CTN0021

DOMAIN: BR

NIDA - CTN

STUDYID

Alcohol Breathalyzer Result Form

EPOCH VISIT/VISITNUM

Protocol Number | Node Number | Site Number | USUBJID | Participant Number | Week | Day of Week | Phase | Visit Sequence

__ / __ / __ BRDTC

Visit Date

Source Document Language:
O English O Spanish
O English and Spanish

Rater Number

Form Completion Status:
O Form Completed as Required (Any data collected)
O Responsible Person did not Complete
O Participant did not Attend Visit
O Participant Refused
O Not Enough Time at the Visit
O Other(specify:_____)

BRTEST

1. Was Alcohol Breathalyzer Performed? BRORRES O No O Yes O Unknown

BRSEQ

2. Date Alcohol Breathalyzer Performed: __ / __ / __

Visit Date

3. Alcohol Breathalyzer Result: __ . ___ mg/ml

BRORRESU = MG/ML

Comments:

This data not entered

Created: CTN Spanish MET ABR021 10/28/02 MAG Modified: 4/21/03 MAG Version: v09

DOMAIN: QS

NIDA - CTN STUDYID

QSCAT=**Cuestionario de Actitudes y Expectativas**

Attitudes and Expectations Questionnaire

EPOCH VISIT/VISITNUM

Protocol Number | Node Number | Site Number | USUBJID | Participant Number | Week | Day of Week | Phase | Visit Sequence

Visit Date ___ / ___ / ___ QSDTC

Source Document Language: O English O Spanish O English and Spanish

QSEVAL Rater Number

Form Completion Status: O Form Completed as Required (Any data collected) O Participant Refused O Responsible Person did not Complete O Not Enough Time at the Visit O Participant did not Attend Visit O Other (specify: _____)

1. La gente escoge entrar en (empezar) tratamiento por diferentes razones. ¿Cuál de las siguientes razones lo /la trajo a usted a este tratamiento? QSTEST/QSTESTCD

People choose to enter treatment for different reasons. Which of the following reasons brought you to treatment?

	No *(No)*	Sí *(Yes)*
a. Otra persona me lo pidió *(Another person asked me to)*	0 O	1 O
b. Razones de salud médica *(Medical health reasons)*	0 O	1 O
c. Razones de trabajo *(Job reasons)*	0 O	1 O
d. Razones de dinero *(Money reasons)*	0 O	1 O
e. Razones legales *(Leagal reasons)*	0 O	1 O
f. Razones de familia *(Family reasons)*	0 O	1 O
g. Razones sociales (amistades) *(Social reasons (friends))*	0 O	1 O
h. Razones emocionales *(Emotional reasons)*	0 O	1 O
i. Otras razones *(other reasons)* (haga una lista aquí) *(list here)* _____	0 O	1 O

QSORRES

2. ¿Qué droga lo trajo a este tratamiento? THIS DATA NOT ENTERED

Which drug did you come into treatment for?

3. ¿Cuál es su meta de tratamiento en lo que concierne el uso de esa droga?

What is your treatment goal concerning use of that drug?

1 O Parar (dejar) de usar *(Stop using)*
2 O Usar una vez por mes *(Use 1 time per month)*
3 O Usar una vez por semana *(Use 1 time per week)*
4 O Parar (dejar) de usar por un tiempo y volver a usar *(Stop using for awhile and then go back to use)*

4. ¿Cree usted que va a reducir o parar (dejar) su uso de droga como resultado de este tratamiento?

Do you think you will reduce or stop your drug se as a result of this treatment?

1 O Pienso que voy a seguir usando *(I think I will still use)*
2 O Pienso que pueda parar (dejar de usar) *(I think I might stop)*
3 O Probablemente voy a parar (dejar de usar) *(I probably will stop)*
4 O Estoy seguro(a) que voy a parar (dejar de usar) *(I am sure I will stop)*

Ahora quisiéramos saber cuales son las cosas que usted siente le ayudarían más en su tratamiento. Por favor indique que tanto cree usted que le ayudarían cada una de las siguientes:

Now we would like to know what things you feel would be most helpful to you in your treatment. Please indicate how helpful you believe each of the following would be for you:

5. Hablando de las cosas que me pasaron a mí cuando estaba creciendo.

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

0 O Nada en lo absoluto *(Not at all)*
1 O Ayudaría un poco *(Slightly helpful)*
2 O Ayudaría algo *(Somewhat helpful)*
3 O Ayudaría moderadamente *(Moderately helpful)*
4 O Ayudaría *(Helpful)*
5 O Ayudaría mucho *(Very helpful)*
6 O Ayudaría extremadamente *(Extremely helpful)*

Created: CTN Spanish MET AEQ021 10/28/02 MAG Modified: 7/31/03 MAG Version: v10

DOMAIN: QS

USUBJID

Protocol Number | Node Number | Site Number | Participant Number | Week | Day of Week | Phase | Visit Sequence

Visit Date (QSDTC)

Rater Number (QSEVAL)

QSTEST/QSTESTCD

6. Aprendiendo habilidades (técnicas) que me ayudarán a enfrentar (lidiar con) mis problemas.
Learning skills that will help me cope with my problems.

QSORRES

0 O Nada en lo absoluto *(Not at all)*
1 O Ayudaría un poco *(Slightly helpful)*
2 O Ayudaría algo *(Somewhat helpful)*
3 O Ayudaría moderadamente *(Moderately helpful)*
4 O Ayudaría *(Helpful)*
5 O Ayudaría mucho *(Very helpful)*
6 O Ayudaría extremadamente *(Extremely helpful)*

7. Aprendiendo a lidiar (tratar) con mis conflictos de familia.
Learning how to deal with my family conflicts.

0 O Nada en lo absoluto *(Not at all)*
1 O Ayudaría un poco *(Slightly helpful)*
2 O Ayudaría algo *(Somewhat helpful)*
3 O Ayudaría moderadamente *(Moderately helpful)*
4 O Ayudaría *(Helpful)*
5 O Ayudaría mucho *(Very helpful)*
6 O Ayudaría extremadamente *(Extremely helpful)*

8. Aprendiendo más sobre los efectos de las drogas /alcohol en mi cuerpo y mi mente.
Learning more about the effects of drugs/alcohol on my body and mind.

0 O Nada en lo absoluto *(Not at all)*
1 O Ayudaría un poco *(Slightly helpful)*
2 O Ayudaría algo *(Somewhat helpful)*
3 O Ayudaría moderadamente *(Moderately helpful)*
4 O Ayudaría *(Helpful)*
5 O Ayudaría mucho *(Very helpful)*
6 O Ayudaría extremadamente *(Extremely helpful)*

9. Enseñándole a mi familia sobre como ayudarme para que deje de usar.
Teaching my family about how to help me stop using.

0 O Nada en lo absoluto *(Not at all)*
1 O Ayudaría un poco *(Slightly helpful)*
2 O Ayudaría algo *(Somewhat helpful)*
3 O Ayudaría moderadamente *(Moderately helpful)*
4 O Ayudaría *(Helpful)*
5 O Ayudaría mucho *(Very helpful)*
6 O Ayudaría extremadamente *(Extremely helpful)*

10. Asistiendo a reuniones de AA (Alcohólicos Anónimos), CA (Cocaina Anónimos), NA (Narcóticos Anónimos).
Going to AA, CA, NA meetings.

0 O Nada en lo absoluto *(Not at all)*
1 O Ayudaría un poco *(Slightly helpful)*
2 O Ayudaría algo *(Somewhat helpful)*
3 O Ayudaría moderadamente *(Moderately helpful)*
4 O Ayudaría *(Helpful)*
5 O Ayudaría mucho *(Very helpful)*
6 O Ayudaría extremadamente *(Extremely helpful)*

Protocol Number	Node Number	Site Number	Participant Number	Week	Day of Week	Phase	Visit Sequence
			USUBJID				

Visit Date: ___ / ___ / ___ QSDTC

Rater Number: QSEVAL

QSTEST/QSTESTCD

11. Vigilando mi uso de droga por medio de pruebas de orina.
Monitoring of my drug use through urine testing.

0 O Nada en lo absoluto *(Not at all)*
1 O Ayudaría un poco *(Slightly helpful)*
2 O Ayudaría algo *(Somewhat helpful)*
3 O Ayudaría moderadamente *(Moderately helpful)* QSORRES
4 O Ayudaría *(Helpful)*
5 O Ayudaría mucho *(Very helpful)*
6 O Ayudaría extremadamente *(Extremely helpful)*

12. Aprendiendo habilidades (técnicas) de como lidiar con situaciones que me puedan hacer caer en la tentación de usar drogas /alcohol.
Learning skills on how to deal with situations that tempt me to use drugs/alcohol.

0 O Nada en lo absoluto *(Not at all)*
1 O Ayudaría un poco *(Slightly helpful)*
2 O Ayudaría algo *(Somewhat helpful)*
3 O Ayudaría moderadamente *(Moderately helpful)*
4 O Ayudaría *(Helpful)*
5 O Ayudaría mucho *(Very helpful)*
6 O Ayudaría extremadamente *(Extremely helpful)*

13. Ser capaz de llamar a amistades sobrias cuando necesito ayuda.
Being able to call sober friends when I need help.

0 O Nada en lo absoluto *(Not at all)*
1 O Ayudaría un poco *(Slightly helpful)*
2 O Ayudaría algo *(Somewhat helpful)*
3 O Ayudaría moderadamente *(Moderately helpful)*
4 O Ayudaría *(Helpful)*
5 O Ayudaría mucho *(Very helpful)*
6 O Ayudaría extremadamente *(Extremely helpful)*

14. Tratamiento para problemas emocionales como depresión o ansiedad.
Treatment for emotional problems like depression or anxiety.

0 O Nada en lo absoluto *(Not at all)*
1 O Ayudaría un poco *(Slightly helpful)*
2 O Ayudaría algo *(Somewhat helpful)*
3 O Ayudaría moderadamente *(Moderately helpful)*
4 O Ayudaría *(Helpful)*
5 O Ayudaría mucho *(Very helpful)*
6 O Ayudaría extremadamente *(Extremely helpful)*

15. El solo estar en tratamiento.
Just being in treatment.

0 O Nada en lo absoluto *(Not at all)*
1 O Ayudaría un poco *(Slightly helpful)*
2 O Ayudaría algo *(Somewhat helpful)*
3 O Ayudaría moderadamente *(Moderately helpful)*
4 O Ayudaría *(Helpful)*
5 O Ayudaría mucho *(Very helpful)*
6 O Ayudaría extremadamente *(Extremely helpful)*

Protocol Number | Node Number | Site Number | USUBJID | Participant Number | Week | Day of Week | Phase | Visit Sequence

Visit Date: / / QSDTC

QSEVAL
Rater Number

16. Ayudándome a llevarme mejor con la gente que es importante para mí y mejorando mi vida social.
Helping me get along better with the people who are important to me and improving my social life.

QSTEST/QSTESTCD

QSORRES

0 O Nada en lo absoluto *(Not at all)*
1 O Ayudaría un poco *(Slightly helpful)*
2 O Ayudaría algo *(Somewhat helpful)*
3 O Ayudaría moderadamente *(Moderately helpful)*
4 O Ayudaría *(Helpful)*
5 O Ayudaría mucho *(Very helpful)*
6 O Ayudaría extremadamente *(Extremely helpful)*

Algunas personas tienen ideas muy claras sobre el tipo de consejero que pudiera ayudarles con su problema. Quisiéramos saber como se siente usted sobre las siguientes cosas.
Some people have strong ideas of the type of counselor that would be able to help them with their problem. We would like to know how you feel about these following things.

17. ¿Qué tan importante es para usted que su consejero le ofrezca apoyo?
How important is it to you that your counselor is supportive?

0 O Nada en lo absoluto *(Not at all)*
1 O Un poco importante *(Slightly Important)*
2 O Algo importante *(Somewhat Important)*
3 O Moderadamente importante *(Moderately Important)*
4 O Importante *(Important)*
5 O Muy importante *(Very Important)*
6 O Extremadamente importante *(Extremely Important)*

18. ¿Qué tan importante es para usted que su consejero sea una persona desprendida (distante)?
How important is it to you that your counselor is detached?

0 O Nada en lo absoluto *(Not at all)*
1 O Un poco importante *(Slightly Important)*
2 O Algo importante *(Somewhat Important)*
3 O Moderadamente importante *(Moderately Important)*
4 O Importante *(Important)*
5 O Muy importante *(Very Important)*
6 O Extremadamente importante *(Extremely Important)*

19. ¿Qué tan importante es para usted que su consejero sea una persona lógica?
How important is it to you that couselor is logical?

0 O Nada en lo absoluto *(Not at all)*
1 O Un poco importante *(Slightly Important)*
2 O Algo importante *(Somewhat Important)*
3 O Moderadamente importante *(Moderately Important)*
4 O Importante *(Important)*
5 O Muy importante *(Very Important)*
6 O Extremadamente importante *(Extremely Important)*

20. ¿Qué tan importante es para usted que su consejero sea sensible?
How important is it to you that your counselor is sensitive?

0 O Nada en lo absoluto *(Not at all)*
1 O Un poco importante *(Slightly Important)*
2 O Algo importante *(Somewhat Important)*
3 O Moderadamente importante *(Moderately Important)*
4 O Importante *(Important)*
5 O Muy importante *(Very Important)*
6 O Extremadamente importante *(Extremely Important)*

Protocol Number	Node Number	Site Number	Participant Number	Week	Day of Week	Phase	Visit Sequence
			USUBJID				

Visit Date: ___ / ___ / ___ QSDTC

Rater Number: QSEVAL

21. ¿Qué tan importante es para usted que su consejero le de consejos?
How important is it to you that your counselor gives you advice?
QSTEST/QSTESTCD

QSORRES
- 0 O Nada en lo absoluto *(Not at all)*
- 1 O Un poco importante *(Slightly Important)*
- 2 O Algo importante *(Somewhat Important)*
- 3 O Moderadamente importante *(Moderately Important)*
- 4 O Importante *(Important)*
- 5 O Muy importante *(Very Important)*
- 6 O Extremadamente importante *(Extremely Important)*

22. ¿Qué tan importante es para usted que su consejero solo (solamente) lo /la escuche?
How important is it to you that your counselor just listens to you?
- 0 O Nada en lo absoluto *(Not at all)*
- 1 O Un poco importante *(Slightly Important)*
- 2 O Algo importante *(Somewhat Important)*
- 3 O Moderadamente importante *(Moderately Important)*
- 4 O Importante *(Important)*
- 5 O Muy importante *(Very Important)*
- 6 O Extremadamente importante *(Extremely Important)*

23. ¿Qué tan importante es para usted que su consejero tenga una formación /historial como la suya?
How important is it to you that your counselor has a background like yours?
- 0 O Nada en lo absoluto *(Not at all)*
- 1 O Un poco importante *(Slightly Important)*
- 2 O Algo importante *(Somewhat Important)*
- 3 O Moderadamente importante *(Moderately Important)*
- 4 O Importante *(Important)*
- 5 O Muy importante *(Very Important)*
- 6 O Extremadamente importante *(Extremely Important)*

24. ¿Qué tan importante es para usted que su consejero pueda criticarlo(a) a usted?
How important is it to you that your counselor is critical of you?
- 0 O Nada en lo absoluto *(Not at all)*
- 1 O Un poco importante *(Slightly Important)*
- 2 O Algo importante *(Somewhat Important)*
- 3 O Moderadamente importante *(Moderately Important)*
- 4 O Importante *(Important)*
- 5 O Muy importante *(Very Important)*
- 6 O Extremadamente importante *(Extremely Important)*

25. ¿Qué tan importante es para usted que su consejero le alivie cualquier culpa que usted tenga sobre el uso de droga /alcohol?
How important is it to you that your counselor relieves any guilt you have about drug/alcohol use?
- 0 O Nada en lo absoluto *(Not at all)*
- 1 O Un poco importante *(Slightly Important)*
- 2 O Algo importante *(Somewhat Important)*
- 3 O Moderadamente importante *(Moderately Important)*
- 4 O Importante *(Important)*
- 5 O Muy importante *(Very Important)*
- 6 O Extremadamente importante *(Extremely Important)*

DOMAIN: QS

Protocol Number	Node Number	Site Number	Participant Number	Week	Day of Week	Phase	Visit Sequence
			USUBJID				

Visit Date: ___ / ___ / ___ QSDTC

Rater Number: QSEVAL

Algunas personas se sienten mas cómodas con personas que son "como ellos mismos." Quisiéramos saber como se siente usted sobre las siguientes cosas.
Some people are more comfortable talking with people who are "like they are". We would like to know how you feel about these following things.

26. ¿Qué tan importante es para usted que su consejero sea del mismo género /sexo? QSTEST/QSTESTCD
How important is it that your counselor is the same gender?

0 O Nada en lo absoluto *(Not at all)*
1 O Un poco importante *(Slightly Important)* QSORRES
2 O Algo importante *(Somewhat Important)*
3 O Moderadamente importante *(Moderately Important)*
4 O Importante *(Important)*
5 O Muy importante *(Very Important)*
6 O Extremadamente importante *(Extremely Important)*

27. ¿Qué tan importante es para usted que su consejero sea de la misma raza?
How important is it that your counselor is the same race?

0 O Nada en lo absoluto *(Not at all)*
1 O Un poco importante *(Slightly Important)*
2 O Algo importante *(Somewhat Important)*
3 O Moderadamente importante *(Moderately Important)*
4 O Importante *(Important)*
5 O Muy importante *(Very Important)*
6 O Extremadamente importante *(Extremely Important)*

28. ¿Qué tan importante es para usted que su consejero sea de la misma orientación sexual?
How important is it that your counselor is of the same sexual orientation?

0 O Nada en lo absoluto *(Not at all)*
1 O Un poco importante *(Slightly Important)*
2 O Algo importante *(Somewhat Important)*
3 O Moderadamente importante *(Moderately Important)*
4 O Importante *(Important)*
5 O Muy importante *(Very Important)*
6 O Extremadamente importante *(Extremely Important)*

29. ¿Qué tan importante es para usted que su consejero entienda su situación familiar?
How important is it that your counselor understands your family situation?

0 O Nada en lo absoluto *(Not at all)*
1 O Un poco importante *(Slightly Important)*
2 O Algo importante *(Somewhat Important)*
3 O Moderadamente importante *(Moderately Important)*
4 O Importante *(Important)*
5 O Muy importante *(Very Important)*
6 O Extremadamente importante *(Extremely Important)*

30. ¿Qué tan importante es para usted que su consejero entienda su cultura?
How important is it that your counselor understands your culture?

0 O Nada en lo absoluto *(Not at all)*
1 O Un poco importante *(Slightly Important)*
2 O Algo importante *(Somewhat Important)*
3 O Moderadamente importante *(Moderately Important)*
4 O Importante *(Important)*
5 O Muy importante *(Very Important)*
6 O Extremadamente importante *(Extremely Important)*

DOMAIN: QS

QSCAT=ADDICTION SEVERITY INDEX FOR FOLLOW-UP

NIDA - CTN **INDICE DE GRAVEDAD DE LA ADICCION para Seguimiento**

(Addiction Severity Index for Follow-up)

STUDYID EPOCH

Protocol Number	Node Number	Site Number	Participant Number (USUBJID)	Week	Day of Week	Phase	Visit Sequence (VISITNUM)

Visit Date: ___ / ___ / ___ (QSDTC)

Source Document Language: O English O Spanish O English and Spanish

Rater Number (QSEVAL): _____

Form Completion Status: O Any Data Collected O Participant Refused O Responsible Person did not Complete O Not Enough Time at the Visit O Participant did not Attend Visit O Other (specify: _____)

INFORMACION GENERAL

QSSCAT= *(GENERAL INFORMATION)*

**Nota: Todas las preguntas se refieren a los últimos 30 dias. *(*Note: All questions refer to the past 30 days)*

QSTEST

G19. ¿Ha estado fuera de su domicilio (casa) en los pasados 30 días, en una situación controlada?

