 5	Yes <input type="checkbox"/> 5 No <input type="checkbox"/> 1 NA <input type="checkbox"/> 5	Within last 2 weeks <input type="checkbox"/> 1 2 weeks to <1 month ago <input type="checkbox"/> 2 1 month to <6 months ago <input type="checkbox"/> 3 6 months to <1 year ago <input type="checkbox"/> 4 In last 12 months <input type="checkbox"/> 5 More than 1 year ago <input type="checkbox"/> 6 NA <input type="checkbox"/> 5	Within last 2 weeks <input type="checkbox"/> 1 2 weeks to <1 month ago <input type="checkbox"/> 2 1 month to <6 months ago <input type="checkbox"/> 3 6 months to <1 year ago <input type="checkbox"/> 4 In last 12 months <input type="checkbox"/> 5 More than 1 year ago <input type="checkbox"/> 6 NA <input type="checkbox"/> 5	35
6. Cocaine	Yes <input type="checkbox"/> 5 No <input type="checkbox"/> 1 NA <input type="checkbox"/> 5	Yes <input type="checkbox"/> 5 No <input type="checkbox"/> 1 NA <input type="checkbox"/> 5	Within last 2 weeks <input type="checkbox"/> 1 2 weeks to <1 month ago <input type="checkbox"/> 2 1 month to <6 months ago <input type="checkbox"/> 3 6 months to <1 year ago <input type="checkbox"/> 4 In last 12 months <input type="checkbox"/> 5 More than 1 year ago <input type="checkbox"/> 6 NA <input type="checkbox"/> 5	Yes <input type="checkbox"/> 5 No <input type="checkbox"/> 1 NA <input type="checkbox"/> 5	Within last 2 weeks <input type="checkbox"/> 1 2 weeks to <1 month ago <input type="checkbox"/> 2 1 month to <6 months ago <input type="checkbox"/> 3 6 months to <1 year ago <input type="checkbox"/> 4 In last 12 months <input type="checkbox"/> 5 More than 1 year ago <input type="checkbox"/> 6 NA <input type="checkbox"/> 5	Within last 2 weeks <input type="checkbox"/> 1 2 weeks to <1 month ago <input type="checkbox"/> 2 1 month to <6 months ago <input type="checkbox"/> 3 6 months to <1 year ago <input type="checkbox"/> 4 In last 12 months <input type="checkbox"/> 5 More than 1 year ago <input type="checkbox"/> 6 NA <input type="checkbox"/> 5	41
7. PCP	Yes <input type="checkbox"/> 5 No <input type="checkbox"/> 1 NA <input type="checkbox"/> 5	Yes <input type="checkbox"/> 5 No <input type="checkbox"/> 1 NA <input type="checkbox"/> 5	Within last 2 weeks <input type="checkbox"/> 1 2 weeks to <1 month ago <input type="checkbox"/> 2 1 month to <6 months ago <input type="checkbox"/> 3 6 months to <1 year ago <input type="checkbox"/> 4 In last 12 months <input type="checkbox"/> 5 More than 1 year ago <input type="checkbox"/> 6 NA <input type="checkbox"/> 5	Yes <input type="checkbox"/> 5 No <input type="checkbox"/> 1 NA <input type="checkbox"/> 5	Within last 2 weeks <input type="checkbox"/> 1 2 weeks to <1 month ago <input type="checkbox"/> 2 1 month to <6 months ago <input type="checkbox"/> 3 6 months to <1 year ago <input type="checkbox"/> 4 In last 12 months <input type="checkbox"/> 5 More than 1 year ago <input type="checkbox"/> 6 NA <input type="checkbox"/> 5	Within last 2 weeks <input type="checkbox"/> 1 2 weeks to <1 month ago <input type="checkbox"/> 2 1 month to <6 months ago <input type="checkbox"/> 3 6 months to <1 year ago <input type="checkbox"/> 4 In last 12 months <input type="checkbox"/> 5 More than 1 year ago <input type="checkbox"/> 6 NA <input type="checkbox"/> 5	47

Participant ID: \_\_\_\_\_ USUBJID \_\_\_\_\_ QSSTDTTC/QSENDTC Study Day: 000

QSSCAT	A. Screened in L11 QSTEST	B. Abuse L11	C. Abuse Recency Code from L11	D. Dep. Code from L22	E. Dependence Recency Full Criteria Code from L22	F. Dependence Recency Any Criteria Code from L24
8. Psychedelics	Yes <input type="checkbox"/> 5 No <input type="checkbox"/> 1 NA <input type="checkbox"/> 5	Yes <input type="checkbox"/> 5 No <input type="checkbox"/> 1 NA <input type="checkbox"/> 5	Within last 2 weeks <input type="checkbox"/> 1 2 weeks to <1 month ago <input type="checkbox"/> 2 1 month to <6 months ago <input type="checkbox"/> 3 6 months to <1 year ago <input type="checkbox"/> 4 In last 12 months <input type="checkbox"/> 5 More than 1 year ago <input type="checkbox"/> 6 NA <input type="checkbox"/> 5	Yes <input type="checkbox"/> 5 No <input type="checkbox"/> 1 NA <input type="checkbox"/> 5	Within last 2 weeks <input type="checkbox"/> 1 2 weeks to <1 month ago <input type="checkbox"/> 2 1 month to <6 months ago <input type="checkbox"/> 3 6 months to <1 year ago <input type="checkbox"/> 4 In last 12 months <input type="checkbox"/> 5 More than 1 year ago <input type="checkbox"/> 6 NA <input type="checkbox"/> 5	Within last 2 weeks <input type="checkbox"/> 1 2 weeks to <1 month ago <input type="checkbox"/> 2 1 month to <6 months ago <input type="checkbox"/> 3 6 months to <1 year ago <input type="checkbox"/> 4 In last 12 months <input type="checkbox"/> 5 More than 1 year ago <input type="checkbox"/> 6 NA <input type="checkbox"/> 5
9. Inhalants	Yes <input type="checkbox"/> 5 No <input type="checkbox"/> 1 NA <input type="checkbox"/> 5	Yes <input type="checkbox"/> 5 No <input type="checkbox"/> 1 NA <input type="checkbox"/> 5	Within last 2 weeks <input type="checkbox"/> 1 2 weeks to <1 month ago <input type="checkbox"/> 2 1 month to <6 months ago <input type="checkbox"/> 3 6 months to <1 year ago <input type="checkbox"/> 4 In last 12 months <input type="checkbox"/> 5 More than 1 year ago <input type="checkbox"/> 6 NA <input type="checkbox"/> 5	Yes <input type="checkbox"/> 5 No <input type="checkbox"/> 1 NA <input type="checkbox"/> 5	Within last 2 weeks <input type="checkbox"/> 1 2 weeks to <1 month ago <input type="checkbox"/> 2 1 month to <6 months ago <input type="checkbox"/> 3 6 months to <1 year ago <input type="checkbox"/> 4 In last 12 months <input type="checkbox"/> 5 More than 1 year ago <input type="checkbox"/> 6 NA <input type="checkbox"/> 5	Within last 2 weeks <input type="checkbox"/> 1 2 weeks to <1 month ago <input type="checkbox"/> 2 1 month to <6 months ago <input type="checkbox"/> 3 6 months to <1 year ago <input type="checkbox"/> 4 In last 12 months <input type="checkbox"/> 5 More than 1 year ago <input type="checkbox"/> 6 NA <input type="checkbox"/> 5
10. Other	Yes <input type="checkbox"/> 5 No <input type="checkbox"/> 1 NA <input type="checkbox"/> 5	Yes <input type="checkbox"/> 5 No <input type="checkbox"/> 1 NA <input type="checkbox"/> 5	Within last 2 weeks <input type="checkbox"/> 1 2 weeks to <1 month ago <input type="checkbox"/> 2 1 month to <6 months ago <input type="checkbox"/> 3 6 months to <1 year ago <input type="checkbox"/> 4 In last 12 months <input type="checkbox"/> 5 More than 1 year ago <input type="checkbox"/> 6 NA <input type="checkbox"/> 5	No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 5 NA <input type="checkbox"/> 5	Within last 2 weeks <input type="checkbox"/> 1 2 weeks to <1 month ago <input type="checkbox"/> 2 1 month to <6 months ago <input type="checkbox"/> 3 6 months to <1 year ago <input type="checkbox"/> 4 In last 12 months <input type="checkbox"/> 5 More than 1 year ago <input type="checkbox"/> 6 NA <input type="checkbox"/> 5	Within last 2 weeks <input type="checkbox"/> 1 2 weeks to <1 month ago <input type="checkbox"/> 2 1 month to <6 months ago <input type="checkbox"/> 3 6 months to <1 year ago <input type="checkbox"/> 4 In last 12 months <input type="checkbox"/> 5 More than 1 year ago <input type="checkbox"/> 6 NA <input type="checkbox"/> 5
Other Specify: _____						

\* Stop Time: \_\_\_\_\_ QSENDTC \_\_\_\_\_

\* Stop Time :

If time spent completing form was not continuous, adjust  
stop time to account for any breaks.

Completed by (Staff ID): \_\_\_\_\_

Reviewed by (Staff ID): \_\_\_\_\_

Entered by (Staff ID): \_\_\_\_\_

**BRIEF CODING INSTRUCTIONS FOR THE  
SUBSTANCE USE DIAGNOSIS FORM**

**Alcohol Section (fields 10-15)**

Column A:	If both J1 and J1A=1 (never had 12+ drinks) If either J1 or J1A=5 If both J2 and J2a = 1 If either J2 or J2a = 5 If interviewer Error	Check "1" and skip to Drug Section Look at J2 and J2A Check "1" and skip to Drug Section Check "5" and continue with Column B Check "-5" and skip to Drug Section
Column B:	If J10 is coded "5" Yes (i.e., at least one "5" coded in J6-J9) If J10 is coded "1" No (i.e., J6, J7 & 7A, J8, J9 are all "1") If interviewer Error	Check "5" Yes and Continue with Column C Check "1" No and skip to Column D Check "-5" and skip to Drug Section
Column C:	If column B is coded "5" If column B is coded "1" If Interviewer Error	Check the J10 Recency code (1 - 6) in Column C Skip Column "C" and go to Column D Check "-5"
Column D:	If J21 is coded "5" If J21 is coded "1" or blank due to skip instruction on J20 If Interviewer Error	Check "5" Check "1" and go to Drug Section Check "-5" and go to Drug Section
Column E:	If Column D is coded "5" If Column D is coded "1" If Interviewer Error	Check the J22 Recency code (1 - 6) in Column E Skip Columns E and F, and go to the Drug Section Check "-5"
Column F:	If J23 is completed AND Column D is coded "5" If J23 is not completed, OR if J23 is completed and Column D is coded "1" If Interviewer Error	Check the J23 Recency code (1 - 6) Skip Column F and go to the Drug Section Circle "-5"

**Drug Sections—repeat for each drug (fields 16-70)**

Column A:	If Column A within the chart in question L4A="1" for that drug category If Column A within the chart in question L4A="5" for that drug category If Interviewer Error	Check "1" and skip to next drug category Check "5" and continue with Column B Check "-5" and skip to the next drug category
Column B:	If L11 is completed for that drug (i.e., at least one "5" coded in L8-L10) If L11 is not completed for that drug (i.e., L8A, L9B, L9C, L10A are all "1") If Interviewer Error	Check "5" Yes, continue with Column C Check "1" No and skip to Column D Check "-5" and skip to Column D
Column C:	If column B is coded "5" If column B is coded "1" If Interviewer Error	Check the L11 Recency code (1 - 6) in Column C Skip Column C and go to Column D Check "-5"
Column D:	If L22 is coded "5" for the drug category If L22 is coded "1" or blank for that drug category If Interviewer Error	Check "5" and continue with Column E Check "1" and go to the next drug category Check "-5" and go to next drug category
Column E:	If Column D is coded "5" If Column D is coded "1" If Interviewer Error	Check the L22 Recency code (1 - 6) in Column E Skip Columns E & F, and go to the next drug class Check "-5"
Column F:	If L24 is completed AND Column D is coded "5" If L24 is not completed, OR if L24 is completed and Column D is coded "1" If Interviewer Error	Check the L24 Recency code (1 - 6) Skip Column F and go to the next drug category Check "-5"

# WRAT3-Reading Score

DOMAIN: QS

Protocol Number: NIDA - CTN - 0020

STUDYID

Node ID: _____	Phase: <u>01</u>	EPOCH
Site ID: _____ SITEID	Study Day: <u>000</u>	VISITNUM
Participant ID: _____ USUBJID		
Name Code: _____	Visit Date: _____ / _____ / _____	QSSTDTC/QSENDTC
	m m d d y y y y	
FORM COMPLETION STATUS:		
CRF administered <input type="checkbox"/> 1	Not enough time to administer <input type="checkbox"/> 4	
Participant refused <input type="checkbox"/> 2	No participant contact <input type="checkbox"/> 5	
Staff Member did not administer <input type="checkbox"/> 3	Other <input type="checkbox"/> 6	
Specify: _____		

QSTESTCD

QSCAT/QSSCAT=WRAT3-READING SCORE

The RA will record the score from the Reading Section of the WRAT on this form.

QSORRES

QSTEST

=WRAT001

1. Word Reading Score

\_\_\_\_\_ 10

=WRAT002

2. Letter Reading Score

\_\_\_\_\_ 11

(If the Word Reading Score >=5, then the letter score is automatically 15)

=WRAT003

3. Total Reading Score

\_\_\_\_\_ 12

(Total Reading Score should equal Letter and Word Reading Score added together).

=WRAT004

4. Grade Score:

QSORRES/QSSTRESC

- Pre-school ☐01  
Kindergarten (K) ☐02  
1 ☐03  
2 ☐04  
3 ☐05  
4 ☐06  
5 ☐07  
6 ☐08  
7 ☐09  
8 ☐10  
HS ☐11  
Post-HS ☐12

Completed by (Staff ID): _____	14
Reviewed by (Staff ID): _____	15
Entered by (Staff ID): _____	



QSCAT=ASI ADDENDUM FOR WOMEN

**ASI Addendum for Women**

Protocol Number: NIDA - CTN - 0020

STUDYID

Node ID: ____	Phase: <u>01</u> EPOCH	1
Site ID: ____ SITEID	Study Day: <u>000</u> VISITNUM	3
Participant ID: ____ USUBJID		5
Name Code: ____	Visit Date: ____ / ____ / ____ m m d d y y y y	6
FORM COMPLETION STATUS:		
CRF administered <input type="checkbox"/> 1	Not enough time to administer <input type="checkbox"/> 4	8
Participant refused <input type="checkbox"/> 2	No participant contact <input type="checkbox"/> 5	
Staff Member did not administer <input type="checkbox"/> 3	Other <input type="checkbox"/> 6	9
Specify: _____		

QSTESTCD

QSSCAT=PRESSURE TO STAY IN TREATMENT

Are you currently under pressure to come to or stay in treatment from the following sources?

QSORRES/QSSTRESC

- =ASIA001A** † 1a. An employer, school, or training program **QSTEST** Yes ☐ 1 <sup>10</sup>  
No ☐ 0
- =ASIA001B** † 1b. Your lawyer Yes ☐ 1 <sup>11</sup>  
No ☐ 0
- † 1c. A court, parole, or probation officer, or other part of the criminal justice system Yes ☐ 1 <sup>12</sup>  
No ☐ 0
- † 1d. A housing or other community agency Yes ☐ 1 <sup>13</sup>  
No ☐ 0
- † 1e. Your church or close friend Yes ☐ 1 <sup>14</sup>  
No ☐ 0
- † 1f. Your spouse, partner, or family Yes ☐ 1 <sup>15</sup>  
No ☐ 0
- † 1g. Department of children and Family Services (Child Protection Services agency) Yes ☐ 1 <sup>16</sup>  
No ☐ 0
- =ASIA001H** † 1h. Other source (if yes, specify below) Yes ☐ 1 <sup>17</sup>  
No ☐ 0
- 1i. Other source (specify): \_\_\_\_\_ 18

<b>QSTESTCD</b>	Participant ID: <u>USUBJID</u>	Study Day <u>000</u>
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<b>QSSCAT=PERIOD</b>	<b>QSTEST</b>	<b>QSORRES</b>
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**=ASIA002** † 2. When you first started having your period, how old were you? 19

**=ASIA003** † 3. **QSSCAT=PREGNANT?** Have you ever been pregnant? **QSORRES/QSSTRESC**

(If no, skip to question 13a.)

Yes ☐ 1 20  
No ☐ 0

If yes:

**QSORRES**

† 4. How old were you when you became pregnant for the first time? 21

† 5. How old were you when you became pregnant for the last time/most recent time? 22

† 6. How many times have you been pregnant? 23

**=ASIA007A** † 7a. Were any babies born alive but later died? **QSORRES/QSSTRESC**

(If no, skip to question 8a.)

Yes ☐ 1 24  
No ☐ 0

† 7b. If yes, how many? 25

**=ASIA007B** † 8a. Have you had any abortions? 26

(If no, skip to question 9a.)

Yes ☐ 1  
No ☐ 0

† 8b. If yes, how many? 27

**=ASIA008B** † 9a. Have you had any miscarriages? 28

(If no, skip to question 10a.)

Yes ☐ 1  
No ☐ 0

† 9b. If yes, how many? 29

† 10a. Did you ever have a stillbirth? 30

(If no, skip to question 11a.)

Yes ☐ 1  
No ☐ 0

† 10b. If yes, how many? 31

† 11a. Were any babies born prematurely and survived? 32

(If no, skip to question 12a.)

Yes ☐ 1  
No ☐ 0

† 11b. If yes, how many? 33

**=ASIA012A** † 12a. Did you use any drugs during any pregnancies (does not include pre-scribed medication, including methadone)? 34

(If no, skip to question 13a.)

Yes ☐ 1  
No ☐ 0

† 12b. If yes, Was it during all of the pregnancies or 35  
some of the pregnancies. All ☐ 1  
Some of the pregnancies ☐ 2



<b>QSTESTCD</b>	Participant ID: <b>USUBJID</b>		Study Day <b>000</b>
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**QSSCAT=Menopause**      **QSTEST**      **QSORRES/QSSTRESC**

**=ASIA013A** † 13a. Have you gone through menopause (or already experienced the change of life)? Yes ☐ 1 36  
No ☐ 0  
(If yes, skip to question 14a.)

**=ASIA013B** † 13b. If no, are you currently in menopause? Yes ☐ 1 37  
No ☐ 0

**QSSCAT=Legal**

**14. Do you have any legal problems involving your family (i.e., the members of your household), such as...?**

**=ASIA014A** † 14a. Family or juvenile court? **QSTEST** Yes ☐ 1 38  
No ☐ 0

† 14b. Child custody involving DHS? Yes ☐ 1 39  
No ☐ 0

† 14c. Divorce? Yes ☐ 1 40  
No ☐ 0

† 14d. Domestic Violence? Yes ☐ 1 41  
No ☐ 0

† 14e. Department of immigration? Yes ☐ 1 42  
No ☐ 0

† 14f. Other (if yes, specify below) Yes ☐ 1 43  
No ☐ 0

**=ASIA014G** 14g. Other (specify): \_\_\_\_\_ 44

**QSSCAT=HOMELESS**

**=ASIA015** † 15. Have you ever been homeless or not had a permanent place to live? Yes ☐ 1 45  
No ☐ 0

**QSSCAT=CHILDREN LIVE WITH YOU?**

† 16a. Do you have any children living with you? Yes ☐ 1 46  
No ☐ 0  
(If no, skip to question 18a.)

If yes:

† 16b. Have your children usually been living with you in the past three years? Yes, all ☐ 1 47  
Yes, some ☐ 2  
No, none ☐ 3

† 16c. How many children live in your household? **QSORRES** 48

† 16d. How many of those are your biological children? \_\_\_\_\_ 49

**QSSCAT=HELPS ON A REGULAR BASIS?**  
Is there anyone who helps you on a regular basis to take care of your children who are living with you (e.g., babysitting, preparing meals, feeding kids, bathing, dressing children)? **QSORRES/QSSTRESC**  
(Check yes for all that apply and no for all that don't apply.)

**=ASIA017A** † 17a. Child's biological mother? **QSTEST** Yes ☐ 1 50  
No ☐ 0

QSTESTCD	QSSCAT=HELPS ON A REGULAR BASIS?	USUBJID	Study Day 000
=ASIA17B	† 17b. Child's biological father?	QSTEST	QSORRES/QSSTRESC Yes <input type="checkbox"/> 1 51 No <input type="checkbox"/> 0
	† 17c. Child's stepmother?		Yes <input type="checkbox"/> 1 52 No <input type="checkbox"/> 0
	† 17d. Child's stepfather?		Yes <input type="checkbox"/> 1 53 No <input type="checkbox"/> 0
	† 17e. Foster mother?		Yes <input type="checkbox"/> 1 54 No <input type="checkbox"/> 0
	† 17f. Foster father?		Yes <input type="checkbox"/> 1 55 No <input type="checkbox"/> 0
	† 17g. Child's brother/sister?		Yes <input type="checkbox"/> 1 56 No <input type="checkbox"/> 0
	† 17h. Participants sex partner/spouse?		Yes <input type="checkbox"/> 1 57 No <input type="checkbox"/> 0
	† 17i. Child's grandmother?		Yes <input type="checkbox"/> 1 58 No <input type="checkbox"/> 0
	† 17j. Child's grandfather?		Yes <input type="checkbox"/> 1 59 No <input type="checkbox"/> 0
	† 17k. Participant's grandmother/grandfather?		Yes <input type="checkbox"/> 1 60 No <input type="checkbox"/> 0
	† 17l. Other significant family?		Yes <input type="checkbox"/> 1 61 No <input type="checkbox"/> 0
	† 17m. Close friends?		Yes <input type="checkbox"/> 1 62 No <input type="checkbox"/> 0
	† 17n. Neighbors?		Yes <input type="checkbox"/> 1 63 No <input type="checkbox"/> 0
	† 17o. Other participants?		Yes <input type="checkbox"/> 1 64 No <input type="checkbox"/> 0
	† 17p. Other? (If yes, specify below)		Yes <input type="checkbox"/> 1 65 No <input type="checkbox"/> 0
=ASIA17Q	17q. Other (specify): _____		66

QSTESTCD	Participant ID: <u>      </u> <b>USUBJID</b>	Study Day <u>000</u>
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QSSCAT=PHYSICAL VIOLENCE: ADULT
QSTEST
QSORRES/QSSTRESC

**=ASIA018A** † 18a. As an adult, over the age of 18, has anyone used physical violence (such as being slapped, pushed, hit or punched) or threat of physical violence against you? *(If no, skip to question 19a.)* Yes ☐ 1 <sup>67</sup> No ☐ 0

If yes, how was this person related to you:

† 18b. Spouse? Yes ☐ 1 <sup>68</sup> No ☐ 0

† 18c. Other family member? Yes ☐ 1 <sup>69</sup> No ☐ 0

† 18d. Partner/significant other? Yes ☐ 1 <sup>70</sup> No ☐ 0

† 18e. Stranger? Yes ☐ 1 <sup>71</sup> No ☐ 0

**=ASIA018F** † 18f. Did you receive medical treatment for any injuries as a result of physical violence against you ? Yes ☐ 1 <sup>72</sup> No ☐ 0

  

QSSCAT=SEXUAL VIOLENCE; ADULT
QSTEST
QSORRES/QSSTRESC

**=ASIA019A** † 19a. As an adult, has anyone used sexual violence (forcing you to do anything sexual) or the threat of sexual violence against you? *(If no, skip to question 20a.)* Yes ☐ 1 <sup>73</sup> No ☐ 0

If yes, how was this person related to you:

† 19b. Spouse? Yes ☐ 1 <sup>74</sup> No ☐ 0

† 19c. Other family member? Yes ☐ 1 <sup>75</sup> No ☐ 0

† 19d. Partner/significant other? Yes ☐ 1 <sup>76</sup> No ☐ 0

† 19e. Stranger? Yes ☐ 1 <sup>77</sup> No ☐ 0

**=ASIA019F** † 19f. Did you receive medical treatment for any injuries as a result of sexual violence against you ? Yes ☐ 1 <sup>78</sup> No ☐ 0

QSTESTCD

Participant ID: USUBJIDStudy Day 000

=ASIA20A

**QSSCAT=PHYSICAL VIOLENCE: CHILD QSTEST QSORRES/QSSTRESC**

† 20a. When you were a child (under the age of 18), did anyone ever use physical violence (Like doing something on purpose that gave you bruises, broke bones or made you bleed) or the threat of violence against you? Yes ☐ 1 79  
No ☐ 0

*(If no, skip to question 21a.)*

If yes, how was this person related to you:

† 20b. Spouse? Yes ☐ 1 80  
No ☐ 0

† 20c. Other family member? Yes ☐ 1 81  
No ☐ 0

† 20d. Partner/significant other? Yes ☐ 1 82  
No ☐ 0

† 20e. Stranger? Yes ☐ 1 83  
No ☐ 0

=ASIA20A

† 20f. Did you receive medical treatment for any injuries as a result of physical violence against you ? Yes ☐ 1 84  
No ☐ 0

QSTESTCD

**QSSCAT=SEXUAL VIOLENCE: CHILD QSTEST**

=ASIA21A

† 21a. When you were a child (under the age of 18), were you ever the victim of sexual abuse or sexual assault or engaged in any sexual activity against your will, like someone touching you sexually or making you do sexual things that you did not want, etc? Yes ☐ 1 85  
No ☐ 0

*(If no, end questionnaire and skip to "completed by" box below)*

If yes, how was this person related to you:

**QSORRES/QSSTRESC**

† 21b. Spouse? Yes ☐ 1 86  
No ☐ 0

† 21c. Other family member? Yes ☐ 1 87  
No ☐ 0

† 21d. Partner/significant other? Yes ☐ 1 88  
No ☐ 0

† 21e. Stranger? Yes ☐ 1 89  
No ☐ 0

=ASIA21F

† 21f. Did you receive medical treatment for any injuries as a result of sexual violence against you ? Yes ☐ 1 90  
No ☐ 0

Completed by (Staff ID): \_\_\_\_\_ 91

Reviewed by (Staff ID): \_\_\_\_\_ 92

Entered by (Staff ID): \_\_\_\_\_

Protocol Number: NIDA-CTN-0020

Node ID: _____	Phase: <u>01</u> EPOCH	1
Site ID: _____ SITEID	Study Day: <u>000</u> VISITNUM	3
Participant ID: _____ USUBJID	Visit Date: DS.DSDTC/DM.DMDTC/SC.SCDTC	5
Name Code: _____	m m / d d / y y y y	6
FORM COMPLETION STATUS:		
CRF Administered <input type="checkbox"/> 1	Not enough time to administer <input type="checkbox"/> 4	8
Participant refused <input type="checkbox"/> 2	No participant contact <input type="checkbox"/> 5	
Staff member did not administer <input type="checkbox"/> 3	Other <input type="checkbox"/> 6	
Specify: _____		9

**Questions 1-3 must be completed before participant can be randomized in the ODMC DEMS. Be certain the answers to questions 2 and 3 on this form match the answers to questions 1 and 2 on the randomization screen.**

DS.DSTERM

DS.DSOCCUR

1. Is the participant eligible to be randomized?  
(Meets all inclusion/exclusion criteria).

Yes ☐1 10  
No ☐0

SC.SCTEST

SC.ORRES/SCSTRESC

SC.SCSTRESN

- † 2. Was the participant employed at all in past 5 years?