(Have you been in a controlled environment in the past 30 days?)

QSORRES

1 O No *(No)*
2 O Cárcel *(Jail)*
3 O Tratamiento por alcohol o drogas *(Alcohol or Drug Treatment)*
4 O Tratamiento médico *(Medical Treatment)*
5 O Tratamiento psiquiátrico *(Psychiatric Treatment)*
6 O Otros *(Other)*

_____ THIS DATA NOT ENTERED

G20. ¿Cuántos días? *(How many days?)* ___ QSORRESU='DAY'

QSEVLNT=-P30D

Comentarios *(Comments)*

THIS DATA NOT ENTERED

* Asterisks means to ask questions so that the answer reflects the cumulation of experiences since the previous interview.

Created: CTN Spanish MET ASIF021 03/13/03 MAG Modified: 5/09/03 MAG Version: v04

INDICE DE GRAVEDAD DE LA ADICCION para Seguimiento

(Addiction Severity Index for Follow-up)

STUDYID | USUBJID | EPOCH | VISITNUM

Protocol Number | Node Number | Site Number | Participant Number | Week | Day of Week | Phase | Visit Sequence

/ / QSDTC

Visit Date

QSEVAL

Rater Number

ESTADO MÉDICO GENERAL

(MEDICAL STATUS)

QSSCAT= QSEVLNT=-P30D

**Nota: Todas las preguntas se refieren a los últimos 30 dias. *(*Note: All questions refer to the past 30 days)* QSORRES

QSTEST

*M1. ¿Cuántas veces en los últimos 30 dias ha estado hospitalizado por problemas médicos? (Incluir sobredosis y delirium tremens. Excluir desintoxicaciones o trat. psiquiátrico). QSORRESU='DAY'

(How many times in the past 30 days have you been hospitalized for medical problems? (Include o.d.'s, d.t.'s, exclude detox.))

M4. ¿Está tomando regularmente alguna medicación recetada para algún problema orgánico (físico)?

(Are you taking any prescribed medication on a regular basis for a physical problem?)

0 O No *(No)*
1 O Sí *(Yes)*

M5. ¿Recibe alguna pensión por discapacidad (incapacidad) física (incapacidad laboral)? (Excluir discapacidad psiquiátrica).

(Do you receive a pension for a physical disability? (Exclude psychiatric disability.))

0 O No *(No)*
1 O Sí *(Yes)*

Especificar *(Specify)*

THIS DATA NOT ENTERED

M6. ¿En los últimos 30 días, durante cuántos días ha experimentado Ud. problemas médicos? QSORRESU='DAY'

(How many days have you experienced medical problems in the past 30 days?)

Para las preguntas 7 y 8, preséntele al entrevistado la Escala de Valoración del paciente.

(For questions 7& 8, please ask patient to use the Patient's Rating Scale.)

M7. ¿Cuánto le han preocupado o molestado, en los últimos 30 días, estos problemas médicos que ha tenido?

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

O 0 O 1 O 2 O 3 O 4

M8. ¿Qué importancia tiene, ahora, para Ud. recibir tratamiento para estos problemas médicos?

(How important to you now is treatment for these medical problems?)

O 0 O 1 O 2 O 3 O 4

Comentarios
(Comments)

THIS DATA NOT ENTERED

VALORACIÓN DE LA VERACIDAD: Valorar si la información anterior está significativamente distorsionada por:

(Confidence Ratings: Is the above information significantly distorted by:)

M10. ¿Falsedad por parte del paciente?

(Patient's misrepresentation?)

0 O No *(No)*
1 O Sí *(Yes)*

M11. ¿Incapacidad de comprensión del paciente?

(Patient's inability to understand?)

0 O No *(No)*
1 O Sí *(Yes)*

INDICE DE GRAVEDAD DE LA ADICCION para Seguimiento

(Addiction Severity Index for Follow-up)

STUDYID

EPOCH

Protocol Number	Node Number	Site Number	Participant Number	Week	Day of Week	Phase	Visit Sequence
			USUBJID				VISITNUM

/ / QSDTC

Visit Date

QSEVAL

Rater Number

EMPLEO / APOYO

(Employment/Support Status)

QSSCAT=

QSORRES

*E1. Educación básica recibida (GED = 12 años)

QSTEST *(Education completed (GED=12 years))*

QSORRESU='YEAR' Años (Years)

QSORRESU='MONTH' Meces (Months)

*E2. Formación o Educación técnica recibida.

(Training or technical education completed)

Meces (Months)

E4. ¿Tiene Ud. carnet (licencia) de conducir válido(a)?

(Do you have a valid driver's license?)

0 O No *(No)*
1 O Sí *(Yes)*

E5. ¿Tiene Ud. un automóvil disponible para su uso? (Contestar NO en caso de que no posea carnet de conducir válido)

(Do you have an automobile available for use? (Answer 'No' if no valid driver's license.))

0 O No *(No)*
1 O Sí *(Yes)*

E6. ¿Cuánto tiempo ha durado su empleo (trabajo) a tiempo completo más prolongado (largo)? Tiempo completo = 35+ horas semanales; no quiere decir necesariamente su empleo mas reciente.

(How long was your longest full time job? Full time= 35+ hours weekly; does not necessarily mean most recent job.)

QSORRESU='YEAR' Años (Years)

QSORRESU='MONTH' Meces (Months)

Comentarios *(Comments)*

THIS DATA NOT ENTERED

*E7A. Ocupación usual (o última).

(Usual (or last) occupation))

1 O Profesional/Ejecutiva *(Major Professional/Executive)*
2 O Manager/Enfermera/Farmeceuta/Maestro(a) *(Manager/Nurse/Pharmacist/Teacher)*
3 O Administrador/Dueño de pequeño negocio *(Administrator/Small Business Owner)*
4 O Oficinista/Vendedor/Técnico *(Clerical/Sales/Technicians)*
5 O Laborador Manual/Electricista *(Skilled Manual/Electrician)*
6 O Ayudante/Conductor/Mesero(a) *(Semi-Skilled/Aide/Driver/Waiter)*
7 O Desempleado (*UnskilledUnemployed)*
8 O Ama de casa *(Homemaker)*
9 O Estudiante/no ocupación/deshabilitado *(Student/No occupation/Disabled)*

E7B. Por favor, especifique su usual (o última). ocupación

(Please specify your usual (or last) occupation.)

English

THIS DATA NOT ENTERED

Spanish

E9. ¿Contribuye alguien, de alguna manera, en su sustento o mantenimiento?

(Does someone contribute the majority of your support?)

0 O No *(No)*
1 O Sí *(Yes)*

QSORRESU='DAY'

E11. ¿Cuántos días, de los últimos 30, le han pagado a Ud. por su trabajo? (Incluya trabajo no declarado legalmente).

(How many days were you paid for working in the past 30 days? (Include "under the table" work))

QSEVLNT=-P30D

DOMAIN: QS

QSCAT=ADDICTION SEVERITY INDEX FOR FOLLOW-UP

INDICE DE GRAVEDAD DE LA ADICCION para Seguimiento

(Addiction Severity Index for Follow-up)

STUDYID

EPOCH

USUBJID

VISITNUM

Protocol Number | Node Number | Site Number | Participant Number | Week | Day of Week | Phase | Visit Sequence

/ / QSDTC

Visit Date

QSEVLNT=-P30D

QSEVAL

Rater Number

EMPLEO / APOYO

QSSCAT=*(Employment/Support Status)* QSTEST/QSTESTCD

En los últimos 30 días, ¿cuánto dinero recibió de las siguientes fuentes? *(How much money did you receive from the following sources in the past 30 days?)*

QSORRES

E12. Empleo (s).- Salario neto $
(Employment (net income))

E13. Prestación (compensación) por desempleo $
(Unemployment Compensation)

E14. Asistencia Social (Welfare) $
(Welfare)

E15. Pensión, beneficiencia o seguro social $
(Pension, benefits or social security)

E16. Pareja, familia o amigos.(Dinero para gastos personales) $
(Mate, family or friends (Money for personal expenses))

QSORRESU='DOLLARS'

E17. Ilegal $
(Illegal)

E18. ¿Cuántas personas dependen de Ud. en cuanto vivienda, alimentación, etc.?
(How many people depend on you for the majority of their food, shelter, etc.?))

E19. ¿Cuántos días durante los últimos 30 días, ha tenido problemas con su trabajo?
(How many days have you experienced employment problems in the past 30 days?)

QSORRESU='DAYS'

E20. ¿Cuánto le han preocupado o molestado, en los últimos 30 días, sus problemas laborales?
(How troubled or bothered have you been by these employment problems in the past 30 days?)

O 0 O 1 O 2 O 3 O 4

E21. ¿Qué importancia tiene para Ud. ahora recibir consejo profesional para estos problemas laborales?
(How important to you now is counseling for these employment problems?)

O 0 O 1 O 2 O 3 O 4

Comentarios
(Comments)

THIS DATA NOT ENTERED

VALORACIÓN DE LA VERACIDAD: Valorar si la información anterior está significativamente distorsionada por:

(Confidence Ratings: Is the above information significantly distorted by:)

E23. ¿Falsedad por parte del paciente?
(Patient's misrepresentation?)

0 O No *(No)*

1 O Sí *(Yes)*

E24. ¿Incapacidad de comprensión del paciente?
(Patient's inability to understand?)

0 O No *(No)*

1 O Sí *(Yes)*

Created: CTN Spanish MET ASIF021 03/13/03 MAG Modified: 5/09/03 MAG Version: v04

INDICE DE GRAVEDAD DE LA ADICCION para Seguimiento

(Addiction Severity Index for Follow-up)

STUDYID EPOCH

Protocol Number	Node Number	Site Number	USUBJID Participant Number	Week	Day of Week	Phase	VISITNUM Visit Sequence

Visit Date: ___ / ___ / ___ QSDTC

QSEVAL Rater Number

QSSCAT= **CONSUMO DE DROGAS Y ALCOHOL**
(Drug/Alcohol Use)

QSEVLNT=-P30D

Últimos 30 días
(Past 30 days)

QSTEST/QSTESTCD

QSTEST/QSTESTCD

Vía de Administro
Route of Administration

QSORRESU='DAYS'

QSORRES

		Oral *(Oral)*	Nasal *(Nasal)*	Fumador *(Smoking)*	Inyección No-IV *(Non-IV injection)*	Inyección IV *(IV injection)*
D1 Alcohol (cualquier uso) *(Alcohol (Any Use at all))*		1 O	2 O	3 O	4 O	5 O
D2 Alcohol (Hasta la intoxicación) *(Alcohol (To intoxication))*		1 O	2 O	3 O	4 O	5 O
D3 Heroína *(Heroin)*		1 O	2 O	3 O	4 O	5 O
D4 Metadona *(Methadone)*		1 O	2 O	3 O	4 O	5 O
D5 Otros opiáceos / analgésico *(Other Opiates/Analgesic)*		1 O	2 O	3 O	4 O	5 O
D6 Barbitúricos *(Barbituates)*		1 O	2 O	3 O	4 O	5 O
D7 Otros sedantes / hipnóticos / tranquilizantes *(Other Sedatives/ Hypnotics / Tranquilizers)*		1 O	2 O	3 O	4 O	5 O
D8 Cocaína *(Cocaine)*		1 O	2 O	3 O	4 O	5 O
D9 Anfetaminas *(Amphetamines)*		1 O	2 O	3 O	4 O	5 O
D10 Cánnabis *(Cannabis)*		1 O	2 O	3 O	4 O	5 O
D11 Alucinógenos *(Hallucinogens)*		1 O	2 O	3 O	4 O	5 O
D12 Inhalantes *(Inhalants)*		1 O	2 O	3 O	4 O	5 O
D13. Más de una sustancia al día regularmente (incluyendo el alcohol) *(More than 1 substance per day (Including Alcohol))*						

INDICE DE GRAVEDAD DE LA ADICCION para Seguimiento

(Addiction Severity Index for Follow-up)

STUDYID EPOCH

Protocol Number	Node Number	Site Number	USUBJID Participant Number	Week	Day of Week	Phase	VISITNUM Visit Sequence

Visit Date: ____ / ____ / ____ QSDTC

QSEVAL Rater Number

QSSCAT= **CONSUMO DE DROGAS Y ALCOHOL** *(Drug/Alcohol Use)* QSEVLNT=-P30D

QSTEST/QSTESTCD

¿Cuántas veces en los últimos 30 dias ha sido tratado por?:
(How many times in the past 30 dyas have you been treated for:)

* D19. Abuso de alcohol *(Alcohol Abuse)* QSORRES ____ QSORRESU='DAYS'

* D20. Abuso de otras drogas *(Drug Abuse)* ____

¿Cuántas de estas fueron sólo desintoxicaciones?
(How many of these were detox only?)

* D21. Alcohol *(Alcohol)* ____

* D22. Otras drogas *(Drugs)* ____

¿Cuánto dinero diría que ha gastado Ud. en los 30 días en?:
(How much would you say you spent during the past 30 days on:) QSORRESU='DOLLARS'

D23. Por alcohol? *(Alcohol?)* $ _____

D24. Por otras drogas? *(Drugs?)* $ _____

D25. En los útlimos 30 días, ¿cuántos días ha estado en tratamiento ambulatorio (externo) por alcohol u otras drogas? (Incluye AA, NA) ____ QSORRESU='DAYS'
(How many days you been treated in an outpatient setting for alcohol or drugs in the past 30 days? (Include NA, AA))

D26. ¿Cuántos días en los últimos 30, ha experimentado (tenido) problemas con el alcohol? ____
(How many days in the past 30 have you experienced alcohol problems?)

D27. ¿Cuántos días en los últimos 30, ha experimentado (tenido) problemas con drogas? (Incluir solamente: antojos, síntomas de retiro, disturbio por el uso, o queriendo parar y no puede.) ____
(How many days in the past 30 have you experienced drug problems? (Include only: craving, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to.))

Para las preguntas D-28 a D-31, por favor, indique al paciente que se evalue según la Escala de Valoración del Paciente.
(For questions D28-D31, please ask patient to use the Patient's Rating Scale. The patient is rating the need for additional substance abuse treatment.)

D28. En los últimos 30 días, cuanto le han preocupado sus problemas con el alcohol?
(How troubled or bothered have you been in the past 30 days by these alcohol problems?)
O 0 O 1 O 2 O 3 O 4

Comentarios *(Comments)*

THIS DATA NOT ENTERED

D29. En los últimos 30 días, cuanto le han preocupado sus problemas con drogas?
(How troubled or bothered have you been in the past 30 days by these drug problems?)
O 0 O 1 O 2 O 3 O 4

D30. ¿Qué importancia tiene para Ud., recibir tratamiento por sus problemas con el alcohol?
(How important to you now is treatment for these alcohol problems?)
O 0 O 1 O 2 O 3 O 4

D31. ¿Qué importancia tiene para Ud., recibir tratamiento por sus problemas con drogas?
(How important to you now is treatment for these drug problems?)
O 0 O 1 O 2 O 3 O 4

VALORACIÓN DE LA VERACIDAD: Valorar si la información anterior está significativamente distorsionada por:
(Confidence Ratings: Is the above information significantly distorted by:)

D34. ¿Falsedad por parte del paciente?
(Patient's misrepresentation?)
0 O No *(No)*
1 O Sí *(Yes)*

D35. ¿Incapacidad de comprensión del paciente?
(Patient's inability to understand?)
0 O No *(No)*
1 O Sí *(Yes)*

INDICE DE GRAVEDAD DE LA ADICCION para Seguimiento

(Addiction Severity Index for Follow-up)

STUDYID EPOCH

Protocol Number	Node Number	Site Number	Participant Number	Week	Day of Week	Phase	Visit Sequence
			USUBJID				VISITNUM

QSDTC

Visit Date

QSEVAL

Rater Number

SITUACION LEGAL

QSSCAT= *(Legal Section)* QSTEST/QSTESTCD QSORRES

L2. ¿Está Ud. en libertad condicional o bajo fianza? *(Are you on probation or parole?)*
0 ○ No *(No)*
1 ○ Sí *(Yes)*

¿Cuántas veces desde la última entrevista ha estado Ud. arrestado y acusado por los siguientes delitos?: *(How many times since the last interview have you been arrested and charged with the following:)*

* L3. Hurto (robo a tiendas) o vandalismo *(Shopplifting/Vandalism)*
* L4. Violación de libertad condicional o bajo fianza *(Parole/probation violations)*
* L5. Acusaciones por drogas *(Drug charges)*
* L6. Falsificación de documentos *(Forgery)*
* L7. Posesión ilícita de armas *(Weapons offense)*
* L8. Robo de viviendas / Robo con violencia *(Burglary, larceny, B& E)*
* L9. Atraco (Asalto a mano armada) *(Robbery)*
* L10. Asalto *(Assault)*
* L11. Incendio provocado *(Arson)*
* L12. Violación *(Rape)*
* L13. Homicidio / Homicidio sin premeditación *(Homicide, manslaughter)*
* L14. Prostitución *(Prostitution)*
* L15. Desacato a la autoridad *(Contempt of court)*
* L16. Otros *(Other)*
* L17. ¿Cuántas de estas acusaciones acabaron en condena? *(How many of these charges resulted in convictions?)*

Comentarios
(Comments)

THIS DATA NOT ENTERED

INDICE DE GRAVEDAD DE LA ADICCION para Seguimiento

(Addiction Severity Index for Follow-up)

STUDYID EPOCH

Protocol Number	Node Number	Site Number	USUBJID Participant Number	Week	Day of Week	Phase	VISITNUM Visit Sequence

Visit Date: ___ / ___ / ___ QSDTC

QSEVAL Rater Number

QSSCAT= **SITUACION LEGAL** *(Legal Section)* QSTEST/QSTESTCD QSORRES

¿Cuántas veces desde la última entrevista ha sido acusado de lo siguiente?: *(How many times since the last interview have you been charged with the following:)*

* L18. Desorden público, vagancia, intoxicación pública *(Disorderly conduct, vagrancy, public intoxication)* ___

* L19. Conducir bajo intoxicación *(Driving while intoxicated)* ___

* L20. Violaciones graves de tráfico *(Major driving violations)* ___

* L21. **¿Cuántos dias ha estado encarcelado en los últimos 30 dias?** *(How many days were you incarcerated in the past 30?)* ___

L24. ¿Está en este momento esperando acusación, juicio o sentencia? *(Are you presently awaiting charges, trial or sentence?)*
0 O No *(No)*
1 O Sí *(Yes)*

L25. ¿Por qué? (si hay varias razones ponga la más grave) Indique el número correspondiente de las preguntas 3-16 de la página anterior y 18-20 arriba. *(What for? If multiple charges, use most severe Enter number that matches from questions 3-16 on previous page and 18-20 above)* ___

L26. En los últimos 30 días ¿cuántos días ha sido detenido o encarcelado? *(How many days in the past 30 were you detained or incarcerated?)* ___

L27. En los últimos 30 días, ¿cuántos días ha estado involucrado en actividades ilegales para su propio provecho? *(How mny days in the past 30 have you engaged in illegal activities for profit?)* ___

Para las preguntas 28 y 29, por favor, indique al paciente que se evalúe según la Escala de Valoración del Paciente. *(For questions 28 & 29, please ask patient to use the Patient's rating Scale)*

L28. ¿Cuánto le preocupan sus actuales problemas legales? (excluya sus problemas familiares o de empleo) *(How serious do you feel your present legal problems are (Exclude civil problems))*
O 0 O 1 O 2 O 3 O 4

L29. ¿Qué importancia tiene ahora para usted, ser aconsejado o asesorado sobre sus problemas legales?*(How important to you now is counseling or referral for these legal problems?)*
O 0 O 1 O 2 O 3 O 4

Comentarios
(Comments)

THIS DATA NOT ENTERED

VALORACIÓN DE LA VERACIDAD: Valorar si la información anterior está significativamente distorsionada por:
(Confidence Ratings: Is the above information significantly distorted by:)

L31. ¿Falsedad por parte del paciente?
(Patient's misrepresentation?)
0 O No *(No)*
1 O Sí *(Yes)*

L32. ¿Incapacidad de comprensión del paciente?
(Patient's inability to understand?)
0 O No *(No)*
1 O Sí *(Yes)*

INDICE DE GRAVEDAD DE LA ADICCION para Seguimiento

(Addiction Severity Index for Follow-up)

STUDYID | USUBJID | EPOCH | VISITNUM

Protocol Number | Node Number | Site Number | Participant Number | Week | Day of Week | Phase | Visit Sequence

QSDTC

Visit Date

QSEVAL

Rater Number

QSSCAT= **RELACIONES FAMILIARES/SOCIALES**

(Family/Social Relationships)

QSORRES

QSTEST/QSTESTCD

F1. Estado Civil: *(Marital status:)*

1 O Casado o pareja *(Married)*
2 O Casado en segundas nupcias *(Remaried)*
3 O Viudo *(Widowed)*
4 O Separado *(Separated)*
5 O Divorciado *(Divorced)*
6 O Soltero *(Never married)*

F3. ¿Está satisfecho con esta situación? *(Are you satisfied with this situation?)*

0 O No *(No)*
1 O Indiferente *(Indifferent)*
2 O Sí *(Yes)*

* F4. Situación de vivienda (últimos 30 dias) *(Usual living arrangement (past 30 days))*

QSEVLNT=-P30D

1 O Con pareja sexual e hijos *(With sexual partner and children)*
2 O Con pareja sexual sin hijos *(With sexual partner alone)*
3 O Con hijos solo *(With children alone)*
4 O Con los padres *(With parents)*
5 O Con la familia de origen *(With family)*
6 O Con los amigos *(With friends)*
7 O Sólo/a *(Alone)*
8 O En ambiente institucional controlado (Cárcel) *(Controlled environment)*
9 O Ninguna situación estable *(No stable arrangements)*

F6. ¿Está satisfecho con esta situación de vivienda? *(Are you satisfied with these living arrangements?)*

0 O No *(No)*
1 O Indiferente *(Indifferent)*
2 O Sí *(Yes)*

Vive Ud. con alguien que:*(Do you live with anyone who:)*

F7. ¿Tenga actualmente un problema con el alcohol?*(Has a current alcohol problem?)*

0 O No *(No)*
1 O Sí *(Yes)*

F8. ¿Use drogas que no son prescritas (recetadas)? *(Uses non-prescribed drugs?)*

0 O No *(No)*
1 O Sí *(Yes)*

F9. ¿Con quién pasa la mayor parte de su tiempo libre? *(With whom do you spend most of your free time?)*

1 O Familia *(Family)*
2 O Amigos *(Friends)*
3 O Solo *(Alone)*

F10. ¿Está satisfecho de como emplea el tiempo libre? *(Are you satisfied with spending your free time this way?)*

0 O No *(No)*
1 O Indiferente *(indifferent)*
2 O Sí *(Yes)*

Comentarios
(Comments)

THIS DATA NOT ENTERED

INDICE DE GRAVEDAD DE LA ADICCION para Seguimiento

(Addiction Severity Index for Follow-up)

STUDYID EPOCH

Protocol Number	Node Number	Site Number	USUBJID Participant Number	Week	Day of Week	Phase	VISITNUM Visit Sequence

Visit Date: ___ / ___ / ___ QSDTC

QSEVAL Rater Number

QSSCAT= **RELACIONES FAMILIARES/SOCIALES**

(Family/Social Relationships)

¿Ha tenido períodos significativos en los que ha experimentado problemas serios con: *(Have you had significant periods in which you have experienced serious problems getting along with:)*

QSTEST/QSTESTCD	Ultimos 30 días *(Past 30 days)* QSEVLNT=-P30D	QSORRES
F18. Madre *(Mother)*	0 O No *(No)* 1 O Sí *(Yes)*	
F19. Padre *(Father)*	0 O No *(No)* 1 O Sí *(Yes)*	
F20. Hermanos / Hermanas *(/Brothers/Sisters)*	0 O No *(No)* 1 O Sí *(Yes)*	
F21. Pareja sexual /Esposo (a) *(Sexual partner/spouse)*	0 O No *(No)* 1 O Sí *(Yes)*	
F22. Hijos *(Children)*	0 O No *(No)* 1 O Sí *(Yes)*	
F23. Otros familiares cercanos *(Other significant family)*	0 O No *(No)* 1 O Sí *(Yes)*	
F24. Amigos íntimos *(Close friends)*	0 O No *(No)* 1 O Sí *(Yes)*	
F25. Vecinos *(Neighbors)*	0 O No *(No)* 1 O Sí *(Yes)*	
F26. Compañeros de trabajo *(Co-workers)*	0 O No *(No)* 1 O Sí *(Yes)*	

¿Algunas de estas personas (18-26) abusaron de Ud?
(Did any of these people (18-26 abuse you:)

	Ultimos 30 días *(Past 30days)*
F28. Físicamente (causarle daño físico) *(Physically (cause you physical harm)?)*	0 O No *(No)* 1 O Sí *(Yes)*
F29. Sexualmente (forzarle sexualmente o actos sexuales)? *(Sexually (force sexual advances or sexual acts)?))*	0 O No *(No)* 1 O Sí *(Yes)*

Comentarios
(Comments)

THIS DATA NOT ENTERED

INDICE DE GRAVEDAD DE LA ADICCION para Seguimiento

(Addiction Severity Index for Follow-up)

STUDYID EPOCH

Protocol Number	Node Number	Site Number	Participant Number	Week	Day of Week	Phase	Visit Sequence
			USUBJID				VISITNUM

Visit Date: ___ / ___ / ___ QSDTC

Rater Number: QSEVAL

RELACIONES FAMILIARES/SOCIALES

QSSCAT= *(Family/Social Relationships)*

Para las preguntas 32-35, por favor, indique al paciente que se evalue según la Escala de Valoración del Paciente. *(For questions 32-35, please ask patient to use the Patient's Rating Scale)*

QSTEST/QSTESTCD QSORRES

F30. ¿Cuántos días de los últimos 30 días ha tenido conflictos graves con su familia? *(How many days in the past 30 have you had serious conflicts with your family?* ___ QSORRESU='DAYS'

F31. ¿Cuántos días de los últimos 30 días ha tenido conflictos graves con otras personas (excluyendo familia)? *(How many days in the past 30 have you had serious conflicts with other people(excluding family)?)* ___ QSEVLNT=-P30D

THIS DATA NOT ENTERED

F32. En los últimos 30 días, ¿se ha preocupado o sentido molesto por problemas familiares? *(How troubled or bothered have you been in the past 30 days by these family problems?)*

O 0 O 1 O 2 O 3 O 4

F33. En los últimos 30 días, ¿se ha preocupado o sentido molesto por problemas sociales? *(How troubled or bothered have you been in the past 30 days by social problems?)*

O 0 O 1 O 2 O 3 O 4

F34. ¿Qué importancia tiene para Ud. ahora recibir consejo o asesoramiento sobre sus problemas familiares? *(How important to you now is treatment or counseling for these family problems?)*

O 0 O 1 O 2 O 3 O 4

F35. ¿Qué importancia tiene para Ud. ahora recibir consejo o asesoramiento sobre sus problemas sociales? (Incluya la necesidad del paciente para buscar tratamiento por sus problemas sociales como soledad, inhabilidad de socializar, insatisfacción con amigos. La evaluación del paciente debe referir a insatisfacción, conflictos, o otros problemas serios.) *(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.))*

O 0 O 1 O 2 O 3 O 4

Comentarios
(Comments)

VALORACIÓN DE LA VERACIDAD: Valorar si la información anterior está significativamente distorsionada por:

(Confidence Ratings: Is the above information significantly distorted by:)

F37. ¿Falsedad por parte del paciente?
(Patient's misrepresentation?)

0 O No *(No)*

1 O Sí *(Yes)*

F38. ¿Incapacidad de comprensión del paciente?
(Patient's inability to understand?)

0 O No *(No)*

1 O Sí *(Yes)*

INDICE DE GRAVEDAD DE LA ADICCION para Seguimiento

(Addiction Severity Index for Follow-up)

STUDYID EPOCH

Protocol Number	Node Number	Site Number	USUBJID Participant Number	Week	Day of Week	Phase	VISITNUM Visit Sequence

Visit Date: ___ / ___ / ___ QSDTC

QSEVAL Rater Number

ESTADO PSICOPATOLOGICO

QSSCAT= *(Psychological Section)* QSTEST/QSTESTCD QSEVLNT=-P30D

¿Cuántas veces en los últimos 30 dias ha sido tratado por problemas psicológicos o emocionales? *(How many times in the past 30 days, have you been treated for any psychological or emotional problems?)*

QSORRES

* P1. Como paciente hospitalizado *(In a hospital)* ___

* P2. Como paciente ambulatorio o consulta particular *(As an outpatient or private patient)* ___

P3. ¿Recibe Ud. alguna pensión por incapacidad psiquiátrica? *(Do you receive a pension for a psychiatric disability?)*
0 O No *(No)*
1 O Sí *(Yes)*

¿Ha tenido algún período importante (que no fuera resultado directo del uso de drogas o de alcohol) en el que haya: *(Have you had a significant period, (that was not a direct result of drug/alcohol use), in which you have:)*

	Ultimos 30 días *(Past 30days)*
P4. Experimentado una depresión importante? *(Experienced serious depression?)*	0 O No *(No)* 1 O Sí *(Yes)*
P5. Experimentado ansiedad o tensión? *(Experienced serious anxiety or tension?)*	0 O No *(No)* 1 O Sí *(Yes)*
P6. Experimentado alucinaciones? *(Experienced hallucinations?)*	0 O No *(No)* 1 O Sí *(Yes)*
P7. Experimentado problemas de comprensión, concentración o memoria? *(Experienced trouble understanding, concentrating or rembering?)*	0 O No *(No)* 1 O Sí *(Yes)*
P8. Experimentado problemas para controlar conductas violentas? *(Experienced trouble controlling violent behavior?)*	0 O No *(No)* 1 O Sí *(Yes)*
P9. Experimentado problemas serios o ideas en torno al suicidio? *(Experienced serious thoughts of suicide?)*	0 O No *(No)* 1 O Sí *(Yes)*
P10. Intento de suicidio? *(Attempted suicide?)*	0 O No *(No)* 1 O Sí *(Yes)*
P11. ¿Le ha sido prescrita (recetada) alguna medicación para algún problema psicológico o emocional? *(Been prescribed medication for any psychological/emotional problems?)*	0 O No *(No)* 1 O Sí *(Yes)*

Comentarios *(Comments)*

THIS DATA NOT ENTERED

DOMAIN: QS

QSCAT=ADDICTION SEVERITY INDEX FOR FOLLOW-UP

INDICE DE GRAVEDAD DE LA ADICCION para Seguimiento

(Addiction Severity Index for Follow-up)

STUDYID EPOCH

Protocol Number	Node Number	Site Number	USUBJID Participant Number	Week	Day of Week	Phase	VISITNUM Visit Sequence

Visit Date: ___ / ___ / ___ QSDTC

QSEVAL Rater Number

ESTADO PSICOPATOLOGICO

QSSCAT= *(Psychological Section)*

QSEVLNT=-P30D

QSTEST/QSTESTCD QSORRES

P12. ¿Cuántos días, en los últimos 30, ha experimentado estos problemas psicológicos o emocionales? *(How many days in the past 30 have you experienced these psychological or emotional problems?)* ___ QSORRESU='DAYS'

Para las preguntas 13 y 14, por favor, indique al paciente que se evalúe según la Escala de Valoración del Paciente *(For quesiions 13 & 14, please ask patient to use the Patient's Rating Scale)*

P13. En los últimos 30 días, ¿cuánto le han preocupado o molestado estos problemas psicológicos o emocionales? *(How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?)*

O 0 O 1 O 2 O 3 O 4

P14. ¿Qué importancia tiene para Ud. ahora recibir tratamiento por estos problemas psicológicos o emocionales? *(How important to you now is treament for these psychological or emotional problems?)*

O 0 O 1 O 2 O 3 O 4

VALORACIÓN DE LA VERACIDAD: Valorar si la información anterior está significativamente distorsionada por:

(Confidence Ratings: Is the above information significantly distorted by:)

P22. ¿Falsedad por parte del paciente?
(Patient's misrepresentation?)

0 O No *(No)*

1 O Sí *(Yes)*

P23. ¿Incapacidad de comprensión del paciente?
(Patient's inability to understand?)

0 O No *(No)*

1 O Sí *(Yes)*

Comentarios
(Comments)

THIS DATA NOT ENTERED

DOMAIN: QS

QSCAT=ADDICTION SEVERITY INDEX FOR PRETREATMENT

NIDA - CTN

INDICE DE GRAVEDAD DE LA ADICCION

(Addiction Severity Index for Pretreatment)

STUDYID

EPOCH

USUBJID

VISITNUM

Protocol Number | Node Number | Site Number | Participant Number | Week | Day of Week | Phase | Visit Sequence

QSDTC

Visit Date

Source Document Language: O English O Spanish O English and Spanish

QSEVAL

Rater Number

Form Completion Status: O Any Data Collected O Participant Refused O Responsible Person did not Complete O Not Enough Time at the Visit O Participant did not Attend Visit O Other (specify: _____)

INFORMACION GENERAL

QSSCAT= *(GENERAL INFORMATION)*

Comentarios *(Comments)*

THIS DATA NOT ENTERED

G4. Fecha de admisión *(Date of admission)*

QSTEST/QSTESTCD QSORRES

G8. Clase *(class)*
1 O Admisión *(Admission)*
2 O Seguimiento *(Follow-up)*

G9. Código de Contacto *(Contact Code)*
1 O En persona *(In person)*
2 O Por teléfono (El ASI inicial tiene que hacerse en persona.) *(Telephone (Intake ASI must be in person))*

G10. Sexo: *(gender)*
1 O Masculino *(Male)*
2 O Femenino *(Female)*

G12. Especial (Codifique si la entrevista no está completa.) *Special (code if interview not completed)*
1 O Paciente terminó por el entrevistador *(Patient Terminated (by interviewer))*
2 O Paciente rechazó *(Patient Refused)*
3 O Paciente no puede responder (lenguaje o barrera intelectual, paciente bajo la influencia, etc.) *(Patient unable to respond (language or intellectual barrier, patient under the influence, etc...))*

G14. ¿Cuánto tiempo ha vivido en su residencial actual? *(How long have you lived at your current address?)*

QSORRESU='YEARS' Años (Years) / Meses (Months) QSORRESU='MONTH'

G16. Fecha de Nacimiento *(Date of Birth)*

G17. Raza *(Race)*
1 O Blanco (no origen hispano) *(White (Not of Hispanic Origin)*
2 O Negro (no origen hispano) *(Black (Not of Hispanic Origin)*
3 O Indio Americano *(American Indian)*
4 O Nativo de Alaska *(Alaskan Native)*
5 O Asiático *(Asian or Pacific Islander)*
6 O Hispano - mejicano *(Hispanic- Mexican)*
7 O Hispano - puertorriqueño *(Hispanic- Puerto Rican)*
8 O Hispano - cubano *(Hispanic- Cuban)*
9 O Otro hispano *(Other Hispanic)*

G18. Preferencia Religiosa *(Religious Preference)*
1 O Protestante *(Protestant)*
2 O Católico *(Catholic)*
3 O Judío *(Jewish)*
4 O Islámico *(Islamic)*
5 O Otra *(Other)* THIS DATA NOT ENTERED
6 O Ninguna *(None)*

G19. ¿Ha estado fuera de su domicilio (casa) en los pasados 30 días, en una situación controlada? *(Have you been in a controlled environment in the past 30 days?)*
1 O No *(No)* QSEVLNT=-P30D
2 O Cárcel *(Jail)*
3 O Tratamiento por alcohol o drogas *(Alcohol or Drug Treatment)*
4 O Tratamiento médico *(Medical Treatment)*
5 O Tratamiento psiquiátrico *(Psychiatric Treatment)*
6 O Otros *(Other)* THIS DATA NOT ENTERED

G20. ¿Cuántos días? *(How many days?)* QSORRESU='DAY' QSORRESU='DAYS'

INDICE DE GRAVEDAD DE LA ADICCION

(Addiction Severity Index for Pretreatment)

STUDYID | USUBJID | EPOCH | VISITNUM

Protocol Number | Node Number | Site Number | Participant Number | Week | Day of Week | Phase | Visit Sequence

/ / QSDTC

Visit Date

QSEVAL

Rater Number

ESTADO MÉDICO GENERAL

QSSCAT= *(MEDICAL STATUS)*

QSORRES

M1. ¿Cuántas veces en su vida ha estado hospitalizado por problemas médicos? (Incluir sobredosis y delirium tremens. Excluir desintoxicaciones o trat. psiquiátrico).

(How many times in your life have you been hospitalized for medical problems? (Include o.d.'s, d.t.'s, exclude detox.))

QSTEST/QSTESTCD

M3. ¿Tiene algún problema médico crónico que interfiera en su vida?

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

0 O No *(No)*

1 O Sí *(Yes)*

Especificar *(Specify)*

THIS DATA NOT ENTERED

M4. ¿Está tomando regularmente alguna medicación recetada para algún problema orgánico (físico)?

(Are you taking any prescribed medication on a regular basis for a physical problem?)

0 O No *(No)*

1 O Sí *(Yes)*

M5. ¿Recibe alguna pensión por discapacidad (incapacidad) física (incapacidad laboral)? (Excluir discapacidad psiquiátrica).

(Do you receive a penlsion for a physical disability? (Exclude psychiatric disability.))

0 O No *(No)*

1 O Sí *(Yes)*

Especificar *(Specify)*

THIS DATA NOT ENTERED

M6. ¿En los últimos 30 días, durante cuántos días ha experimentado Ud. problemas médicos?

(How many days have you experienced medical problems in the past 30 days?)

QSEVLNT=-P30D

Para las preguntas 7 y 8, preséntele al entrevistado la Escala de Valoración del paciente.

(For questions 7& 8, please ask patient to use the Patient's Rating Scale.)

M7. ¿Cuánto le han preocupado o molestado, en los últimos 30 días, estos problemas médicos que ha tenido?

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

O 0 O 1 O 2 O 3 O 4

M8. ¿Qué importancia tiene, ahora, para Ud. recibir tratamiento para estos problemas médicos?