Yes ☐1 11  
No ☐0

SC.SCTEST

SC.ORRES/SCSTRESC

SC.SCSTRESN

- † 3. What is the participant's current\* employment categorization?

UNemployed ☐1 12  
UNDERemployed ☐2

*\*CURRENT is defined as the period 28 days prior to enrollment in the study.*

*-If the participant was NOT employed (no taxed or untaxed work) during the 4 weeks prior to enrollment, select UNemployed.*

*-If the participant was employed, but worked NO MORE THAN 20 hours/week during the 4 weeks prior to enrollment, select UNDERemployed.*

**Questions 4, 5 & 6 must be completed after randomization in the ODMC DEMS.**

Participant ID:        **USUBJID** Study Day 000

† 4. Was participant randomized? **DS.DSTERM** **DS.DSOCCUR** Yes ☐ 1 <sup>13</sup>  
If NO, skip to Question 7 No ☐ 0

5. Randomization group assignment: DM.ARM Job Seekers Workshop ☐ 1 <sup>14</sup>  
Standard Care ☐ 2

6. Date of randomization: DM.RFSTDTC 15

m	m	d	d	v	v	v	v

7. If participant was not randomized, specify the reason(s): DS.DSOCCUR

† 7a. Failed to return to clinic	DS.DSTERM	Yes <input type="checkbox"/> 1	16
		No <input type="checkbox"/> 0	

† **7b.** Declined study participation Yes ☐ 1  
Specify in comments on next page. No ☐ 0

† 7c. Moved from area (current or pending) Yes ☐ 1 No ☐ 0

† **7d.** Incarceration (current or pending) Yes ☐ 1  
No ☐ 0

† 7e. Death	Yes <input type="checkbox"/> 1	20
	No <input type="checkbox"/> 0	

† 7f. Failed to meet inclusion criteria	Yes <input type="checkbox"/> 1	21
	No <input type="checkbox"/> 0	

† 7g. Met exclusion criteria QNAM=RNDOTHER Yes ☐ 1 No ☐ 0

† 7h. Other If Yes, specify below.	QLABEL=PATIENT NOT RANDOMIZED CRITICIZED	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	23
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Other, specify: **IDVAR=DSSEQ**

8. Comments: 25

**COVAL**

## RDOMAIN=DM

IDVAR=VISITNUM

Completed by (Staff ID): 26

Reviewed by (Staff ID): \_\_\_\_\_ 27

Entered by (Staff ID):

DOMAIN: BR

## Alcohol Breathalyzer

Protocol Number: NIDA-CTN-0020 STUDYID

Node ID: _____	Phase: _____ EPOCH
Site ID: _____ SITEID	Study Day: _____ VISITNUM
Participant ID: _____ USUBJID	
Name Code: _____	Visit Date: _____ / _____ / _____ m m d d y y y y

FORM COMPLETION STATUS:

CRF Administered <input type="checkbox"/> 1	Not enough time to administer <input type="checkbox"/> 4
Participant refused <input type="checkbox"/> 2	No participant contact <input type="checkbox"/> 5
Staff member did not administer <input type="checkbox"/> 3	Other <input type="checkbox"/> 6

Specify: \_\_\_\_\_

Start Time:

BRSTDTCT

BRTESTCD

h h m m  
(24 hour clock)\*

BRTEST

BRPERF

†1. Was an Alcohol Breathalyzer performed?  
*If No or Unknown, skip to Question 4 and enter a comment.*

BRORRES

Yes ☐1  
No ☐0

Sample lost ☐2  
Sample indeterminate ☐3

2. Date Alcohol Breathalyzer Test was performed:

BRDTC WHEN USING AB003

m m d d y y y y

=BREATH

3. Alcohol Breathalyzer result:  
*If sample was lost or indeterminate, skip Question 3.*

0. \_\_\_\_\_ mg/ml

USUBJID

4. Comments: (max 200 characters)

DOMAIN: CO  
COVAL  
RDOMAIN: BR  
IDVAR=VISITNUM

Stop Time:

*\*If time spent completing form was not continuous,  
adjust stop time to account for any breaks.*

BRENDTCT

h h m m  
(24 hour clock)\*

Completed by (Staff ID): \_\_\_\_\_

Reviewed by (Staff ID): \_\_\_\_\_

Entered by (Staff ID): \_\_\_\_\_

# CTN Risk Behavior Survey

DOMAIN: QS

Protocol Number: NIDA-CTN-0020 STUDYID

QSCAT=RISK BEHAVIOR SURVEY (RBS)

Node ID: _____	Phase: <u>01</u> EPOCH	1
Site ID: _____ SITEID	Study Day: <u>000</u> VISITNUM	3
Participant ID: _____ USUBJID		5
Name Code: _____	Visit Date: _____ QSSTDTC / _____ m m d d y y y y	6
FORM COMPLETION STATUS:		
CRF Administered <input type="checkbox"/> 1	Not enough time to administer <input type="checkbox"/> 4	8
Participant refused <input type="checkbox"/> 2	No participant contact <input type="checkbox"/> 5	
Staff member did not administer <input type="checkbox"/> 3	Other <input type="checkbox"/> 6	
Specify: _____		9

Start Time:

QSSTDTC  
h h m m  
(24 hour clock)\*

QSTESTCD

## A. DRUG USE

QSSCAT = DRUG USE

QSORRES/QSSTRESC

=RBS0A1A

§ A1A. Have you ever used cocaine by itself (injected or snorted)?  
(If no use, unknown, or refused, skip to next drug)

Yes ☐1 11  
No ☐0

=RBS0A1B

§ A1B. How many days did you use cocaine by itself in the last 30 days?  
(If 00, do not ask parts C-F, and skip to next drug).

QSORRES  
QSEVLINT=-P30D QSORRESU=DAYS

§ A1C. How many days did you inject cocaine by itself in the last 30 days? (If 00, skip to part E).

QSEVLINT=-P30D QSORRESU=DAYS

§ A1D. How many times a day did you inject cocaine by itself?  
(Average # of injections/day).

§ A1E. How many days did you use cocaine by itself without injecting  
(smoking, snorting, swallowing) in the last 30 days?  
(If 00, then skip to next drug class).

QSEVLINT=-P30D

QSORRESU=DAYS

=RBS0A1F

§ A1F. How many times a day did you use cocaine by itself without injecting?



QSTESTCD

Participant #:        USUBJIDStudy Day: 000

§ A2A. Have you ever used heroin (by itself)?  
 (If no use, unknown, or refused, skip to next drug)

QSTEST

QSORRES/QSSTRESC

Yes ☐ 1 17No ☐ 0

§ A2B. How many days did you use heroin by itself in the last 30 days?  
 (If 00, do not ask parts C-F, and skip to next drug)

QSORRES

18

QSEVLINT=-P30D

QSORRESU=DAYS

§ A2C. How many days did you inject heroin by itself in the last 30 days?  
 (If 00, skip to part E).

QSEVLINT=-P30D

QSORRESU=DAYS

§ A2D. How many times a day did you inject heroin by itself?  
 (Average # of injections/day).

20

§ A2E. How many days did you use heroin by itself without injecting  
 (smoking, snorting, swallowing) in the last 30 days?  
 (If 00, then skip to next drug class).

QSEVLINT=-P30D

QSORRESU=DAYS

21

§ A2F. How many times a day did you use heroin by itself without  
 injecting?

22

=RBS0A2F

QSTESTCD

QSORRES/QSSTRESC

QSSTRESC

§ A3A. Have you ever used heroin and cocaine mixed together (Speedball)?  
 (If no use, unknown, or refused, skip to next drug)

QSTEST

Yes ☐ 1 23No ☐ 0

§ A3B. How many days did you use Speedball in the last 30 days?  
 (If 00, do not ask parts C-F, and skip to next drug)

QSORRES

24

QSEVLINT=-P30D

QSORRESU=DAYS

§ A3C. How many days did you inject Speedball in the last 30 days?  
 (If 00, skip to part E).

QSEVLINT=-P30D

QSORRESU=DAYS

25

§ A3D. How many times a day did you inject Speedball?  
 (Average # of injections/day).

26

§ A3E. How many days did you use Speedball without injecting (smoking,  
 snorting, swallowing) in the last 30 days?  
 (If 00, then skip to next drug).

QSEVLINT=-P30D

QSORRESU=DAYS

27

§ A3F. How many times a day did you use Speedball without injecting?

28

=RBS0A3F

QSTESTCD

Participant #: \_\_\_\_\_ USUBJID

Study Day: 000

§ A4A. Have you ever used other opiates (Demerol, codeine, dilaudid)? QSORRES/QSSTRESC Yes ☐ 1 29  
 (If no use, unknown, or refused, skip to next drug) QSTEST No ☐ 0  
 =RBS0A4A

§ A4B. How many days did you use other opiates in the last 30 days? QSORRES 30  
 (If 00, do not ask parts C-F and skip to next drug). QSEVLINT=-P30D QSORRESU=DAYS

§ A4C. How many days did you inject other opiates in the last 30 days? 31  
 (If 00, skip to part E). QSEVLINT=-P30D QSORRESU=DAYS

§ A4D. How many times a day did you inject other opiates? 32  
 (Average # of injections/day).

§ A4E. How many days did you use other opiates without injecting 33  
 (smoking, snorting, swallowing) in the last 30 days?  
 (If 00, then skip to next drug). QSEVLINT=-P30D QSORRESU=DAYS

§ A4F. How many times a day did you use other opiates without 34  
 injecting?

=RBS0A4F

QSTESTCD

QSTEST

QSORRES/QSSTRESC

§ A5A. Have you ever used amphetamines (methamphetamine, speed, crank)? Yes ☐ 1 35  
 (If no use, unknown, or refused, skip to next drug) No ☐ 0  
 =RBS0A5A

§ A5B. How many days did you use amphetamines in the last 30 days? QSORRES 36  
 (If 00, do not ask parts C-F, and skip to next drug). QSEVLINT=-P30D QSORRESU=DAYS

§ A5C. How many days did you inject amphetamines in the last 30 days? 37  
 (If 00, skip to part E). QSEVLINT=-P30D QSORRESU=DAYS

§ A5D. How many times a day did you inject amphetamines? 38  
 (Average # of injections/day).

§ A5E. How many days did you use amphetamines without injecting 39  
 (smoking, snorting, swallowing) in the last 30 days?  
 (If 00, then skip to next drug). QSEVLINT=-P30D QSORRESU=DAYS

§ A5F. How many times a day did you use amphetamines without 40  
 injecting?

=RBS0A5F

QSTESTCD

Participant #:      **USUBJID**Study Day: 000**QSSCAT=DRUG INJECTION****B. DRUG INJECTION** (If no injection use in the past 30 days, skip to section C.)**QSTEST****=RBS0B1**

§ B1. In the last 30 days, how many times (# of injections) did you inject using works (needles/syringes) that **You Know** had been used by someone else? (If 000, then skip to B3.) **QSEVLINT=-P30D**

**QSORRES**  
\_\_\_\_ 41

§ B2. Of the times you injected after someone else, how many times did you clean the works with full-strength bleach?  
(Number cannot exceed total number of times used after someone else qB1 ).

\_\_\_\_ 42

§ B3. How many times in the last 30 days did you use a cooker/cotton/rinse water that had been used by another injector? **QSEVLINT=-P30D**

\_\_\_\_ 43

**=RBS0B4**

§ B4. 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)? **QSEVLINT=-P30D**

\_\_\_\_ 44

QSTESTCD

**QSSCAT=SEXUAL ACTIVITY****C. Sexual Activity**

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

**QSTEST****=RBS0C1**

§ C1. During the last 30 days, with how many people did you have vaginal, oral, or anal sex? (If none, enter 000 and then enter Stop Time and end questionnaire) **QSEVLINT=-P30D**

**QSORRES**  
\_\_\_\_ 45

§ C2. How many of your partners were female?  
(Number cannot exceed total number of people qC1)

\_\_\_\_ 46

§ C3. How many of your partners were male?  
(Number cannot exceed total number of people qC1)

\_\_\_\_ 47

**=RBS0C4**

† C4. Interviewer: Code gender of respondent

**QSORRES/QSSTRESC**

Male ☐ 1  
Female ☐ 2  
Don't know ☐ 2

(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. )

Participant #:       USUBJID      Study Day:   000  

QSTESTCD

QSSCAT=SEXUAL ACTIVITY – CLIENT WITH FEMALE PARTNER

**D. Ask Male/Female/Gender Unknown Participants who had Female Partners**

QSTEST

§ D1A. How many **women performed** oral sex (“went down”) on you?

=RBS0D1A

*(If 000, then skip to question D2A.)**(Number cannot exceed total number of female partners).*

QSORRES

49

QSORRES/QSSTRESC

=RBS0D1B

§ D1B. How often did your partner(s)  
perform oral sex (“go down”) on  
you?

- Once or irregularly ☐ 1  
 Less than once a week ☐ 2  
 About once a week ☐ 3  
 2-6 times a week ☐ 4  
 About once a day ☐ 5  
 2-3 times a day ☐ 6  
 4 or more times a day ☐ 7

50

=RBS0D1C

§ D1C. How often did you use condoms/  
dental dams when your partner(s)  
performed oral sex (“went down”)  
on you?

- Never ☐ 0  
 Less than half the time ☐ 1  
 About half the time ☐ 2  
 More than half the time ☐ 3  
 Always ☐ 4

51

QSTESTCD

QSTEST

§ D2A. How many women **did you perform** oral sex (“go down”) on?

=RBS0D2A

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

QSORRES

52

QSORRES/QSSTRESC

=RBS0D2B

§ D2B. How often did you perform oral sex  
 (“go down”) on your partner(s)?

- Once or irregularly ☐ 1  
 Less than once a week ☐ 2  
 About once a week ☐ 3  
 2-6 times a week ☐ 4  
 About once a day ☐ 5  
 2-3 times a day ☐ 6  
 4 or more times a day ☐ 7

53

=RBS0D2C

§ D2C. How often did you use condoms/  
dental dams when you performed oral  
sex (“went down”) on your partner(s)?

- Never ☐ 0  
 Less than half the time ☐ 1  
 About half the time ☐ 2  
 More than half the time ☐ 3  
 Always ☐ 4

54

Participant #: USUBJIDStudy Day: 000

QSTESTCD

QSSCAT=SEXUAL ACTIVITY – MALE CLIENT WITH FEMALE PARTNER

**E. Ask Male/Gender Unknown Participants who had Female Partners:**

QSTEST

§ E1A. How many women **did you have vaginal** sex with?

(If 000, then skip to question E2A.)

=RBS0E1A

(Number cannot exceed total number of female partners).

QSORRES 55

QSORRES/QSSTRESC

=RBS0E1B

§ E1B. How often did you have vaginal sex?

Once or irregularly ☐ 1 56Less than once a week ☐ 2About once a week ☐ 32-6 times a week ☐ 4About once a day ☐ 52-3 times a day ☐ 64 or more times a day ☐ 7

=RBS0E1C

§ E1C. How often did you use a condom?

Never ☐ 0 57Less than half the time ☐ 1About half the time ☐ 2More than half the time ☐ 3Always ☐ 4

QSTESTCD

QSTEST

§ E2A. How many women **did you have (insertive) anal** sex with?

(If 000, then skip to F1A.)

=RBS0E2A

(Number cannot exceed total number of female partners).

QSORRES 58

QSORRES/QSSTRESC

=RBS0E2B

§ E2B. How often did you have (insertive)  
anal sex?Once or irregularly ☐ 1 59Less than once a week ☐ 2About once a week ☐ 32-6 times a week ☐ 4About once a day ☐ 52-3 times a day ☐ 64 or more times a day ☐ 7

=RBS0E2C

§ E2C. How often did you use a condom ?

Never ☐ 0 60Less than half the time ☐ 1About half the time ☐ 2More than half the time ☐ 3Always ☐ 4

Participant #: USUBJIDStudy Day: 000

QSTESTCD

QSSCAT=SEXUAL ACTIVITY – MALE CLIENT WITH MALE PARTNER

**F. Ask Male/Gender Unknown Participants who had Male Partners:**

§ F1A. How many **men did you have (insertive) anal sex** with? QSTEST  
 (If 000, then skip to G1A.) QSORRES 61  
 (Number cannot exceed total number of male partners.) QSORRES/QSSTRESC

=RBS0F1A

§ F1B. How often did you have (insertive) anal sex? 62

Once or irregularly	<input type="checkbox"/> 1
Less than once a week	<input type="checkbox"/> 2
About once a week	<input type="checkbox"/> 3
2-6 times a week	<input type="checkbox"/> 4
About once a day	<input type="checkbox"/> 5
2-3 times a day	<input type="checkbox"/> 6
4 or more times a day	<input type="checkbox"/> 7

=RBS0F1C

§ F1C. How often did you use a condom? 63

Never	<input type="checkbox"/> 0
Less than half the time	<input type="checkbox"/> 1
About half the time	<input type="checkbox"/> 2
More than half the time	<input type="checkbox"/> 3
Always	<input type="checkbox"/> 4

QSTESTCD

QSSCAT=SEXUAL ACTIVITY – CLIENT WITH MALE PARTNER

**G. Ask Male/Female/Gender Unknown Participants who had Male Partners:**

§ G1A. How many **men performed oral sex (“went down”) on you?** QSTEST  
 (If 000, then skip to question G2A.) QSORRES 64  
 (Number cannot exceed total number of male partners.) QSORRES/QSSTRESC

=RBS0G1B

§ G1B. How often did your partner(s) perform oral sex (“go down”) on you? 65

Once or irregularly	<input type="checkbox"/> 1
Less than once a week	<input type="checkbox"/> 2
About once a week	<input type="checkbox"/> 3
2-6 times a week	<input type="checkbox"/> 4
About once a day	<input type="checkbox"/> 5
2-3 times a day	<input type="checkbox"/> 6
4 or more times a day	<input type="checkbox"/> 7

=RBS0G1C

§ G1C. How often did you use condoms/dental dams when your partner(s) performed oral sex (“went down”) on you? 66

Never	<input type="checkbox"/> 0
Less than half the time	<input type="checkbox"/> 1
About half the time	<input type="checkbox"/> 2
More than half the time	<input type="checkbox"/> 3
Always	<input type="checkbox"/> 4



Participant #:       USUBJID      Study Day: 000

QSTESTCD

QSTEST

QSORRES

=RBS0G2A

§ G2A. How many men **did you perform oral sex** (“go down”) on?  
*(Number cannot exceed total number of male partners.)*  
*(If 000, then skip to H1A if participant is female or gender unknown;*  
*skip to I1A if participant is male.)*

\_\_\_\_\_ 67

QSORRES/QSSTRESC

=RBS0G2B

§ G2B. How often did you perform oral sex  
 (“go down”) on your partner(s)?

- Once or irregularly ☐ 1 68  
 Less than once a week ☐ 2  
 About once a week ☐ 3  
 2-6 times a week ☐ 4  
 About once a day ☐ 5  
 2-3 times a day ☐ 6  
 4 or more times a day ☐ 7

=RBS0G2C

§ G2C. How often did you use condoms/  
 dental dams when you performed oral  
 sex (“went down”) on your partner(s)?

- Never ☐ 0 69  
 Less than half the time ☐ 1  
 About half the time ☐ 2  
 More than half the time ☐ 3  
 Always ☐ 4

QSTESTCD

QSSCAT=SEXUAL ACTIVITY – FEMALE CLIENT WITH MALE PARTNER

**H. Ask Female/Gender Unknown Participants who had Male Partners:**

QSTEST

=RBS0H1A

§ H1A. How many men **did you have vaginal sex** with?  
*(If 000, then skip to question I1A.)*  
*(Number cannot exceed total number of male partners.)*

QSORRES \_\_\_\_\_ 70

QSORRES/QSSTRESC

=RBS0H1B

§ H1B. How often did you have vaginal sex?

- Once or irregularly ☐ 1 71  
 Less than once a week ☐ 2  
 About once a week ☐ 3  
 2-6 times a week ☐ 4  
 About once a day ☐ 5  
 2-3 times a day ☐ 6  
 4 or more times a day ☐ 7

=RBS0H1C

§ H1C. How often did you use a condom?

- Never ☐ 0 72  
 Less than half the time ☐ 1  
 About half the time ☐ 2  
 More than half the time ☐ 3  
 Always ☐ 4

QSTESTCD

DOMAIN: QS

Participant #: \_\_\_\_ USUBJID

Study Day: 000

**I. Ask Male/Female/Gender Unknown Participants who had Male Partners:**

QSSCAT=SEXUAL ACTIVITY – CLIENT WITH MALE PARTNER

QSTEST

§ I1A. How many men **did you have (receptive) anal sex** with?

=RBS011A

(Number cannot exceed total number of male partners.)

(If none, enter 000 and, then enter Stop Time and end questionnaire)

QSORRES

73

QSORRES/QSSTRESC

=RBS011B

§ I1B. How often did you have (receptive)  
anal sex?

- Once or irregularly ☐ 1 74  
Less than once a week ☐ 2  
About once a week ☐ 3  
2-6 times a week ☐ 4  
About once a day ☐ 5  
2-3 times a day ☐ 6  
4 or more times a day ☐ 7

=RBS011C

§ I1C. How often did you use a condom ?

- Never ☐ 0 75  
Less than half the time ☐ 1  
About half the time ☐ 2  
More than half the time ☐ 3  
Always ☐ 4

Stop Time:

QSENDTC 76  
\_\_\_\_ : \_\_\_\_  
h h m m  
(24 hour clock)\*

Completed by (Staff ID): QSEVAL 77

Reviewed by (Staff ID): \_\_\_\_\_ 78

Entered by (Staff ID): \_\_\_\_\_



QSCAT=ADDICTION SEVERITY INDEX LITE (ASL)

**Addiction Severity Index Lite**

Protocol Number: NIDA-CTN-0020

STUDYID

Node ID: _____	Phase: 01	EPOCH	1
Site ID: _____ SITEID	Study Day: 000	VISITNUM	3
Participant ID: _____ USUBJID			5
Name Code: _____	Visit Date: _____	QSSTDTC/QSENDTC	6
FORM COMPLETION STATUS:			
CRF Administered <input type="checkbox"/> 1	Not enough time to administer <input type="checkbox"/> 4		8
Participant refused <input type="checkbox"/> 2	No participant contact <input type="checkbox"/> 5		
Staff member did not administer <input type="checkbox"/> 3	Other <input type="checkbox"/> 6		
Specify: _____			9

NOT ENTERED

Participant Date of Birth:

m	m	d	d	y	y	y	y
---	---	---	---	---	---	---	---

<b>Composite Scores</b> (Do not calculate):	
Medical: _____	Legal: _____
Employment: _____	Family: _____
Drug: _____	Psychiatric: _____
Alcohol: _____	

<b>Patient Rating Scale</b>
0 = Not at all
1 = Slightly
2 = Moderately
3 = Considerably
4 = Extremely

<b>Introducing the ASI</b>
<p>Seven potential problem areas: Medical, Employment/Support Status, Alcohol, Drug, Legal, Family/Social, and Psychological. All clients receive this same <u>standard</u> interview. All information gathered is <u>confidential</u>.</p> <p>There are <u>two time periods</u> we will discuss:</p> <ol style="list-style-type: none"> <li>1. The past 30 days</li> <li>2. Lifetime Data</li> </ol> <p><b>Patient Rating Scale:</b> Patient input is important. For each area, I will ask you to use this scale to let me know how bothered you have been by any problems in each section. I will also ask you how important treatment is for you for the area being discussed.</p> <p>Please refer to the Patient Rating Scale in the adjacent key.</p> <p>If you are uncomfortable giving an answer, then don't answer. <b><i>Please do not give inaccurate information!</i></b></p>

Participant #: <u>      USUBJID      </u>	Study Day: <u>000</u>
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### Interviewer Instructions

1. Leave no blanks.
2. Make plenty of Comments (if another person reads this ASI, they should have a relatively complete picture of the client's perceptions of his/her problems).
3. Throughout the ASI, when noted: **-9=Question not answered.**  
**-3=Question not applicable.**
4. Terminate interview if client misrepresents two or more sections.
5. When noting comments, please write the question number.

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

### **CONFIDENCE RATINGS:**

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

***Probe and make plenty of comments!***

### List of Commonly Used Drugs

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

Just note if these are used: Antidepressants;  
 Ulcer Meds=Zantac, Tagamet;  
 Asthma Meds= Ventoline Inhaler, Theodur;  
 Other Meds=Antipsychotics, Lithium

Participant #:       USUBJID      Study Day: 000**Alcohol/Drug Section Instructions**

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

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

Start Time:

**QSSTDTC** 10  
 \_\_\_\_ : \_\_\_\_  
 h h m m  
 (24 hour clock)\*

**QSTESTCD****QSSCAT=GENERAL INFORMATION****GENERAL INFORMATION****=G9**

†**G9.** Contact code:  
*Intake ASI must be in person.*

**QSTEST****QSORRES/QSSTRESC**

In person ☐ 1 11  
 Telephone ☐ 2  
 Mail ☐ 3

**=G12**£**G12.** Special:

Patient terminated ☐ 1 12  
 Patient refused ☐ 2  
 Patient unable to respond ☐ 3

**=G14A** †**G14.** How long have you lived at your current address?**=G14B****QSORRESU=YEARS**

\_\_\_\_ / \_\_\_\_ 13  
 Years Months  
**QSORRESU=MONTHS**

**COMMENTS -GENERAL:** (Include question number with your notes.) 20**NOT ENTERED**

QSTESTCD

DOMAIN: QS

Participant #: USUBJID Study Day: 000

=G18A †G18. Do you have a religious preference? QSTEST QSORRES/QSSTRESC 15

Protestant ☐ 1  
Catholic ☐ 2  
Jewish ☐ 3  
Islamic ☐ 4  
Other ☐ 5  
None ☐ 6

=G18B If "Other," specify: QSORRES/QSSTRESC 16

=G19A †G19. Have you been in a controlled environment in the past 30 days? QSORRES/QSSTRESC No ☐ 1 17

*A place, theoretically, without access to drugs/alcohol* Jail ☐ 2  
Alcohol or Drug Treatment ☐ 3  
Medical Treatment ☐ 4  
Psychiatric Treatment ☐ 5  
Other ☐ 6

QSEVLINT=-P30D

=G19B If "Other," specify: 18

=G20 §G20. How many days? QSORRES 19

*"-3" if Question G19 is "No". Refers to total number of days detained in the past 30 days.* QSORRESU=DAYS Days

**MEDICAL STATUS** QSSCAT=MEDICAL STATUS QSORRES 21

=M1 †M1. How many times in your life have you been hospitalized for medical problems?  
*Include O.D.'s, D.T.'s. Exclude detox, alcohol/drug, and psychiatric treatment and childbirth (if no complications). Enter the number of overnight hospitalizations for medical problems.*

=M3A †M3. Do you have any chronic medical problems which continue to interfere with your life? QSORRES/QSSTRESC Yes ☐ 1 22

*A chronic medical condition is a serious physical or medical condition that requires regular care, (i.e., medication, dietary restriction) preventing full advantage of their abilities.* No ☐ 0

=M3B If "Yes," specify: 23

**COMMENTS –MEDICAL STATUS:** (Include question number with your notes.) 33

NOT ENTERED

Participant #: USUBJIDStudy Day: 000

QSTESTCD

**MEDICAL (cont.)**

QSTEST

QSORRES/QSSTRESC

=M4A

†M4. Are you taking any prescribed medication on a regular basis for a physical problem?

Yes ☐ 1 24  
No ☐ 0*Medication prescribed by a MD 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.*

=M4B

If "Yes," specify: QSORRES/QSSTRESC 25

=M5A

†M5. Do you receive a pension for a physical disability? QSORRES/QSSTRESCYes ☐ 1 26  
No ☐ 0*Include Workers' compensation, exclude psychiatric disability.*

=M5B

If "Yes," specify: QSORRES/QSSTRESC 27

=M6

†M6. How many days have you experienced medical problems in the past 30 days? QSORRES 28  
*Do not include ailments directly caused by drugs/alcohol. Include flu, colds, etc. Include serious ailments related to drugs/alcohol, which would continue even if the patient were abstinent (e.g., cirrhosis of liver, abscesses from needles, etc.).* QSORRESU=DAYS

QSTEST

QSEVLINT=-P30D

QSORRES/QSSTRESC

**For Questions M7 and M8, please ask the patient to use the Patient Rating scale.**

=M7

†M7. How troubled or bothered have you been by these medical problems in the past 30 days? QSEVLINT=-P30DNot at all ☐ 0 29  
Slightly ☐ 1  
Moderately ☐ 2  
Considerably ☐ 3  
Extremely ☐ 4*Restrict response to problem days of Question M6.*

=M8

†M8. How important to you now is treatment for these medical problems?Not at all ☐ 0 30  
Slightly ☐ 1  
Moderately ☐ 2  
Considerably ☐ 3  
Extremely ☐ 4*Refers to the need for new or additional medical treatment by the patient.***COMMENTS –MEDICAL STATUS:** (Include question number with your notes.)

NOT ENTERED

QSTESTCD

Participant #: \_\_\_\_\_ USUBJID

Study Day: 000

QSTEST

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

QSORRES/QSSTRESC

=M10

M10. Patient's misrepresentation?

Yes ☐ 1 <sup>31</sup>No ☐ 0

=M11

M11. Patient's inability to understand?

Yes ☐ 1 <sup>32</sup>No ☐ 0**QSSCAT=EMPLOYMENT/SUPPORT STATUS****EMPLOYMENT/SUPPORT STATUS**

QSORRESU=YEARS

QSORRES

=E1A

†E1. Education completed?

QSTEST

QSORRESU=MONTHS

\_\_\_\_ / \_\_\_\_ <sup>34</sup>  
Years / Months

=E1B

GED=12 years. Include formal education only.

=E2

†E2. Training or technical education completed:

QSORRESU=MONTHS

QSORRES

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

\_\_\_\_ <sup>36</sup>  
Months

QSORRES/QSSTRESC

=E4

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

Yes ☐ 1 <sup>37</sup>

Valid license; not suspended/revoked.

No ☐ 0

=E5

†E5. Do you have an automobile available?

Yes ☐ 1 <sup>38</sup>

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

No ☐ 0

=E6A

†E6. How long was your longest full time job?

QSORRESU=YEARS

QSORRES

=E6B

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

\_\_\_\_ / \_\_\_\_ <sup>39</sup>  
Years / Months

QSORRESU=MONTHS

**COMMENTS –EMPLOYMENT/SUPPORT STATUS:** (Include question number with your notes.)

58

NOT ENTERED

Participant #:        **USUBJID**Study Day: 000**QSTESTCD****QSTEST****EMPLOYMENT/SUPPORT (cont.)****QSORRES/QSSTRESC****=E7A**

†E7. Usual (or last) occupation?

41

Higher Executive, Major Professionals, Owner of Large Business ☐1Business Manager, Owner (medium sized business), Other Professional ☐2  
(nurse, optician, pharmacist, social worker, teacher)Administrative Personnel, Manager, Owner/Proprietor of Small Business ☐3  
(bakery, car dealership, engraving business, plumbing business, florist, decorator, actor, reporter, travel agent)Clerical and Sales, Technician, Owner of Small Business (bank teller, book-keeper, clerk, draftsman, timekeeper, secretary, car salesperson) ☐4Skilled Manual—usually having had training (baker, barber, brakeman, chef, electrician, fireman, lineman, machinist, mechanic, paperhanger, painter, repairman, tailor, welder, police officer, plumber) ☐5Semi-skilled (hospital aide, painter, bartender, bus driver, cutter, cook, drill press, garage guard, checker, waiter, spot welder, machine operator) ☐6Unskilled (attendant, janitor, construction help, unspecified labor, porter). Include unemployed ☐7Homemaker ☐8Student/No occupation/Disabled ☐9**=E7B**

Specify: \_\_\_\_\_

42

**=E9**

§E9. Does someone contribute the majority of your support?

Yes ☐1

43

*Is patient receiving any regular support (i.e., cash, food, housing) from family/friend? Include spouse's contribution; exclude support by an institution.*No ☐0**COMMENTS –EMPLOYMENT/SUPPORT STATUS:** (Include question number with your notes.)**NOT ENTERED**



Participant #: \_\_\_\_\_ USUBJID

Study Day: 000

QSTESTCD

QSTEST

**EMPLOYMENT/SUPPORT (cont.)**

QSORRES/QSSTRESC

=E10

†E10. Usual employment pattern, past three 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.*

QSEVLINT=-P3Y

Full time (35+ hrs/wk) ☐1 44  
 Part time (regular hours) ☐2  
 Part time (irregular hours) ☐3  
 Student ☐4  
 Military Service ☐5  
 Retired/Disability ☐6  
 Unemployed ☐7  
 In controlled environment ☐8

QSEVLINT=-P30D

†E11. How many days were you paid for working in the past 30 days?  
*Include "under the table" work, paid sick days and vacation.*

QSORRES \_\_\_\_\_ 45

QSORRESU=DAYS

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

QSORRESU=DOLLARS

†E12. Employment (net income)?  
*Net or "take home" pay, include any "under the table" money.*

\$ \_\_\_\_\_ 46

†E13. Unemployment Compensation?

\$ \_\_\_\_\_ 47

†E14. Welfare?  
*Include food stamps, transportation money provided by an agency to go to and from treatment.*

\$ \_\_\_\_\_ 48

†E15. Pensions, benefits or Social Security?  
*Include disability, pensions, retirement, veteran's benefits, SSI & workers' compensation.*

\$ \_\_\_\_\_ 49

=E16

†E16. Mate, family or friends?  
*Money for personal expenses, (i.e., clothing), include unreliable sources of income (e.g., gambling). Record cash payments only, include windfalls (unexpected), money from loans, gambling, inheritance, tax returns, etc.*

\$ \_\_\_\_\_ 50

**COMMENTS –EMPLOYMENT/SUPPORT STATUS:** (Include question number with your notes.)

NOT ENTERED

Participant #:       USUBJID      Study Day: 000

QSTESTCD

QSTEST

**EMPLOYMENT/SUPPORT (cont.)**

=E17

†E17. Illegal? QSORRESU=DOLLARS \$ QSORRES 51  
*Cash obtained from drug dealing, stealing, fencing stolen goods, gambling, prostitution, etc. Do not attempt to convert drugs exchanged to a dollar value. QSEVLINT=-P30D*

†E18. How many people depend on you for the majority of their food, shelter, etc.? 52  
*Must be regularly depending on patient, do include alimony/child support. Do not include the patient or self-supporting spouse, etc.*

†E19. How many days have you experienced employment problems in the past 30 days? 53  
*Include inability to find work, if they are actively looking for work, or problems with present job in which that job is jeopardized. QSEVLINT=-P30D QSORRESU=DAYS*

**For Questions E20 and E21, ask the patient to use the Patient Rating scale.**

*The patient's ratings in Questions E20 and 21 refer to Question E19. Stress help in finding or preparing for a job, not giving them a job.*

QSORRES/QSSTRESC

†E20. How troubled or bothered have you been by these employment problems in the past 30 days? 54  
*If the patient has been incarcerated or detained during the past 30 days, they cannot have employment problems. QSEVLINT=-P30D*

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

†E21. How important to you now is counseling for these employment problems? 55

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

**CONFIDENCE RATINGS**

Is the above information significantly distorted by: QSORRES/QSSTRESC

E23. Patient's misrepresentation? 56

Yes ☐1  
 No ☐0

=E24

E24. Patient's inability to understand? 57

Yes ☐1  
 No ☐0

**COMMENTS –EMPLOYMENT/SUPPORT STATUS:** (Include question number with your notes.)

NOT ENTERED

Participant #: \_\_\_\_\_ USUBJID

Study Day: 000

**ALCOHOL/DRUG USE**

QSSCAT=ALCOHOL/DRUG USE

Note the usual or most recent route. For more than one route, choose the most severe. The routes are listed from least severe to most severe. If Past 30 Days and Lifetime Use are zero, route should be coded as "-3."

QSEVLINT=-P30D QSTEST	QSORRESU=DAYS		QSORRES/QSSTRESC					
	†Past 30 Days	†Lifetime Use Years	§ Route of Administration					
QSTESTCD	QSORRES		Oral	Nasal	Smoking	Non-IV Injection	IV Injection	
D1. Alcohol (any use at all) =D1A =D1B	_____	_____						59
D2. Alcohol (to intoxication) =D2A =D2B	_____	_____						61
D3. Heroin =D3A =D3B =D3C	_____	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	63
D4. Methadone/LAAM (prescribed) =D4A =D4B =D4C	_____	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	66
D4a. Methadone/LAAM (illicit) =D4AA =D4AB =D4AC	_____	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	69
D5. Other Opiates	_____	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	72
D6. Barbiturates	_____	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	75
D7. Other sedatives/ hypnotics/tranquilizers	_____	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	78
D8. Cocaine	_____	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	81
D9. Amphetamines	_____	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	84
D10. Cannabis	_____	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	87
D11. Hallucinogens	_____	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	90
D12. Inhalants =D12A =D12B =D12C	_____	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	93
D36. Nicotine (tobacco products) =D36A =D36B	_____	_____						96
D13. More than 1 substance per day (including alcohol, excluding nicotine) =D13A =D13B	_____	_____						98

Participant #: <span style="color: red;">USUBJID</span> _____	Study Day: <u>000</u>
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QSTESTCD

**ALCOHOL/DRUG (cont.)**

QSTEST

QSORRES

=D14

†D14. According to the interviewer, which substance(s) is/are the major problem? 100  
*Interviewer should determine the major drug or drugs of abuse (excluding Nicotine use). Code the number next to the drug in Questions 01-12 (code prescribed or illicit methadone as "04"). "00"=no problem, "15"=alcohol & one or more drugs, "16"=more than one drug, but no alcohol. Ask participant when not clear.*

†D17. How many times have you had Alcohol DT's? 101  
*Delirium Tremens (DT's): Occur 24-48 hours after last drink, or significant decrease in alcohol intake. Characterized by shaking, severe disorientation, fever, hallucinations, they usually require medical attention.*

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

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

†D19. Alcohol abuse? 102

†D20. Drug abuse? 103

**How many of these were detox only?**

§D21. Alcohol? 104  
*If D19 = "00", then Question D21 is "-3 = Not applicable".*

§D22. Drugs? 105  
*If D20 = "00", then Question D22 is "-3 = Not applicable".*

=D22

**COMMENTS ALCOHOL/DRUG USE:** *(Include question number with your notes.)*

117

NOT ENTERED

Participant #: \_\_\_\_\_ **USUBJID** Study Day: 000

QSTESTCD

QSTEST

**ALCOHOL/DRUG (cont.)****How much money would you say you spent during the last 30 days on:***Max=\$99999. Only count actual money spent. What is the financial burden caused by drugs/alcohol?*†D23. Alcohol? **QSEVLINT=-P30D** **QSORRESU=DOLLARS** \$ **QSORRES** 106†D24. Drugs? **QSORRESU=DOLLARS** \$ **QSORRES** 107†D25. How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days? **QSORRES** 108  
*Include AA/NA.***For Questions D28-D31, please ask the patient to use the Patient Rating scale.***The Patient is rating the need for additional substance abuse treatment.*†D26. How many days in the past 30 have you experienced alcohol problems? **QSORRES** 109**QSEVLINT=-P30D****QSORRESU=DAYS****QSORRES/QSSTRESC**†D28. How troubled or bothered have you been in the past 30 days by these alcohol problems? Not at all ☐ 0 110Slightly ☐ 1Moderately ☐ 2Considerably ☐ 3Extremely ☐ 4**QSEVLINT=-P30D****QSORRES/QSSTRESC**†D30. How Important to you now is treatment for these alcohol problems? Not at all ☐ 0 111  
Slightly ☐ 1  
Moderately ☐ 2  
Considerably ☐ 3  
Extremely ☐ 4†D27. How many days in the past 30 have you experienced drug problems? **QSEVLINT=-P30D** **QSORRESU=DAYS** **QSORRES** 112*Include: Craving, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to.***COMMENTS ALCOHOL/DRUG USE:***(Include question number with your notes.)*

NOT ENTERED

Participant #: \_\_\_\_\_ **USUBJID**Study Day: 000**QSTESTCD****QSTEST****QSORRES/QSSTRESC****ALCOHOL/DRUG (cont.)****=D29**†**D29.** How troubled or bothered have you been in the past 30 days by these drug problems?  
**QSEVLINT=-P30D**Not at all ☐ 0  
Slightly ☐ 1  
Moderately ☐ 2  
Considerably ☐ 3  
Extremely ☐ 4

113

**=D31**†**D31.** How important to you now is treatment for these drug problems?Not at all ☐ 0  
Slightly ☐ 1  
Moderately ☐ 2  
Considerably ☐ 3  
Extremely ☐ 4

114

**CONFIDENCE RATINGS**Is the above information significantly distorted by:**=D34****D34.** Patient's misrepresentation?Yes ☐ 1  
No ☐ 0

115

**=D35****D35.** Patient's inability to understand?Yes ☐ 1  
No ☐ 0

116

**COMMENTS ALCOHOL/DRUG USE:** *(Include question number with your notes.)***NOT ENTERED**

Participant #: _____ <b>USUBJID</b>	Study Day: <u>000</u>
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QSTESTOD

=L1

<u>Legal Status</u>	QSSCAT=LEGAL STATUS	QSORRES/QSSTRESC	
†L1. Was the admission prompted by the criminal justice system? <i>Judge, probation/parole officer, etc.</i>	QSTEST	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	118
†L2.. Are you on parole or probation? <i>Note duration and level in comments.</i>	Yes, parole or post release supervision <input type="checkbox"/> 2 Yes, probation or pre-sentencing diversion <input type="checkbox"/> 3 No, neither <input type="checkbox"/> 0		119
<b>QSTEST</b>			
<b>How many times in you life have you been arrested and charged with the following:</b> <i>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.</i>			
†L3.. Shoplifting/Vandalism		_____	120
†L4. Parole/Probation Violations		_____	121
†L5. Drug Charges		_____	122
†L6. Forgery		_____	123
†L7. Weapons Offense		_____	124
†L8. Burglary/Larceny/B&E		_____	125
†L9. Robbery		_____	126
†L10. Assault		_____	127
†L11. Arson		_____	128
†L12. Rape		_____	129
†L13. Homicide/Manslaughter		_____	130
†L14. Prostitution		_____	131
†L15. Contempt of Court		_____	132
†L16. Other		_____	133
If Other, specify: _____			134

QSORRES

=L15

=L16A

=L16B

**COMMENTS - LEGAL STATUS:** (Include question number with your notes.)

NOT ENTERED



QSTESTCD

USUBJID

Participant #: \_\_\_\_\_

Study Day: 000

=L17

QSTEST

QSORRES

135

§L17. How many of these charges resulted in convictions?

If L3-16="00", then L17="-3". 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?

\_\_\_\_ 136

†L19. Driving while intoxicated (DWI)?

\_\_\_\_ 137

†L20. Major driving violations?

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

\_\_\_\_ 138

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

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

\_\_\_\_ 139

=L24

QSORRES/QSSTRESC

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

Yes ☐ 1  
No ☐ 0

140

**COMMENTS - LEGAL STATUS:** (Include question number with your notes.)

NOT ENTERED

Participant #: _____ <span style="float: right; color: red;">USUBJID</span>	Study Day: <u>000</u>
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QSTESTCD

**LEGAL (cont.)**

QSTEST

QSORRES/QSSTRESC

=L25

**§ L25. What for?**

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

- |                         |                          |    |     |
|-------------------------|--------------------------|----|-----|
| Shoplifting             | <input type="checkbox"/> | 03 | 141 |
| Probation violation     | <input type="checkbox"/> | 04 |     |
| Drug                    | <input type="checkbox"/> | 05 |     |
| Forgery                 | <input type="checkbox"/> | 06 |     |
| Weapons                 | <input type="checkbox"/> | 07 |     |
| Burglary                | <input type="checkbox"/> | 08 |     |
| Robbery                 | <input type="checkbox"/> | 09 |     |
| Assault                 | <input type="checkbox"/> | 10 |     |
| Arson                   | <input type="checkbox"/> | 11 |     |
| Rape                    | <input type="checkbox"/> | 12 |     |
| Homicide                | <input type="checkbox"/> | 13 |     |
| Prostitution            | <input type="checkbox"/> | 14 |     |
| Contempt                | <input type="checkbox"/> | 15 |     |
| Other                   | <input type="checkbox"/> | 16 |     |
| Disorderly conduct      | <input type="checkbox"/> | 18 |     |
| DWI                     | <input type="checkbox"/> | 19 |     |
| Major driving violation | <input type="checkbox"/> | 20 |     |

=L26

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

*Include being arrested and released on the same day. QSEVLINT=-P30D*

 QSORRES  
 \_\_\_\_\_ 142

=L27

**†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. QSEVLINT=-P30D*

\_\_\_\_\_ 143

**COMMENTS - LEGAL STATUS:** *(Include question number with your notes.)*

NOT ENTERED

Participant #: \_\_\_\_\_ **USUBJID**Study Day: 000**QSTESTCD****QSTEST****LEGAL (cont.)****QSORRES/QSSTRESC****For Questions L28 & L29, ask the patient to use the Patient Rating scale.****=L28**†**L28.** How serious do you feel your present legal problems are?  
*Exclude civil problems.*Not at all ☐0 144  
Slightly ☐1  
Moderately ☐2  
Considerably ☐3  
Extremely ☐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.*Not at all ☐0 145  
Slightly ☐1  
Moderately ☐2  
Considerably ☐3  
Extremely ☐4**CONFIDENCE RATINGS****Is the above information significantly distorted by:****L31.** Patient's misrepresentation?Yes ☐1 146  
No ☐0**=L32****L32.** Patient's inability to understand?Yes ☐1 147  
No ☐0**QSTESTCD****QSSCAT=FAMILY/SOCIAL RELATIONSHIPS****FAMILY/SOCIAL RELATIONSHIPS****QSORRES/QSSTRESC****=F1**†**F1.** Marital status:  
*Common-law marriage="1". Specify in comments.*Married ☐1 149  
Remarried ☐2  
Widowed ☐3  
Separated ☐4  
Divorced ☐5  
Never Married ☐6**COMMENTS - FAMILY/SOCIAL RELATIONSHIPS:** (Include question number with your notes.) 188**NOT ENTERED**

Participant #: USUBJIDStudy Day: 000

QSTESTCD

QSTEST

QSORRES/QSSTRESC

**FAMILY/SOCIAL (cont.)**↓  
=F3

†F3. Are you satisfied with this situation?

*Refers to response in Question F1. Satisfied=generally liking the situation.*Yes ☐2

150

No ☐0Indifferent ☐1

†F4. Usual living arrangements (past 3 years):

*Choose arrangements most representative of the past 3 years. If there is an even split in time between these arrangements, choose the most recent arrangement.*With sexual partner & children ☐1

151

With sexual partner alone ☐2With children alone ☐3With parents ☐4With family ☐5With friends ☐6Alone ☐7Controlled Environment ☐8No stable arrangement ☐9

QSEVLINT=-P3Y

†F6. Are you satisfied with these arrangements?

*Refers to response in Question F4.*Yes ☐2

152

No ☐0Indifferent ☐1**Do you live with anyone who:**

†F7. Has a current alcohol problem?

Yes ☐1

153

No ☐0

†F8. Uses non-prescribed drugs?

Yes ☐1

154

No ☐0

=F9

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

*If a girlfriend/boyfriend is considered as a family by patient, then they must refer to them as family throughout this section, not a friend.**Family is not to be referred to as "friend."*Family ☐1

155

Friends ☐2Alone ☐3**COMMENTS - FAMILY/SOCIAL RELATIONSHIPS:***(Include question number with your notes.)*

NOT ENTERED

Participant #: <span style="color: red;">USUBJID</span> _____	Study Day: <u>000</u>
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QSTESTCD

**FAMILY/SOCIAL (cont.)**

QSTEST

QSORRES/QSSTRESC

=F10

†F10. Are you satisfied with spending your free time this way?  
*Refers to Question F9. A satisfied response must indicate that the person generally likes the situation.*

Yes ☐ 2 156  
 No ☐ 0  
 Indifferent ☐ 1

**Have you had significant periods in which you have experienced serious problems getting along with:** "Serious problems" mean those that endangered the relationship. A "problem" requires contact of some sort, either by telephone or in person.

QSORRES/QSSTRESC

QSTEST

Past 30 Days	Lifetime
QSEVLINT=-P30D	

=F18A =F18B

§F18. Mother?

Yes ☐ 1 157  
 No ☐ 0

§F19. Father?

Yes ☐ 1 159  
 No ☐ 0

§F20. Brothers/sisters?

Yes ☐ 1 161  
 No ☐ 0

§F21. Sexual partner/Spouse?

Yes ☐ 1 163  
 No ☐ 0

§F22. Children?

Yes ☐ 1 165  
 No ☐ 0

§F23. Other significant family?

Yes ☐ 1 167  
 No ☐ 0

=F23A =F23B =F23C

Other significant family (specify): \_\_\_\_\_ 169

§F24. Close Friends?

Yes ☐ 1 170  
 No ☐ 0

=F24A =F24B

§F25. Neighbors?

Yes ☐ 1 172  
 No ☐ 0

=F25A =F25B

§F26. Co-workers?

Yes ☐ 1 174  
 No ☐ 0

=F26A =F26B

**COMMENTS - FAMILY/SOCIAL RELATIONSHIPS:** (Include question number with your notes.)

NOT ENTERED

Participant #: <span style="color: red;">USUBJID</span>	Study Day: <u>000</u>
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QSTESTCD

**FAMILY/SOCIAL (cont.)****Did anyone ever abuse you?**

QSTEST

QSORRES/QSSTRESC

QSEVLINT=-P30D

Past 30 Days

Lifetime

†F28. Physically?  
*Caused you physical harm?*  
 =F28A =F28B

Yes ☐ 1      Yes ☐ 1      176  
 No ☐ 0      No ☐ 0

†F29. Sexually?  
*Forced sexual advances/acts?*  
 =F29A =F29B

Yes ☐ 1      Yes ☐ 1      178  
 No ☐ 0      No ☐ 0

†F30. How many days in the past 30 have you had serious conflicts with your family? QSORRES 180  
 =F30 QSORRESU=DAYS

QSORRES/QSSTRESC**For Questions F32 and F34, ask the patient to use the Patient Rating scale.**

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

QSEVLINT=-P30D

Not at all ☐ 0      181  
 Slightly ☐ 1  
 Moderately ☐ 2  
 Considerably ☐ 3  
 Extremely ☐ 4

†F34. How important to you now is treatment or counseling for these family problems?  
*Patient is rating his/her need for counseling for family problems, not whether the family would be willing to attend.*

Not at all ☐ 0      182  
 Slightly ☐ 1  
 Moderately ☐ 2  
 Considerably ☐ 3  
 Extremely ☐ 4

=F31

†F31. How many days in the past 30 have you had serious conflicts with other people (excluding family)? QSORRES 183  
QSORRESU=DAYS QSEVLINT=-P30D

**COMMENTS - FAMILY/SOCIAL RELATIONSHIPS:***(Include question number with your notes.)*

NOT ENTERED

Participant #: USUBJIDStudy Day: 000

QSTESTCD

**FAMILY/SOCIAL (cont.)**

QSTEST

QSORRES/QSSTRESC

**For Questions F33 and F35, ask the patient to use the Patient Rating scale.**

=F33

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

QSEVLINT=-P30D

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

184

†F35. How important to you now is treatment or counseling for these social problems?

*Include patient's need to seek treatment for such social problems as loneliness, inability to socialize, and dissatisfaction with friends. Patient rating should refer to dissatisfaction, conflicts, or other serious problems. Exclude problems that would be eliminated if patient had no substance abuse.*

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

185

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

F37. Patient's misrepresentation?

 Yes ☐ 1  
 No ☐ 0

186

=F38

F38. Patient's inability to understand?

 Yes ☐ 1  
 No ☐ 0

187

QSTESTCD

**PSYCHIATRIC STATUS**

QSSCAT=PSYCHIATRIC STATUS

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

*Do not include substance abuse, employment, or family counseling. Treatment episode=a series of more or less continuous visits or treatment days, not the number of visits or treatment days. Enter diagnosis in comments if known.*

=P1

†P1. In a Hospital or inpatient setting?

QSORRES

\_\_\_\_

189

=P2

†P2. Outpatient/private patient?

\_\_\_\_

190

=P3

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

QSORRES/QSSTRESC

 Yes ☐ 1  
 No ☐ 0

191

**COMMENTS PSYCHIATRIC STATUS:** (Include question number with your notes.)

NOT ENTERED

213



Participant #:        **USUBJID**Study Day: 000

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

**QSTESTCD****QSTEST****QSORRES/QSSTRESC****QSEVLINT=-P30D Past 30 Days****Lifetime**

- ↓
- †P4.** Experienced serious depression—sadness, Hopelessness, loss of interest, difficulty with daily function?  
=P4A =P4B
- †P5.** Experienced serious anxiety/tension uptight, unreasonably worried, inability To feel relaxed?
- †P6.** Experienced hallucinations— saw things or heard voices that other people did not see or hear?
- †P7.** Experienced trouble understanding, concentrating, or remembering?
- For Questions P8-P10, patient could have been under the influence of alcohol/drugs.**
- †P8.** Experienced trouble controlling violent Behavior including episodes of rage, or violence?
- †P9.** Experienced serious thoughts of suicide?  
*Patient seriously considered a plan for taking his/her life.*
- †P10.** Attempted suicide?  
*Include actual suicidal gestures or attempts.*
- †P11.** Been prescribed medication for any Psychological or emotional problems?  
*Prescribed for the patient by MD. Record "Yes" if a medication was prescribed even if patient is not taking it.*  
=P11A =P11B
- Yes ☐ 1 No ☐ 0 Yes ☐ 1 No ☐ 0 192
- Yes ☐ 1 No ☐ 0 Yes ☐ 1 No ☐ 0 194
- Yes ☐ 1 No ☐ 0 Yes ☐ 1 No ☐ 0 196
- Yes ☐ 1 No ☐ 0 Yes ☐ 1 No ☐ 0 198
- Yes ☐ 1 No ☐ 0 Yes ☐ 1 No ☐ 0 200
- Yes ☐ 1 No ☐ 0 Yes ☐ 1 No ☐ 0 202
- Yes ☐ 1 No ☐ 0 Yes ☐ 1 No ☐ 0 204
- Yes ☐ 1 No ☐ 0 Yes ☐ 1 No ☐ 0 206

**COMMENTS PSYCHIATRIC STATUS:** (Include question number with your notes.)

NOT ENTERED

Participant #: _____	USUBJID	Study Day: 000
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**PSYCHIATRIC (cont.)**

QSTEST

QSTESTCD

QSORRES 208

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

=P12

*This refers to problems noted in Questions P4-P10.*

QSEVLINT=-P30D

QSORRESU=DAYS

QSORRES/QSSTRESC

**For Questions P13 & P14, ask the patient to use the Patient Rating scale.**

†P13. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?