(How important to you now is treatment for these medical problems?)

O 0 O 1 O 2 O 3 O 4

Comentarios

(Comments)

THIS DATA NOT ENTERED

QSORRESU='DAY'

VALORACIÓN DE LA VERACIDAD: Valorar si la información anterior está significativamente distorsionada por:

(Confidence Ratings: Is the above information significantly distorted by:)

M10. ¿Falsedad por parte del paciente?

(Patient's misrepresentation?)

0 O No *(No)*

1 O Sí *(Yes)*

M11. ¿Incapacidad de comprensión del paciente?

(Patient's inability to understand?)

0 O No *(No)*

1 O Sí *(Yes)*

INDICE DE GRAVEDAD DE LA ADICCION

(Addiction Severity Index for Pretreatment)

STUDYID EPOCH

Protocol Number	Node Number	Site Number	USUBJID Participant Number	Week	Day of Week	Phase	VISITNUM Visit Sequence

QSDTC: ___ / ___ / ___ (Visit Date)

QSEVAL: ___ (Rater Number)

EMPLEO / APOYO
(Employment/Support Status)

QSSCAT=

QSORRES

E1. Educación básica recibida (GED = 12 años)
(Education completed (GED=12 years))
QSORRESU='YEAR' — Años (Years) ___ Meses (Months) ___ QSORRESU='MONTH'

QSTEST/QSTESTCD

E2. Formación o Educación técnica recibida.
(Training or technical education completed)
Meses (Months) ___

E4. ¿Tiene Ud. carnet (licencia) de conducir válido(a)?
(Do you have a valid driver's license?)
0 O No *(No)*
1 O Sí *(Yes)*

E5. ¿Tiene Ud. un automóvil disponible para su uso? (Contestar NO en caso de que no posea carnet de conducir válido)
(Do you have an automobile available for use? (Answer 'No' if no valid driver's license.))
0 O No *(No)*
1 O Sí *(Yes)*

QSORRESU='YEAR'

E6. ¿Cuánto tiempo ha durado su empleo (trabajo) a tiempo completo más prolongado (largo)? Tiempo completo = 35+ horas semanales; no quiere decir necesariamente su empleo mas reciente.
(How long was your longest full time job? Full time= 35+ hours weekly; does not necessarily mean most recent job.)
Años (Years) ___ Meses (Months) ___

QSORRESU='MONTH'

E7A. Ocupación usual (o última).
(Usual (or last) occupation))
1 O Profesional/Ejecutiva *(Major Professional/Executive)*
2 O Manager/Enfermera/Farmeceuta/Maestro(a) *(Manager/Nurse/Pharmacist/Teacher)*
3 O Administrador/Dueño de pequeño negocio *(Administrator/Small Business Owner)*
4 O Oficinista/Vendedor/Técnico *(Clerical/Sales/Technicians)*
5 O Laborador Manual/Electricista *(Skilled Manual/Electrician)*
6 O Ayudante/Conductor/Mesero(a) *(Semi-Skilled/Aide/Driver/Waiter)*
7 O Desempleado *(Unskilled/Unemployed)*
8 O Ama de casa *(Homemaker)*
9 O Estudiante/no ocupación/deshabilitado *(Student/No occupation/Disabled)*

E7B. Por favor, especifique su usual (o última). ocupación
(Please specify your usual (or last) occupation.)

English

Spanish THIS DATA NOT ENTERED

E9. ¿Contribuye alguien, de alguna manera, en su sustento o mantenimiento?
(Does someone contribute the majority of your support?)
0 O No *(No)*
1 O Sí *(Yes)*

E10. Patrón usual de ocupación durante los últimos tres años: ocupación
(Usual employment pattern, past three years.)
1 O Tiempo completo (35 h. semana)
(Full time (35 hrs/wk))
2 O Tiempo parcial (horas fijas)
(Part time (regular hours))
3 O Tiempo parcial (horas irregulares / por días)
(Part time (irreg., day-work)
4 O Estudiante
(Student)
5 O Servicio militar
(Military Service)
6 O Invalidez / Jubilado
(Retired/Disability)
7 O Desempleado
(Unemployed)
8 O Situación ambiental controlada (Cárcel)
(In controlled environment)

QSEVLNT=-P30D

E11. ¿Cuántos días, de los últimos 30, le han pagado a Ud. por su trabajo? (Incluya trabajo no declarado legalmente).
(How many days were you paid for working in the past 30 days? (Include "under the table" work))
___

QSORRESU='DAY'

Comentarios
(Comments)

THIS DATA NOT ENTERED

INDICE DE GRAVEDAD DE LA ADICCION

(Addiction Severity Index for Pretreatment)

STUDYID EPOCH

USUBJID VISITNUM

Protocol Number | Node Number | Site Number | Participant Number | Week | Day of Week | Phase | Visit Sequence

QSDTC

Visit Date

QSEVLNT=-P30D

QSEVAL

Rater Number

EMPLEO / APOYO

QSSCAT=

(Employment/Support Status)

QSTEST/QSTESTCD

En los últimos 30 días, ¿cuánto dinero recibió de las siguientes fuentes? *(How much money did you receive from the following sources in the past 30 days?)*

QSORRES

E12. Empleo (s).- Salario neto $
(Employment (net income))

E13. Prestación (compensación) por desempleo $
(Unemployment Compensation)

E14. Asistencia Social (Welfare) $
(Welfare)

E15. Pensión, beneficiencia o seguro social $
(Pension, benefits or social security)

E16. Pareja, familia o amigos.(Dinero para gastos personales) $
(Mate, family or friends (Money for personal expenses))

QSORRESU='DOLLARS'

E17. Ilegal $
(Illegal)

E18. ¿Cuántas personas dependen de Ud. en cuanto vivienda, alimentación, etc.?
(How many people depend on you for the majority of their food, shelter, etc.?)

E19. ¿Cuántos días durante los últimos 30 días, ha tenido problemas con su trabajo?
(How many days have you experienced employment problems in the past 30 days?)

QSORRESU='DAYS'

E20. ¿Cuánto le han preocupado o molestado, en los últimos 30 días, sus problemas laborales?
(How troubled or bothered have you been by these employment problems in the past 30 days?)

O 0 O 1 O 2 O 3 O 4

E21. ¿Qué importancia tiene para Ud. ahora recibir consejo profesional para estos problemas laborales?
(How important to you now is counseling for these employment problems?)

O 0 O 1 O 2 O 3 O 4

Comentarios
(Comments)

THIS DATA NOT ENTERED

VALORACIÓN DE LA VERACIDAD: Valorar si la información anterior está significativamente distorsionada por:

(Confidence Ratings: Is the above information significantly distorted by:)

E23. ¿Falsedad por parte del paciente?
(Patient's misrepresentation?)

0 O No *(No)*

1 O Sí *(Yes)*

E24. ¿Incapacidad de comprensión del paciente?
(Patient's inability to understand?)

0 O No *(No)*

1 O Sí *(Yes)*

DOMAIN: QS

QSCAT=ADDICTION SEVERITY INDEX FOR PRETREATMENT

INDICE DE GRAVEDAD DE LA ADICCION

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STUDYID | USUBJID | EPOCH | VISITNUM

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QSEVAL

Rater Number

CONSUMO DE DROGAS Y ALCOHOL

QSSCAT=*(Drug/Alcohol Use)* QSEVLNT=-P30D

QSTEST/QSTESTCD

Vía de Administro

(Route of Administration)

QSTEST/QSTESTCD	**Últimos 30 días** *(Past 30 days)* QSORRESU='DAYS'	**Transcurso de la vida: Años** *(Years of Lifetime Use)* QSORRESU='YEARS'	Oral *(Oral)*	Nasal *(Nasal)*	Fumador *(Smoking)*	Inyección No-IV *(Non-IV injection)*	Inyección IV *(IV injection)*
D1 Alcohol (cualquier uso) *(Alcohol (Any Use at all))*			1 O	2 O	3 O	4 O	5 O
D2 Alcohol (Hasta la intoxicación) *(Alcohol (To intoxication))*			1 O	2 O	3 O	4 O	5 O
D3 Heroína *(Heroin)*			1 O	2 O	3 O	4 O	5 O
D4 Metadona *(Methadone)*			1 O	2 O	3 O	4 O	5 O
D5 Otros opiáceos / analgésico *(Other Opiates/Analgesic)*			1 O	2 O	3 O	4 O	5 O
D6 Barbitúricos *(Barbituates)*			1 O	2 O	3 O	4 O	5 O
D7 Otros sedantes / hipnóticos / tranquilizantes *(Other Sedatives/ Hypnotics / Tranquilizers)*			1 O	2 O	3 O	4 O	5 O
D8 Cocaína *(Cocaine)*			1 O	2 O	3 O	4 O	5 O
D9 Anfetaminas *(Amphetamines)*			1 O	2 O	3 O	4 O	5 O
D10 Cánnabis *(Cannabis)*			1 O	2 O	3 O	4 O	5 O
D11 Alucinógenos *(Hallucinogens)*			1 O	2 O	3 O	4 O	5 O
D12 Inhalantes *(Inhalants)*			1 O	2 O	3 O	4 O	5 O
D13 Más de una sustancia al día regularmente (incluyendo el alcohol) *(More than 1 substance per day (Including Alcohol))*							

QSORRES

INDICE DE GRAVEDAD DE LA ADICCION

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STUDYID EPOCH

Protocol Number	Node Number	Site Number	USUBJID Participant Number	Week	Day of Week	Phase	VISITNUM Visit Sequence

QSDTC Visit Date: / /

QSEVAL Rater Number:

CONSUMO DE DROGAS Y ALCOHOL

QSSCAT= *(Drug/Alcohol Use)*

D17. ¿Cuántas veces ha tenido delirium tremens por alcohol? QSTEST/QSTESTCD QSORRES
(How many times have you had alcohol d.t.'s?)

¿Cuántas veces en su vida ha sido tratado por?:
(How many times in your life have you been treated for:)

D19. Abuso de alcohol
(Alcohol Abuse)

D20. Abuso de otras drogas
(Drug Abuse)

¿Cuántas de estas fueron sólo desintoxicaciones?
(How many of these were detox only?)

D21. Por alcohol
(Alcohol)

D22. Por otras drogas
(Drugs)

QSEVLNT=-P30D

¿Cuánto dinero diría que ha gastado Ud. en los 30 días en?:
(How much would you say you spent during the past 30 days on:) QSORRESU='DOLLARS'

D23. Alcohol? $
(Alcohol?)

D24. Otras drogas? $
(Drugs?)

THIS DATA NOT ENTERED

D25. En los útlimos 30 días, ¿cuántos días ha estado en tratamiento ambulatorio (externo) por alcohol u otras drogas? (Incluye AA, NA) QSORRESU='DAYS'
(How many days you been treated in an outpatient setting for alcohol or drugs in the past 30 days? (Include NA, AA))

D26. ¿Cuántos días en los últimos 30, ha experimentado (tenido) problemas con el alcohol?
(How many days in the past 30 have you experienced alcohol problems?)

D27. ¿Cuántos días en los últimos 30, ha experimentado (tenido) problemas con drogas? (Incluir solamente: antojos, síntomas de retiro, disturbio por el uso, o queriendo parar y no puede.)
(How many days in the past 30 have you experienced drug problems? (Include only: craving, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to.)

Para las preguntas D-28 a D-31, por favor, indique al paciente que se evalue según la Escala de Valoración del Paciente.
(For questions D28-D31, please ask patient to use the Patient's Rating Scale. The patient is rating the need for additional substance abuse treatment.)

D28. En los últimos 30 días, cuanto le han preocupado sus problemas con el alcohol?
(How troubled or bothered have you been in the past 30 days by these alcohol problems?)
O 0 O 1 O 2 O 3 O 4

D29. En los últimos 30 días, cuanto le han preocupado sus problemas con drogas?
(How troubled or bothered have you been in the past 30 days by these drug problems?)
O 0 O 1 O 2 O 3 O 4

D30. ¿Qué importancia tiene para Ud., recibir tratamiento por sus problemas con el alcohol?
(How important to you now is treatment for these alcohol problems?)
O 0 O 1 O 2 O 3 O 4

D31. ¿Qué importancia tiene para Ud., recibir tratamiento por sus problemas con drogas?
(How important to you now is treatment for these drug problems?)
O 0 O 1 O 2 O 3 O 4

VALORACIÓN DE LA VERACIDAD: Valorar si la información anterior está significativamente distorsionada por:
(Confidence Ratings: Is the above information significantly distorted by:)

D34. ¿Falsedad por parte del paciente?
(Patient's misrepresentation?)
0 O No *(No)*
1 O Sí *(Yes)*

D35. ¿Incapacidad de comprensión del paciente?
(Patient's inability to understand?)
0 O No *(No)*
1 O Sí *(Yes)*

Created: CTN Spanish MET ASIP021 10/30/02 MAG Modified: 5/09/03 MAG Version: v05

DOMAIN: QS

QSCAT=ADDICTION SEVERITY INDEX FOR PRETREATMENT

STUDYID

INDICE DE GRAVEDAD DE LA ADICCION

(Addiction Severity Index for Pretreatment)

EPOCH

USUBJID

VISITNUM

Protocol Number	Node Number	Site Number	Participant Number	Week	Day of Week	Phase	Visit Sequence
		QSDTC					

Visit Date: ☐☐ / ☐☐ / ☐☐

QSEVAL

Rater Number

SITUACION LEGAL *(Legal Section)*

QSSCAT= QSTEST/QSTESTCD QSORRES

L1. ¿El tratamiento ha sido sugerido o impuesto por el sistema judicial? *(Was this admission prompted or suggested by the criminal justice system?)* 0 ○ No *(No)* 1 ○ Sí *(Yes)*

L2. ¿Está Ud. en libertad condicional o bajo fianza? *(Are you on probation or parole?)* 0 ○ No *(No)* 1 ○ Sí *(Yes)*

¿Cuántas veces en su vida ha estado Ud. arrestado y acusado por los siguientes delitos?: *(How many times in your life have you been arrested and charged with the following:)*

L3. Hurto (robo a tiendas) o vandalismo *(Shopplifting/Vandalism)* ☐☐

L4. Violación de libertad condicional o bajo fianza *(Parole/probation violations)* ☐☐

L5. Acusaciones por drogas *(Drug charges)* ☐☐

L6. Falsificación de documentos *(Forgery)* ☐☐

L7. Posesión ilícita de armas *(Weapons offense)* ☐☐

L8. Robo de viviendas / Robo con violencia *(Burglary, larceny, B& E)* ☐☐

L9. Atraco (Asalto a mano armada) *(Robbery)* ☐☐

L10. Asalto *(Assault)* ☐☐

L11. Incendio provocado *(Arson)* ☐☐

L12. Violación *(Rape)* ☐☐

L13. Homicidio / Homicidio sin premeditación *(Homicide, manslaughter)* ☐☐

L14. Prostitución *(Prostitution)* ☐☐

L15. Desacato a la autoridad *(Contempt of court)* ☐☐

L16. Otros *(Other)* ☐☐

L17. ¿Cuántas de estas acusaciones acabaron en condena? *(How many of these charges resulted in convictions?)* ☐☐

Comentarios *(Comments)*

THIS DATA NOT ENTERED

INDICE DE GRAVEDAD DE LA ADICCION

(Addiction Severity Index for Pretreatment)

STUDYID EPOCH

USUBJID VISITNUM

Protocol Number | Node Number | Site Number | Participant Number | Week | Day of Week | Phase | Visit Sequence

__ __ / __ __ / __ __ QSDTC

Visit Date

QSEVAL

Rater Number

QSSCAT=

SITUACION LEGAL *(Legal Section)*

QSTEST/QSTESTCD QSORRES

¿Cuántas veces en su vida ha sido acusado de lo siguiente?: *(How many times in your life have you been charged with the following:)*

L18. Desorden público, vagancia, intoxicación pública *(Disorderly conduct, vagrancy, public intoxication)* __ __

L19. Conducir bajo intoxicación *(Driving while intoxicated)* __ __

L20. Violaciones graves de tráfico *(Major driving violations)* __ __

L21. A lo largo de su vida, ¿cuántos meses ha estado encarcelado? *(How many months were you incarcerated in your life?)* __ __

L24. ¿Está en este momento esperando acusación, juicio o sentencia? *(Are you presently awaiting charges, trial or sentence?)*

0 O No *(No)*
1 O Sí *(Yes)*

L25. ¿Por qué? (si hay varias razones ponga la más grave) Indique el número correspondiente de las preguntas 3-16 de la página anterior y 18-20 arriba. *(What for? If multiple charges, use most severe Enter number that matches from questions 3-16 on previous page and 18-20 above)* __ __

L26. En los últimos 30 días ¿cuántos días ha sido detenido o encarcelado? *(How many days in the past 30 were you detained or incarcerated?)* __ __

QSORRESU='DAYS'

L27. En los últimos 30 días, ¿cuántos días ha estado involucrado en actividades ilegales para su propio provecho? *(How mny days in the past 30 have you engaged in illegal activities for profit?)* __ __

QSEVLNT=-P30D

Para las preguntas 28 y 29, por favor, indique al paciente que se evalúe según la Escala de Valoración del Paciente. *(For questions 28 & 29, please ask patient to use the Patient's rating Scale)*

L28. ¿Cuánto le preocupan sus actuales problemas legales? (excluya sus problemas familiares o de empleo) *(How serious do you feel your present legal problems are (Exclude civil problems))*

O 0 O 1 O 2 O 3 O 4

L29. ¿Qué importancia tiene ahora para usted, ser aconsejado o asesorado sobre sus problemas legales?*(How important to you now is counseling or referral for these legal problems?)*

O 0 O 1 O 2 O 3 O 4

Comentarios
(Comments)

THIS DATA NOT ENTERED

VALORACIÓN DE LA VERACIDAD: Valorar si la información anterior está significativamente distorsionada por:
(Confidence Ratings: Is the above information significantly distorted by:)

L31. ¿Falsedad por parte del paciente?
(Patient's misrepresentation?)

0 O No *(No)*
1 O Sí *(Yes)*

L32. ¿Incapacidad de comprensión del paciente?
(Patient's inability to understand?)

0 O No *(No)*
1 O Sí *(Yes)*

INDICE DE GRAVEDAD DE LA ADICCION

(Addiction Severity Index for Pretreatment)

STUDYID EPOCH

Protocol Number	Node Number	Site Number	Participant Number (USUBJID)	Week	Day of Week	Phase	Visit Sequence (VISITNUM)

Visit Date (QSDTC): ___ / ___ / ___

Rater Number (QSEVAL): ___

RELACIONES FAMILIARES/SOCIALES

QSSCAT=*(Family/Social Relationships)*

QSTEST/QSTESTCD — QSORRES

F1. Estado Civil: *(Marital status:)*

1 O Casado o pareja *(Married)*
2 O Casado en segundas nupcias *(Remaried)*
3 O Viudo *(Widowed)*
4 O Separado *(Separated)*
5 O Divorciado *(Divorced)*
6 O Soltero *(Never married)*

F3. ¿Está satisfecho con esta situación? *(Are you satisfied with this situation?)*

0 O No *(No)*
1 O Indiferente *(Indifferent)*
2 O Sí *(Yes)*

F4. ¿En los últimos tres años, en que situación ha vivido más tiempo? *(Usual living arrangement (past 3 years))* QSEVLNT=-P3Y

1 O Con pareja sexual e hijos *(With sexual partner and children)*
2 O Con pareja sexual sin hijos *(With sexual partner alone)*
3 O Con hijos solo *(With children alone)*
4 O Con los padres *(With parents)*
5 O Con la familia de origen *(With family)*
6 O Con los amigos *(With friends)*
7 O Sólo/a *(Alone)*
8 O En ambiente institucional controlado (Cárcel) *(Controlled environment)*
9 O Ninguna situación estable *(No stable arrangements)*

F6. ¿Está satisfecho con esta situación de vivienda? *(Are you satisfied with these living arrangements?)*

0 O No *(No)*
1 O Indiferente *(Indifferent)*
2 O Sí *(Yes)*

Vive Ud. con alguien que:*(Do you live with anyone who:)*

F7. ¿Tenga actualmente un problema con el alcohol?*(Has a current alcohol problem?)*

0 O No *(No)*
1 O Sí *(Yes)*

F8. ¿Use drogas que no son prescritas (recetadas)? *(Uses non-prescribed drugs?)*

0 O No *(No)*
1 O Sí *(Yes)*

F9. ¿Con quién pasa la mayor parte de su tiempo libre? *(With whom do you spend most of your free time?)*

1 O Familia *(Family)*
2 O Amigos *(Friends)*
3 O Solo *(Alone)*

F10. ¿Está satisfecho de como emplea el tiempo libre? *(Are you satisfied with spending your free time this way?)*

0 O No *(No)*
1 O Indiferente *(indifferent)*
2 O Sí *(Yes)*

Comentarios
(Comments)

THIS DATA NOT ENTERED

INDICE DE GRAVEDAD DE LA ADICCION

(Addiction Severity Index for Pretreatment)

STUDYID EPOCH

Protocol Number	Node Number	Site Number	USUBJID Participant Number	Week	Day of Week	Phase	VISITNUM Visit Sequence

Visit Date: ____ / ____ / ____ QSDTC

QSEVAL Rater Number: ____

RELACIONES FAMILIARES/SOCIALES

QSSCAT= *(Family/Social Relationships)*

¿Ha tenido períodos significativos en los que ha experimentado problemas serios con: *(Have you had significant periods in which you have experienced serious problems getting along with:)*

QSTEST/QSTESTCD

	Ultimos 30 días *(Past 30 days)* QSEVLNT=-P30D	Durante su vida *(Lifetime)* QSORRES
F18. Madre *(Mother)*	0 O No *(No)* 1 O Sí *(Yes)*	0 O No *(No)* 1 O Sí *(Yes)*
F19. Padre *(Father)*	0 O No *(No)* 1 O Sí *(Yes)*	0 O No *(No)* 1 O Sí *(Yes)*
F20. Hermanos / Hermanas *(/Brothers/Sisters)*	0 O No *(No)* 1 O Sí *(Yes)*	0 O No *(No)* 1 O Sí *(Yes)*
F21. Pareja sexual /Esposo (a) *(Sexual partner/spouse)*	0 O No *(No)* 1 O Sí *(Yes)*	0 O No *(No)* 1 O Sí *(Yes)*
F22. Hijos *(Children)*	0 O No *(No)* 1 O Sí *(Yes)*	0 O No *(No)* 1 O Sí *(Yes)*
F23. Otros familiares cercanos *(Other significant family)*	0 O No *(No)* 1 O Sí *(Yes)*	0 O No *(No)* 1 O Sí *(Yes)*
F24. Amigos íntimos *(Close friends)*	0 O No *(No)* 1 O Sí *(Yes)*	0 O No *(No)* 1 O Sí *(Yes)*
F25. Vecinos *(Neighbors)*	0 O No *(No)* 1 O Sí *(Yes)*	0 O No *(No)* 1 O Sí *(Yes)*
F26. Compañeros de trabajo *(Co-workers)*	0 O No *(No)* 1 O Sí *(Yes)*	0 O No *(No)* 1 O Sí *(Yes)*

¿Algunas de estas personas (18-26) abusaron de Ud?
(Did any of these people (18-26 abuse you:)

	Ultimos 30 días *(Past 30days)*	Durante su vida *(Lifetime)*
F28. Físicamente (causarle daño físico) *(Physically (cause you physical harm)?*	0 O No *(No)* 1 O Sí *(Yes)*	0 O No *(No)* 1 O Sí *(Yes)*
F29. Sexualmente (forzarle sexualmente o actos sexuales)? *(Sexually (force sexual advances or sexual acts)?))*	0 O No *(No)* 1 O Sí *(Yes)*	0 O No *(No)* 1 O Sí *(Yes)*

Comentarios
(Comments)

THIS DATA NOT ENTERED

INDICE DE GRAVEDAD DE LA ADICCION

(Addiction Severity Index for Pretreatment)

STUDYID EPOCH

			USUBJID				VISITNUM
Protocol Number	Node Number	Site Number	Participant Number	Week	Day of Week	Phase	Visit Sequence

Visit Date: ☐☐ / ☐☐ / ☐☐

QSEVAL

Rater Number

RELACIONES FAMILIARES/SOCIALES

QSSCAT= *(Family/Social Relationships)*

Para las preguntas 32-35, por favor, indique al paciente que se evalue según la Escala de Valoración del Paciente. *(For questions 32-35, please ask patient to use the Patient's Rating Scale)*

QSTEST/QSTESTCD QSORRES

F30. ¿Cuántos días de los últimos 30 días ha tenido conflictos graves con su familia? *(How many days in the past 30 have you had serious conflicts with your family?* ☐☐

QSORRESU='DAYS'

F31. ¿Cuántos días de los últimos 30 días ha tenido conflictos graves con otras personas (excluyendo familia)? *(How many days in the past 30 have you had serious conflicts with other people(excluding family)?)* ☐☐

QSEVLNT=-P30D

F32. En los últimos 30 días, ¿se ha preocupado o sentido molesto por problemas familiares? *(How troubled or bothered have you been in the past 30 days by these family problems?)*

O 0 O 1 O 2 O 3 O 4

F33. En los últimos 30 días, ¿se ha preocupado o sentido molesto por problemas sociales? *(How troubled or bothered have you been in the past 30 days by social problems?)*

O 0 O 1 O 2 O 3 O 4

F34. ¿Qué importancia tiene para Ud. ahora recibir consejo o asesoramiento sobre sus problemas familiares? *(How important to you now is treatment or counseling for these family problems?)*

O 0 O 1 O 2 O 3 O 4

F35. ¿Qué importancia tiene para Ud. ahora recibir consejo o asesoramiento sobre sus problemas sociales? (Incluya la necesidad del paciente para buscar tratamiento por sus problemas sociales como soledad, inhabilidad de socializar, insatisfacción con amigos. La evaluación del paciente debe referir a insatisfacción, conflictos, o otros problemas serios.) *(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.))*

O 0 O 1 O 2 O 3 O 4

Comentarios
(Comments)

THIS DATA NOT ENTERED

VALORACIÓN DE LA VERACIDAD: Valorar si la información anterior está significativamente distorsionada por:

(Confidence Ratings: Is the above information significantly distorted by:)

F37. ¿Falsedad por parte del paciente?
(Patient's misrepresentation?)

0 O No *(No)*

1 O Sí *(Yes)*

F38. ¿Incapacidad de comprensión del paciente?
(Patient's inability to understand?)

0 O No *(No)*

1 O Sí *(Yes)*

INDICE DE GRAVEDAD DE LA ADICCION

(Addiction Severity Index for Pretreatment)

STUDYID EPOCH

			USUBJID				VISITNUM
Protocol Number	Node Number	Site Number	Participant Number	Week	Day of Week	Phase	Visit Sequence

__ __ / __ __ / __ __ QSDTC

Visit Date

QSEVAL

Rater Number

ESTADO PSICOPATOLOGICO

QSSCAT= *(Psychological Section)* QSTEST/QSTESTCD

¿Cuántas veces ha sido tratado por problemas psicológicos o emocionales? *(How many times have you been treated for any psychological or emotional problems?)*

P1. Como paciente hospitalizado *(In a hospital)* __ __ QSORRES

P2. Como paciente ambulatorio o consulta particular *(As an outpatient or private patient)* __ __

P3. ¿Recibe Ud. alguna pensión por incapacidad psiquiátrica? *(Do you receive a pension for a psychiatric disability?)* 0 O No *(No)* 1 O Sí *(Yes)*

¿Ha tenido algún período importante (que no fuera resultado directo del uso de drogas o de alcohol) en el que haya: *(Have you had a significant period, (that was not a direct result of drug/alcohol use), in which you have:)*

QSEVLNT=-P30D

	Ultimos 30 días *(Past 30days)*	Durante su vida *(Lifetime)*
P4. Experimentado una depresión importante? *(Experienced serious depression?)*	0 O No *(No)* 1 O Sí *(Yes)*	0 O No *(No)* 1 O Sí *(Yes)*
P5. Experimentado ansiedad o tensión? *(Experienced serious anxiety or tnesion?)*	0 O No *(No)* 1 O Sí *(Yes)*	0 O No *(No)* 1 O Sí *(Yes)*
P6. Experimentado alucinaciones? *(Experienced hallucinations?)*	0 O No *(No)* 1 O Sí *(Yes)*	0 O No *(No)* 1 O Sí *(Yes)*
P7. Experimentado problemas de comprensión, concentración o memoria? *(Experienced trouble understanding, concentrating or rembering?)*	0 O No *(No)* 1 O Sí *(Yes)*	0 O No *(No)* 1 O Sí *(Yes)*
P8. Experimentado problemas para controlar conductas violentas? *(Experienced trouble controlling violent behavior?)*	0 O No *(No)* 1 O Sí *(Yes)*	0 O No *(No)* 1 O Sí *(Yes)*
P9. Experimentado problemas serios o ideas en torno al suicidio? *(Experienced serious thoughts of suicide?)*	0 O No *(No)* 1 O Sí *(Yes)*	0 O No *(No)* 1 O Sí *(Yes)*
P10. Intento de suicidio? *(Attempted suicide?)*	0 O No *(No)* 1 O Sí *(Yes)*	0 O No *(No)* 1 O Sí *(Yes)*
P11. ¿Le ha sido prescrita (recetada) alguna medicación para algún problema psicológico o emocional? *(Been prescribed medication for any psychological/emotional problems?)*	0 O No *(No)* 1 O Sí *(Yes)*	0 O No *(No)* 1 O Sí *(Yes)*

Comentarios *(Comments)*

THIS DATA NOT ENTERED

INDICE DE GRAVEDAD DE LA ADICCION

(Addiction Severity Index for Pretreatment)

STUDYID EPOCH

Protocol Number	Node Number	Site Number	Participant Number (USUBJID)	Week	Day of Week	Phase	Visit Sequence (VISITNUM)

Visit Date (QSDTC): ___ / ___ / ___

Rater Number (QSEVAL): _____

ESTADO PSICOPATOLOGICO

QSSCAT= *(Psychological Section)* QSEVLNT=-P30D

QSTEST/QSTESTCD QSORRES

P12. ¿Cuántos días, en los últimos 30, ha experimentado estos problemas psicológicos o emocionales? *(How many days in the past 30 have you experienced these psychological or emotional problems?)* ___ QSORRESU='DAYS'

Para las preguntas 13 y 14, por favor, indique al paciente que se evalúe según la Escala de Valoración del Paciente *(For quesiions 13 & 14, please ask patient to use the Patient's Rating Scale)*

P13. En los últimos 30 días, ¿cuánto le han preocupado o molestado estos problemas psicológicos o emocionales? *(How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?)*

O 0 O 1 O 2 O 3 O 4

P14. ¿Qué importancia tiene para Ud. ahora recibir tratamiento por estos problemas psicológicos o emocionales? *(How important to you now is treament for these psychological or emotional problems?)*

O 0 O 1 O 2 O 3 O 4

VALORACIÓN DE LA VERACIDAD: Valorar si la información anterior está significativamente distorsionada por:

(Confidence Ratings: Is the above information significantly distorted by:)

P22. ¿Falsedad por parte del paciente?
(Patient's misrepresentation?)

0 O No *(No)*

1 O Sí *(Yes)*

P23. ¿Incapacidad de comprensión del paciente?
(Patient's inability to understand?)

0 O No *(No)*

1 O Sí *(Yes)*

Comentarios
(Comments)

THIS DATA NOT ENTERED

Created: CTN Spanish MET ASIP021 10/30/02 MAG Modified: 5/09/03 MAG Version: v05

QSCAT=BICULTURAL INVOLVEMENT SCALE

NIDA - CTN

STUDYID

Escala de Aculturación

Bicultural Involvement Scale

DOMAIN: QS

EPOCH

Protocol Number | Node Number | Site Number | USUBJID | Participant Number | Week | Day of Week | Phase | Visit Sequence VISITNUM

/ / QSDTC

Visit Date

Source Document Language: O English O Spanish O English and Spanish

QSEVAL

Rater Number

Form Completion Status: O Form Completed as Required (Any data collected) O Responsible Person did not Complete O Participant did not Attend Visit O Participant Refused O Not Enough Time at the Visit O Other (specify: _____)

INSTRUCCIONES: En las siguientes preguntas, por favor marque con un círculo el número que mejor describa como usted se siente.

INSTRUCTIONS: In the following questions please write the number that best describes your feelings.

A. Se siente usted cómodo hablando ESPAÑOL en:

How comfortable do you feel speaking SPANISH:

QSORRES

QSTEST	Nada Cómodo *(Not at all comfortable)*	Un poco cómoda/o *(Somewhat comfortable)*	En el medio *(In the middle)*	Cómoda/o *(Comfortable)*	Muy Cómodo *(Very comfortable)*	No aplica *(Not Applicable)*
1. su CASA *(at HOME)*	O 1	O 2	O 3	O 4	O 5	O 6
2. la ESCUELA *(in SCHOOL)*	O 1	O 2	O 3	O 4	O 5	O 6
3. el TRABAJO *(at WORK)*	O 1	O 2	O 3	O 4	O 5	O 6
4. con sus AMISTADES *(with FRIENDS)*	O 1	O 2	O 3	O 4	O 5	O 6
5. en GENERAL *(in GENERAL)*	O 1	O 2	O 3	O 4	O 5	O 6

B. Se siente usted cómodo hablando INGLES en:

How comfortable do you feel speaking ENGLISH:

	Nada Cómodo *(Not at all comfortable)*	Un poco cómoda/o *(Somewhat comfortable)*	En el medio *(In the middle)*	Cómoda/o *(Comfortable)*	Muy Cómodo *(Very comfortable)*	No aplica *(Not Applicable)*
6. su CASA *(at HOME)*	O 1	O 2	O 3	O 4	O 5	O 6
7. la ESCUELA *(in SCHOOL)*	O 1	O 2	O 3	O 4	O 5	O 6
8. el TRABAJO *(at WORK)*	O 1	O 2	O 3	O 4	O 5	O 6
9. con sus AMISTADES *(with FRIENDS)*	O 1	O 2	O 3	O 4	O 5	O 6
10. en GENERAL *(in GENERAL)*	O 1	O 2	O 3	O 4	O 5	O 6

C. Cuánto disfruta usted de:

How much do you enjoy:

	Nada *(Not at all)*	Poco *(Not really)*	En el medio *(In the middle)*	Bastante *(Somewhat)*	Mucho *(Very Much)*	No aplica *(Not Applicable)*
11. Música Hispana *(Hispanic Music)*	O 1	O 2	O 3	O 4	O 5	O 6
12. Bailes Hispanos *(Hispanic Dances)*	O 1	O 2	O 3	O 4	O 5	O 6
13. Lugares con una orientación Hispana *(Hispanic-oriented places)*	O 1	O 2	O 3	O 4	O 5	O 6
14. Recreación de tipo Hispana *(Hispanic type recreation)*	O 1	O 2	O 3	O 4	O 5	O 6
15. Programas de televisión Hispana *(Hispanic T.V. programs)*	O 1	O 2	O 3	O 4	O 5	O 6
16. Estaciones de radio Hispana *(Hispanic radio stations)*	O 1	O 2	O 3	O 4	O 5	O 6
17. Libros y magazines (periódicos, revistas) Hispanos *(Hispanic books and magazines)*	O 1	O 2	O 3	O 4	O 5	O 6

Created: CTN Spanish MET BCI021 11/01/02 MAG Modified: 04/21/03 MAG Version: v04

QSCAT=BICULTURAL INVOLVEMENT SCALE

DOMAIN: QS

NIDA - CTN

STUDYID

Escala de Aculturación

Bicultural Involvement Scale

EPOCH

Protocol Number	Node Number	Site Number	USUBJID Participant Number	Week	Day of Week	Phase	VISITNUM Visit Sequence

Visit Date: ____ / ____ / ____ QSDTC

QSEVAL Rater Number

D. Cuánto disfruta usted de:

How much do you enjoy:

QSORRES

QSTEST	Nada *(Not at all)*	Poco *(Not really)*	En el medio *(In the middle)*	Bastante *(Somewhat)*	Mucho *(Very Much)*	No aplica *(Not Applicable)*
18. Música Americana *(American Music)*	O 1	O 2	O 3	O 4	O 5	O 6
19. Bailes Americanos *(American Dances)*	O 1	O 2	O 3	O 4	O 5	O 6
20. Lugares con una orientación Americana *(American-oriented places)*	O 1	O 2	O 3	O 4	O 5	O 6
21. Recreación de tipo Americana *(American type recreation)*	O 1	O 2	O 3	O 4	O 5	O 6
22. Programas de televisión Americanos *(American T.V. programs)*	O 1	O 2	O 3	O 4	O 5	O 6
23. Estaciones de radio Americana *(American radio stations)*	O 1	O 2	O 3	O 4	O 5	O 6
24. Libros y magazines (periódicos, revistas) Americanos *(American books and magazines)*	O 1	O 2	O 3	O 4	O 5	O 6

DOMAIN: DS

NIDA - CTN

Client Disposition and End of Treatment Status Form

STUDYID USUBJID VISITNUM EPOCH

Protocol Number | Node Number | Site Number | Participant Number | Week | Day of Week | Phase | Visit Sequence

Visit Date (DSDTC)

Source Document Language: ○ English ○ Spanish ○ English and Spanish

Rater Number

DSCAT='DISPOSITION EVENT'

Form Completion Status:
- ○ Form Completed as Required (Any data collected)
- ○ Participant Refused
- ○ Responsible Person not Complete
- ○ Not Enough Time at the Visit
- ○ Participant did not Attend Visit
- ○ Other (specify: _____)

DS.DSTERM/DSDECOD

1. How many MET/TUA sessions did the participant complete in the 28 days after randomization?

○ No sessions completed ○ 1 session completed ○ 2 sessions completed ○ 3 sessions completed

DS.DSSTDTC also as DM.RFENDTC

2. Date of last individual session (MET or Standard)
Note: Date should not be filled in if a client who was randomized did not initiate treatment.