*Patient should be rating the problem days from Question P12.*

QSEVLINT=-P30D

Not at all ☐ 0 209  
Slightly ☐ 1  
Moderately ☐ 2  
Considerably ☐ 3  
Extremely ☐ 4

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

Not at all ☐ 0 210  
Slightly ☐ 1  
Moderately ☐ 2  
Considerably ☐ 3  
Extremely ☐ 4

**CONFIDENCE RATINGS**

Is the above information significantly distorted by:

P22. Patient's misrepresentation?

Yes ☐ 1 211  
No ☐ 0

P23. Patient's inability to understand?

Yes ☐ 1 212  
No ☐ 0

**Stop Time:**

\*If time spent completing form was not continuous,  
adjust stop time to account for any breaks.

\_\_\_\_ : \_\_\_\_ 214  
h h m m  
(24 hour clock)\*

**COMMENTS PSYCHIATRIC STATUS:** (Include question number with your notes.)

NOT ENTERED

Completed by (Staff ID): QSEVAL 215

Reviewed by (Staff ID): 216

Entered by (Staff ID):

## Urine Drug Screen

Protocol Number: NIDA-CTN-0020

STUDYID

Node ID: _____	Phase: _____	USUBJID	
Site ID: _____	Study Day: _____	VISITNUM	
USUBJID Participant ID: _____	QNAM=LBVISDTC QLABEL=LAB VISIT DATE IDVAR=LBSEQ		
Name Code: _____	Visit Date: ____/____/____		
FORM COMPLETION STATUS:			
CRF Administered <input type="checkbox"/> 1		Not enough time to administer <input type="checkbox"/> 4	
Participant refused <input type="checkbox"/> 2		No participant contact <input type="checkbox"/> 5	
Staff member did not administer <input type="checkbox"/> 3		Other <input type="checkbox"/> 6	
Specify: _____			

Start Time:

LBCAT=DRUG SCREEN

LBTESTCD

LBTEST

 \_\_\_\_ : \_\_\_\_  
 (24 hour clock)\*

LBSTAT/LBREASND

=UDS001

†1. Was a Urine Drug Screen performed?

*If No or Unknown, enter stop time and end the questionnaire.  
 If sample was lost, answer only Questions 1 and 2, enter stop  
 time and end questionnaire.*

Yes ☐1 11No ☐0Sample lost ☐2

2. Date urine collected:

 \_\_\_\_/\_\_\_\_/\_\_\_\_  
 \_\_\_\_/\_\_\_\_/\_\_\_\_

LBDDTC

†3. Urine temperature within expected range?

*Temperature 92°F ≤ X ≤ 96°F OR 33.3°C ≤ X ≤ 35.5°C*

QNA=LBTEMP

QLABEL=URINE TEMP WITHIN  
EXPECTED RANGE

IDVAR=LBSEQ

Yes ☐1 13No ☐0

=UDS004 †4. Was this urine collection supervised?

QNA=LBSUPER

QLABEL=URINE COLLECTION  
SUPERVISED

IDVAR=LBSEQ

Yes ☐1 14No ☐0

Participant #: <u>USUBJID</u>	Study Day: <u>    </u> <u>    </u> <u>    </u>
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**Check one box representing the result of the screen for each substance below.**

LBSTRESN

LBTESTCD

LBTEST

LBORRES/LBSTRESC

=UDS005

=UDS014

REQUIRED SCREENS	Negative	Positive	Unclear or Equivocal	Results Not Valid	Not Assessed	
5. Amphetamines (AMP)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> -5	15
6. Barbiturates (BAR)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> -5	16
7. Benzodiazepines (BZO)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> -5	17
8. Methadone (MTD)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> -5	18
OPTIONAL SCREENS	Negative	Positive	Unclear or Equivocal	Results Not Valid	Not Assessed	
9. Tricyclic Antidepressants (TCA)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> -5	19
10. Cocaine metabolites (COC)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> -5	20
11. Methamphetamines (M-AMP)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> -5	21
12. Opiates/Morphine (MOR)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> -5	22
13. Phencyclidine (PCP)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> -5	23
14. Cannabinoids (THC)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> -5	24

QNAM=LBSTPTM

QLABEL=URINE DATA  
COLLECTION STOP TIME

IDVAR=LBSEQ

**Stop Time:**

\*If time spent completing form was not continuous,  
adjust stop time to account for any breaks.

: <sup>25</sup>  
 h h : m m  
 (24 hour clock)\*

Completed by (Staff ID): _____	26
Reviewed by (Staff ID): _____	27
Entered by (Staff ID): _____	

QSCAT=VOCATIONAL SURVEY---PRE-TREATMENT JOB ADDENDUM (VSP)

**Vocational Survey - Pre-Treatment**

Protocol Number: NIDA - CTN - 0020

STUDYID

DOMAIN: QS

Node ID: ____	Phase: <u>01</u>	EPOCH	1
Site ID: ____ SITEID	Study Day: <u>000</u>	VISITNUM	3
Participant ID: ____ USUBJID			5
Name Code: ____	Visit Date: ____/____/____	QSSTDTC/QSENDTC	6
FORM COMPLETION STATUS:			
CRF administered <input type="checkbox"/> 1		Not enough time to administer <input type="checkbox"/> 4	8
Participant refused <input type="checkbox"/> 2		No participant contact <input type="checkbox"/> 5	
Staff Member did not administer <input type="checkbox"/> 3		Other <input type="checkbox"/> 6	
Specify: _____			
9			

**Part I. Employment History - General:**

QSSCAT=EMPLOYMENT HISTORY

For the first few questions, I would like for you to think about past jobs you have had.

QSTESTCD

QSTEST

QSORRES

† 1. Approximately how many (total) jobs would you say that you have had since your 18th birthday? \_\_\_\_\_ 10  
(If 00, skip to question 4)

=VSP001

=VSP001A

† 1a. How many of those jobs were taxed income jobs? \_\_\_\_\_ 11

=VSP002 † 2. Which of the following best describes the percent of time you have held **any** job since your 18th birthday?

QSORRES/QSSTRESC

- None ☐0 12  
1-25% ☐1  
26-50% ☐2  
51-75% ☐3  
76-100% ☐4

=VSP003 † 3. What percent of time would you say you have worked in a **full-time** job since your 18th birthday?

- None ☐0 13  
1-25% ☐1  
26-50% ☐2  
51-75% ☐3  
76-100% ☐4

QSTESTCD

QSTEST

Participant ID: USUBJID

Study Day 000

=VSP004

† 4. Have you worked in any job in the past 5 years?

(If No, Skip to question 5)

QSEVLINT=-P5Y

QSORRES/QSSTRESC

Yes ☐ 1 14No ☐ 0

=VSP004A

† 4a. If yes, were these jobs generally Full Time or Part Time?

Full Time ☐ 1 15Part Time ☐ 2Both ☐ 3Neither ☐ 4

=VSP005

† 5. Have you ever lost a job due to your drug or alcohol use?

(If No, Skip to question 6)

Yes ☐ 1 16No ☐ 0

=VSP005A

† 5a. If yes, how many times?

QSORRES

17

† 5b. When was the last time?

\_ m \_ m / \_ d \_ d / \_ y \_ y \_ y \_ y

18

=VSP005B1

=VSP005B2

=VSP005B3

(-9 coding may be used in place of month

&amp; day, but NOT year)

**Part II. Job Seeking Behavior:**

QSSCAT=JOB SEEKING BEHAVIOR

Now we would like to ask you about your job seeking activities in the past 3 months.

=VSP006

† 6. Have you received any job assistance through a service in the past three months? (If no, skip to question 7)

QSTEST

QSORRES/QSSTRESC

Yes ☐ 1 21No ☐ 0

QSEVLINT=-P3M

=VSP006A1

† 6a. If yes, which of the following best describes the job assistance service that you received in the past 3 Months? (Check "Yes" for all that apply and "No" for all that don't apply)

QSEVLINT=-P3M

† Pre-employment counseling and assessment

Yes ☐ 1 22No ☐ 0

† Job search skills training

Yes ☐ 1 23No ☐ 0

† Vocational technical training (Vo-TECH)

Yes ☐ 1 24No ☐ 0

† Other job related education and certification

Yes ☐ 1 25No ☐ 0

† Job placement

Yes ☐ 1 26No ☐ 0

† Other

Yes ☐ 1 27No ☐ 0

=VSP006A7

specify \_\_\_\_\_

28

QSTESTCD

QSTEST

Participant ID: USUBJIDStudy Day 000

=VSP007

† 7. Have you taken any steps to obtain employment?  
(If no, skip to question 8)

QSORRES/QSSTRESC Yes ☐ 1 29  
No ☐ 0

=VSP007A

† 7a. If yes, which of the following steps have you taken toward obtaining employment?

How many times?

QSORRES

- |      |   |       |    |
|------|---|-------|----|
| † A. | Looked in the newspaper for openings              | _____ | 30 |
| † B. | Searched internet for jobs                        | _____ | 31 |
| † C. | Talked with friends or relatives about job leads  | _____ | 32 |
| † D. | Contacted an employment agency/job finding center | _____ | 33 |
| † E. | Telephoned a prospective employer                 | _____ | 34 |
| † F. | Submitted an application for a job opening        | _____ | 35 |
| † G. | Submitted resume to prospective employer          | _____ | 36 |
| † H. | Went on a job interview                           | _____ | 37 |
| † I. | Received a job offer                              | _____ | 38 |
| † J. | Other   | _____ | 39 |

=VSP007K

Other (specify): \_\_\_\_\_ 40

† 8. After reviewing each of the job search behaviors listed below, how confident are you in doing the following:

QSTEST

QSORRES/QSSTRESC

=VSP008A

† 8a. To decide which type of job to apply for

Not confident at all ☐ 1 41  
Somewhat unconfident ☐ 2  
Neither confident nor unconfident ☐ 3  
Somewhat confident ☐ 4  
Very confident ☐ 5

† 8b. To find out where job openings exist

Not confident at all ☐ 1 42  
Somewhat unconfident ☐ 2  
Neither confident nor unconfident ☐ 3  
Somewhat confident ☐ 4  
Very confident ☐ 5

† 8c. To investigate every job lead promptly

Not confident at ☐ 1 43  
Somewhat unconfident ☐ 2  
Neither confident nor unconfident ☐ 3  
Somewhat confident ☐ 4  
Very confident ☐ 5

=VSP008D

† 8d. To fill out applications to my best advantage

Not confident at all ☐ 1 44  
Somewhat unconfident ☐ 2  
Neither confident nor unconfident ☐ 3  
Somewhat confident ☐ 4  
Very confident ☐ 5



QSTESTCD

DOMAIN: QS

Participant ID: USUBJIDStudy Day 000

=VSP008E

† 8e. To prepare a resume

QSORRES/QSSTRESC

Not confident at all ☐ 1 45Somewhat unconfident ☐ 2Neither confident nor unconfident ☐ 3Somewhat confident ☐ 4Very confident ☐ 5

=VSP008F

† 8f. To make a good impression in a job interview

Not confident at all ☐ 1 46Somewhat unconfident ☐ 2Neither confident nor unconfident ☐ 3Somewhat confident ☐ 4Very confident ☐ 5

=VSP009

† 9. Have you worked at all in the past 4 weeks (28 days)?Yes ☐ 1 47No ☐ 0

QSEVLINT=-P28D

=VSP009A

† 9a. If yes, what was the maximum number of hours worked per week?  
(all jobs combined)

QSORRES

48

QSORRESU=HOURS/WEEK

=VSP009B1

=VSP009B2

=VSP009B3

† 9b. If no, when did you leave your last job?

   /    /    /    /    /    /    /   

QSORRES

49

(-9 coding may be used in place of month  
& day, but year must be completed unless  
participant has NEVER had a job.)† 10.  
=VSP010Is someone or some agency requiring you to seek employment  
(i.e. court judge, drug court, welfare to work, probation/parole, etc.)?

QSORRES/QSSTRESC

Yes ☐ 1 52No ☐ 0**SPECIFY: Who or what agency is requiring the participant to seek employment.**

NOT ENTERED

QSTESTCD

DOMAIN:QS

Participant ID: USUBJIDStudy Day 000

11. List all jobs in which participant was or is employed that fit into one of these 3 categories:

- The longest job the participant has EVER had (whether they still have this job or not).
- All jobs currently held.
- All jobs held during the last 28 days.

**List the Longest Held Job first using Job Code P:00**

Job:

Job Code:

=VSP011A =VSP011A1

QSORRES

QSORRES

† P- \_\_\_\_\_ 53

P- \_\_\_\_\_ 55

P- \_\_\_\_\_ 57

P- \_\_\_\_\_ 59

P- \_\_\_\_\_ 61

P- \_\_\_\_\_ 63

P- \_\_\_\_\_ 65

P- \_\_\_\_\_ 67

P- \_\_\_\_\_ 69

=VSP011J =VSP011J1

P- \_\_\_\_\_ 71

Completed by (Staff ID): QSEVAL 73

Reviewed by (Staff ID): \_\_\_\_\_ 74

Entered by (Staff ID): \_\_\_\_\_

QSCAT=VOCATIONAL SURVEY---PRE-TREATMENT JOB ADDENDUM (VSPJ)

**Vocational Survey—Pre-Treatment Job Addendum**

DOMAIN: QS

Protocol Number: NIDA - CTN - 0020

STUDYID

Node ID: _____	Phase: <u>01</u>	EPOCH	
Site ID: _____	Study Day: <u>000</u>	VISITNUM	
Participant ID: _____			
Name Code: _____	Visit Date: _____ / _____ / _____	QSSTDTC/QSENDTC	
† Job Code: P: _____			
<b>FORM COMPLETION STATUS:</b>			
CRF administered <input type="checkbox"/> 1		Not enough time to administer <input type="checkbox"/> 4	
Participant refused <input type="checkbox"/> 2		No participant contact <input type="checkbox"/> 5	
Staff Member did not administer <input type="checkbox"/> 3		Other <input type="checkbox"/> 6	
Specify: _____			

**Form Instructions:** Please complete a Vocational Survey - Pre-treatment Job Addendum for the longest job held. Also complete an additional form for each job in which the participant is

QSTESTCD

QSTEST

QSORRES/QSSTRESC

† A. Is this record detailing the longest job?

Yes ☐1 11

(If Yes, read instruction below. If No, move directly to question 1)

No ☐0

=VSPJ00A

Now, let's focus on the job that you have had for the longest time. This job may be either a part-time or full-time job. It's the job you have held longer than any other (part or full-time) job you have had.

†1. When did you start working at this job?

=VSPJ001A

=VSPJ001B

=VSPJ001C

(-9 coding may be used in place of month & day, but NOT year)

QSORRES

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

m m d d y y y y

2. Job Title/Type: \_\_\_\_\_

QSORRES

=VSPJ002

†2a. Choose the job type that most closely matches your job from the categories listed below:

=VSPJ002A

QSORRES/QSSTRESC

- Professional/managerial ☐01 16
- Janitorial/cleaning ☐02
- Warehouse/stock work ☐03
- Driving/delivery ☐04
- Temp agency ☐05
- Child or geriatric care ☐06
- Construction ☐07
- Restaurant work (wait staff, fast food, dishwashing) ☐08
- Retail sales/cashier ☐09
- Secretarial/reception ☐10
- Other skilled labor ☐11
- Other unskilled labor ☐12

Participant ID: USUBJIDStudy Day 000

QSTESTCD

QSORRES/QSSTRESC

† 3. Was your pay taxed or untaxed?

Taxed ☐ 1Untaxed ☐ 2 17

=VSPJ003

4. What was the most you were paid per hour at this job

=VSPJ004 (not including overtime)?

QSORRESU=DOLLARS

\$ QSORRES 18† 5. **For longest job ONLY:**

How many hours per week did you typically work?

QSORRES 19

=VSPJ005

(If this form is NOT detailing your LONGEST job, enter -9.)

QSORRESU=HOURS

6. Enter the total number of hours worked for the job detailed on this form during the weeks specified below (last 28 days). Use the TLFB worksheet to calculate the total hours worked for each week.

- If the participant did **NOT ATTEND** this job during a particular week, enter '00' for that week.
- If the participant did **NOT HOLD** this job during a particular week, enter "-9" for that week.
- If this job is the **LONGEST JOB BUT NOT A CURRENT JOB** (last 28 days), enter "-9" in the fields below and skip to question 7.

=VSPJ006A

† a. Total hours for week -4  
(Study days -28 to -22)

QSORRESU=HOURS

QSORRES 20

† b. Total hours for week -3  
(Study days -21 to -15)

21

† c. Total hours for week -2  
(Study days -14 to -8)

22

=VSPJ006D

† d. Total hours for week -1  
(Study days -7 to -1)

23



QSCAT=VOCATIONAL SURVEY - FOLLOW-UP (VSF)

Vocational Survey - Follow-up

DOMAIN: QS

Protocol Number: NIDA - CTN - 0020 STUDYID

Node ID: _____	Phase: <b>EPOCH</b>	1	
Site ID: <b>SITEID</b> _____	Study Day: <b>VISITNUM</b> _____	3	
Participant ID: <b>USUBJID</b> _____		5	
Name Code: _____	Visit Date: <b>QSSTDTC/QSENDTC</b> <div style="display: flex; justify-content: space-between; width: 100%;"> <span>m m / d d / y y y y</span> </div>	6	
<b>FORM COMPLETION STATUS:</b> <div style="display: flex; justify-content: space-between;"> <div> CRF administered <input type="checkbox"/>1  Participant refused <input type="checkbox"/>2  Staff Member did not administer <input type="checkbox"/>3 </div> <div> Not enough time to administer <input type="checkbox"/>4  No participant contact <input type="checkbox"/>5  Other <input type="checkbox"/>6 </div> </div> Specify: _____			8 9

Data are derived from administration of the Time Line Follow Back in which employment status/training is tracked for every calendar day from the day prior to the current session back to the date of the last interview.

**NOTE:** The data recorded on this form should reflect the job search and training activities the participant engaged in during the study days associated with today's follow-up visit (i.e., at Follow-up 2 visit, data collected on this form should pertain **ONLY** to study days 29-84 only). Any information collected for days outside this range may be added to the TLFB, but should not be included on this form.

QSTESTCD

Follow-up 1	Follow-up 2	Follow-up 3
Study Days 1-28	Study Days 29-84	Study Days 85-168

QSTEST

QSORRES/QSSTRESC

- =VSF001** † 1. Since our last interview, have you gotten a new job or if you were working part-time when you began this study, has your old job status changed? (e.g. gotten a promotion, demotion, lost a job) Yes ☐1 10  
No ☐0

*(A Vocational Survey Follow-up Job Addendum (VFJ) form should be completed for **EACH** job (old or new) the participant had during the study days pertaining to this follow-up visit. See above table.)*

- =VSF002** † 2. Since our last interview, were you involved in any job-training programs? Yes ☐1 11  
No ☐0

*(A Vocational Survey Follow-up Training Addendum (VFT) form should be completed for **EACH** job training program the participant attended during the study days pertaining to this follow-up visit. See above table.)*

Participant ID: USUBJIDStudy Day       

QSTESTCD

Now we would like to ask you about some of your job searching behaviors since our last interview.

- † 3. Have you received any job assistance services since your last interview? Yes ☐ 1 12  
 (If no, skip to question 4) No ☐ 0

=VSF003

If yes, which of the following describes the type of job assistance service that you received since randomization/last interview? (All questions must be answered "Yes" or "No".)

- † A. Pre-employment counseling and assessment Yes ☐ 1 13  
 No ☐ 0
- † B. Job search skills training Yes ☐ 1 14  
 No ☐ 0
- † C. Vocational technical training (Vo-TECH) Yes ☐ 1 15  
 No ☐ 0
- † D. Other job related education and certification Yes ☐ 1 16  
 No ☐ 0
- † E. Job placement Yes ☐ 1 17  
 No ☐ 0

=VSF003A

=VSF003E

- † 4. Have you taken any steps to obtain employment? Yes ☐ 1 18  
 (If no, skip to Completed by) No ☐ 0

=VSF004

If yes, which of the following steps have you taken towards obtaining employment?

- |  | How many times? |    |
|--|-----------------|----|
| † A. Looked in the newspaper for openings              | _____           | 19 |
| † B. Searched internet for jobs                        | _____           | 20 |
| † C. Talked with friends or relatives about job leads  | _____           | 21 |
| † D. Contacted an employment agency/job finding center | _____           | 22 |
| † E. Telephoned a prospective employer                 | _____           | 23 |
| † F. Submitted an application for a job opening        | _____           | 24 |
| † G. Submitted resume to prospective employer          | _____           | 25 |
| † H. Went on a job interview                           | _____           | 26 |
| † I. Received a job offer                              | _____           | 27 |
| † J. Other   | _____           | 28 |
| † K. Other (specify): _____                            | _____           | 29 |

=VSF004A

=VSF004K

Completed by (Staff ID): QSEVAL 30

Reviewed by (Staff ID): \_\_\_\_\_ 31

Entered by (Staff ID): \_\_\_\_\_



QSCAT=VOCATIONAL SURVEY - FOLLOW-UP JOB ADDENDUM FOR FOLLOW-UP ONE (VFJ1)

**Vocational Survey—Follow-up Job Addendum for Follow-up One**

Protocol Number: NIDA - CTN - 0020

STUDYID

DOMAIN: QS

Node ID: _____	Phase: _____ EPOCH	1
Site ID: _____ SITEID	Study Day: _____ VISITNUM	3
Participant ID: _____ USUBJID		5
Name Code: _____	Visit Date: _____ QSSTDTC/QSENDTC	6
Job Code: _____		
Status: Pre-existing Job (P) <input type="checkbox"/> 1 New Job (J) <input type="checkbox"/> 2	Number: _____	8
<b>FORM COMPLETION STATUS:</b>		
CRF administered <input type="checkbox"/> 1	Not enough time to administer <input type="checkbox"/> 4	10
Participant refused <input type="checkbox"/> 2	No participant contact <input type="checkbox"/> 5	
Staff Member did not administer <input type="checkbox"/> 3	Other <input type="checkbox"/> 6	11
Specify: _____		

**Form Instructions:**

Complete a VSF Job Addendum for Follow-up One for each job in which the participant is currently employed or has been employed during study days 1-28. Some of the data for this form are derived from administration of the Time Line Follow Back worksheet in which employment status is tracked for every calendar day for study days 1-28.

QSTESTCD

QSTEST

QSORRES/QSSTRESC

†AA. Is this a pre-existing job? Yes ☐1 12  
(If yes, skip to question 8.) No ☐0

=VFJ10AA

=VFJ001



=VFJ004

1.	If no, what date did (insert job name) start?	_____ QSORRES	13
		m m d d y y y y	
2.	Job title/type: _____ QSORRES		14
† 3.	Was this a promotion to a new position?	QSORRES/QSSTRESC Yes <input type="checkbox"/> 1 15 No <input type="checkbox"/> 0	
† 4.	Choose the job type that most closely matches your job from the categories listed below:		
	Professional/managerial <input type="checkbox"/> 01	16	
	Janitorial/cleaning <input type="checkbox"/> 02		
	Warehouse/stock work <input type="checkbox"/> 03		
	Driving/delivery <input type="checkbox"/> 04		
	Temp agency <input type="checkbox"/> 05		
	Child or geriatric care <input type="checkbox"/> 06		
	Construction <input type="checkbox"/> 07		
	Restaurant work (wait staff, fast food, dishwashing) <input type="checkbox"/> 08		
	Retail sales/cashier <input type="checkbox"/> 09		
	Secretarial/reception <input type="checkbox"/> 10		
	Other skilled labor <input type="checkbox"/> 11		
	Other unskilled labor <input type="checkbox"/> 12		

	Participant ID: <u>USUBJID</u>	Study Day: _____
<b>QSTESTCD</b>	<b>QSTEST</b>	<b>QSORRES/QSSTRESC</b>
=VFJ005	† 5. Was your pay taxed or untaxed?	Taxed <input type="checkbox"/> 1 17 Untaxed <input type="checkbox"/> 2
=VFJ006	6. What was the most you were paid per hour at this job (not including overtime)?	<b>QSORRESU=DOLLARS</b> \$ <b>QSORRES</b> 18
=VFJ007	† 7. Did you get any benefits with your job? (If no, skip to question 8)	<b>QSORRES/QSSTRESC</b> Yes <input type="checkbox"/> 1 19 No <input type="checkbox"/> 0
	If yes, what kind of benefits did you get with your job? (Check "Yes" for all that apply and "No" for all that don't apply.)	
=VFJ007A	† a. Paid vacation	Yes <input type="checkbox"/> 1 20 No <input type="checkbox"/> 0
	† b. Paid sick time	Yes <input type="checkbox"/> 1 21 No <input type="checkbox"/> 0
	† c. Health insurance	Yes <input type="checkbox"/> 1 22 No <input type="checkbox"/> 0
	† d. On-site child care	Yes <input type="checkbox"/> 1 23 No <input type="checkbox"/> 0
	† e. Paid Holidays	Yes <input type="checkbox"/> 1 24 No <input type="checkbox"/> 0
	† f. Employee discounts	Yes <input type="checkbox"/> 1 25 No <input type="checkbox"/> 0
	† g. Tuition benefits/training	Yes <input type="checkbox"/> 1 26 No <input type="checkbox"/> 0
=VFJ007H	† h. Retirement Benefits	Yes <input type="checkbox"/> 1 27 No <input type="checkbox"/> 0
=VFJ008	† 8. Are you still working at this job? (If yes, skip to question 9)	Yes <input type="checkbox"/> 1 28 No <input type="checkbox"/> 0
=VFJ008A	a. If no, when did you stop working at this job?	<b>QSORRES</b> 29 m m d d y y y y
=VFJ008B	† b. How did you end up leaving this job?	<b>QSORRES/QSSTRESC</b> I left voluntarily <input type="checkbox"/> 1 30 I left involuntarily <input type="checkbox"/> 2

Participant ID: USUBJID

Study Day: \_\_\_\_\_

QSTESTCD

Thinking about (insert job name) for the time period covered on the TLFB:

QSTEST

QSORRES/QSSTRESSC

=VFJ009 † 9. Did you receive any praise from your supervisor regarding your work habits ? Yes ☐ 1 31  
No ☐ 0

† 10. Did you receive any negative/corrective feedback from your supervisor regarding your work or work habits? Yes ☐ 1 32  
No ☐ 0

† 11. Did you get along with your co-workers ? Yes ☐ 1 33  
No ☐ 0

=VFJ012 † 12. Did you have any conflicts or arguments with your co-workers ? Yes ☐ 1 34  
No ☐ 0

=VFJ013A 13. How satisfied were you with the following aspects of your job?