/ /

3. Please indicate reason for patient's ending status. (completer,withdrawn,non-completer)

Completer
- ○ Patient Completed Treatment

Withdrawn*
- ○ Significant psychiatric risk (suicidal, homicidal, psychotic)
- ○ Death
- ○ Other type of Clinical Deterioration (increased drug use, other)

Non-completer
- ○ Administrative discharge
- ○ Moving from area
- ○ Practical problems (no childcare, transportation, other)
- ○ Medical Problems (hospitalization, other)
- ○ Incarceration
- ○ Pressure or advice from outsiders
- ○ Feels treatment no longer necessary, cured
- ○ Feels treatment no longer necessary, still using
- ○ Unknown
- ○ Other please specify THIS DATA NOT ENTERED

4. Was the client referred to any of the following treatments for further drug treatment?

No	Yes	
○	○	a. Further treatment
○	○	b. Individual therapy
○	○	c. Pharmacotherapy
○	○	d. Self - help groups (NA, CA, AA)
○	○	e. Group therapy
○	○	f. Family/couples therapy
○	○	g. Inpatient treatment
○	○	h. Residential treatment
○	○	i. Intensive outpatient
○	○	j. Partial Hospital
○	○	k. Detox
○	○	l. Other

Please specify THIS DATA NOT ENTERED _____

5. Is the client currently (at this time) enrolled in the clinic? ○ No ○ Yes

* If client withdrawn from study, a Serious Adverse Event Form/CRF should be completed.

DOMAIN: DM, SC

NIDA - CTN

Forma Demográfica

STUDYID USUBJID *Demographic Form* VISITNUM EPOCH

Protocol Number | Node Number | Site Number | Participant Number | Week | Day of Week | Phase | Visit Sequence

Visit Date DMDTC/SCDTC

Source Document Language: O English O Spanish O English and Spanish

Rater Number

Form Completion Status: O Form Completed as Required (Any data collected) O Responsible Person did not Complete O Participant did not Attend Visit O Participant Refused O Not Enough Time at the Visit O Other(specify:_____)

1. Sexo (Género): *Sex* DM.SEX

1 O Masculino *(male)* 2 O Femenino *(female)*

2. Fecha de Nacimiento: *Date of Birth* DM.BRTHDTC

3. Etnicidad: *Ethnicity* SCTEST SCORRES

No *(No)* Sí *(Yes)*

0 O 1 O Blanco(a) *(White)* DM.RACE (if multiple, then 'MULTIPLE')

0 O 1 O Negro(a), o Americano Africano(a) *(Black, African American, or Negro)*

0 O 1 O Indio(a) americano(a) o Nativo(a) de Alaska *(American Indian or Alaskan Native)*

0 O 1 O Español(a)/Hispano(a) *(Spanish/Hispanic)*

1 O Mejicano(a), Méjico-Americano(a) o Chicano(a) *(Mexican, Mexican-American, or Chicano)*

1 O Puertorriqueño(a) *(Puerto Rican)*

1 O Cubano(a) *(Cuban)*

1 O Otro español(a), Hispano(a) o Latino(a): Especifique *(Other Spanish, Hispanic or Latino: Specify)*

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

English

Spanish NOT ENTERED

0 O 1 O Asiático(a) *(Asian)*

1 O Indio(a) asiático(a) *(Asian Indian)*

1 O Chino(a) *(Chinese)*

1 O Filipino(a) *(Filipino)*

1 O Japonés(a) *(Japanese)*

1 O Coreano(a) *(Korean)*

1 O Vietnamita *(Vietnamese)*

1 O Otro asiático(a): Especifique *(Other Asian: Specify)*

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

English

Spanish NOT ENTERED

0 O 1 O Hawaiano(a) nativo(a) o de las Islas del Pacífico *(Native Hawaiian or Pacific Islander)*

1 O Hawaiano(a) Nativo(a) *(Native Hawaiin)*

1 O Guamanino(a) o Chamorro(a) *(Guamanian or Chamorro)*

1 O Samoano(a) *(Samoan)*

1 O De otra isla: Especifique *(Other Islander: Specify)*

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

English Spanish NOT ENTERED

0 O 1 O Otra etnicidad: Especifique *(Ethnicity other: Specify)*

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

English

Spanish NOT ENTERED

1 O Participante prefiere no responder *(Participant chooses not to respond)*

Protocol Number | Node Number | Site Number | Participant Number | Week | Day of Week | Phase | Visit Sequence

/ / SCDTC

Visit Date

Rater Number

4. Años de Educación completos: SCTEST (GED = 12) SCORRES SCORRESU

Years of Education Completed (GED = 12)

5. Patrón usual de empleo en:

Usual Employment pattern over:

A. Los últimos 3 años
Past 3 years

1 O Tiempo completo (35+horas/semana) *(Full time (35+hrs/wk))*
2 O Medio tiempo (horario regular) *(Part time (regular hours))*
3 O Medio tiempo (irregular, trabajo en el día) *(Part time (irreg., day-work)*
4 O Estudiante *(Student)*
5 O Servicio *(Service)*
6 O Retirado(a)/Deshabilitado(a) *(Retired/Disability)*
7 O Ama de casa *(Homemaker)*
8 O Desempleado(a) *(Unemployed)*
9 O En un ambiente controlado *(In controlled environment)*

B. Los últimos 30 dias
Past 30 days

1 O Tiempo completo (35+horas/semana) *(Full time (35+hrs/wk))*
2 O Medio tiempo (horario regular) *(Part time (regular hours))*
3 O Medio tiempo (irregular, trabajo en el día) *(Part time (irreg., day-work)*
4 O Estudiante *(Student)*
5 O Servicio *(Service)*
6 O Retirado(a)/Deshabilitado(a) *(Retired/Disability)*
7 O Ama de casa *(Homemaker)*
8 O Desempleado(a) *(Unemployed)*
9 O En un ambiente controlado *(In controlled environment)*

6. Estado Civil: *(Marital Status)*

1 O Legalmente casado(a) *(Legally Married)*
2 O Viviendo con su pareja / cohabitando *(Living with partner/Cohabitating)*
3 O Viudo(a) *(Widowed)*
4 O Separado(a) *(Separated)*
5 O Divorciado(a) *(Divorce)*
6 O Nunca casado(a) *(Never Married)*

9. ¿Qué asuntos legales, si existen, llevaron al paciente a buscar tratamiento en este momento?
What if any, legal issues prompted the patient to seek treatment at this time?

1 O El/la paciente fue obligado(a) o referido(a) a un tratamiento alternativo al encarcelamiento *(Patient mandated or referred to treatment as alternative to incarceration)*
2 O El/la paciente fue referido por un oficial de libertad condicional *(Patient referred by probation or parole officer)*
3 O El/la paciente fue referido(a) por otro empleado de agencia federal, estatal o privada *(Patient referred by other federal, state, or private agency employee)*
4 O Otros asuntos legales *(Other legal issue involved)*
5 O Ningún asunto legal que se sepa *(No known legal issue involed)*

NIDA - CTN

Forma Demográfica

Demographic Form

DOMAIN: SU

STUDYID | USUBJID | VISITNUM | EPOCH

Protocol Number | Node Number | Site Number | Participant Number | Week | Day of Week | Phase | Visit Sequence

Visit Date (SUDTC)

Rater Number

SUCAT=DRUG/ALCOHOL USE

SUTRT

7. Uso de Sustancias:

(Substance Use)

SUEVLINT=-P30D

	Últimos 30 días *(Past 30 days)* SUDUR	Años de uso en la vida *(Years of Lifetime Use)*	Ruta de Administración *Route of Administration* SUROUTE: Oral *(Oral)*	Nasal *(Nasal)*	Fumador *(Smoking)*	Inyección IV o No-IV *(IV or Non-IV injection)*	No aplica *(N/A)*
01 Alcohol (cualquier uso) *(Alcohol (Any Use))*			1	2	3	4	8
02 Alcohol (para intoxicación) *(Alcohol (To intoxication))*			1	2	3	4	8
03 Heroína *(Heroin)*			1	2	3	4	8
04 Metadona (recetada) *(Methadone (prescribed))*			1	2	3	4	8
05 Metadona (ilícita) *(Methadone (illicit))*			1	2	3	4	8
06 Otros opiáceos / analgésico *(Other Opiates/Analgesic)*			1	2	3	4	8
07 Barbitúricos *(Barbituates)*			1	2	3	4	8
08 Otros sedantes / hipnóticos / tranquilizantes incluyendo Benzos *(Other Sedatives/ Hypnotics / Tranquilizers including Benzos)*			1	2	3	4	8
09 Cocaína *(Cocaine)*			1	2	3	4	8
10 Anfetaminas / metamfetaminas *(Amphetamines/Methamphetamines)*			1	2	3	4	8
11 Cánnabis *(Cannabis)*			1	2	3	4	8
12 Alucinógenos *(Hallucinogens)*			1	2	3	4	8
13 Inhalantes *(Inhalants)*			1	2	3	4	8
14 Más de una sustancia por día *(More than 1 substance per day)*							
15 Nicotina (productos de tabaco) *(Nicotine (tobacco products)*			1	2	3	4	8

SUCAT=MAJOR DRUG PROBLEM

8. ¿De acuerdo con el entrevistador, qué sustancia es la de mayor problema?

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

SUTRT

11618

QSCAT=HELPING ALLIANCE QUESTIONNAIRE – CLIENT FORM

NIDA - CTN

Cuestionario de Ayuda - Formulario del Cliente

Helping Alliance Questionnaire- Client Form

DOMAIN: QS

STUDYID

EPOCH

USUBJID

VISITNUM

Protocol Number | Node Number | Site Number | Participant Number | Week | Day of Week | Phase | Visit Sequence

/ / QSDTC

Visit Date

Source Document Language:
O English O Spanish
O English and Spanish

QSEVAL

Rater Number

Form Completion Status: O Form Completed as Required (Any data collected) O Participant Refused O Responsible Person did not Complete O Not Enough Time at the Visit O Participant did not Attend Visit O Other (specify: _____)

Instrucciones: Estas son algunas maneras que una persona puede sentirse o comportarse con relación a otra persona - su terapeuta. Considere cuidadosamente la relación con su terapeuta, y luego marque cada oración /afirmación según cómo usted se sienta de acuerdo o en desacuerdo. Por favor, marque cada una.

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

QSTEST

1. Me siento que puedo depender del /la terapeuta.
   I feel I can depend upon the therapist.

QSORRES

1 O	2 O	3 O	4 O	5 O	6 O
Fuertemente en desacuerdo *Strongly Disagree*	En desacuerdo *Disagree*	Ligeramente en desacuerdo *Slightly Disagree*	Ligeramente de acuerdo *Slightly Agree*	De acuerdo *Agree*	Fuertemente de acuerdo *Strongly Agree*

2. Siento que el /la terapeuta me entiende.
   I feel the therapist understands me.

1 O	2 O	3 O	4 O	5 O	6 O
Fuertemente en desacuerdo *Strongly Disagree*	En desacuerdo *Disagree*	Ligeramente en desacuerdo *Slightly Disagree*	Ligeramente de acuerdo *Slightly Agree*	De acuerdo *Agree*	Fuertemente de acuerdo *Strongly Agree*

3. Siento que el /la terapeuta quiere que logre mis metas.
   I feel the therapist wants me to achieve my goals.

1 O	2 O	3 O	4 O	5 O	6 O
Fuertemente en desacuerdo *Strongly Disagree*	En desacuerdo *Disagree*	Ligeramente en desacuerdo *Slightly Disagree*	Ligeramente de acuerdo *Slightly Agree*	De acuerdo *Agree*	Fuertemente de acuerdo *Strongly Agree*

4. A veces desconfío del juicio (opinión) del /de la terapeuta.
   At times I distrust the therapist's judgment.

1 O	2 O	3 O	4 O	5 O	6 O
Fuertemente en desacuerdo *Strongly Disagree*	En desacuerdo *Disagree*	Ligeramente en desacuerdo *Slightly Disagree*	Ligeramente de acuerdo *Slightly Agree*	De acuerdo *Agree*	Fuertemente de acuerdo *Strongly Agree*

Created: CTN Spanish MET HAQC021 10/30/02 MAG Modified: 4/11/03 MAG Version: v06

Protocol Number | Node Number | Site Number | USUBJID | Participant Number | Week | Day of Week | Phase | Visit Sequence VISITNUM

Visit Date: / / QSDTC

Rater Number: QSEVAL

5. Siento que trabajo junto con el /la terapeuta en un esfuerzo común (mutuo).
QSTEST *I feel I am working together with the therapist in a joint effort.*
QSORRES

1	2	3	4	5	6
Fuertemente en desacuerdo *Strongly Disagree*	En desacuerdo *Disagree*	Ligeramente en desacuerdo *Slightly Disagree*	Ligeramente de acuerdo *Slightly Agree*	De acuerdo *Agree*	Fuertemente de acuerdo *Strongly Agree*

6. Creo que tenemos ideas similares (parecidas) acerca de la naturaleza de mis problemas.
I believe we have similar ideas about the nature of my problems.

1	2	3	4	5	6
Fuertemente en desacuerdo *Strongly Disagree*	En desacuerdo *Disagree*	Ligeramente en desacuerdo *Slightly Disagree*	Ligeramente de acuerdo *Slightly Agree*	De acuerdo *Agree*	Fuertemente de acuerdo *Strongly Agree*

7. Generalmente respeto las opiniones del /de la terapeuta sobre mí.
I generally respect the therapist's views about me.

1	2	3	4	5	6
Fuertemente en desacuerdo *Strongly Disagree*	En desacuerdo *Disagree*	Ligeramente en desacuerdo *Slightly Disagree*	Ligeramente de acuerdo *Slightly Agree*	De acuerdo *Agree*	Fuertemente de acuerdo *Strongly Agree*

8. Los procedimientos usados en mi terapia no van de acuerdo con mis necesidades.
The procedures used in my therapy are not well suited to my needs.

1	2	3	4	5	6
Fuertemente en desacuerdo *Strongly Disagree*	En desacuerdo *Disagree*	Ligeramente en desacuerdo *Slightly Disagree*	Ligeramente de acuerdo *Slightly Agree*	De acuerdo *Agree*	Fuertemente de acuerdo *Strongly Agree*

9. Me agrada (gusta) el /la terapeuta como persona.
I like the therapist as a person.

1	2	3	4	5	6
Fuertemente en desacuerdo *Strongly Disagree*	En desacuerdo *Disagree*	Ligeramente en desacuerdo *Slightly Disagree*	Ligeramente de acuerdo *Slightly Agree*	De acuerdo *Agree*	Fuertemente de acuerdo *Strongly Agree*

10. En la mayoría de las sesiones, el /la terapeuta y yo encontramos la manera de trabajar en mis problemas juntos.
In most sessions, the therapist and I find a way to work on my problems together.

1	2	3	4	5	6
Fuertemente en desacuerdo *Strongly Disagree*	En desacuerdo *Disagree*	Ligeramente en desacuerdo *Slightly Disagree*	Ligeramente de acuerdo *Slightly Agree*	De acuerdo *Agree*	Fuertemente de acuerdo *Strongly Agree*

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11. El /la terapeuta se relaciona conmigo en maneras que retrasan (demoran) el progreso de la terapia.
QSTEST *The therapist relates to me in ways that slow up the progress of the therapy.* QSORRES

1	2	3	4	5	6
Fuertemente en desacuerdo *Strongly Disagree*	En desacuerdo *Disagree*	Ligeramente en desacuerdo *Slightly Disagree*	Ligeramente de acuerdo *Slightly Agree*	De acuerdo *Agree*	Fuertemente de acuerdo *Strongly Agree*

12. Se ha formado una buena relación con mi terapeuta.
A good relationship has formed with my therapist.

1	2	3	4	5	6
Fuertemente en desacuerdo *Strongly Disagree*	En desacuerdo *Disagree*	Ligeramente en desacuerdo *Slightly Disagree*	Ligeramente de acuerdo *Slightly Agree*	De acuerdo *Agree*	Fuertemente de acuerdo *Strongly Agree*

13. El /la terapeuta aparenta (parece) tener experiencia ayudando a la gente.
The therapist appears to be experienced in helping people.

1	2	3	4	5	6
Fuertemente en desacuerdo *Strongly Disagree*	En desacuerdo *Disagree*	Ligeramente en desacuerdo *Slightly Disagree*	Ligeramente de acuerdo *Slightly Agree*	De acuerdo *Agree*	Fuertemente de acuerdo *Strongly Agree*

14. Yo quiero (deseo) mucho solucionar mis problemas.
I want very much to work out my problems.

1	2	3	4	5	6
Fuertemente en desacuerdo *Strongly Disagree*	En desacuerdo *Disagree*	Ligeramente en desacuerdo *Slightly Disagree*	Ligeramente de acuerdo *Slightly Agree*	De acuerdo *Agree*	Fuertemente de acuerdo *Strongly Agree*

15. El /la terapeuta y yo tenemos intercambios significativos.
The therapist and I have meaningful exchanges.

1	2	3	4	5	6
Fuertemente en desacuerdo *Strongly Disagree*	En desacuerdo *Disagree*	Ligeramente en desacuerdo *Slightly Disagree*	Ligeramente de acuerdo *Slightly Agree*	De acuerdo *Agree*	Fuertemente de acuerdo *Strongly Agree*

16. Algunas veces el /la terapeuta y yo tenemos intercambios que no han sido beneficiosos.
The therapist and I sometimes have unprofitable exchanges.

1	2	3	4	5	6
Fuertemente en desacuerdo *Strongly Disagree*	En desacuerdo *Disagree*	Ligeramente en desacuerdo *Slightly Disagree*	Ligeramente de acuerdo *Slightly Agree*	De acuerdo *Agree*	Fuertemente de acuerdo *Strongly Agree*

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17. De vez en cuando, hablamos acerca de los mismos eventos importantes de mi pasado.
QSTEST *From time to time, we both talk about the same important events in my past.* QSORRES

1 O	2 O	3 O	4 O	5 O	6 O
Fuertemente en desacuerdo *Strongly Disagree*	En desacuerdo *Disagree*	Ligeramente en desacuerdo *Slightly Disagree*	Ligeramente de acuerdo *Slightly Agree*	De acuerdo *Agree*	Fuertemente de acuerdo *Strongly Agree*

18. Creo que al /a la terapeuta le agrado (gusto, caigo bien) como persona.
I believe the therapist likes me as a person.

1 O	2 O	3 O	4 O	5 O	6 O
Fuertemente en desacuerdo *Strongly Disagree*	En desacuerdo *Disagree*	Ligeramente en desacuerdo *Slightly Disagree*	Ligeramente de acuerdo *Slightly Agree*	De acuerdo *Agree*	Fuertemente de acuerdo *Strongly Agree*

19. Mi terapeuta parece distante por momentos.
At times the therapist seems distant.

1 O	2 O	3 O	4 O	5 O	6 O
Fuertemente en desacuerdo *Strongly Disagree*	En desacuerdo *Disagree*	Ligeramente en desacuerdo *Slightly Disagree*	Ligeramente de acuerdo *Slightly Agree*	De acuerdo *Agree*	Fuertemente de acuerdo *Strongly Agree*

QSCAT=HELPING ALLIANCE QUESTIONNAIRE – THERAPIST FORM

DOMAIN: QS

NIDA - CTN

Helping Alliance Questionnaire- Therapist Form

STUDYID

EPOCH

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Form Completion Status: O Form Completed as Required (Any data collected) O Responsible Person did not Complete O Participant did not Attend Visit O Participant Refused O Not Enough Time at the Visit O Other (specify: _____)

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

QSTEST 1. The patient feels he/she can depend upon me. QSORRES

O Strongly Disagree	O Disagree	O Slightly Disagree	O Slightly Agree	O Agree	O Strongly Agree

2. He/she feels I understand him/her.

O Strongly Disagree	O Disagree	O Slightly Disagree	O Slightly Agree	O Agree	O Strongly Agree

3. The patient feels I want him/her to achieve the goals.

O Strongly Disagree	O Disagree	O Slightly Disagree	O Slightly Agree	O Agree	O Strongly Agree

4. At times the patient distrusts my judgment.

O Strongly Disagree	O Disagree	O Slightly Disagree	O Slightly Agree	O Agree	O Strongly Agree

5. The patient feels he/she is working together with me in a joint effort.

O Strongly Disagree	O Disagree	O Slightly Disagree	O Slightly Agree	O Agree	O Strongly Agree

6. I believe we have similar ideas about the nature of his/her problems.

O Strongly Disagree	O Disagree	O Slightly Disagree	O Slightly Agree	O Agree	O Strongly Agree

Created: CTN Spanish MET HAQT021 10/30/02 MAG Modified: 4/21/03 MAG Version: v03

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QSTEST QSORRES

7. The patient generally respects my views about him/her.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
O	O	O	O	O	O

8. The patient believes the procedures used in his/her therapy are <u>not</u> well suited to his/her needs.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
O	O	O	O	O	O

9. The patient likes me as a person.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
O	O	O	O	O	O

10. In most sessions, we find a way to work on his/her problems together.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
O	O	O	O	O	O

11. The patient believes I relate to him/her in ways that <u>slow up</u> the progress of the therapy.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
O	O	O	O	O	O

12. The patient believes a good relationship has formed between us.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
O	O	O	O	O	O

13. The patient believes I am experienced in helping people.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
O	O	O	O	O	O

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14. I want very much for the patient to work out his/her problems.

QSTEST QSORRES

O	O	O	O	O	O
Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree

15. The patient and I have meaningful exchanges.

O	O	O	O	O	O
Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree

16. The patient and I sometimes have unprofitable exchanges.

O	O	O	O	O	O
Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree

17. From time to time, we both talk about the same important events in his/her past.

O	O	O	O	O	O
Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree

18. The patient believes I like him/her as a person.

O	O	O	O	O	O
Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree

19. At times the patient sees me as distant.

O	O	O	O	O	O
Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree

QSCAT=HIV RISK-TAKING BEHAVIOR SCALE

NIDA - CTN

STUDYID

Riesgos del HIV - Midiendo el Comportamiento

(HIV Risk-Taking Behavior Scale)

DOMAIN: QS

EPOCH

USUBJID

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Form Completion Status: O Form Completed as Required (Any data collected) O Participant Refused O Responsible Person did not Complete O Not Enough Time at the Visit O Participant did not Attend Visit O Other (specify: _____)

Comportamiento en el Uso de las Agujas

(Needle Use Behavior)

QSTEST

QSSCAT=INJECTED DRUG USE

1. ¿Cuántas veces se ha inyectado (a usted mismo con alguna droga o fue inyectado por alguien más) en los últimos 30 días? QSORRES

(How many times have you hit up (i.e., injected yourself with any drugs or were injected by someone else) in the last 30 days?)

QSEVLINT=-P1M

0 O No se ha inyectado *(Hasn't hit up)* **Note: If 0, skip to Question 7.**

1 O Una vez *(Once)*

2 O Más de una vez *(More than once)*

3 O Una vez al día *(Once a day)*

4 O 2-3 veces al día *(2-3 times a day)*

5 O Más de tres veces al día *(More than three times a day)*

2. En los últimos 30 días, ¿cuántas veces ha usado una aguja después que alguien más la halla usado? Por favor, incluya el número de veces que usted usó la aguja después que su pareja, y también el número de veces que usó la aguja después que otros.

(How many times in the last 30 days have you used a needle after someone else had already used it? Please include the number of times you used a needle after your partner in addition to the number of times you used a needle after others.)

0 O Ninguna vez *(No times)*

1 O Una vez *(One time)*

2 O Dos veces *(Two times)*

3 O 3-5 veces *(3-5 times)*

4 O 6-10 veces (6-10 times)

5 O Más de 10 veces *(More than ten times)*

3. ¿Cuántas otras personas (incluyendo su pareja) han usado una aguja antes de que usted la usara en los últimos 30 días?

(How many different people (including your partner) have used a needle before you in the last 30 days?)

0 O Ninguna *(None)*

1 O Una persona *(One person)*

2 O Dos personas *(Two people)*

3 O 3-5 personas *(3-5 people)*

4 O 6-10 personas *(6-10 people)*

5 O Más de 10 personas *(More than ten people)*

Created: CTN Spanish MET HRB021 10/28/02 MAG Modified: 7/14/03 MAG Version: v04

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4. En los últimos 30 días, ¿cuántas veces alguien mas ha usado una aguja después que usted la usó?
(How many times in the last 30 days has someone else used a needle after you used it?)

QSTEST
QSORRES
QSSCAT=INJECTED DRUG USE
QSEVLINT=-P1M

0 O Ninguna vez *(No times)*
1 O Una vez *(One time)*
2 O Dos veces *(Two times)*
3 O 3-5 veces *(3-5 times)*
4 O 6-10 veces (6-10 times)
5 O Más de 10 veces *(More than ten times)*

5. En los últimos 30 días, ¿con qué frecuencia ha limpiado las agujas antes de volverlas a usar?
(How often, in the last 30 days have you cleaned needles before re-using them?)

0 O No las volví a usar *(Does not re-use)*
1 O Cada vez *(Every time)*
2 O Frecuentemente *(Often)*
3 O Algunas veces *(Sometimes)*
4 O Raramente *(Rarely)*
5 O Nunca (Never)

6. Antes de volver a usar las agujas, ¿con qué frecuencia en los últimos 30 días usó desinfectante (clorox, lejía) para limpiarlas?
(Before using needles again, how often in the last 30 days did you use bleach to clean them?)

0 O No las volví a usar *(Does not re-use)*
1 O Cada vez *(Every time)*
2 O Frecuentemente *(Often)*
3 O Algunas veces *(Sometimes)*
4 O Raramente *(Rarely)*
5 O Nunca (Never)

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Comportamiento Sexual

QSTEST *Sexual Behavior* QSSCAT=SEXUAL BEHAVIOR

7. En los últimos 30 días, ¿Con cuánta gente, incluyendo parejas regulares o conocidas casuales y clientes, ha tenido relaciones sexuales? QSORRES

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

0 O Ninguna *(None)*

QSEVLINT=-P1M

1 O Una persona *(One person)*

2 O Dos personas *(Two people)*

3 O 3-5 personas *(3-5 people)*

4 O 6-10 personas *(6-10 people)*

5 O Más de 10 personas *(More than ten people)*

If no sex in the last month, end the interview here.

8. En los últimos 30 días, ¿con qué frecuencia ha usado condones mientras tenía sexo con su(s) pareja(s) regular(es)?

(How often, in the last 30 days, have you used condoms when having sex with your regular partner(s)?)

0 O No pareja regular/ sexo sin penetración *(No regular partner / No penetrative sex)*

1 O Cada vez *(Every time)*

2 O Frecuentemente *(Often)*

3 O Algunas veces *(Sometimes)*

4 O Raramente *(Rarely)*

5 O Nunca *(Never)*

9. En los últimos 30 días, ¿con qué frecuencia ha usado condones mientras tenía sexo con parejas casuales (conocidos)?

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

0 O No pareja casual/ sexo sin penetración *(No casual partner / No penetrative sex)*

1 O Cada vez *(Every time)*

2 O Frecuentemente *(Often)*

3 O Algunas veces *(Sometimes)*

4 O Raramente *(Rarely)*

5 O Nunca *(Never)*

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QSSCAT=SEXUAL BEHAVIOR

QSTEST

10. En los últimos 30 días, ¿con qué frecuencia ha usado condones cuando le han pagado por sexo con dinero o drogas o cuando usted ha pagado por sexo con dinero o drogas?

(How often, in the last 30 days, have you used condoms when you have been paid for sex with money or drugs or when you have paid for sex with money or drugs?)

QSORRES

QSEVLINT=-P1M

0 O No sexo pagado / sexo sin penetración *(No paid sex / No penetrative sex)*
1 O Cada vez *(Every time)*
2 O Frecuentemente *(Often)*
3 O Algunas veces *(Sometimes)*
4 O Raramente *(Rarely)*
5 O Nunca *(Never)*

11. En los últimos 30 días, ¿cuántas veces ha tenido sexo anal?

(How many times have you had anal sex in the last 30 days?)

0 O Ninguna vez *(No times)*
1 O Una vez *(One time)*
2 O Dos veces *(Two times)*
3 O 3-5 veces *(3-5 times)*
4 O 6-10 veces (6-10 times)
5 O Más de 10 veces *(More than ten times)*

12. En los últimos 30 días, ¿con qué frecuencia ha usado condones durante sexo anal?

(How often have you used condoms during anal sex in the last 30 days?)

0 O No pareja regular / sexo sin penetración *(No regular partner / No penetrative sex)*
1 O Cada vez *(Every time)*
2 O Frecuentemente *(Often)*
3 O Algunas veces *(Sometimes)*
4 O Raramente *(Rarely)*
5 O Nunca *(Never)*

DOMAIN: IE, SC

NIDA - CTN

STUDYID

Inclusion/Exclusion Criteria

EPOCH

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○ English and Spanish

Rater Number

Form Completion Status:
○ Form Completed as Required (Any data collected)
○ Responsible Person did not Complete
○ Participant did not Attend Visit
○ Participant Refused
○ Not Enough Time at the Visit
○ Other (specify: _____)

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

IECAT= **INCLUSION CRITERIA**

IETEST	IEORRES
1. Is patient seeking outpatient treatment for any substance use disorder and have they used any substance (cocaine, alcohol, heroin, methamphetamine, amphetamines, phencyclidine (PCP), marijuana, benzodiazepines, opiates/morphine, barbituates) with the past 28 days?	○ NO ○ YES
2. Is the patient at least 18 years old?	○ NO ○ YES
3. Does the patient currently have a stable living arrangement?	○ NO ○ YES
4. Does the patient speak and understand Spanish as the preferred or principal language?	○ NO ○ YES
5. Is the patient willing to be randomized into treatment?	○ NO ○ YES
6. Is the patient willing to be contacted for follow-up interviews 4 and 12 weeks posttreatment?	○ NO ○ YES
7. Will the patient likely be in the area for the next 4 months?	○ NO ○ YES
8. Is the patient able to understand and provide written informed consent?	○ NO ○ YES

IECAT= **EXCLUSION CRITERIA**

IETEST	IEORRES
9. Is the patient seeking detoxification only for substance use problem?	○ NO ○ YES
10. Is the patient seeking methadone maintenance for substance use problem?	○ NO ○ YES
11. Is the patient seeking residential inpatient treatment for substance use problem?	○ NO ○ YES
12. Does the patient seem to have dementia or other irreversible organic brain syndromes?	○ NO ○ YES
13. Has the patient participated in the Spanish MET protocol (#0021) at this facility or any other facility?	○ NO ○ YES
14. Is the patient currently a significant suicidal/homicidal risk?	○ NO ○ YES
15. Is the patient facing incarceration for a period of greater than three weeks?	○ NO ○ YES
16. Does the patient have a spouse/SO currently enrolled in the Spanish MET protocol?	○ NO ○ YES
17. At this point is the patient eligible for the study? SC.SCTEST	SCORRES ○ NO ○ YES

QSCAT=POSTTREATMENT ATTITUDES AND EXPECTATIONS QUESTIONNAIRE

DOMAIN: QS

NIDA - CTN **Cuestionario de Actitudes y Expectativas después del tratamiento**

STUDYID

Posttreatment Attitudes and Expectations Questionnaire

EPOCH

USUBJID

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Form Completion Status: O Form Completed as Required (Any data collected) O Participant Refused O Responsible Person did not Complete O Not Enough Time at the Visit O Participant did not Attend Visit O Other(specify:_____)

2. ¿Por cuál droga vino al tratamiento?
Which drug did you come into treatment for?

QSTEST

QSORRES

3. ¿Logró la meta por la cual vino al tratamiento? 0 O No *(No)* 1 O Sí *(Yes)*
Did you meet your treatment goal?

Ahora nos gustaría saber que cree usted fueron las cosas que más lo ayudaron en su tratamiento. Por favor, indique que tanto usted cree lo ayudó cada uno de los siguientes.

Now we would like to know what things you feel were most helpful to you in your treatment. Please indicate how helpful you believe each of the following was for you.

5. Hablando de las cosas que me pasaron a mí cuando estaba creciendo.
Talking about things that happened to me when I was growing up.

0 O No ocurrió en mi tratamiento *(Did not happen in my treatment)*
1 O Me ayudó muy poco *(Slightly helpful)*
2 O Me ayudó un poco *(Somewhat helpful)*
3 O Me ayudó moderadamente *(Moderately helpful)*
4 O Me ayudó *(Helpful)*
5 O Me ayudó mucho *(Very helpful)*
6 O Me ayudó muchísimo *(Extremely helpful)*

6. Aprendiendo habilidades (técnicas) que me ayudarán a enfrentar (lidiar con) mis problemas.
Learning skills that will help me cope with my problems.

0 O No ocurrió en mi tratamiento *(Did not happen in my treatment)*
1 O Me ayudó muy poco *(Slightly helpful)*
2 O Me ayudó un poco *(Somewhat helpful)*
3 O Me ayudó moderadamente *(Moderately helpful)*
4 O Me ayudó *(Helpful)*
5 O Me ayudó mucho *(Very helpful)*
6 O Me ayudó muchísimo *(Extremely helpful)*

7. Aprendiendo a lidiar (tratar) con mis conflictos de familia.
Learning how to deal with my family conflicts.

0 O No ocurrió en mi tratamiento *(Did not happen in my treatment)*
1 O Me ayudó muy poco *(Slightly helpful)*
2 O Me ayudó un poco *(Somewhat helpful)*
3 O Me ayudó moderadamente *(Moderately helpful)*
4 O Me ayudó *(Helpful)*
5 O Me ayudó mucho *(Very helpful)*
6 O Me ayudó muchísimo *(Extremely helpful)*

8. Aprendiendo más sobre los efectos de las drogas /alcohol en mi cuerpo y mi mente.
Learning more about the effects of drugs/alcohol on my body and mind.

0 O No ocurrió en mi tratamiento *(Did not happen in my treatment)*
1 O Me ayudó muy poco *(Slightly helpful)*
2 O Me ayudó un poco *(Somewhat helpful)*
3 O Me ayudó moderadamente *(Moderately helpful)*
4 O Me ayudó *(Helpful)*
5 O Me ayudó mucho *(Very helpful)*
6 O Me ayudó muchísimo *(Extremely helpful)*

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9. Enseñándole a mi familia sobre como ayudarme para que deje de usar.
Teaching my family about how to help me stop using. QSORRES

QSTEST
0 O No ocurrió en mi tratamiento *(Did not happen in my treatment)*
1 O Me ayudó muy poco *(Slightly helpful)*
2 O Me ayudó un poco *(Somewhat helpful)*
3 O Me ayudó moderadamente *(Moderately helpful)*
4 O Me ayudó *(Helpful)*
5 O Me ayudó mucho *(Very helpful)*
6 O Me ayudó muchísimo *(Extremely helpful)*

10. Asistiendo a reuniones de AA (Alcohólicos Anónimos), CA (Cocaina Anónimos), NA (Narcóticos Anónimos).
Going to AA, CA, NA meetings.
0 O No ocurrió en mi tratamiento *(Did not happen in my treatment)*
1 O Me ayudó muy poco *(Slightly helpful)*
2 O Me ayudó un poco *(Somewhat helpful)*
3 O Me ayudó moderadamente *(Moderately helpful)*
4 O Me ayudó *(Helpful)*
5 O Me ayudó mucho *(Very helpful)*
6 O Me ayudó muchísimo *(Extremely helpful)*

11. Vigilando mi uso de droga por medio de pruebas de orina.
Monitoring of my drug use through urine testing.
0 O No ocurrió en mi tratamiento *(Did not happen in my treatment)*
1 O Me ayudó muy poco *(Slightly helpful)*
2 O Me ayudó un poco *(Somewhat helpful)*
3 O Me ayudó moderadamente *(Moderately helpful)*
4 O Me ayudó *(Helpful)*
5 O Me ayudó mucho *(Very helpful)*
6 O Me ayudó muchísimo *(Extremely helpful)*

12. Aprendiendo habilidades (técnicas) de como lidiar con situaciones que me puedan hacer caer en la tentación de usar drogas /alcohol.
Learning skills on how to deal with situations that tempt me to use drugs/alcohol.
0 O No ocurrió en mi tratamiento *(Did not happen in my treatment)*
1 O Me ayudó muy poco *(Slightly helpful)*
2 O Me ayudó un poco *(Somewhat helpful)*
3 O Me ayudó moderadamente *(Moderately helpful)*
4 O Me ayudó *(Helpful)*
5 O Me ayudó mucho *(Very helpful)*
6 O Me ayudó muchísimo *(Extremely helpful)*

13. Ser capaz de llamar a amistades sobrias cuando necesito ayuda.
Being able to call sober friends when I need help.
0 O No ocurrió en mi tratamiento *(Did not happen in my treatment)*
1 O Me ayudó muy poco *(Slightly helpful)*
2 O Me ayudó un poco *(Somewhat helpful)*
3 O Me ayudó moderadamente *(Moderately helpful)*
4 O Me ayudó *(Helpful)*
5 O Me ayudó mucho *(Very helpful)*
6 O Me ayudó muchísimo *(Extremely helpful)*

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14. Tratamiento para problemas emocionales como depresión o ansiedad.
Treatment for emotional problems like depression or anxiety. QSORRES

QSTEST

0 O No ocurrió en mi tratamiento *(Did not happen in my treatment)*
1 O Me ayudó muy poco *(Slightly helpful)*
2 O Me ayudó un poco *(Somewhat helpful)*
3 O Me ayudó moderadamente *(Moderately helpful)*
4 O Me ayudó *(Helpful)*
5 O Me ayudó mucho *(Very helpful)*
6 O Me ayudó muchísimo *(Extremely helpful)*

15. El solo estar en tratamiento.
Just being in treatment.

0 O No ocurrió en mi tratamiento *(Did not happen in my treatment)*
1 O Me ayudó muy poco *(Slightly helpful)*
2 O Me ayudó un poco *(Somewhat helpful)*
3 O Me ayudó moderadamente *(Moderately helpful)*
4 O Me ayudó *(Helpful)*
5 O Me ayudó mucho *(Very helpful)*
6 O Me ayudó muchísimo *(Extremely helpful)*

16. Ayudándome a llevarme mejor con la gente que es importante para mí y mejorando mi vida social.
Helping me get along better with the people who are important to me and improving my social life.

0 O No ocurrió en mi tratamiento *(Did not happen in my treatment)*
1 O Me ayudó muy poco *(Slightly helpful)*
2 O Me ayudó un poco *(Somewhat helpful)*
3 O Me ayudó moderadamente *(Moderately helpful)*
4 O Me ayudó *(Helpful)*
5 O Me ayudó mucho *(Very helpful)*
6 O Me ayudó muchísimo *(Extremely helpful)*

Ahora estamos interesados sobre cómo se siente acerca de su relación con su consejero.
Now we are interested in your feelings about your relationship with your counselor.

17. ¿Hasta que punto consideró que su consejero lo apoyaba?
To what degree did you feel that your counselor was supportive?