† a. Pay Very Dissatisfied ☐ 1 35  
Dissatisfied ☐ 2  
Neither Satisfied Nor Dissatisfied ☐ 3  
Satisfied ☐ 4  
Very Satisfied ☐ 5  
N/A ☐ 6

† b. Benefits Very Dissatisfied ☐ 1 36  
Dissatisfied ☐ 2  
Neither Satisfied Nor Dissatisfied ☐ 3  
Satisfied ☐ 4  
Very Satisfied ☐ 5  
N/A ☐ 6

† c. Workplace atmosphere Very Dissatisfied ☐ 1 37  
Dissatisfied ☐ 2  
Neither Satisfied Nor Dissatisfied ☐ 3  
Satisfied ☐ 4  
Very Satisfied ☐ 5  
N/A ☐ 6

† d. Relationship with Supervisor Very Dissatisfied ☐ 1 38  
Dissatisfied ☐ 2  
Neither Satisfied Nor Dissatisfied ☐ 3  
Satisfied ☐ 4  
Very Satisfied ☐ 5  
N/A ☐ 6

=VFJ013E † e. Relationships with co-workers Very Dissatisfied ☐ 1 39  
Dissatisfied ☐ 2  
Neither Satisfied Nor Dissatisfied ☐ 3  
Satisfied ☐ 4  
Very Satisfied ☐ 5  
N/A ☐ 6

<b>QSTESTCD</b>	Participant ID: <b>USUBJID</b>	Study Day: _____
-----------------	--------------------------------	------------------

  

**=VFJ013F** † f. Earning potential

**=VFJ013G** † g. Hours worked (number and shift)

**QSORRES/QSSTRESC**

Very Dissatisfied ☐ 1 40

Dissatisfied ☐ 2

Neither Satisfied Nor Dissatisfied ☐ 3

Satisfied ☐ 4

Very Satisfied ☐ 5

N/A ☐ 6

  

14. Enter the total number of hours worked for the job detailed on this form during the weeks specified below. Use the TLFB worksheet to calculate the total hours worked for each week. If the participant did not attend the job during a week, enter '00'.

**=VFJ1014A** † a. Total hours for week 1:  
(Study days 1-7)

† b. Total hours for week 2:  
(Study days 8-14)

† c. Total hours for week 3:  
(Study days 15-21)

**=VFJ1014D** † d. Total hours for week 4:  
(Study days 22-28)

**QSORRESU=HOURS**

\_\_\_\_\_ 42

\_\_\_\_\_ 43

\_\_\_\_\_ 44

\_\_\_\_\_ 45

  

**=VFJ015** † 15. Based on the TLFB, during the months/weeks of data currently collected about this job, how many days was the participant late (L)?

16. Based on the TLFB, during the months/weeks of data currently collected about this job, how many days was the participant absent from work?

**=VFJ016A** † a. Unplanned absence-sick/other obligations (A1)?

**=VFJ016B** † b. Planned absence-requested and approved vacation or leave (A2)?

**QSORRESU=DAYS**

\_\_\_\_\_ 46

\_\_\_\_\_ 47

\_\_\_\_\_ 48

  

Completed by (Staff ID): **QSEVAL** \_\_\_\_\_ 49

Reviewed by (Staff ID): \_\_\_\_\_ 50

Entered by (Staff ID): \_\_\_\_\_

QSCAT=VOCATIONAL SURVEY - FOLLOW-UP JOB ADDENDUM FOR FOLLOW-UP TWO (VFJ2)

**Vocational Survey—Follow-up Job Addendum for Follow-up Two**

Protocol Number: NIDA - CTN - 0020

STUDYID

DOMAIN: QS

Node ID: _____	Phase: _____	EPOCH	1
Site ID: _____	Study Day: _____	VISITNUM	3
Participant ID: _____			5
Name Code: _____	Visit Date: _____	QSSTDTC/QSENDTC	6
	m m / d d / y y y y		
Job Code: _____			
Status: Pre-existing Job (P) <input type="checkbox"/> 1	Number: _____		8
New Job (J) <input type="checkbox"/> 2			
<b>FORM COMPLETION STATUS:</b>			
	CRF administered <input type="checkbox"/> 1	Not enough time to administer <input type="checkbox"/> 4	10
	Participant refused <input type="checkbox"/> 2	No participant contact <input type="checkbox"/> 5	
	Staff Member did not administer <input type="checkbox"/> 3	Other <input type="checkbox"/> 6	11
Specify: _____			

**Form Instructions:**

Complete a VSF Job Addendum for Follow-up Two for each job in which the participant is currently employed or has been employed during study days 29-84. Some of the data for this form are derived from administration of the Time Line Follow Back worksheet in which employment status is tracked for every calendar day for study days 29-84.

<div style="border: 1px solid red; padding: 2px; display: inline-block;">QSTESTCD</div> <div style="color: red; font-weight: bold;">=VFJ001A</div>	<div style="color: red; font-weight: bold;">QSTEST</div>	<div style="color: red; font-weight: bold;">QSORRES/QSSTRESC</div>
† 1a. Is this job new since our last interview?		Yes <input type="checkbox"/> 1 12
(If no, skip to question 8)		No <input type="checkbox"/> 0
<div style="color: red; font-weight: bold;">=VFJ001B</div>	1b. If yes, what date did (insert job name) start?	13
	<div style="color: red; font-weight: bold;">QSORRES</div>	
<div style="color: red; font-weight: bold;">=VFJ002</div>	2. Job title/type: _____	14
<div style="color: red; font-weight: bold;">=VFJ003</div>	† 3. Was this a promotion to a new position?	15
	<div style="color: red; font-weight: bold;">QSORRES/QSSTRESC</div>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0

QSTESTCD	Participant ID: USUBJID	Study Day:
	<b>QSTEST</b>	
† 4.	Choose the job type that most closely matches your job from the categories listed below:	
	<div style="text-align: right;"> <b>QSORRES/QSSTRESC</b>  Professional/managerial <input type="checkbox"/> 01 16  Janitorial/cleaning <input type="checkbox"/> 02  Warehouse/stock work <input type="checkbox"/> 03  Driving/delivery <input type="checkbox"/> 04  Temp agency <input type="checkbox"/> 05  Child or geriatric care <input type="checkbox"/> 06  Construction <input type="checkbox"/> 07  Restaurant work (wait staff, fast food, dishwashing) <input type="checkbox"/> 08  Retail sales/cashier <input type="checkbox"/> 09  Secretarial/reception <input type="checkbox"/> 10  Other skilled labor <input type="checkbox"/> 11  Other unskilled labor <input type="checkbox"/> 12 </div>	
† 5.	Was your pay taxed or untaxed?	
	Taxed <input type="checkbox"/> 1 17 Untaxed <input type="checkbox"/> 2	
6.	What was the most you were paid per hour at this job (not including overtime)?	
	<b>QSORRESU=DOLLARS</b> \$ <b>QSORRES</b> <b>QSORRES/QSSTRESC</b>	18
† 7.	Did you get any benefits with your job? (If no, skip to question 8)	
	Yes <input type="checkbox"/> 1 19 No <input type="checkbox"/> 0	
	If yes, what kinds of benefits did you get with your job? <i>(Check yes for all that apply and no for all that don't apply.)</i>	
† a.	Paid vacation	Yes <input type="checkbox"/> 1 20 No <input type="checkbox"/> 0
† b.	Paid sick time	Yes <input type="checkbox"/> 1 21 No <input type="checkbox"/> 0
† c.	Health insurance	Yes <input type="checkbox"/> 1 22 No <input type="checkbox"/> 0
† d.	On-site child care	Yes <input type="checkbox"/> 1 23 No <input type="checkbox"/> 0
† e.	Paid Holidays	Yes <input type="checkbox"/> 1 24 No <input type="checkbox"/> 0
† f.	Employee discounts	Yes <input type="checkbox"/> 1 25 No <input type="checkbox"/> 0
† g.	Tuition benefits/training	Yes <input type="checkbox"/> 1 26 No <input type="checkbox"/> 0
† h.	Retirement Benefits	Yes <input type="checkbox"/> 1 27 No <input type="checkbox"/> 0

<div style="border: 1px solid black; padding: 2px; display: inline-block;">QSTESTCD</div> <div style="text-align: center;">↓</div>	Participant ID: <span style="color: red;">USUBJID</span>	Study Day: _____
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=VFJ008 † 8. Are you still working at this job?  
*(If Yes, skip to question 9)*

QSTEST QSORRES/QSSTRESC Yes ☐ 1 28  
No ☐ 0

=VFJ008A a. If no, when did you stop working at this job?

QSORRES  
QSORRES/QSSTRESC

29

=VFJ008B † b. How did you end up leaving this job?

I left voluntarily ☐ 1 30  
I left involuntarily ☐ 2

Thinking about (insert job name) for the time period covered on the TLFb:

=VFJ009 † 9. Did you receive any praise from your supervisor regarding your work habits?

Yes ☐ 1 31  
No ☐ 0

=VFJ012 † 10. Did you receive any negative/corrective feedback from your supervisor regarding your work or work habits?

Yes ☐ 1 32  
No ☐ 0

=VFJ012 † 11. Did you get along with your co-workers ?

Yes ☐ 1 33  
No ☐ 0

=VFJ012 † 12. Did you have any conflicts or arguments with your co-workers ?

Yes ☐ 1 34  
No ☐ 0

13. How satisfied were you with the following aspects of your job?

=VFJ013A † a. Pay

Very Dissatisfied ☐ 1 35  
Dissatisfied ☐ 2  
Neither Satisfied Nor Dissatisfied ☐ 3  
Satisfied ☐ 4  
Very Satisfied ☐ 5  
N/A ☐ 6

=VFJ013A † b. Benefits

Very Dissatisfied ☐ 1 36  
Dissatisfied ☐ 2  
Neither Satisfied Nor Dissatisfied ☐ 3  
Satisfied ☐ 4  
Very Satisfied ☐ 5  
N/A ☐ 6

=VFJ013A † c. Workplace atmosphere

Very Dissatisfied ☐ 1 37  
Dissatisfied ☐ 2  
Neither Satisfied Nor Dissatisfied ☐ 3  
Satisfied ☐ 4  
Very Satisfied ☐ 5  
N/A ☐ 6

=VFJ013D † d. Relationship with Supervisor

Very Dissatisfied ☐ 1 38  
Dissatisfied ☐ 2  
Neither Satisfied Nor Dissatisfied ☐ 3  
Satisfied ☐ 4  
Very Satisfied ☐ 5  
N/A ☐ 6



<b>QSTESTCD</b>	Participant ID: <u>USUBJID</u>	Study Day: _____
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=VFJ013E

† e. Relationships with co-workers

QSORRES/QSSTRESSC

Very Dissatisfied ☐ 1 <sup>39</sup>  
Dissatisfied ☐ 2  
Neither Satisfied Nor Dissatisfied ☐ 3  
Satisfied ☐ 4  
Very Satisfied ☐ 5  
N/A ☐ 6

=VFJ013F

† f. Earning potential

Very Dissatisfied ☐ 1 <sup>40</sup>  
Dissatisfied ☐ 2  
Neither Satisfied Nor Dissatisfied ☐ 3  
Satisfied ☐ 4  
Very Satisfied ☐ 5  
N/A ☐ 6

=VFJ013G

† g. Hours worked (number and shift)

Very Dissatisfied ☐ 1 <sup>41</sup>  
Dissatisfied ☐ 2  
Neither Satisfied Nor Dissatisfied ☐ 3  
Satisfied ☐ 4  
Very Satisfied ☐ 5  
N/A ☐ 6

14. Enter the total number of hours worked for the job detailed on this form during the weeks specified below. Use the TLFb worksheet to calculate the total hours worked for each week. If the participant did not attend the job during a week, enter '00'.

=VFJ2014A

† a. Total hours for week 5:  
(Study days 29-35)

QSORRESU=HOURS

QSORRES

\_\_\_\_\_ <sup>42</sup>

† b. Total hours for week 6:  
(Study days 36-42)

\_\_\_\_\_ <sup>43</sup>

† c. Total hours for week 7:  
(Study days 43-49)

\_\_\_\_\_ <sup>44</sup>

† d. Total hours for week 8:  
(Study days 50-56)

\_\_\_\_\_ <sup>45</sup>

† e. Total hours for week 9:  
(Study days 57-63)

\_\_\_\_\_ <sup>46</sup>

† f. Total hours for week 10:  
(Study days 64-70)

\_\_\_\_\_ <sup>47</sup>

† g. Total hours for week 11:  
(Study days 71-77)

\_\_\_\_\_ <sup>48</sup>

=VFJ2014H

† h. Total hours for week 12:  
(Study days 78-84)

\_\_\_\_\_ <sup>49</sup>

QSTESTCD	Participant ID: <u>USUBJID</u>	Study Day: <u>    </u> <u>    </u> <u>    </u>
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↓

=VFJ015

QSTEST

† 15. Based on the TLFB, during the months/weeks of data currently collected about this job, how many days was the participant late (L)? QSORRES 50

16. Based on the TLFB, during the months/weeks of data currently collected about this job, how many days was the participant absent from work?

=VFJ016A † a. Unplanned absence-sick/other obligations (A1)? 51

=VFJ016B † b. Planned absence-requested and approved vacation or leave (A2)? 52

Completed by (Staff ID): <u>QSEVAL</u>	53
Reviewed by (Staff ID): <u>                    </u>	54
Entered by (Staff ID): <u>                    </u>	

QSCAT=VOCATIONAL SURVEY - FOLLOW-UP JOB ADDENDUM FOR FOLLOW-UP THREE (VFJ3)

**Vocational Survey—Follow-up Job Addendum for Follow-up Three**

Protocol Number: NIDA - CTN - 0020

STUDYID

DOMAIN: QS

Node ID: ____	Phase: <u>05</u>	EPOCH	1
Site ID: <u>SITEID</u>	Study Day: ____	VISITNUM	3
Participant ID: <u>USUBJID</u>			5
Name Code: ____	Visit Date: <u>QSSTDTC/QSENDTC</u>		6
	m m d d y y y y		
Job Code:			
Status: Pre-existing Job (P) <input type="checkbox"/> 1	Number: ____		8
New Job (J) <input type="checkbox"/> 2			
FORM COMPLETION STATUS:			
	CRF administered <input type="checkbox"/> 1	Not enough time to administer <input type="checkbox"/> 4	10
	Participant refused <input type="checkbox"/> 2	No participant contact <input type="checkbox"/> 5	
	Staff Member did not administer <input type="checkbox"/> 3	Other <input type="checkbox"/> 6	
Specify: _____			
			11

**Form Instructions:**

Complete a VSF Job Addendum for Follow-up Three for each job in which the participant is currently employed or has been employed during study days 85-168. Some of the data for this form are derived from administration of the Time Line Follow Back worksheet in which employment status is tracked for every calendar day for study days 85-168.

QSTESTCD	QSTEST	QSORRES/QSSTRESC	
=VFJ001A	† 1a. Is this job new since our last interview? (If no, skip to question 8)	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	12
=VFJ001B	1b. If yes, what date did (insert job name) start?	<u>QSORRES</u>	13
		m m d d y y y y	
=VFJ002	2. Job title/type: <u>QSORRES</u>		14
=VFJ003	† 3. Was this a promotion to a new position?	QSORRES/QSSTRESC Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	15

QSTESTCD	QSTEST	Participant ID: USUBJID	Study Day: _____
=VFJ004	† 4.	Choose the job type that most closely matches your job from the categories listed below: <span style="float: right;">16</span>	
		QSORRES/QSSTRESC	
		Professional/managerial <input type="checkbox"/> 01 Janitorial/cleaning <input type="checkbox"/> 02 Warehouse/stock work <input type="checkbox"/> 03 Driving/delivery <input type="checkbox"/> 04 Temp agency <input type="checkbox"/> 05 Child or geriatric care <input type="checkbox"/> 06 Construction <input type="checkbox"/> 07 Restaurant work (wait staff, fast food, dishwashing) <input type="checkbox"/> 08 Retail sales/cashier <input type="checkbox"/> 09 Secretarial/reception <input type="checkbox"/> 10 Other skilled labor <input type="checkbox"/> 11 Other unskilled labor <input type="checkbox"/> 12	
	† 5.	Was your pay taxed or untaxed?	Taxed <input type="checkbox"/> 17 Untaxed <input type="checkbox"/> 2
	6.	What was the most you were paid per hour at this job (not including overtime)?	QSORRESU=DOLLARS \$ QSORRES 18
=VFJ007	† 7.	Did you get any benefits with your job? (If no, skip to question 8)	Yes <input type="checkbox"/> 19 No <input type="checkbox"/> 0
		If yes, what kinds of benefits did you get with your job? <i>(Check yes for all that apply and no for all that don't apply.)</i>	
=VFJ007A	† a.	Paid vacation	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0 20
	† b.	Paid sick time	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0 21
	† c.	Health insurance	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0 22
	† d.	On-site child care	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0 23
	† e.	Paid Holidays	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0 24
	† f.	Employee discounts	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0 25
	† g.	Tuition benefits/training	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0 26
=VFJ007H	† h.	Retirement Benefits	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0 27

<b>QSTESTCD</b>	Participant ID: <b>USUBJID</b>	Study Day: _____
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**QSTEST**  
 † 8. Are you still working at this job? **QSORRES/QSSTRESC** Yes ☐ 1 28  
 (If Yes, skip to question 9) No ☐ 0

**=VFJ008A** a. If no, when did you stop working at this job? **QSORRES** 29  
 m m d d y y y y

**=VFJ008B** † b. How did you end up leaving this job? **QSORRES/QSSTRESC**  
 I left voluntarily ☐ 1 30  
 I left involuntarily ☐ 2

**Thinking about (insert job name) for the time period covered on the TLFB:**

**=VFJ009** † 9. Did you receive any praise from your supervisor regarding your work habits ? Yes ☐ 1 31  
 No ☐ 0

† 10. Did you receive any negative/corrective feedback from your supervisor regarding your work or work habits? Yes ☐ 1 32  
 No ☐ 0

† 11. Did you get along with your co-workers ? Yes ☐ 1 33  
 No ☐ 0

**=VFJ012** † 12. Did you have any conflicts or arguments with your co-workers ? Yes ☐ 1 34  
 No ☐ 0

**=VFJ013A** 13. How satisfied were you with the following aspects of your job?

† a. Pay Very Dissatisfied ☐ 1 35  
 Dissatisfied ☐ 2  
 Neither Satisfied Nor Dissatisfied ☐ 3  
 Satisfied ☐ 4  
 Very Satisfied ☐ 5  
 N/A ☐ 6

† b. Benefits Very Dissatisfied ☐ 1 36  
 Dissatisfied ☐ 2  
 Neither Satisfied Nor Dissatisfied ☐ 3  
 Satisfied ☐ 4  
 Very Satisfied ☐ 5  
 N/A ☐ 6

† c. Workplace atmosphere Very Dissatisfied ☐ 1 37  
 Dissatisfied ☐ 2  
 Neither Satisfied Nor Dissatisfied ☐ 3  
 Satisfied ☐ 4  
 Very Satisfied ☐ 5  
 N/A ☐ 6

**=VFJ013A** † d. Relationship with Supervisor Very Dissatisfied ☐ 1 38  
 Dissatisfied ☐ 2  
 Neither Satisfied Nor Dissatisfied ☐ 3  
 Satisfied ☐ 4  
 Very Satisfied ☐ 5  
 N/A ☐ 6

<b>QSTESTCD</b>	Participant ID: <b>USUBJID</b>	Study Day: _____
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**=VFJ013E** † e. Relationships with co-workers

**=VFJ013F** † f. Earning potential

**=VFJ013G** † g. Hours worked (number and shift)

**QSTEST**      **QSORRES/QSSTRESC**

Very Dissatisfied ☐ 1 <sup>39</sup>

Dissatisfied ☐ 2

Neither Satisfied Nor Dissatisfied ☐ 3

Satisfied ☐ 4

Very Satisfied ☐ 5

N/A ☐ 6

  

Very Dissatisfied ☐ 1 <sup>40</sup>

Dissatisfied ☐ 2

Neither Satisfied Nor Dissatisfied ☐ 3

Satisfied ☐ 4

Very Satisfied ☐ 5

N/A ☐ 6

  

Very Dissatisfied ☐ 1 <sup>41</sup>

Dissatisfied ☐ 2

Neither Satisfied Nor Dissatisfied ☐ 3

Satisfied ☐ 4

Very Satisfied ☐ 5

N/A ☐ 6

  

14. Enter the total number of hours worked for the job detailed on this form during the weeks specified below. Use the TLFB worksheet to calculate the total hours worked for each week. If the participant did not attend the job during a week, enter '00'.

<b>=VFJ3014A</b>	† a. Total hours for week 13: (Study days 85-91)	<b>QSORRESU=HOURS</b> <b>QSORRES</b> 42
	† b. Total hours for week 14: (Study days 92-98)	_____ 43
	† c. Total hours for week 15: (Study days 99-105)	_____ 44
	† d. Total hours for week 16: (Study days 106-112)	_____ 45
	† e. Total hours for week 17: (Study days 113-119)	_____ 46
	† f. Total hours for week 18: (Study days 120-126)	_____ 47
	† g. Total hours for week 19: (Study days 127-133)	_____ 48
<b>=VFJ3014H</b>	† h. Total hours for week 20: (Study days 134-140)	_____ 49

QSTESTCD		Participant ID: <u>USUBJID</u>	Study Day: _____
<b>=VFJ3014I</b>	<b>QSTEST</b>	<b>QSORRESU=HOURS</b>	<b>QSORRES</b> 50
	† i. Total hours for week 21: (Study days 141-147)		_____ 51
	† j. Total hours for week 22: (Study days 148-154)		_____ 52
<b>=VFJ3014L</b>	† k. Total hours for week 23: (Study days 155-161)		_____ 53
	† l. Total hours for week 24: (Study days 162-168)		_____ 54
<b>=VFJ015</b>	† 15. Based on the TLFB, during the months/weeks of data currently collected about this job, how many days was the participant late (L)?	<b>QSORRESU=DAYS</b>	_____ 55
	† 16. Based on the TLFB, during the months/weeks of data currently collected about this job, how many days was the participant absent from work?		_____ 56
<b>=VFJ016A</b>	† a. Unplanned absence-sick/other obligations (A1)?		_____ 57
<b>=VFJ016B</b>	† b. Planned absence-requested and approved vacation or leave (A2)?		_____ 58

Completed by (Staff ID): <u>QSEVAL</u>	57
Reviewed by (Staff ID): _____	58
Entered by (Staff ID): _____	



QSCAT=VOCATIONAL SURVEY -- FOLLOW-UP TRAINING ADDENDUM FOR FOLLOW-UP ONE (VFT1)

**Vocational Survey—Follow-up Training Addendum for Follow-up One**

Protocol Number: NIDA - CTN - 0020

STUDYID

DOMAIN: QS

Node ID: _____	Phase: _____ EPOCH	1
Site ID: _____ SITEID	Study Day: _____ VISITNUM	3
Participant ID: _____ USUBJID		5
Name Code: _____	Visit Date: _____ QSSTDTC/QSENDTC m m d d y y y y	6
Training Number: T: _____		8
FORM COMPLETION STATUS:		
CRF administered <input type="checkbox"/> 1	Not enough time to administer <input type="checkbox"/> 4	9
Participant refused <input type="checkbox"/> 2	No participant contact <input type="checkbox"/> 5	
Staff Member did not administer <input type="checkbox"/> 3	Other <input type="checkbox"/> 6	10
Specify: _____		

**Form Instructions:**

Complete a VSF Training Addendum for Follow-up One for each training program in which the participant is currently enrolled or has been enrolled during study days 1-28. Some of the data for this form are derived from administration of the Time Line Follow Back worksheet in which training enrollment status is tracked for every calendar day for study days 1-28.

QSTESTCD

QSTEST

=VFT1001

1. What date did (insert name of training) start?

\_\_\_\_\_ / \_\_\_\_\_ QSORRES  
m m d d y y y y 11

† 2. How long is this training expected to last?  
=VFT002A =VFT002B

QSORRES \_\_\_\_\_ months QSORRES \_\_\_\_\_ weeks 12

QSORRESU=MONTHS QSORRESU=WEEKS

=VFT003

3. What type of training is it? QSORRES

14

=VFT004

† 4. How would you classify the training?

QSORRES/QSSTRESC

Vocational technical (Vo-Tech) ☐ 1 15  
Education certification ☐ 2  
Other ☐ 3

=VFT005† 5. Total cost of program?

QSORRESU=DOLLARS

\$ \_\_\_\_\_ QSORRES 16

QSTESTCD	QSTEST	Participant ID: USUBJID	Study Day: _____
<div style="color: red; font-weight: bold;">=VFT006A</div> <div style="color: red; font-weight: bold;">=VFT006G</div> <div style="color: red; font-weight: bold;">=VFT006H</div>	<p>6. How is this training being paid for? (Please mark "yes" for all that apply and "no" for all that do not apply.)</p> <p>† a. Self</p> <p>† b. Relative</p> <p>† c. Loan</p> <p>† d. Scholarship</p> <p>† e. Work Study</p> <p>† f. Government Supported Slot (SSI, TANF)</p> <p>† g. Other</p> <p>Other specify: _____</p>	<div style="color: red; font-weight: bold;">QSORRES/QSSTRESC</div> <p>Yes <input type="checkbox"/> 1 17 No <input type="checkbox"/> 0</p> <p>Yes <input type="checkbox"/> 1 18 No <input type="checkbox"/> 0</p> <p>Yes <input type="checkbox"/> 1 19 No <input type="checkbox"/> 0</p> <p>Yes <input type="checkbox"/> 1 20 No <input type="checkbox"/> 0</p> <p>Yes <input type="checkbox"/> 1 21 No <input type="checkbox"/> 0</p> <p>Yes <input type="checkbox"/> 1 22 No <input type="checkbox"/> 0</p> <p>Yes <input type="checkbox"/> 1 23 No <input type="checkbox"/> 0</p> <p style="text-align: right;">24</p>	
<div style="color: red; font-weight: bold;">=VFT007</div>	<p>† 7. Are you still attending this job training? (If Yes, skip to question 8)</p>	<div style="color: red; font-weight: bold;">QSORRES/QSSTRESC</div> <p>Yes <input type="checkbox"/> 1 25 No <input type="checkbox"/> 0</p>	
<div style="color: red; font-weight: bold;">=VFT007A</div>	<p>a. If no, when did you stop the training?</p>	<div style="color: red; font-weight: bold;">QSORRES</div> <p>_____ / _____ / _____ y y y y 26 m m d d</p>	
<div style="color: red; font-weight: bold;">=VFT007B</div>	<p>† b. Did you complete the training program?</p>	<p>Yes <input type="checkbox"/> 1 27 No <input type="checkbox"/> 0</p>	
<div style="color: red; font-weight: bold;">=VFT008A</div>	<p>8. How satisfied are you with the following aspects of this training program?</p> <p>† a. Training site atmosphere</p>	<div style="color: red; font-weight: bold;">QSORRES/QSSTRESC</div> <p>Very Dissatisfied <input type="checkbox"/> 1 28 Dissatisfied <input type="checkbox"/> 2 Neither Satisfied Nor Dissatisfied <input type="checkbox"/> 3 Satisfied <input type="checkbox"/> 4 Very Satisfied <input type="checkbox"/> 5 N/A <input type="checkbox"/> 6</p>	
<div style="color: red; font-weight: bold;">=VFT1008B</div>	<p>† b. Relationship with supervisor/trainer</p>	<p>Very Dissatisfied <input type="checkbox"/> 1 29 Dissatisfied <input type="checkbox"/> 2 Neither Satisfied Nor Dissatisfied <input type="checkbox"/> 3 Satisfied <input type="checkbox"/> 4 Very Satisfied <input type="checkbox"/> 5 N/A <input type="checkbox"/> 6</p>	
<div style="color: red; font-weight: bold;">=VFT1008C</div>	<p>† c. Relationships with co-trainees</p>	<p>Very Dissatisfied <input type="checkbox"/> 1 30 Dissatisfied <input type="checkbox"/> 2 Neither Satisfied Nor Dissatisfied <input type="checkbox"/> 3 Satisfied <input type="checkbox"/> 4 Very Satisfied <input type="checkbox"/> 5 N/A <input type="checkbox"/> 6</p>	

<b>QSTESTCD</b>	Participant ID: <b>USUBJID</b>		Study Day: _____
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**=VFT008D**      **QSTEST**

† d. Hours of training (number of hours and time of training)

**QSORRES/QSSTRESSC**

Very Dissatisfied ☐ 1    31

Dissatisfied ☐ 2

Neither Satisfied Nor Dissatisfied ☐ 3

Satisfied ☐ 4

Very Satisfied ☐ 5

N/A ☐ 6

  

9. Enter the total number of hours spent in training, for the training program detailed on this form, during the weeks specified below. Use the TLFB worksheet to calculate the total hours spent in training for each week. If the participant did not attend the training during a week, enter '00'.

	<b>QSORRESU=HOURS</b>	<b>QSORRES</b>
<b>=VFT1009A</b> † a. Total hours for week 1: (Study days 1-7)	_____	_____ 32
† b. Total hours for week 2: (Study days 8-14)	_____	_____ 33
† c. Total hours for week 3: (Study days 15-21)	_____	_____ 34
<b>=VFT1009D</b> † d. Total hours for week 4: (Study days 22-28)	_____	_____ 35

  

**=VFT010**    † 10. Based on the TLFB, during the months/weeks of data currently collected about this training, how many days was the participant late to the training (L)? \_\_\_\_\_ 36

11. Based on the TLFB, during the months/weeks of data currently collected about this training, how many days was the participant absent from the training?

**=VFT011A**    † a. Unplanned absence-sick/other obligations (A1)? \_\_\_\_\_ 37

**=VFT011B**    † b. Planned absence-requested and approved vacation or leave (A2)? \_\_\_\_\_ 38

  

Completed by (Staff ID): **QSEVAL** \_\_\_\_\_ 39

Reviewed by (Staff ID): \_\_\_\_\_ 40

Entered by (Staff ID): \_\_\_\_\_

**Vocational Survey—Follow-up Training Addendum for Follow-up Two**

Protocol Number: NIDA - CTN - 0020

STUDYID

DOMAIN: QS

Node ID: _____	Phase: _____ EPOCH	1
Site ID: _____ SITEID	Study Day: _____ VISITNUM	3
Participant ID: _____ USUBJID		5
Name Code: _____	Visit Date: _____ QSSTDTC/QSENDTC m m d d y y y y	6
Training Number: T: _____		8
<b>FORM COMPLETION STATUS:</b> <div style="display: flex; justify-content: space-between;"> <div> CRF administered <input type="checkbox"/> 1  Participant refused <input type="checkbox"/> 2  Staff Member did not administer <input type="checkbox"/> 3 </div> <div> Not enough time to administer <input type="checkbox"/> 4  No participant contact <input type="checkbox"/> 5  Other <input type="checkbox"/> 6 </div> </div> Specify: _____		

**Form Instructions:**

Complete a VSF Training Addendum for Follow-up Two for each training program in which the participant is currently enrolled or has been enrolled during study days 29-84. Some of the data for this form are derived from administration of the Time Line Follow Back worksheet in which training enrollment status is tracked for every calendar day for study days 29-84.

QSTESTCD

QSTEST

QSORRES/QSSTRESC

† 1a. Is this training new since our last interview? Yes ☐ 1 11  
(If no, skip to question 7) No ☐ 0

=VFT001A

=VFT001B

1b. If yes, what date did (insert name of training) start?

\_\_\_\_\_ QSORRES  
m m d d y y y y

† 2. How long is this training expected to last?

\_\_\_\_\_ QSORRES months QSORRES weeks

=VFT002A =VFT002B

QSORRESU=MONTHS QSORRESU=WEEKS

=VFT003

3. What type of training is it? QSORRES

=VFT004

† 4. How would you classify the training?

QSORRES/QSSTRESC  
Vocational technical (Vo-Tech) ☐ 1  
Education certification ☐ 2  
Other ☐ 3

=VFT005

† 5. Total cost of program?

QSORRESU=DOLLARS

\$ QSORRES

QSTESTCD

Participant ID: USUBJID

Study Day: \_\_\_\_\_

QSTEST

=VFT006A

6. How is this training being paid for? (Please mark "yes" for all that apply and "no" for all that do not apply.)		QSORRES/QSSTRESC
† a. Self	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	18
† b. Relative	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	19
† c. Loan	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	20
† d. Scholarship	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	21
† e. Work Study	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	22
† f. Government Supported Slot (SSI, TANF)	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	23
† g. Other	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	24
Other specify:		25

=VFT006H

QSORRES/QSSTRESC

=VFT007 † 7. Are you still attending this job training? Yes ☐ 1 26  
 (If Yes, skip to question 8) No ☐ 0

=VFT007A

a. If no, when did you stop the training?

QSORRES  
 \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 m m d d y y y

=VFT007B

† b. Did you complete the training program?

QSORRES/QSSTRESC  
 Yes ☐ 1 28  
 No ☐ 0

8. How satisfied are you with the following aspects of this training program?

=VFT008A

† a. Training site atmosphere

Very Dissatisfied ☐ 1 29  
 Dissatisfied ☐ 2  
 Neither Satisfied Nor Dissatisfied ☐ 3  
 Satisfied ☐ 4  
 Very Satisfied ☐ 5  
 N/A ☐ 6

=VFT008B

† b. Relationship with supervisor/trainer

Very Dissatisfied ☐ 1 30  
 Dissatisfied ☐ 2  
 Neither Satisfied Nor Dissatisfied ☐ 3  
 Satisfied ☐ 4  
 Very Satisfied ☐ 5  
 N/A ☐ 6

<b>QSTESTCD</b>	Participant ID: <b>USUBJID</b>	Study Day: _____
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**QSTEST****QSORRES/QSSTRESC****=VFT008C**

† c. Relationships with co-trainees

Very Dissatisfied ☐ 1 <sup>31</sup>Dissatisfied ☐ 2Neither Satisfied Nor Dissatisfied ☐ 3Satisfied ☐ 4Very Satisfied ☐ 5N/A ☐ 6**=VFT008D**

† d. Hours of training (number of hours and time of training)

Very Dissatisfied ☐ 1 <sup>32</sup>Dissatisfied ☐ 2Neither Satisfied Nor Dissatisfied ☐ 3Satisfied ☐ 4Very Satisfied ☐ 5N/A ☐ 6

9. Enter the total number of hours spent in training, for the training program detailed on this form, during the weeks specified below. Use the TLFB worksheet to calculate the total hours spent in training for each week. If the participant did not attend the training during a week, enter '00'.

**QSORRESU=HOURS****=VFT2009A**† a. Total hours for week 5:  
(Study days 29-35)**QSORRES** 33† b. Total hours for week 6:  
(Study days 36-42)

\_\_\_\_\_ 34

† c. Total hours for week 7:  
(Study days 43-49)

\_\_\_\_\_ 35

† d. Total hours for week 8:  
(Study days 50-56)

\_\_\_\_\_ 36

† e. Total hours for week 9:  
(Study days 57-63)

\_\_\_\_\_ 37

† f. Total hours for week 10:  
(Study days 64-70)

\_\_\_\_\_ 38

† g. Total hours for week 11:  
(Study days 71-77)

\_\_\_\_\_ 39

**=VFT2009H**† h. Total hours for week 12:  
(Study days 78-84)

\_\_\_\_\_ 40

Participant ID: USUBJIDStudy Day:               

QSTESTCD

QSTEST

=VFT010

† 10. Based on the TLFB, during the months/weeks of data currently collected about this training, how many days was the participant late to the training (L)? QSORRES 41

QSORRESU=DAYS

11. Based on the TLFB, during the months/weeks of data currently collected about this training, how many days was the participant absent from the training?

=VFT011A

† a. Unplanned absence-sick/other obligations (A1)? 42

QSORRESU=DAYS

=VFT011B

† b. Planned absence-requested and approved vacation or leave (A2)? 43

QSORRESU=DAYS

Completed by (Staff ID): QSEVAL 44

Reviewed by (Staff ID): 45

Entered by (Staff ID):

QSCAT=VOCATIONAL SURVEY -- FOLLOW-UP TRAINING ADDENDUM FOR FOLLOW-UP THREE (VFT3)

**Vocational Survey—Follow-up Training Addendum for Follow-up Three**

Protocol Number: NIDA - CTN - 0020 STUDYID

DOMAIN: QS

Node ID: _____	Phase: 05 EPOCH	1
Site ID: _____ SITEID	Study Day: _____ VISITNUM	3
Participant ID: _____ USUBJID		5
Name Code: _____	Visit Date: _____ QSSTDTC/QSENDTC m m d d y y y y	6
Training Number: T: _____		8
<b>FORM COMPLETION STATUS:</b> <div style="display: flex; justify-content: space-between;"> <div> CRF administered <input type="checkbox"/>1  Participant refused <input type="checkbox"/>2  Staff Member did not administer <input type="checkbox"/>3 </div> <div> Not enough time to administer <input type="checkbox"/>4  No participant contact <input type="checkbox"/>5  Other <input type="checkbox"/>6 </div> </div> Specify: _____		

**Form instructions:**

Complete a VSF Training Addendum for Follow-up Three for each training program in which the participant is currently enrolled or has been enrolled during study days 85-168. Some of the data for this form are derived from administration of the Time Line Follow Back worksheet in which training enrollment status is tracked for every calendar day for study days 85-168.

QSTESTCD

QSTEST

QSORRES/QSSTRESC

- † 1. Is this training new since our last interview? Yes ☐1 11  
 (If no, skip to question 7) No ☐0

=VFT001B

- 1a. If yes, what date did (insert name of training) start? \_\_\_\_\_ QSORRES  
 m m d d y y y y

=VFT002A =VFT002B

- † 2. How long is this training expected to last? \_\_\_\_\_ months \_\_\_\_\_ weeks QSORRES QSORRES

=VFT003

3. What type of training is it? \_\_\_\_\_ QSORRES

=VFT004

- † 4. How would you classify the training? \_\_\_\_\_ QSORRES/QSSTRESC  
 Vocational technical (Vo-Tech) ☐1 16  
 Education certification ☐2  
 Other ☐3

=VFT005

- † 5. Total cost of program? \_\_\_\_\_ QSORRESU=DOLLARS \$ \_\_\_\_\_ QSORRES 17



Participant ID: USUBJID

Study Day: \_\_\_\_\_

QSTESTCD

QSTEST

=VFT006A

=VFT006H

6. How is this training being paid for? (Please mark "yes" for all that apply and "no" for all that do not apply.)		QSORRES/QSSTRESC
† a. Self	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	18
† b. Relative	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	19
† c. Loan	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	20
† d. Scholarship	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	21
† e. Work Study	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	22
† f. Government Supported Slot (SSI, TANF)	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	23
† g. Other	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	24
Other specify:		25

=VFT007 † 7. Are you still attending this job training? Yes ☐ 1 26  
(If Yes, skip to question 8) No ☐ 0

=VFT007A a. If no, when did you stop the training? QSORRES 27  
m m / d d / y y y y  
QSORRES/QSSTRESC

=VFT007B † b. Did you complete the training program? Yes ☐ 1 28  
No ☐ 0

8. How satisfied are you with the following aspects of this training program?

=VFT008A † a. Training site atmosphere

Very Dissatisfied	<input type="checkbox"/> 1	29
Dissatisfied	<input type="checkbox"/> 2	
Neither Satisfied Nor Dissatisfied	<input type="checkbox"/> 3	
Satisfied	<input type="checkbox"/> 4	
Very Satisfied	<input type="checkbox"/> 5	
N/A	<input type="checkbox"/> 6	

=VFT008B † b. Relationship with supervisor/trainer

Very Dissatisfied	<input type="checkbox"/> 1	30
Dissatisfied	<input type="checkbox"/> 2	
Neither Satisfied Nor Dissatisfied	<input type="checkbox"/> 3	
Satisfied	<input type="checkbox"/> 4	
Very Satisfied	<input type="checkbox"/> 5	
N/A	<input type="checkbox"/> 6	

Participant ID: USUBJID

Study Day: \_\_\_\_\_

QSTESTCD

=VFT008C

QSTEST

† c. Relationships with co-trainees

QSORRES/QSSTRESC

Very Dissatisfied ☐ 1 <sup>31</sup>Dissatisfied ☐ 2Neither Satisfied Nor Dissatisfied ☐ 3Satisfied ☐ 4Very Satisfied ☐ 5N/A ☐ 6

=VFT008D

† d. Hours of training (number of hours and time of training)

Very Dissatisfied ☐ 1 <sup>32</sup>Dissatisfied ☐ 2Neither Satisfied Nor Dissatisfied ☐ 3Satisfied ☐ 4Very Satisfied ☐ 5N/A ☐ 6

9. Enter the total number of hours spent in training, for the training program detailed on this form, during the weeks specified below. Use the TLFB worksheet to calculate the total hours spent in training for each week. If the participant did not attend the training during a week, enter '00'.

=VFT3009A

† a. Total hours for week 13:  
(Study days 85-91)

QSORRES=HOURS

QSORRES 33

† b. Total hours for week 14:  
(Study days 92-98)

34

† c. Total hours for week 15:  
(Study days 99-105)

35

† d. Total hours for week 16:  
(Study days 106-112)

36

† e. Total hours for week 17:  
(Study days 113-119)

37

† f. Total hours for week 18:  
(Study days 120-126)

38

† g. Total hours for week 19:  
(Study days 127-133)

39

† h. Total hours for week 20:  
(Study days 134-140)

40

† i. Total hours for week 21:  
(Study days 141-147)

41

† j. Total hours for week 22:  
(Study days 148-154)

42

† k. Total hours for week 23:  
(Study days 155-161)

43

=VFT3009L

† l. Total hours for week 24:  
(Study days 162-168)

44

Participant ID: <u>USUBJID</u> Study Day: <u>    </u>	
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<div style="border: 1px solid red; padding: 2px; margin-bottom: 5px;">QSTESTCD</div> <div style="margin-left: 20px;">↓</div> <div style="color: red; margin-top: 10px;">=VFT010</div>	<div style="color: red; text-align: center; margin-bottom: 10px;">QSTEST</div> <p>† 10. Based on the TLFB, during the months/weeks of data currently collected about this training, how many days was the participant late to the training (L)?</p> <p style="margin-left: 40px;">11. Based on the TLFB, during the months/weeks of data currently collected about this training, how many days was the participant absent from the training?</p> <p style="margin-left: 40px;">† a. Unplanned absence-sick/other obligations (A1)?</p> <p style="margin-left: 40px;">† b. Planned absence-requested and approved vacation or leave (A2)?</p>	<div style="border: 1px solid red; padding: 2px; margin-bottom: 10px;">QSORRESU=DAYS</div> <div style="margin-left: 20px;">↓</div> <div style="color: red; margin-top: 10px;">QSORRES</div>   <div style="text-align: right; margin-top: 10px;"> <u>    </u> 46  <u>    </u> 47         </div>
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Completed by (Staff ID): <u>QSEVAL</u>	48
Reviewed by (Staff ID): <u>                    </u>	49
Entered by (Staff ID): <u>                    </u>	

QSCAT=ADDICTION SEVERITY INDEX LITE FOLLOW-UP (ASF)

# Addiction Severity Index Lite Follow-Up

DOMAIN: QS

Protocol Number: NIDA-CTN-0020

STUDYID

Node ID: _____	Phase: _____ EPOCH	1
Site ID: _____ SITEID	Study Day: _____ VISITNUM	3
Participant ID: _____ USUBJID		5
Name Code: _____	Visit Date: _____ QSSTDTC/QSENDTC m m d d y y y y	6
FORM COMPLETION STATUS:		
CRF Administered <input type="checkbox"/> 1	Not enough time to administer <input type="checkbox"/> 4	8
Participant refused <input type="checkbox"/> 2	No participant contact <input type="checkbox"/> 5	
Staff member did not administer <input type="checkbox"/> 3	Other <input type="checkbox"/> 6	
Specify: _____		9

Composite Scores (for site use only):	
Medical:	Legal:
Employment:	Family:
Drug:	Psychiatric:
Alcohol:	

Patient Rating Scale
0 = Not at all
1 = Slightly
2 = Moderately
3 = Considerably
4 = Extremely

Introducing the ASI
Seven potential problem areas: Medical, Employment/Support Status, Alcohol, Drug, Legal, Family/Social, and Psychological. All clients receive this same <u>standard</u> interview. All information gathered is <u>confidential</u> .
The <u>time period</u> we will discuss: The past 30 days
<b>Patient Rating Scale:</b> Patient input is important. For each area, I will ask you to use this scale to let me know how bothered you have been by any problems in each section. I will also ask you how important treatment is for you for the area being discussed.
Please refer to the Patient Rating Scale in the adjacent key.
If you are uncomfortable giving an answer, then don't answer. <i>Please do not give inaccurate information!</i>

Participant #: USUBJIDStudy Day:               **Interviewer Instructions**

1. Leave no blanks.
2. Make plenty of Comments (if another person reads this ASI, they should have a relatively complete picture of the client's perceptions of his/her problems).
3. Throughout the ASI, when noted: **-9=Question not answered.**  
**-3=Question not applicable.**
4. Terminate interview if client misrepresents two or more sections.
5. When noting comments, please write the question number.

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

**CONFIDENCE RATINGS:**

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

*Probe and make plenty of comments!*

**List of Commonly Used Drugs**

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

Just note if these are used: Antidepressants;  
Ulcer Meds=Zantac, Tagamet;  
Asthma Meds= Ventolin Inhaler, Theodur;  
Other Meds=Antipsychotics, Lithium

Participant #: <u>USUBJID</u>	Study Day: <u>    </u> <u>    </u> <u>    </u>
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### Alcohol/Drug Section Instructions

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

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

Start Time:

**QSSTDTC** 10  
 \_\_\_\_\_  
 h h m m  
 (24 hour clock)\*

QSTESTCD

  

QSSCAT=GENERAL INFORMATION

QSORRES/QSSTRESC

### GENERAL INFORMATION

QSTEST

=G9

†G9. Contact code:  
*Intake ASI must be in person.*

In person ☐ 1 11  
 Telephone ☐ 2  
 Mail ☐ 3

=G12

£G12. Special:

Patient terminated ☐ 1 12  
 Patient refused ☐ 2  
 Patient unable to respond ☐ 3

**COMMENTS - GENERAL:** (Include question number with your notes.)

NOT ENTERED

Participant #: USUBJID

Study Day: \_\_\_\_\_

QSTESTCD

QSTEST

QSORRES/QSSTRESC

=G19A

†G19. Have you been in a controlled environment in the past 30 days?  
*A place, theoretically, without access to drugs/alcohol*

QSEVLINT=-P30D

No ☐ 1 13Jail ☐ 2Alcohol or Drug Treatment ☐ 3Medical Treatment ☐ 4Psychiatric Treatment ☐ 5Other ☐ 6

=G19B

If "Other," specify: QSORRES 14

=G20

§G20. How many days?  
 "-3" if Question G19 is "No". Refers to total number of days detained in the past 30 days. QSORRESU=DAYS

QSORRES 15  
 Days

QSSCAT=MEDICAL STATUS

**MEDICAL STATUS**

=M1

†M1. Since your last ASI, how many times have you been hospitalized for medical problems?  
*Include O.D.'s, D.T.'s. Exclude detox, alcohol/drug, and psychiatric treatment and childbirth (if no complications). Enter the number of overnight hospitalizations for medical problems.*

\_\_\_\_\_ 17

QSORRES/QSSTRESC

=M4A

†M4. Are you taking any prescribed medication on a regular basis for a physical problem?  
*Medication prescribed by a MD 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.*

Yes ☐ 1 18  
 No ☐ 0

=M4B

If "Yes," specify: \_\_\_\_\_ 19

=M5A

†M5. Do you receive a pension for a physical disability?  
*Include Workers' compensation, exclude psychiatric disability.*

Yes ☐ 1 20  
 No ☐ 0

=M5B

If "Yes," specify: \_\_\_\_\_ 21

**COMMENTS - MEDICAL STATUS:** (Include question number with your notes.)

27

NOT ENTERED

Participant #: USUBJIDStudy Day:       

QSTESTCD

QSTEST

**MEDICAL (cont.)**

QSEVLINT=-30D

QSORRESU=DAYS

QSORRES<sup>22</sup>

=M6

- †M6. How many days have you experienced medical problems in the past 30 days?
- Do not include ailments directly caused by drugs/alcohol. Include flu, colds, etc. Include serious ailments related to drugs/alcohol, which would continue even if the patient were abstinent (e.g., cirrhosis of liver, abscesses from needles, etc.).*

QSORRES/QSSTRESC

**For Questions M7 and M8, please ask the patient to use the Patient Rating scale.**

- †M7. How troubled or bothered have you been by these medical problems in the past 30 days?
- Restrict response to problem days of Question M6.*

QSEVLINT=-30D

Not at all ☐ 0 <sup>23</sup>  
 Slightly ☐ 1  
 Moderately ☐ 2  
 Considerably ☐ 3  
 Extremely ☐ 4

- †M8. How important to you now is treatment for these medical problems?
- Refers to the need for new or additional medical treatment by the patient.*

Not at all ☐ 0 <sup>24</sup>  
 Slightly ☐ 1  
 Moderately ☐ 2  
 Considerably ☐ 3  
 Extremely ☐ 4

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

- M10. Patient's misrepresentation?

Yes ☐ 1 <sup>25</sup>  
 No ☐ 0

=M11

- M11. Patient's inability to understand?

Yes ☐ 1 <sup>26</sup>  
 No ☐ 0

**COMMENTS - MEDICAL STATUS:** (Include question number with your notes.)

NOT ENTERED



Participant #: <u>USUBJID</u>	Study Day: _____
-------------------------------	------------------

QSTESTCD

QSTEST

QSSCAT=EMPLOYMENT/SUPPORT STATUS

QSORRES

=E1A =E1B

**EMPLOYMENT/SUPPORT STATUS**

†E1. Education completed since your last ASI?  
*GED=12 years. Include formal education only.*

QSORRESU=YEARS

Years / Months

28

=E2

†E2. Training or technical education completed since your last ASI:  
*Formal/organized training only. For military training, only include training that can be used in civilian life (i.e., electronics or computers)*

QSORRESU=MONTHS

Months

30

=E4

†E4. Do you have a valid driver's license?  
*Valid license; not suspended/revoked.*

Yes ☐ 1  
 No ☐ 0

31

=E5

†E5. Do you have an automobile available?  
*If answer to E4 is "No", then E5 must be "No". Does not require ownership, only requires availability on a regular basis.*

Yes ☐ 1  
 No ☐ 0

32

=E7A

†E7. Usual (or last) occupation since your last ASI:

Higher Executive, Major Professionals, Owner of Large Business ☐ 1

Business Manager, Owner (medium sized business), Other Professional (nurse, optician, pharmacist, social worker, teacher) ☐ 2

Administrative Personnel, Manager, Owner/Proprietor of Small Business (bakery, car dealership, engraving business, plumbing business, florist, decorator, actor, reporter, travel agent) ☐ 3

Clerical and Sales, Technician, Owner of Small Business (bank teller, bookkeeper, clerk, draftsman, timekeeper, secretary, car salesperson) ☐ 4

Skilled Manual—usually having had training (baker, barber, brakeman, chef, electrician, fireman, lineman, machinist, mechanic, paperhanger, painter, repairman, tailor, welder, police officer, plumber) ☐ 5

Semi-skilled (hospital aide, painter, bartender, bus driver, cutter, cook, drill press, garage guard, checker, waiter, spot welder, machine operator) ☐ 6

Unskilled (attendant, janitor, construction help, unspecified labor, porter). Include unemployed ☐ 7

Homemaker ☐ 8

Student/No occupation/Disabled ☐ 9

34

Specify: \_\_\_\_\_

=E7B

**COMMENTS - EMPLOYMENT/SUPPORT STATUS:** (Include question number with your notes.)

49

NOT ENTERED

Participant #: USUBJIDStudy Day:       

QSTESTCD

QSTEST

**EMPLOYMENT/SUPPORT (cont.)**

QSORRES/QSSTRESC

=E9

§E9. Does someone contribute the majority of your support?  
*Is patient receiving any regular support (i.e., cash, food, housing) from family/friend? Include spouse's contribution; exclude support by an institution.*

 Yes ☐ 1 35  
 No ☐ 0

†E11. How many days were you paid for working in the past 30 days?  
*Include "under the table" work, paid sick days and vacation.*

QSORRES<sup>36</sup>

QSORRESU=DAYS

QSEVLINT=-30D

**For Questions E12-E17: How much money did you receive from the following sources in the past 30 days? Max=\$99999.**

†E12. Employment (net income)?  
*Net or "take home" pay, include any "under the table" money.*

QSORRESU=DOLLARS

\$        QSORRES 37

†E13. Unemployment Compensation?

\$        38

†E14. Welfare?

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

\$        39

†E15. Pensions, benefits or Social Security?

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

\$        40

=E16

†E16. Mate, family or friends?

*Money for personal expenses, (i.e., clothing), include unreliable sources of income (e.g., gambling). Record cash payments only, include windfalls (unexpected), money from loans, gambling, inheritance, tax returns, etc.*

\$        41

**COMMENTS - EMPLOYMENT/SUPPORT:** (Include question number with your notes.)

NOT ENTERED

Participant #: USUBJIDStudy Day:               

QSTESTCD

QSTEST

**EMPLOYMENT/SUPPORT (cont.)**

=E17

†E17. Illegal? **QSORRESU=DOLLARS** **QSEVLINT=-30D** \$ **QSORRES**<sup>42</sup>  
*Cash obtained from drug dealing, stealing, fencing stolen goods, gambling, prostitution, etc. Do not attempt to convert drugs exchanged to a dollar value.*

†E18. How many people depend on you for the majority of their food, shelter, etc.?           <sup>43</sup>  
*Must be regularly depending on patient, do include alimony/child support. Do not include the patient or self-supporting spouse, etc. Max=99.*

†E19. How many days have you experienced employment problems in the past 30 days? **QSEVLINT=-30D**           <sup>44</sup>  
*Include inability to find work, if they are actively looking for work, or problems with present job in which that job is jeopardized. .*

**For Questions E20 and E21, ask the patient to use the Patient Rating scale.**

*The patient's ratings in Questions E20 and 21 refer to Question E19. Stress help in finding or preparing for a job, not giving them a job.*

**QSORRES/QSSTRESC**

†E20. How troubled or bothered have you been by these employment problems in the past 30 days? **QSEVLINT=-30D** <sup>45</sup>  
*If the patient has been incarcerated or detained during the past 30 days, they cannot have employment problems.*

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

†E21. How important to you now is counseling for these employment problems? <sup>46</sup>

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

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

E23. Patient's misrepresentation? Yes ☐ 1 <sup>47</sup>  
 No ☐ 0

=E24

E24. Patient's inability to understand? Yes ☐ 1 <sup>48</sup>  
 No ☐ 0

**COMMENTS - EMPLOYMENT/STATUS:** (Include question number with your notes.)**NOT ENTERED**

Participant #: <span style="color: red;">USUBJID</span> _____	Study Day: _____
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**ALCOHOL/DRUG USE**QSSCAT=ALCOHOL/DRUG USE

*Note the usual or most recent route. For more than one route, choose the most severe. The routes are listed from least severe to most severe. If Past 30 Days Use is zero, route should be coded as "-3."*

<div style="color: red; font-weight: bold;">QSEVLINT=-P30D</div> <div style="color: red; font-weight: bold;">QSORRESU=DAYS</div> <div style="color: red; font-weight: bold;">QSTEST</div>	<div style="color: red; font-weight: bold;">QSORRES</div> † Past 30 Days	<div style="color: red; font-weight: bold;">QSORRES/QSSTRESC</div> § Route of Administration					
		Oral	Nasal	Smoking	Non-IV Injection	IV Injection	
D1. Alcohol (any use at all) <span style="color: red;">=D1A</span>	____						50
D2. Alcohol (to intoxication) <span style="color: red;">=D2A</span>	____						51
D3. Heroin <span style="color: red;">=D3A =D3C</span>	____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	52
D4. Methadone/LAAM (prescribed) <span style="color: red;">=D4A =D4C</span>	____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	54
D4a. Methadone/LAAM (illicit) <span style="color: red;">=D4AA =D4AC</span>	____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	56
D5. Other Opiates <span style="color: red;">=D5A =D5C</span>	____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	58
D6. Barbiturates	____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	60
D7. Other sedatives/ hypnotics/tranquilizers	____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	62
D8. Cocaine	____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	64
D9. Amphetamines	____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	66
D10. Cannabis	____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	68
D11. Hallucinogens	____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	70
D12. Inhalants <span style="color: red;">=D12A =D12C</span>	____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	72
D36. Nicotine (tobacco products) <span style="color: red;">=D36A</span>	____						74
D13. More than 1 substance per day (including alcohol, excluding nicotine) <span style="color: red;">=D13A</span>	____						75

Participant #: USUBJIDStudy Day:               

QSTESTCD

**ALCOHOL/DRUG (cont.)**

QSTEST

=D14

†D14. According to the interviewer, which substance(s) is/are the major problem? **QSORRES**<sup>6</sup>  
*Interviewer should determine the major drug or drugs of abuse (excluding Nicotine use). Code the number next to the drug in Questions 01-12 (code prescribed or illicit methadone as "04"). "00"=no problem, "15"=alcohol & one or more drugs, "16"=more than one drug, but no alcohol. Ask participant when not clear.*

=D17

†D17. How many times since your last ASI have you had Alcohol DT's?           77  
*Delirium Tremens (DT's): Occur 24-48 hours after last drink, or significant decrease in alcohol intake. Characterized by shaking, severe disorientation, fever, hallucinations, they usually require medical attention.*

**How many times since your last ASI have you been treated for:**

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

=D19

†D19. Alcohol abuse?           78

†D20. Drug abuse?           79

**How many of these were detox only?**

§D21. Alcohol?           80  
*If D19 = "00", then Question D21 is "-3 = Not applicable".*

=D22

§D22. Drugs?           81  
*If D20 = "00", then Question D22 is "-3 = Not applicable".*

**COMMENTS - ALCOHOL/DRUG USE:** (Include question number with your notes.)

93

NOT ENTERED

Participant #: USUBJIDStudy Day:               

QSTESTCD

**ALCOHOL/DRUG (cont.)**

QSTEST

**How much money would you say you spent during the past 30 days on:***Max=\$99999. Only count actual money spent. What is the financial burden caused by drugs/alcohol?*

=D23

†D23. Alcohol?

QSEVLINT=-P30D

QSORRESU=DOLLARS

\$ QSORRES

82

†D24. Drugs?

\$                     83†D25. How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days?  
*Include AA/NA.*

84

**For Questions D28-D31, please ask the patient to use the Patient Rating scale.***The Patient is rating the need for additional substance abuse treatment.*

=D26

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

85

QSEVLINT=-P30D

QSORRES/QSSTRESC

=D28

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

QSEVLINT=-P30D

Not at all ☐ 0

86

Slightly ☐ 1Moderately ☐ 2Considerably ☐ 3Extremely ☐ 4

=D30

†D30. How important to you now is treatment for these alcohol problems?Not at all ☐ 0

87

Slightly ☐ 1Moderately ☐ 2Considerably ☐ 3Extremely ☐ 4**COMMENTS - ALCOHOL/DRUG USE:** *(Include question number with your notes.)*

NOT ENTERED

Participant #: USUBJIDStudy Day:       

QSTESTCD

QSTEST

**ALCOHOL/DRUG (cont.)**

=D27 †D27. How many days in the past 30 have you experienced drug problems? **QSEVLINT=-P30D** **QSORRESU=DAYS** **QSORRES**        88  
*Include: Craving, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to.*

=D29 †D29. How troubled or bothered have you been in the past 30 days by these drug problems? **QSEVLINT=-P30D** **QSORRES/QSSTRESC**  
 Not at all ☐ 0 89  
 Slightly ☐ 1  
 Moderately ☐ 2  
 Considerably ☐ 3  
 Extremely ☐ 4

=D31 †D31. How important to you now is treatment for these drug problems? Not at all ☐ 0 90  
 Slightly ☐ 1  
 Moderately ☐ 2  
 Considerably ☐ 3  
 Extremely ☐ 4

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

=D34 D34. Patient's misrepresentation? Yes ☐ 1 91  
 No ☐ 0

=D35 D35. Patient's inability to understand? Yes ☐ 1 92  
 No ☐ 0

**COMMENTS - ALCOHOL/DRUG USE:** (Include question number with your notes.)

NOT ENTERED

Participant #: USUBJIDStudy Day:               

QSTESTCD

QSTEST

**LEGAL STATUS**

QSSCAT=LEGAL STATUS

QSORRES/QSSTRESC

=L2

†L2. Are you on parole or probation?  
*Note duration and level in comments.*

No, neither ☐ 0 94Yes, parole or post release supervision ☐ 2Yes, probation or pre-sentencing diversion ☐ 3**How many times since your last ASI have you been arrested and charged with the following:**

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

†L3. Shoplifting/Vandalism

QSORRES 95

†L4. Parole/Probation Violations

96

†L5. Drug Charges

97

†L6. Forgery

98

†L7. Weapons Offense

99

†L8. Burglary/Larceny/B&amp;E

100

†L9. Robbery

101

†L10. Assault

102

†L11. Arson

103

†L12. Rape

104

†L13. Homicide/Manslaughter

105

†L14. Prostitution

106

†L15. Contempt of court

107

†L16. Other

108

If Other, specify: \_\_\_\_\_ 109

=L16A

=L16B

**COMMENTS - LEGAL STATUS:** *(Include question number with your notes.)*

123

NOT ENTERED



Participant #: <u>      USUBJID      </u>	Study Day: <u>      </u> <u>      </u> <u>      </u>
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QSTESTCD

QSTEST

**LEGAL (cont.)**

=L17

§ L17. How many of these charges resulted in convictions?

QSORRES 110

*If L3-16="00", then L17="-3". Do not include misdemeanor offenses from Questions L18-20 below. Convictions include fines, probation, incarcerations, suspended sentences, and guilty pleas.*

**How many times since your last ASI have you been charged with the following:**

†L18. Disorderly conduct, vagrancy, public intoxication?

111

†L19. Driving while intoxicated (DWI)?

112

†L20. Major driving violations?

113

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

=L21

†L21. How many months were you incarcerated since your last ASI?

114

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

QSORRES=MONTHS

QSORRES/QSSTRESC

=L24

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

 Yes ☐ 1 115  
 No ☐ 0
**COMMENTS - LEGAL STATUS:** *(Include question number with your notes.)*

NOT ENTERED

Participant #: <span style="color: red;">USUBJID</span> _____	Study Day: _____
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QSTESTCD

QSTEST

**LEGAL (cont.)**

QSORRES/QSSTRESC

116

§ L25. What for?  
*Refers to L24. If more than one, choose most severe. Don't include civil cases, unless a criminal offense is involved.*

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

=L25



†L26. How many days in the past 30 were you detained or incarcerated?  
*Include being arrested and released on the same day.*

QSORRES 117

†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.*

118

QSORRESU=DAYS QSEVLINT=-P30D  
 QSORRESU=DAYS QSEVLINT=-P30D

=L27

**COMMENTS - LEGAL STATUS:** *(Include question number with your notes.)*

NOT ENTERED

Participant #: USUBJIDStudy Day:               

QSTESTCD

LEGAL (cont.)

QSTEST

QSORRES/QSSTRESC

**For Questions L28 & L29, ask the patient to use the Patient Rating scale.**

=L28

†L28. How serious do you feel your present legal problems are?  
*Exclude civil problems.*

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

119

=L29

†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.*

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

120

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

=L31

L31. Patient's misrepresentation?

Yes ☐ 1  
 No ☐ 0

121

=L32

L32. Patient's inability to understand?

Yes ☐ 1  
 No ☐ 0

122

QSSCAT=FAMILY/SOCIAL RELATIONSHIPS

**FAMILY/SOCIAL RELATIONSHIPS**

=F1

†F1. Marital status:  
*Common-law marriage="1". Specify in comments.*

Married ☐ 1  
 Remarried ☐ 2  
 Widowed ☐ 3  
 Separated ☐ 4  
 Divorced ☐ 5  
 Never Married ☐ 6

124

**COMMENTS -FAMILY/SOCIAL RELATIONSHIPS:** *(Include question number with your notes.)*

152

NOT ENTERED

Participant #: <u>USUBJID</u>	Study Day: <u>    </u> <u>    </u> <u>    </u>
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QSTESTCD

QSTEST

**FAMILY/SOCIAL (cont.)**

QSORRES/QSSTRESC

=F3

†F3. Are you satisfied with this situation?

*Refers to response in Question F1. Satisfied=generally liking the situation.*Yes ☐ 2

125

No ☐ 0Indifferent ☐ 1

=F4

†F4. Usual living arrangements (since your last ASI):

*Choose arrangements most representative of the time since your last ASI interview. If there is an even split in time between these arrangements, choose the most recent arrangement.*With sexual partner & children ☐ 1

126

With sexual partner alone ☐ 2With children alone ☐ 3With parents ☐ 4With family ☐ 5With friends ☐ 6Alone ☐ 7Controlled Environment ☐ 8No stable arrangement ☐ 9

=F6

†F6. Are you satisfied with these arrangements?

*Refers to response in Question F4.*Yes ☐ 2

127

No ☐ 0Indifferent ☐ 1**Do you live with anyone who:**

†F7. Has a current alcohol problem?

Yes ☐ 1

128

No ☐ 0

†F8. Uses non-prescribed drugs?

Yes ☐ 1

129

No ☐ 0

=F9

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

*If a girlfriend/boyfriend is considered as a family by patient, then they must refer to them as family throughout this section, not a friend.**Family is not to be referred to as "friend."*Family ☐ 1

130

Friends ☐ 2Alone ☐ 3**COMMENTS - Family/Social:** (Include question number with your notes.)

NOT ENTERED

Participant #: <u>USUBJID</u>	Study Day: _____
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QSTESTCD

=F10

**FAMILY/SOCIAL (cont.)**

QSTEST

QSORRES/QSSTRESC

†F10. Are you satisfied with spending your free time this way?  
*Refers to Question F9. A satisfied response must indicate that the person generally likes the situation.*

Yes ☐ 2 131  
 No ☐ 0  
 Indifferent ☐ 1

**Have you had significant periods in which you have experienced serious problems getting along with:** "Serious problems" mean those that endangered the relationship. A "problem" requires contact of some sort, either by telephone or in person.

=F18A

§F18. Mother

Past 30 Days

QSEVLINT=-P30D

Yes ☐ 1 132  
 No ☐ 0

§F19. Father

Past 30 Days

Yes ☐ 1 133  
 No ☐ 0

§F20. Brothers/Sisters

Past 30 Days

Yes ☐ 1 134  
 No ☐ 0

§F21. Sexual Partner/Spouse

Past 30 Days

Yes ☐ 1 135  
 No ☐ 0

§F22. Children

Past 30 Days

Yes ☐ 1 136  
 No ☐ 0

=F23A

§F23. Other Significant Family

Past 30 Days

Yes ☐ 1 137  
 No ☐ 0

=F23C

Specify Other Significant Family: \_\_\_\_\_ 138

=F24A

§F24. Close Friends

Past 30 Days

Yes ☐ 1 139  
 No ☐ 0

=F25A

§F25. Neighbors

Past 30 Days

Yes ☐ 1 140  
 No ☐ 0

=F26A

§F26. Co-workers

Past 30 Days

Yes ☐ 1 141  
 No ☐ 0

**COMMENTS - FAMILY/SOCIAL RELATIONSHIPS:** (Include question number with your notes.)

NOT ENTERED

Participant #: USUBJIDStudy Day:       

QSTESTCD

**FAMILY/SOCIAL (cont.)**

QSTEST

QSORRES/QSSTRESC

**Did any of these people abuse you?:** *Caused you physical harm*

=F28A †F28. Physically? **QSEVLINT=-P30D** Past 30 Days Yes ☐1 142  
*Caused you physical harm.* No ☐0

=F29A F29. Sexually? **QSEVLINT=-P30D** Past 30 Days Yes ☐1 143  
*Forced sexual advances/acts.* No ☐0

=F30 †F30. How many days in the past 30 have you had serious conflicts with your family? **QSEVLINT=-P30D QSORRESU=DAYS QSORRES** 144

**For Questions F32 and F34, ask the patient to use the Patient Rating scale.** **QSORRES/QSSTRESC**

=F32 †F32. How troubled or bothered have you been in the past 30 days by these family problems? **QSEVLINT=-P30D** Not at all ☐0 145  
 Slightly ☐1  
 Moderately ☐2  
 Considerably ☐3  
 Extremely ☐4

=F34 †F34. How important to you now is treatment or counseling for these family problems? Not at all ☐0 146  
*Patient is rating his/her need for counseling for family problems, not whether the family would be willing to attend.* Slightly ☐1  
 Moderately ☐2  
 Considerably ☐3  
 Extremely ☐4

=F31 †F31. How many days in the past 30 have you had serious conflicts with other people (excluding family)? **QSEVLINT=-P30D QSORRESU=DAYS QSORRES** 147  
*-9=Not answered.*

**COMMENTS - FAMILY/SOCIAL RELATIONSHIPS:***(Include question number with your notes.)*

NOT ENTERED

Participant #: USUBJIDStudy Day:               

QSTESTCD

**FAMILY/SOCIAL (cont.)**

QSORRES/QSSTRESC

**For Questions F33 and F35, ask the patient to use the Patient Rating scale.**

=F33

†F33. How troubled or bothered have you been in the past 30 days by these social problems? **QSEVLINT=-P30D**

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

148

=F35

†F35. How important to you now is treatment or counseling for these social problems?

*Include patient's need to seek treatment for such social problems as loneliness, inability to socialize, and dissatisfaction with friends. Patient rating should refer to dissatisfaction, conflicts, or other serious problems. Exclude problems that would be eliminated if patient had no substance abuse.*

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

149

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

=F37

F37. Patient's misrepresentation?

Yes ☐1  
 No ☐0

150

=F38

F38. Patient's inability to understand?

Yes ☐1  
 No ☐0

151

**QSSCAT=PSYCHIATRIC STATUS****PSYCHIATRIC STATUS**

**How many times since your last ASI have you been treated for any psychological or emotional problems:** *Do not include substance abuse, employment, or family counseling. Treatment episode=a series of more or less continuous visits or treatment days, not the number of visits or treatment days. Enter diagnosis in comments if known.*

=P1

†P1. In a Hospital or inpatient setting?

**QSORRES**<sub>153</sub>**COMMENTS - PSYCHIATRIC STATUS:** *(Include question number with your notes.)*

169

**NOT ENTERED**

Participant #: USUBJIDStudy Day:               

QSTESTCD

**PSYCHIATRIC (cont.)**

QSTEST

=P2

†P2. Outpatient/private patient?

QSORRES           154

QSORRES/QSSTRESC

=P3

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

Yes ☐ 1 155No ☐ 0

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

=P4A

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

Past 30 Days

Yes ☐ 1 156No ☐ 0

QSEVLINT=-P30D

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

Past 30 Days

Yes ☐ 1 157No ☐ 0

†P6. Experienced hallucinations—saw things or heard voices that other people did not see or hear?

Past 30 Days

Yes ☐ 1 158No ☐ 0

†P7. Experienced trouble understanding, concentrating, or remembering?

Past 30 Days

Yes ☐ 1 159No ☐ 0

=P8A

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

Past 30 Days

Yes ☐ 1 160No ☐ 0**COMMENTS - PSYCHIATRIC STATUS:** (Include question number with your notes.)

NOT ENTERED



Participant #: <span style="color: red;">USUBJID</span> _____	Study Day: <span style="color: red;">DOMAIN: QS</span> _____
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	QSTESTCD	QSTEST	QSORRES/QSSTRESC
	<b>PSYCHIATRIC (cont.)</b>		
=P9A	†P9. Experienced serious thoughts of suicide? <i>Patient seriously considered a plan for taking his/her life.</i>	Past 30 Days <div style="border: 1px solid red; padding: 2px; display: inline-block; color: red;">QSEVLINT=-P30D</div>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0
=P10A	†P10. Attempted suicide? <i>Include actual suicidal gestures or attempts.</i>	Past 30 Days	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0
=P11A	†P11. Been prescribed medication for any psychological or emotional problems? <i>Prescribed for the patient by MD. Record "Yes" if a medication was prescribed even if patient is not taking it</i>	Past 30 Days	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0
=P12	†P12. How many days in the past 30 have you experienced these psychological or emotional problems? <i>This refers to problems noted in Questions P4-P10.</i>		<div style="text-align: right; color: red;">QSORRES</div> <div style="text-align: right; color: red;">QSORRESU=DAYS    QSEVLINT=-P30D</div>
	QSORRES/QSSTRESC		
	<b>For Questions P13 &amp; P14, ask the patient to use the Patient Rating scale.</b>		
=P13	†P13. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days? <i>Patient should be rating the problem days from Question P12.</i>	<div style="text-align: center; color: red;">QSEVLINT=-P30D</div>	Not at all <input type="checkbox"/> 0 Slightly <input type="checkbox"/> 1 Moderately <input type="checkbox"/> 2 Considerably <input type="checkbox"/> 3 Extremely <input type="checkbox"/> 4
=P14	†P14. How important to you <u>now</u> is treatment for these psychological or emotional problems?		Not at all <input type="checkbox"/> 0 Slightly <input type="checkbox"/> 1 Moderately <input type="checkbox"/> 2 Considerably <input type="checkbox"/> 3 Extremely <input type="checkbox"/> 4

**COMMENTS - PSYCHIATRIC STATUS:** *(Include question number with your notes.)*

NOT ENTERED

DOMAIN: QS

Participant #: USUBJID

Study Day:               

**PSYCHIATRIC (cont.)**

QSTESTCD

QSTEST

QSORRES/QSSTRESC

**CONFIDENCE RATINGS**

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

=P22

P22. Patient's misrepresentation?

Yes ☐ 1 167  
No ☐ 0

=P23

P23. Patient's inability to understand?

Yes ☐ 1 168  
No ☐ 0

**Stop Time:**

*\*If time spent completing form was not continuous, add just stop time to account for any breaks.*

QSENDTC

          :           170  
h h m m  
(24 hour clock)\*

**COMMENTS - PSYCHIATRIC STATUS:** *(Include question number with your notes.)*

NOT ENTERED

Completed by (Staff ID): QSEVAL 171  
Reviewed by (Staff ID):                      172  
Entered by (Staff ID):

**JSW-Attendance**Protocol Number: NIDA - CTN - 0020 **STUDYID**

Node ID: _____	Phase: <b>EPOCH</b>	1
Site ID: _____ <b>SITEID</b>	Study Day: <b>VISITNUM</b>	3
Participant ID: _____ <b>USUBJID</b>		5
Name code: _____	Visit Date: _____ <b>/QSSTDTC/QSENDTC</b>	6
FORM COMPLETION STATUS:		
CRF administered <input type="checkbox"/>	Not enough time to administer <input type="checkbox"/>	8
Participant refused <input type="checkbox"/>	No participant contact <input type="checkbox"/>	5
Staff Member did not administer <input type="checkbox"/>	Other <input type="checkbox"/>	6
Specify: _____		9

**The Job Seekers Workshop Attendance Form should be filled out for the Job Seekers group only. After all information has been collected the form can be entered.**

**QSTESTCD**

1. List the dates of the sessions that were scheduled:

**QSTEST****QSORRES****=JSA001A****=JSA001B****=JSA001C**

Session	Date	
1	____/____/____ m m d d y y y y	10
2	____/____/____ m m d d y y y y	11
3	____/____/____ m m d d y y y y	12

DOMAIN: QS

Participant ID: <span style="color: red;">USUBJID</span> _____ Study Day _____
--

QSTESTCD

QSORRESU=MINUTES

2. List the dates and number of minutes for each session that the participant attended:

QSTEST

QSORRES

QSORRES

=JSA002A  
=JSA002A1

=JSA002H  
=JSA002H1

Session	Date	Minutes
1	<div style="display: flex; justify-content: space-around;"> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>m</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>m</div> <div>/</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>d</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>d</div> <div>/</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>y</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>y</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>y</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>y</div> </div>	____ 13
2	<div style="display: flex; justify-content: space-around;"> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>m</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>m</div> <div>/</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>d</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>d</div> <div>/</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>y</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>y</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>y</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>y</div> </div>	____ 15
3	<div style="display: flex; justify-content: space-around;"> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>m</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>m</div> <div>/</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>d</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>d</div> <div>/</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>y</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>y</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>y</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>y</div> </div>	____ 17
4	<div style="display: flex; justify-content: space-around;"> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>m</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>m</div> <div>/</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>d</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>d</div> <div>/</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>y</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>y</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>y</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>y</div> </div>	____ 19
5	<div style="display: flex; justify-content: space-around;"> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>m</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>m</div> <div>/</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>d</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>d</div> <div>/</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>y</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>y</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>y</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>y</div> </div>	____ 21
6	<div style="display: flex; justify-content: space-around;"> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>m</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>m</div> <div>/</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>d</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>d</div> <div>/</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>y</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>y</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>y</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>y</div> </div>	____ 23
7	<div style="display: flex; justify-content: space-around;"> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>m</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>m</div> <div>/</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>d</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>d</div> <div>/</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>y</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>y</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>y</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>y</div> </div>	____ 25
8	<div style="display: flex; justify-content: space-around;"> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>m</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>m</div> <div>/</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>d</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>d</div> <div>/</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>y</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>y</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>y</div> <div><div style="width: 20px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>y</div> </div>	____ 27

Completed by (Staff ID): <span style="color: red;">QSEVAL</span> _____	29
Reviewed by (Staff ID): _____	30
Entered by (Staff ID): _____	

QSCAT=JSW-PARTICIPANT CHECKLIST (PCL)

**JSW-Participant Checklist**

DOMAIN: QS

Protocol Number: NIDA - CTN - 0020 STUDYID

Node ID: _____	Phase: <u>02</u> EPOCH	1
Site ID: _____ SITEID	Study Day: <u>VISITNUM</u>	3
Participant ID: _____ USUBJID	Workshop ID: _____ QSSCAT	5
Name Code: _____	Session Date: _____ QSSTDTC/QSENDTC m m d d y y y y	7
Session Number:		
Session 1 <input type="checkbox"/> 1		9
Session 2 <input type="checkbox"/> 2		
Session 3 <input type="checkbox"/> 3		
FORM COMPLETION STATUS:		
CRF administered <input type="checkbox"/> 1	Not enough time to administer <input type="checkbox"/> 4	10
Participant refused <input type="checkbox"/> 2	No participant contact <input type="checkbox"/> 5	
Staff Member did not administer <input type="checkbox"/> 3	Other <input type="checkbox"/> 6	
Specify: _____		11

The Job Seekers Participant Checklist should be filled out after each Job Seekers Workshop session.

QSTESTCD

QSTEST

1. Workshop leader (or program site) NOT ENTERED 12

QSORRES/QSSTRESC

=PCL002 2. Is this a make-up session? Yes ☐ 1 13  
No ☐ 0

=PCL003 3. How long were you in this session? I was in this session for:  
Less than one hour ☐ 1 14  
1 hour but less than 2 hours ☐ 2  
2 hours but less than 3 hours ☐ 3  
3 hours but less than 4 hours ☐ 4  
4 hours or more ☐ 5

QSTEST

4. Check "Yes" for each activity listed that was conducted during today's session. Check "No" for each activity listed that was not conducted during today's session.

=PCL004A

- a. Job interview practice with video feedback : Yes ☐ 1 <sup>15</sup>  
No ☐ 0
- b. Filling out a job application: Yes ☐ 1 <sup>16</sup>  
No ☐ 0
- c. Finding job leads, looking in phone books or want ads: Yes ☐ 1 <sup>17</sup>  
No ☐ 0
- d. Practicing/making phone calls: Yes ☐ 1 <sup>18</sup>  
No ☐ 0
- e. Working on resume: Yes ☐ 1 <sup>19</sup>  
No ☐ 0

=PCL004E

Completed by (Staff ID): No Longer Collected	20
Reviewed by (Staff ID): _____	21
Entered by (Staff ID): _____	

QSCAT=JSW-POST SATISFACTION (JSWP)

**JSW-Post Satisfaction**

Protocol Number: NIDA - CTN - 0020 STUDYID

DOMAIN: QS

Node ID: _____	Phase: <b>EPOCH</b>	1
Site ID: <b>SITEID</b>	Study Day: <b>VISITNUM</b>	3
Participant ID: <b>USUBJID</b>		5
Name Code: _____	Visit Date: <b>QSSTDTC/QSENDTC</b> m m d d y y y y	6
FORM COMPLETION STATUS:		
CRF administered <input type="checkbox"/> 1      Not enough time to administer <input type="checkbox"/> 4 Participant refused <input type="checkbox"/> 2      No participant contact <input type="checkbox"/> 5 Staff Member did not administer <input type="checkbox"/> 3      Other <input type="checkbox"/> 6		8
Specify: _____		9

**For questions 1-6 please mark the box that best describes how you feel about the Job Seekers Workshop.**

**QSTESTCD**

**QSTEST**

**QSORRES/QSSTRESC**

=JSWP001

1. The workshop helped me feel more confident about what to say in a job interview.

Strongly Disagree ☐ 1 10  
 Disagree ☐ 2  
 Neither Agree nor Disagree ☐ 3  
 Agree ☐ 4  
 Strongly Agree ☐ 5  
 Not Applicable ☐ 6

2. The workshop leader was positive and supportive.

Strongly Disagree ☐ 1 11  
 Disagree ☐ 2  
 Neither Agree nor Disagree ☐ 3  
 Agree ☐ 4  
 Strongly Agree ☐ 5

3. The workshop session helped me think of what to write on a job application.

Strongly Disagree ☐ 1 12  
 Disagree ☐ 2  
 Neither Agree nor Disagree ☐ 3  
 Agree ☐ 4  
 Strongly Agree ☐ 5  
 Not Applicable ☐ 6

4. The workshop leader was considerate and respectful of the participants.

Strongly Disagree ☐ 1 13  
 Disagree ☐ 2  
 Neither Agree nor Disagree ☐ 3  
 Agree ☐ 4  
 Strongly Agree ☐ 5

=JSWP004

DOMAIN: QS

Participant ID: USUBJID

Study Day       

QSTESTCD

QSTEST

QSORRES/QSSTRESC

=JSWP005

5. The workshop leader helped me think of positive things to say about myself when I'm looking for a job.

Strongly Disagree ☐ 1 14  
Disagree ☐ 2  
Neither Agree nor Disagree ☐ 3  
Agree ☐ 4  
Strongly Agree ☐ 5  
Not Applicable ☐ 6

=JSWP006

6. The workshop helped me feel more confident that I can get a job.

Strongly Disagree ☐ 1 15  
Disagree ☐ 2  
Neither Agree nor Disagree ☐ 3  
Agree ☐ 4  
Strongly Agree ☐ 5

Reviewed by (Staff ID): QSEVAL 16  
Entered by (Staff ID):



DOMAIN: AE,  
SUPPAE

Node ID: _____	Phase: <u>EPOCH</u>
Site ID: <u>SITEID</u>	Study Day: <u>VISITNUM</u>
Participant ID: <u>USUBJID</u>	AE Number: <u>AESPID</u>
Name Code: _____	Visit Date: ____ / <u>AEDTC</u> / ____ m m d d y y y y

**FORM COMPLETION STATUS:**

CRF administered <input type="checkbox"/> 1	Not enough time to administer <input type="checkbox"/> 4
Participant refused <input type="checkbox"/> 2	No participant contact <input type="checkbox"/> 5
Staff Member did not administer <input type="checkbox"/> 3	Other <input type="checkbox"/> 6

Specify \_\_\_\_\_

1. Did the participant have any new or changed serious or study related AE since the last assessment? Yes ☐ 11 No ☐ 0  
(If No, end questionnaire)

- |                                 |        |    |
|---------------------------------|--------|----|
| 2. AE Term (Brief Description): | AETERM | 12 |
|---------------------------------|--------|----|

- 3a. Change in Severity of previously reported AE?  
(If No, skip to question 4)

- |                                |                             |   |    |
|--------------------------------|-----------------------------|---|----|
| 3b. If Yes, previous AE Number | QNAM=AESEVNUM               | → | 14 |
|                                | QI LABEL=PREVIOUS AE NUMBER |   |    |

4. Serious:\* IDVAR=AESEQ AESER Yes ☐ 1 <sup>15</sup>  
(If Yes, complete SAE procedures) No ☐ 0

5. Onset Date: \_\_\_\_\_ / **AESTDTC** \_\_\_\_\_ 16

6. Severity: AESEV Mild ☐ 1 <sup>17</sup>  
 Moderate ☐ 2  
 Severe ☐ 3

7. Study Related: AEREL Reasonable ☐ 1 <sup>18</sup>  
Not Reasonable ☐ 2

8. Action Taken\*: (If hospitalization, complete SAE procedures) AEACN None ☐ 1  
Stop Treatment ☐ 2  
Medical Care ☐ 3  
Hospitalization ☐ 4

Participant ID: USUBJID Study Day:               

9. Final Outcome\*: AEOUT Resolved ☐ 1 <sup>20</sup>  
*(If Resolved with Sequelae, explain in comments)* Resolved with Sequelae ☐ 2  
*(If Not Resolved, Skip to question 11)* Not Resolved ☐ 3  
*(If Death, complete SAE procedures)* Death ☐ 4  
Change in Severity ☐ 5

10. Final Outcome Date: AEENDTC           /           /                     <sup>21</sup>  
m m d d y y y y

11. Comments (100 characters Max): COVAL <sup>22</sup>

RDOMAIN=AEIDVAR=VISITNUM

12. Signature: NOT ENTERED

Date Signed: NOT ENTERED <sup>23</sup>  
          /           /                      
m m d d y y y y

**\*All Serious Adverse Events (yes response to question 4) must have a complete AE CRF, SAE Form, SAE Summary Report. Initial and date the AE Log once these steps are completed**

- Report AE/SAEs in accordance with the study protocol and local IRB requirements
- SAEs must be reported within 24 hours

Completed by (Staff ID):                      <sup>24</sup>Reviewed by (Staff ID):                      <sup>25</sup>Entered by (Staff ID):

QSCAT=JSW-FACILITATOR CHECKLIST (JSWF)

JSW-Facilitator Checklist

DOMAIN: QS

Protocol Number: NIDA - CTN - 0020 STUDYID

Node ID: _____	Phase: <u>02</u> EPOCH	1
Site ID: <u>SITEID</u>	Workshop ID: <u>QSSCAT</u>	3
Session Date: _____ / _____ / _____		5
FORM COMPLETION STATUS:		
CRF administered <input type="checkbox"/> 1	Not enough time to administer <input type="checkbox"/> 4	6
Participant refused <input type="checkbox"/> 2	No participant contact <input type="checkbox"/> 5	
Staff Member did not administer <input type="checkbox"/> 3	Other <input type="checkbox"/> 6	
Specify: _____		7

QSTESTCD

QSTEST

QSORRES/QSSTRESC

The Job Seekers Facilitator Checklist should be filled out after each Job Seekers group session.

=JSWF001 1. Session Number: Session number 1 ☐1 8  
Session number 2 ☐2  
Session number 3 ☐3

=JSWF001A 1a. Is this a make-up session? Yes ☐1 9  
No ☐0

=JSWF002 2. Number of participants: QSORRES 10

=JSWF003 3. Session Length (minutes): QSORRESU=MINUTES QSORRES 11

4. Check "Yes" for each activity listed that was conducted during today's session. Check "No" for each activity listed that was not conducted during today's session.

=JSWF004A a. First interview practice with video: QSORRES/QSSTRESC Yes ☐1 12  
No ☐0

b. Job applications: Yes ☐1 13  
No ☐0

c. Second interview practice with video: Yes ☐1 14  
No ☐0

d. Job leads: Yes ☐1 15  
No ☐0

=JSWF004E e. Telephone calls: Yes ☐1 16  
No ☐0

Workshop ID: _____	Session Date: <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>m</span><span>m</span><span>d</span><span>d</span><span>y</span><span>y</span><span>y</span><span>y</span> </div>
--------------------	--

QSTESTCD

=JSWF004F

QSTEST  
f. Third interview practice with video:

QSORRES/QSSTRESC

Yes ☐ 1 <sup>17</sup>  
No ☐ 0

g. Resume writing:

Yes ☐ 1 <sup>18</sup>  
No ☐ 0

h. Other

Yes ☐ 1 <sup>19</sup>  
No ☐ 0

Specify Other: \_\_\_\_\_ <sup>20</sup>

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=JSWF004I

Completed by (Staff ID): <span style="color: red;">QSEVAL</span> _____ <sup>21</sup>
Reviewed by (Staff ID): _____ <sup>22</sup>
Entered by (Staff ID): _____

DSCAT=STUDY TERMINATION REPORT (STR)

Study Termination Report

DOMAIN: DS,  
SUPPDS

Protocol Number: NIDA - CTN - 0020 STUDYID

Node ID: _____	Phase: <u>EPOCH</u>	1
Site ID: <u>SITEID</u>	Study Day: <u>VISITNUM</u>	3
Participant ID: <u>USUBJID</u>		5
Name Code: _____	Visit Date: _____ / <u>DSDTC</u> m m / d d y y y y	6

This form is to be filled out for each participant that leaves the study at any time (from consent through the 6-month Follow-up).

1. Date of termination from the study: \_\_\_\_\_ / DSSTDTC  
m m / d d y y y y 8

2. Did the participant terminate from the study early? No ☐ 9  
DSTERM/DSDECOD DSOCCUR Yes ☐ 1  
DSTERM/DSDECOD

3. If yes, please indicate the reason for early termination: (Please mark <b>ONLY 1</b> answer)		10
<div style="border: 1px solid red; padding: 5px; width: fit-content;"> QNAM=STR3AOT  QLABEL=REASON  FOR EARLY  TERMINATION?  IDVAR=DSSEQ </div>	Adverse Event or Serious Adverse Event <input type="checkbox"/> 1	
	Participant request (refused to continue) <input type="checkbox"/> 2	
	Lost to Follow-up <input type="checkbox"/> 3	
	Incarcerated <input type="checkbox"/> 4	
	Did not meet Inclusion/Exclusion criteria <input type="checkbox"/> 5	
	Discharged from clinic (administrative) <input type="checkbox"/> 6	
	Other (specify below) <input type="checkbox"/> 7	
Other specify: _____		11
4. If administrative discharge list date: _____ / <u>DATA NOT ENTERED</u> m m / d d y y y y		12

Completed by (Staff ID): _____	13
Reviewed by (Staff ID): _____	14
Entered by (Staff ID): _____	

## Community Job Resources Brochure Survey

DOMAIN: QS

Protocol Number: NIDA - CTN - 0020 STUDYID

Node ID: _____	Phase: _____ EPOCH	1
Site ID: _____ SITEID	Study Day: _____ VISITNUM	3
Participant ID: _____ USUBJID		5
Name Code: _____	Visit Date: _____ QSSTDTC/QSENDTC	6
FORM COMPLETION STATUS:		
CRF administered <input type="checkbox"/> 1	Not enough time to administer <input type="checkbox"/> 4	8
Participant refused <input type="checkbox"/> 2	No participant contact <input type="checkbox"/> 5	
Staff Member did not administer <input type="checkbox"/> 3	Other <input type="checkbox"/> 6	
Specify: _____		9

QSTESTCD

Thank you for Participating in our research study. We would like to ask you a few questions about opinions you may have about the Job Resources Brochure you may have picked up in this clinic. QSTEST

QSORRES/QSSTRESC

- =CJRB001 1. Do you remember receiving the Community Job Resources Brochure? Yes ☐1 10  
(If 'No' you are finished with this Questionnaire.) No ☐0
2. Did you read this brochure? Yes, I read some of it ☐1 11  
(If 'No' you are finished with this Questionnaire.) Yes, I read all of it ☐2  
No, I didn't read any of it ☐0
3. Did you use the brochure to contact or use any of the services listed? Yes ☐1 12  
(If 'No', Skip to Question #7.) No ☐0

4. What types of services did you contact or use?	Job Service Offices <input type="checkbox"/> 1 13
	Employment Training Programs <input type="checkbox"/> 2
	Libraries <input type="checkbox"/> 3
	Placement Agencies <input type="checkbox"/> 4
5. Did you contact or use any other places that were not listed in the brochure?	Yes <input type="checkbox"/> 1 14 No <input type="checkbox"/> 0
If yes, please list: _____ 15	
6. Did you get a job or an interview as a result of contacting or using any of the services listed on this brochure?	Yes <input type="checkbox"/> 1 16 No <input type="checkbox"/> 0

Participant ID: <u>USUBJID</u>	Study Day: _____
--------------------------------	------------------

QSTESTCD  
↓  
=CJRB007

QSTEST

7. How helpful was this brochure to you?

QSORRES/QSSTRESC

- Not Helpful ☐ 1 17  
 Somewhat Helpful ☐ 2  
 Helpful ☐ 3  
 Very Helpful ☐ 4  
 Extremely Helpful ☐ 5

=CJRB008

8. Is there anything you would change about  
this brochure that would make it more helpful to you?

- Yes ☐ 1 18  
 No ☐ 0

=CJRB008A

If yes, please explain:

---



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Completed by (Staff ID): No Longer Collected	20
Reviewed by (Staff ID): _____	21
Entered by (Staff ID): _____	

DSCAT=VISIT FORM (VIS)

## Visit Form

DOMAIN: DS,  
SUPPDS

Protocol Number: NIDA-CTN-0020 STUDYID

Node ID: _____	Phase: <u>      EPOCH      </u>	1
Site ID: <u>      SITEID      </u>	Study Day: <u>      VISITNUM      </u>	3
Participant ID: <u>      USUBJID      </u>		5
Name Code: _____	Visit Date: <u>      DSDTC      </u> m m / d d / y y y y	6
	Session Number: _____	8
	Session number 1 <input type="checkbox"/> 1	
	Session number 2 <input type="checkbox"/> 2	
	Session number 3 <input type="checkbox"/> 3	
	Not Applicable <input type="checkbox"/> 4	
	<u>      DSSCAT      </u>	

1. Did participant attend visit?       DSTERM             DSOCCUR       Yes ☐ 1 9  
No ☐ 0

**If NO, specify the reason(s) participant did not attend visit:**

- |   |  |
|---|--|
| 1a. Unable to contact                             | Yes <input type="checkbox"/> 1 10<br>No <input type="checkbox"/> 0 |
| 1b. Declined to continue study participation      | Yes <input type="checkbox"/> 1 11<br>No <input type="checkbox"/> 0 |
| 1c. Moved from area                               | Yes <input type="checkbox"/> 1 12<br>No <input type="checkbox"/> 0 |
| 1d. Incarceration                                 | Yes <input type="checkbox"/> 1 13<br>No <input type="checkbox"/> 0 |
| 1e. Death   | Yes <input type="checkbox"/> 1 14<br>No <input type="checkbox"/> 0 |
| 1f. Other reason<br><i>If YES, specify below.</i> | Yes <input type="checkbox"/> 1 15<br>No <input type="checkbox"/> 0 |
| 1g. Other, specify: _____                         | 16   |
- QNAM=VSOTHER  
QLABEL=OTHER REASON VISIT NOT  
ATTENDED  
IDVAR=DSSEQ

Completed by (Staff ID): \_\_\_\_\_ 17  
Reviewed by (Staff ID): \_\_\_\_\_ 18  
Entered by (Staff ID): \_\_\_\_\_



## Drug Use Screening

DOMAIN: SU

Protocol Number: NIDA-CTN-0020 STUDYID

Node ID: _____	Phase: <u>01</u> EPOCH	1
Site ID: _____ SITEID	Study Day: <u>000</u> VISITNUM	3
Participant ID: _____ USUBJID		5
Name Code: _____	Visit Date: _____ / _____ / _____ y y y y	6
FORM COMPLETION STATUS:		
CRF Administered <input type="checkbox"/> 1	Not enough time to administer <input type="checkbox"/> 4	8
Participant refused <input type="checkbox"/> 2	No participant contact <input type="checkbox"/> 5	
Staff member did not administer <input type="checkbox"/> 3	Other <input type="checkbox"/> 6	
Specify: _____		9

Start Time: \_\_\_\_\_ : \_\_\_\_\_ h h m m  
SUCAT=DRUG/ALCOHOL USE (24 hour clock)\* 10

### 5. DRUG USE

For each of the following substances, please indicate whether the substance has been used in the past 30 days. Also indicate whether the substance was ever administered by injection (IV or Non-IV).

† 1. Alcohol (any use at all)	a. Past 30 Days	SUEVLINT=-P30D Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	11
		SUOCCUR	
† 2. Alcohol (to intoxication)	a. Past 30 Days	SUEVLINT=-P30D Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	12
		SUOCCUR	
† 3. Heroin	a. Past 30 Days	SUEVLINT=-P30D Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	13
		SUOCCUR	
	b. Ever by Injection?	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	14
		SUROUTE	
† 4. Methadone/LAAM (prescribed)	a. Past 30 Days	SUEVLINT=-P30D Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	15
		SUOCCUR	
	b. Ever by Injection?	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	16
		SUROUTE	
† 5. Methadone/LAAM (illicit)	a. Past 30 Days	SUEVLINT=-P30D Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	17
		SUOCCUR	
	b. Ever by Injection?	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	18
		SUROUTE	

DOMAIN: SU

Participant : <u>      </u> <u>      </u> <u>      </u> <u>      </u>		USUBJID		SUCAT=DRUG/ALCOHOL USE		Study Day: <u>000</u>	
†6. Other Opiates/Analgesics		a. Past 30 Days		SUEVLINT=-P30D		Yes <input type="checkbox"/> 19 No <input type="checkbox"/> 0	
				SUOCCUR			
		b. Ever by Injection?				Yes <input type="checkbox"/> 20 No <input type="checkbox"/> 0	
				SUROUTE			
†7. Barbiturates		a. Past 30 Days		SUEVLINT=-P30D		Yes <input type="checkbox"/> 21 No <input type="checkbox"/> 0	
				SUOCCUR			
		b. Ever by Injection?				Yes <input type="checkbox"/> 22 No <input type="checkbox"/> 0	
				SUROUTE			
†8. Other Sedatives/Hypnotics/Tranquilizers		a. Past 30 Days		SUEVLINT=-P30D		Yes <input type="checkbox"/> 23 No <input type="checkbox"/> 0	
				SUOCCUR			
		b. Ever by Injection?				Yes <input type="checkbox"/> 24 No <input type="checkbox"/> 0	
				SUROUTE			
†9. Cocaine		a. Past 30 Days		SUEVLINT=-P30D		Yes <input type="checkbox"/> 25 No <input type="checkbox"/> 0	
				SUOCCUR			
		b. Ever by Injection?				Yes <input type="checkbox"/> 26 No <input type="checkbox"/> 0	
				SUROUTE			
†10. Amphetamines		a. Past 30 Days		SUEVLINT=-P30D		Yes <input type="checkbox"/> 27 No <input type="checkbox"/> 0	
				SUOCCUR			
		b. Ever by Injection?				Yes <input type="checkbox"/> 28 No <input type="checkbox"/> 0	
				SUROUTE			
†11. Cannabis		a. Past 30 Days		SUEVLINT=-P30D		Yes <input type="checkbox"/> 29 No <input type="checkbox"/> 0	
				SUOCCUR			
		b. Ever by Injection?				Yes <input type="checkbox"/> 30 No <input type="checkbox"/> 0	
				SUROUTE			
†12. Hallucinogens		a. Past 30 Days		SUEVLINT=-P30D		Yes <input type="checkbox"/> 31 No <input type="checkbox"/> 0	
				SUOCCUR			
		b. Ever by Injection?				Yes <input type="checkbox"/> 32 No <input type="checkbox"/> 0	
				SUROUTE			
†13. Inhalants		a. Past 30 Days		SUEVLINT=-P30D		Yes <input type="checkbox"/> 33 No <input type="checkbox"/> 0	
				SUOCCUR			
		b. Ever by Injection?				Yes <input type="checkbox"/> 34 No <input type="checkbox"/> 0	
				SUROUTE			
†14. Nicotine		a. Past 30 Days		SUEVLINT=-P30D		Yes <input type="checkbox"/> 35 No <input type="checkbox"/> 0	
				SUOCCUR			

Participant : <u>USUBJID</u>	Study Day: <u>000</u>
<u>SUTRT</u>	

†15. More than 1 substance per day (including alcohol, excluding nicotine)

a. Past 30 Days Yes ☐ 1 No ☐ 0 36

SUEVLINT=-P30D SUOCCUR

b. Ever by Injection? Yes ☐ 1 No ☐ 0 37

SUROUTE

16. According to the interviewer, which substance(s) is/are the major problem? No Problem ☐ 00 38

SUCAT=MAJOR DRUG PROBLEM SUTRT

Alcohol (any use at all) ☐ 01

Alcohol (to intoxication) ☐ 02

Heroin ☐ 03

Methadone/LAAM (prescribed) ☐ 04

Methadone/LAAM (illicit) ☐ 05

Other Opiates/Analgesics ☐ 06

Barbiturates ☐ 07

Other Sedatives/Hypnotics/Tranquilizers ☐ 08

Cocaine ☐ 09

Amphetamines ☐ 10

Cannabis ☐ 11

Hallucinogens ☐ 12

Inhalants ☐ 13

Alcohol and one or more drugs ☐ 15

More than one drug No alcohol ☐ 16

*Interviewer should determine major drug or drugs of abuse (excluding Nicotine use). Code the number next to the drug in Questions 01-13. "00"=no problem, "15"=alcohol & one or more drugs, "16"=more than one drug but no alcohol. Ask participant when not clear.*

QNAM=TRTYRS,TRTMOS,TRTWKS  
QLABEL=LENGTH OF TREATMENT EPISODE: YEARS (MONTHS OR WEEKS)  
IDVAR=VISITNUM

§ 17. How long have you been in this treatment episode? Years:                39

QNAM=METHYRS,METHMOS,METHWKS  
QLABEL=LENGTH ON METHADONE EPISODE: YEARS (MONTHS OR WEEKS)  
IDVAR=VISITNUM

Months:                40

Weeks:                41

§ 18. How long have you been continuously on methadone? Years:                42

Months:                43

Weeks:                44

- CURRENTLY on prescribed methadone: code years, months and weeks.
  - NOT CURRENTLY on prescribed methadone but has been on it in the past: code as 00 years, 00 months, 0 weeks.
  - NEVER used prescribed methadone: code as -3 years, -3 months, -3 weeks.
- (See coding instructions for further explanation)

#### Stop Time:

\*If time spent completing form was not continuous, adjust stop time to account for any breaks.

:                     45

h h m m

(24 hour clock)\*

Completed by (Staff ID):                      46

Reviewed by (Staff ID):                      47

Entered by (Staff ID):

**NO DATA IN DATABASE**  
**Serious Adverse Event Form**

Protocol Number	NIDA-CTN-0020	Visit Date	____ / ____ / ____
Node	____	Study Day	____
Site	_____	Phase	_____
Name Code	_____	SAE NUM	_____
ID	_____	Completed By:	_____

This form is for reporting serious adverse events and/or treatment withdrawal due to a serious adverse event for the Job Seekers protocol (a behavioral study intervention).

FAX SAE FORM AND AE CRF TO THE APPLICABLE PEOPLE LISTED IN THE OPERATIONS MANUAL (OR ON THE AE CONTACTS SHEET FOR YOUR SITE, IF APPLICABLE) WITHIN **24 HOURS** OF INITIAL NOTIFICATION OF THE SERIOUS ADVERSE EVENT!!!

☐ Required AE CRF page is attached.

**General Information**

1. Type of report

- ☐ Initial Report
- ☐ Follow-up Report

2. Treatment group

- ☐ Job Seekers Workshop
- ☐ Standard Care

3. Race/Ethnicity

- ☐ Caucasian
- ☐ African American
- ☐ Hispanic/Latino
- ☐ Asian
- ☐ Native Hawaiian or Pacific Islander
- ☐ Native American or Native Alaskan
- ☐ Other \_\_\_\_\_

4. Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
                          m    m    d    d    y    y    y    y

5. Sex:

- ☐ Male
- ☐ Female

NO DATA IN DATABASE

**Serious Adverse Event Form**

Participant ID: \_\_\_\_\_ Node: \_\_\_\_\_ SAE NUM: \_\_\_\_\_

**SAE Details**

6. Weight : \_\_\_\_\_ ☐ Kilograms ☐ Pounds

7. AE Term(s) (diagnosis, if possible)

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8. Determination of Serious Event (select only one):

- ☐ Death
- ☐ Life-threatening
- ☐ Required inpatient or prolonged hospitalization
- ☐ Resulted in persistent or significant disability/incapacity
- ☐ Congenital anomaly/birth defect
- ☐ Required intervention to prevent any of the above

9. Onset Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

10. Onset Time: \_\_\_\_\_ : \_\_\_\_\_

11. Description of the Adverse Event:

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NO DATA IN DATABASE

**Serious Adverse Event Form**

Participant ID: \_\_\_\_\_

Node: \_\_\_\_\_

SAE NUM: \_\_\_\_\_

**Medical/Psychiatric History**

12. Has the participant experienced any of the following behaviors? (Select all that apply)

- ☐ Psychotic episodes
- ☐ Homicidal ideation
- ☐ Homicidal/violent behavior
- ☐ Suicidal gesture
- ☐ Suicidal ideation
- ☐ Taking anti-depressants
- ☐ Taking other psychiatric meds (e.g. anti-anxiety)
- ☐ Taking other meds for physical problems (e.g. hypertension, diabetes, HIV, etc.)
- ☐ Taking Neuroleptic Medications
- ☐ Other relevant history including pre-existing medical and psychiatric conditions

If yes, specify \_\_\_\_\_

**Concomitant Medications**

13. ☐ There are NO prior/concomitant medications to report.

14. What type of medication report is this?

- ☐ Prior Medication
- ☐ Concomitant Medication (Please record details in question 11.)

**Substance Use**

15. Is there an increase in drug use?

- ☐ Yes
- ☐ No

16. Is there an increase in alcohol use?

- ☐ Yes
- ☐ No

17. Describe the drug/alcohol use: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NO DATA IN DATABASE**  
**Serious Adverse Event Form**

Participant ID: _____	Node: _____	SAE NUM: _____
-----------------------	-------------	----------------

18. Describe the amount/days of drug/alcohol use: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Assessment**

19. Severity:

- ☐ Mild (1)
- ☐ Moderate (2)
- ☐ Severe (3)

20. Expected/Unexpected:

- ☐ Expected (1)
- ☐ Unexpected (2)
- ☐ Unknown (3)

21. Relation to Study Intervention:

- ☐ Reasonable (1)
- ☐ Not Reasonable (2)
- ☐ Unknown (3)

22. Outcome at time of report (only check one):

- ☐ Resolved
- ☐ Resolved with sequelae
- ☐ Unresolved
- ☐ Patient died

a. Date of death: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

b. Was an autopsy performed?

- ☐ Yes
- ☐ No

c. Probable cause of death: \_\_\_\_\_

\_\_\_\_\_

**NO DATA IN DATABASE**  
**Serious Adverse Event Form**

Participant ID: ____	Node: ____	SAE NUM: ____
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**Information source**

CTP PI/Physician name: \_\_\_\_\_

CTP PI/Physician Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date Investigator notified of event: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Person completing form: \_\_\_\_\_

Phone # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Fax # \_\_\_\_ - \_\_\_\_ - \_\_\_\_



QSCAT=CLINIC EMPLOYMENT SURVEY (CES)

Clinic Employment Survey

Protocol Number: NIDA - CTN - 0020

STUDYID

DOMAIN: QS

**For office use only**

Please place label here

Today's Date: \_m/\_m/\_d/\_d/\_y/\_y/\_y/\_y

QSTESTStudy Month: \_\_

QSTESTCD

QSORRES/QSSTRESC

1. What is your gender?

=CES001

- ☐ Male  
☐ Female

2. What is your race/ethnicity? *Check all that apply*

=CES002A  
through  
CES002F

- |  |   |
|--|---|
| <input type="checkbox"/> African American                  | <input type="checkbox"/> White                  |
| <input type="checkbox"/> Hispanic                          | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Native American or Alaskan Native | <input type="checkbox"/> Other (specify below)  |

=CES002G

If other, please specify: QSORRES

=CES003 3. What is your age? QSORRES

=CES004 4. What drug are you in substance abuse treatment for? *(Select one)*

QSORRES/QSSTRESC

- |   |   |
|---|---|
| <input type="checkbox"/> Opiates (e.g., Heroin) | <input type="checkbox"/> Stimulants (e.g. cocaine, methamphetamine) |
| <input type="checkbox"/> Alcohol                | <input type="checkbox"/> Sedatives (e.g. Benzodiazepines)           |
| <input type="checkbox"/> Marijuana              | <input type="checkbox"/> Other (specify below)                      |

If other, please specify: \_\_\_\_\_

QSTESTCD

QSTEST

5. How long have you been involved in substance abuse treatment at this clinic?

QSORRES/QSSTRESC

=CES005

- ☐ 0 to 6 months  
☐ 7 to 12 months  
☐ more than one year

6. Have you worked at all in the past 5 years?

QSEVLINT=-P5Y

- ☐ Yes  
☐ No

7. Are you currently working?

- ☐ Yes (continue to question 8)  
☐ No (skip to question 12)

- =CES008 8. How many hours per week do you typically work? QSORRES

QSORRESU=HOURS

QSORRESU=YEARS QSORRESU=MONTHS

- =CES009A 9. How long have you been working at this job? \_\_\_\_\_ years \_\_\_\_\_ months

=CES009B

- =CES010 10. What type of job is this? QSORRES

QSORRES/QSSTRESC

11. Do you currently have a full time job?

- ☐ Yes (STOP here. Thank you for completing this survey.)  
☐ No (continue to question 12)

12. Are you interested in finding a job, or finding a different job than the one you have?

- ☐ Yes (Continue to question 13)  
☐ No (STOP here. Thank you for completing this survey.)

- =CES013 13. If Yes, would you like to take skills training classes here at the clinic, if offered, that will teach you how to succeed in getting job offers?

- ☐ Yes (STOP here. Thank you for completing this survey.)  
☐ No (STOP here. Thank you for completing this survey.)

**For staff use only**

Reviewed by (Staff ID): \_\_\_\_\_

Entered by (Staff ID): \_\_\_\_\_