0 O Nada *(Not at all)*
1 O Muy poco *(Slightly)*
2 O Un poco *(Somewhat)*
3 O Moderadamente *(Moderately so)*
4 O Mucho *(A lot)*
5 O Bastante *(Very much so)*
6 O Extremadamente *(Extremely so)*

Protocol Number | Node Number | Site Number | Participant Number | Week | Day of Week | Phase | Visit Sequence VISITNUM

Visit Date (QSDTC)

Rater Number (QSEVAL)

18. ¿ Hasta que punto consideró que su consejero estuvo alejado (distante)?
To what degree did you feel that your counselor was detached?

QSTEST QSORRES

0 O Nada *(Not at all)*
1 O Muy poco *(Slightly)*
2 O Un poco *(Somewhat)*
3 O Moderadamente *(Moderately so)*
4 O Mucho *(A lot)*
5 O Bastante *(Very much so)*
6 O Extremadamente *(Extremely so)*

19. ¿ Hasta que punto consideró que su consejero fue lógico?
To what degree did you feel that your counselor was logical?

0 O Nada *(Not at all)*
1 O Muy poco *(Slightly)*
2 O Un poco *(Somewhat)*
3 O Moderadamente *(Moderately so)*
4 O Mucho *(A lot)*
5 O Bastante *(Very much so)*
6 O Extremadamente *(Extremely so)*

20. ¿ Hasta que punto consideró que su consejero fue sensible?
To what degree did you feel that your counselor was sensitive?

0 O Nada *(Not at all)*
1 O Muy poco *(Slightly)*
2 O Un poco *(Somewhat)*
3 O Moderadamente *(Moderately so)*
4 O Mucho *(A lot)*
5 O Bastante *(Very much so)*
6 O Extremadamente *(Extremely so)*

21. ¿ Hasta que punto consideró que su consejero le aconsejó?
To what degree did you feel that your counselor gave advice?

0 O Nada *(Not at all)*
1 O Muy poco *(Slightly)*
2 O Un poco *(Somewhat)*
3 O Moderadamente *(Moderately so)*
4 O Mucho *(A lot)*
5 O Bastante *(Very much so)*
6 O Extremadamente *(Extremely so)*

22. ¿ Hasta que punto consideró que su consejero lo escuchó?
To what degree did you feel that your counselor listened to you?

0 O Nada *(Not at all)*
1 O Muy poco *(Slightly)*
2 O Un poco *(Somewhat)*
3 O Moderadamente *(Moderately so)*
4 O Mucho *(A lot)*
5 O Bastante *(Very much so)*
6 O Extremadamente *(Extremely so)*

Protocol Number | Node Number | Site Number | Participant Number | Week | Day of Week | Phase | Visit Sequence VISITNUM

Visit Date (QSDTC)

Rater Number (QSEVAL)

23. ¿ Hasta que punto siente que su consejero tiene experiencias (historial) similares a las suyas?
To what degree do you feel that your counselor has a background like yours?

QSTEST QSORRES

0 O Nada *(Not at all)*
1 O Muy poco *(Slightly)*
2 O Un poco *(Somewhat)*
3 O Moderadamente *(Moderately so)*
4 O Mucho *(A lot)*
5 O Bastante *(Very much so)*
6 O Extremadamente *(Extremely so)*

24. ¿ Hasta que punto consideró que su consejero fue crítico con usted?
To what degree did you feel that your counselor was critical of you?

0 O Nada *(Not at all)*
1 O Muy poco *(Slightly)*
2 O Un poco *(Somewhat)*
3 O Moderadamente *(Moderately so)*
4 O Mucho *(A lot)*
5 O Bastante *(Very much so)*
6 O Extremadamente *(Extremely so)*

25. ¿ Hasta que punto consideró que su consejero le alivió algún sentimiento de culpa que usted tenía respecto a su uso de alcohol / drogas?
To what degree did you feel that your counsleor relieved any guilt you have about your drug/alcohol use?

0 O Nada *(Not at all)*
1 O Muy poco *(Slightly)*
2 O Un poco *(Somewhat)*
3 O Moderadamente *(Moderately so)*
4 O Mucho *(A lot)*
5 O Bastante *(Very much so)*
6 O Extremadamente *(Extremely so)*

26. ¿Fue su consejero del mismo genero(sexo) que usted? 0 O No *(No)*
Was your counselor the same gender as you? 1 O Sí *(Yes)*

27. ¿Fue su consejero de la misma raza que usted? 0 O No *(No)*
Was your counselor the same race as you? 1 O Sí *(Yes)*

28. ¿Hasta que punto consideró que su consejero fuera sensible hacia su orientación sexual?
To what degree did you feel that your counselor was sensitive to your sexual orientation?

0 O Nada *(Not at all)*
1 O Muy poco *(Slightly)*
2 O Un poco *(Somewhat)*
3 O Moderadamente *(Moderately so)*
4 O Mucho *(A lot)*
5 O Bastante *(Very much so)*
6 O Extremadamente *(Extremely so)*

Protocol Number	Node Number	Site Number	Participant Number (USUBJID)	Week	Day of Week	Phase	Visit Sequence (VISITNUM)

Visit Date (QSDTC): ____ / ____ / ____ Rater Number (QSEVAL): ____

29. ¿ Hasta que punto consideró que su consejero comprendió su situación familiar?
To what degree did you feel that your counselor seemed to understand your family situation?

QSTEST QSORRES

0 O Nada *(Not at all)*
1 O Muy poco *(Slightly)*
2 O Un poco *(Somewhat)*
3 O Moderadamente *(Moderately so)*
4 O Mucho *(A lot)*
5 O Bastante *(Very much so)*
6 O Extremadamente *(Extremely so)*

30. ¿ Hasta que punto consideró que su consejero le entendió su cultura?
To what degree did you feel that your counselor seemed to understand your culture?

0 O Nada *(Not at all)*
1 O Muy poco *(Slightly)*
2 O Un poco *(Somewhat)*
3 O Moderadamente *(Moderately so)*
4 O Mucho *(A lot)*
5 O Bastante *(Very much so)*
6 O Extremadamente *(Extremely so)*

Finalmente, nos gustaría saber acerca de su impresión general sobre el tratamiento recibido en este programa.
Finally, we would like to know about your overal impression of the treatment you recieved in this program.

31. ¿En general, qué tan satisfecho está con el tratamiento que recibió para su problema de drogas?
Overall, how satisfied are you with the treatment you received for your drug problem?

0 O Extremadamente insatisfecho(a) (Extremely dissatisfied)
1 O Muy insatisfecho(a) (Very dissatisfied)
2 O Algo insatisfecho(a) (Somewhat dissatisfied)
3 O Algo satisfecho(a) (Somewhat satisfied)
4 O Satisfecho(a) (Satisfied)
5 O Muy satisfecho(a) (Very satisfied)
6 O Extremadamente satisfecho(a) (Extremely satisfied)

32. ¿En general, como describiría su condición en este momento?
Overall, how would you describe your condition at present?

0 O Peor que nunca *(Worse than ever)*
1 O Mal *(Poor)*
2 O Mas o menos *(Fair)*
3 O Bien *(O.K.)*
4 O Mejor *(Good)*
5 O Muy bien *(Very good)*
6 O Mejor que nunca *(Better than ever)*

33. ¿En general, cuánto ha cambiado desde que empezó el tratamiento?
Overall, how much have you changed since you began treatment?

0 O Mucho peor de lo que estaba (Much worse than I was)
1 O Peor de lo que estaba (Worse than I was)
2 O Todavía mal (Still poor)
3 O Sin cambio (No change)
4 O Mejor (Better)
5 O Mucho mejor (Much better)
6 O Mejor que nunca (Better than ever)

Protocol Number	Node Number	Site Number	USUBJID Participant Number	Week	Day of Week	Phase	VISITNUM Visit Sequence

Visit Date: ____ / ____ / ____ QSDTC

QSEVAL Rater Number

34. ¿Cuán satisfecho está con la cantidad de tratamiento recibido? QSORRES
How satisfied are you with the amount of treatment you received?

QSTEST

0 O Extremadamente insatisfecho(a) (Extremely dissatisfied)
1 O Muy insatisfecho(a) (Very dissatisfied)
2 O Algo insatisfecho(a) (Somewhat dissatisfied)
3 O Algo satisfecho(a) (Somewhat satisfied)
4 O Satisfecho(a) (Satisfied)
5 O Muy satisfecho(a) (Very satisfied)
6 O Extremadamente satisfecho(a) (Extremely satisfied)

35. ¿Cuán satisfecho está con el/la terapista que lo/la trató?
How satisfied are you with the therapist you saw?

0 O Extremadamente insatisfecho(a) (Extremely dissatisfied)
1 O Muy insatisfecho(a) (Very dissatisfied)
2 O Algo insatisfecho(a) (Somewhat dissatisfied)
3 O Algo satisfecho(a) (Somewhat satisfied)
4 O Satisfecho(a) (Satisfied)
5 O Muy satisfecho(a) (Very satisfied)
6 O Extremadamente satisfecho(a) (Extremely satisfied)

36. En general ¿ hasta qué punto cumplió sus necesidades el tratamiento?
Overall, to what extent did the treatment meet your needs?

0 O Nada *(Not at all)*
1 O Muy poco *(Slightly)*
2 O Un poco *(Somewhat)*
3 O Moderadamente *(Moderately so)*
4 O Mucho *(A lot)*
5 O Bastante *(Very much so)*
6 O Extremadamente *(Extremely so)*

DOMAIN: SC

Formulario de Características del Participante

Participant Characteristic Form

STUDYID EPOCH USUBJID VISITNUM

Protocol Number	Node Number	Site Number	Participant Number	Week	Day of Week	Phase	Visit Sequence

SCDTC

Visit Date: ___ / ___ / ___

Source Document Language: ○ English ○ Spanish ○ English and Spanish

Rater Number: _____

Form Completion Status: ○ Form Completed as Required (Any data collected) ○ Responsible Person did not Complete ○ Participant did not Attend Visit ○ Participant Refused ○ Not Enough Time at the Visit ○ Other (specify: _____)

SCTEST

1. ¿Cuál es su lengua materna?
What's your primary language (or mother tongue)?

SCORRES

1 ○ Español *(Spanish)* 2 ○ Inglés *(English)* 3 ○ Otra *(Other)*

Especifique *(Specify)*: _____

QNAM=PLOTHER
QLABEL=PRIMARY LANGUAGE SPECIFY
IDVAR=SCSEQ

2. ¿Qué idioma habla en su casa?
What language do you speak at home?

1 ○ Español *(Spanish)* 2 ○ Inglés *(English)* 3 ○ Inglés y Español *(English & Spanish Equally)* 4 ○ Otro *(Other)*

Especifique *(Specify)*: _____

QNAM=HLOTHER
QLABEL=HOME LANGUAGE SPECIFY
IDVAR=SCSEQ

3. ¿En qué país nació usted?
What country were you born in?

1 ○	Argentina	7 ○	Nicaragua	13 ○	Colombia	19 ○	Perú
2 ○	Chile	8 ○	Paraguay	14 ○	Cuba	20 ○	República Dominicana *(Dominican Republic)*
3 ○	Costa Rica	9 ○	Puerto Rico	15 ○	El Salvador	21 ○	Uruguay
4 ○	Ecuador	10 ○	Estados Unidos *(United States)*	16 ○	Guatemala	22 ○	Otro *(Other)*
5 ○	España *(Spain)*	11 ○	Venezuela	17 ○	Méjico *(Mexico)*		
6 ○	Honduras	12 ○	Bolivia	18 ○	Panamá		

Especifique *(Specify)*: _____

QNAM=BCOTHER
QLABEL=COUNTRY OF BIRTH SPECIFY
IDVAR=SCSEQ

4. ¿Hace cuánto tiempo vive en los Estados Unidos?
How long have you lived in the mainland United States?

Años (Years) ___ Meses (Months) ___

5. ¿En qué país nació su madre?
What country was your mother born in?

1 ○	Argentina	7 ○	Nicaragua	13 ○	Colombia	19 ○	Perú
2 ○	Chile	8 ○	Paraguay	14 ○	Cuba	20 ○	República Dominicana *(Dominican Republic)*
3 ○	Costa Rica	9 ○	Puerto Rico	15 ○	El Salvador	21 ○	Uruguay
4 ○	Ecuador	10 ○	Estados Unidos *(United States)*	16 ○	Guatemala	22 ○	Otro *(Other)*
5 ○	España *(Spain)*	11 ○	Venezuela	17 ○	Méjico *(Mexico)*		
6 ○	Honduras	12 ○	Bolivia	18 ○	Panamá		

Especifique *(Specify)*: _____

QNAM=MCOTHER
QLABEL=MOTHER COUNTRY OF BIRTH SPECIFY
IDVAR=SCSEQ

6. ¿En qué país nació su padre?
What country was your father born in?

1 ○	Argentina	7 ○	Nicaragua	13 ○	Colombia	19 ○	Perú
2 ○	Chile	8 ○	Paraguay	14 ○	Cuba	20 ○	República Dominicana *(Dominican Republic)*
3 ○	Costa Rica	9 ○	Puerto Rico	15 ○	El Salvador	21 ○	Uruguay
4 ○	Ecuador	10 ○	Estados Unidos *(United States)*	16 ○	Guatemala	22 ○	Otro *(Other)*
5 ○	España *(Spain)*	11 ○	Venezuela	17 ○	Méjico *(Mexico)*		
6 ○	Honduras	12 ○	Bolivia	18 ○	Panamá		

Especifique *(Specify)*: _____

QNAM=FCOTHER
QLABEL=FATHER COUNTRY OF BIRTH SPECIFY
IDVAR=SCSEQ

Randomization Form

STUDYID USUBJID VISITNUM EPOCH

Protocol Number | Node Number | Site Number | Participant Number | Week | Day of Week | Phase | Visit Sequence

Visit Date DMDTC/SCDTC

Source Document Language:
○ English ○ Spanish
○ English and Spanish

Rater Number

Form Completion Status:
○ Form Completed as Required (Any data collected)
○ Responsible Person did not Complete
○ Participant did not Attend Visit
○ Participant Refused
○ Not Enough Time at the Visit
○ Other (specify: _____)

1. Sex: ○ Male ○ Female
SCTESTCD=RSEX SCORRES

2. Race: ○ Caucasian ○ African American ○ Hispanic ○ Asian ○ Other DATA NOT ENTERED

3. Primary Drug: SCTESTCD=PDRUG SCORRES
○ Cocaine ○ Methamphetamines ○ Alcohol ○ Opiods ○ Marijuana ○ Benzos ○ Other

4. Mandated to Treatment: ○ No ○ Yes SCTESTCD=MANDATE SCORRES

5. Employed: ○ No ○ Yes SCTESTCD=REMPLOY SCORRES

6. Treatment Assignment: ○ Treatment As Usual ○ Spanish MET DM.DMARM

7. Date of Randomization: / / DM.RFSTDTC

8. If the client is eligible, but did not get randomized, please mark the reason why the client was not randomized.
DS.DSTERM
DSCAT=DISPOSITION EVENT
○ Missed Pre-randomization appointments
○ No longer interested in participating in protocol
○ Incarceration
○ Moved out of area
○ Death
○ Unknown
○ Other

9. If the client is eligible, it has been confirmed that the Inclusion/Exclusion criteria have been re-assessed after all pre-randomization assessments were given.
SCTESTCD=IECONF SCORRES
○ No ○ Yes

Serious Adverse Events CRF

STUDYID USUBJID VISITNUM EPOCH

Protocol Number | Node Number | Site Number | Participant Number | Week | Day of Week | Phase | Visit Sequence

Visit Date (__ / __ / __) AEDTC/SCDTC

Source Document Language:
○ English ○ Spanish
○ English and Spanish

Rater Number

Form Completion Status:
○ Form Completed as Required (Any data collected)
○ Responsible Person did not Complete
○ Participant did not Attend Visit
○ Participant Refused
○ Not Enough Time at the Visit
○ Other (specify: _____)

SC.SCTEST

1. **Did the participant report any serious adverse event(s) during the study period?** ○ No ○ Yes SC.SCORRES

**If 'No', do not fill out any further question. If 'yes', please indicate the event. If 2 SAEs throughout the course of the study, there should be 1 CRF filled out per case at the point of onset.*

2. **Event:** Please briefly specify the event. AETERM

3. **Onset**

Date of Onset (__ / __ / ____) AESTDTC

Time of Onset (__ : __)

4. **Maximum Severity** AESEV

○ Mild ○ Moderate ○ Severe

5. **Final Outcome** AEOUT

○ Resolved ○ Resolved- with sequelae ○ Unresolved ○ Death

6. **Causality** AEREL

○ Reasonable possibility ○ Not reasonable possibility

Please note: If serious and causality related, please submit expedited Serious Adverse Event (SAE) Form.

7. **Serious Reporting Criteria**

○ No	○ Yes	Death	AESDTH
○ No	○ Yes	Life threatening	AESLIFE
○ No	○ Yes	Resulted in persistent or significant disability/incapacity	AESDISAB
○ No	○ Yes	Prolonged or requires hospitalization	AESHOSP
○ No	○ Yes	Congenital anomaly/birth defect	AESCONG
○ No	○ Yes	Other significant event requiring medical and/or surgical interventions	AESMIE

8. **Final Outcome**

Date of Final Outcome (__ / __ / ____) AEENDTC

Time of Final Outcome (__ : __)

OR

Ongoing (if no resolution at time of study completion)
○ Yes AEENRF

9. **Node Principle Investigator's Signature**

QNAM=INVNAME
QLABEL=INVESTIGATOR NAME
IDVAR=AETERM

Date of Signature (__ / __ / ____)

QNAM=INVSIGDT
QLABEL=INV AGENT DATE INVESTIGATOR SIGNED
IDVAR=AETERM

QSCAT=SHORT INVENTORY OF PROBLEMS REVISED

DOMAIN: QS

NIDA - CTN

STUDYID

Breve Inventario de Problemas - Revisado

Short Inventory of Problems Revised (SIP-R)

EPOCH

Protocol Number	Node Number	Site Number	Participant Number	Week	Day of Week	Phase	Visit Sequence
			USUBJID				VISITNUM

Visit Date: ___ / ___ / ___ QSDTC

Source Document Language: O English O Spanish O English and Spanish

Rater Number: QSEVAL

Form Completion Status: O Form Completed as Required (Any data collected) O Responsible Person did not Complete O Participant did not Attend Visit O Participant Refused O Not Enough Time at the Visit O Other (specify: _____)

INSTRUCCIONES: Aquí hay un número de situaciones que los bebedores o los que usan drogas experimentan algunas veces. Lea cada uno cuidadosamente e indique que tan a menudo le ha ocurrido cada uno a usted durante los últimos 3 meses (Nunca, Una vez o Unas pocas veces, etc.). Si uno de los puntos no le aplica, marque 'Nunca'.

INSTRUCTIONS: Here are a number of events that drinkers or drug users sometimes experience. Read each one carefully and indicate how often each one has happended to you DURING THE PAST 3 MONTHS (Never, Once or a few times, etc.). If an item does not apply to you, bubble in 'Never'.

Durante los últimos 3 meses, ¿qué tan a menudo le ha pasado esto a usted?
(Marque una sola respuesta por cada punto) QSEVLNT=-P3M

DURING THE PAST 3 MONTHS, about how often has this happened to you?
(bubble one answer for each item)

QSTEST/QSTESTCD

1. He estado infeliz por consumir (tomar, usar) bebidas o drogas.
I have been unhappy because of my drinking or drug use

QSORRES

0 O Nunca *Never* | 1 O Una vez o unas pocas veces *Once or a few times* | 2 O una o dos veces a la semana *Once or twice a week* | 3 O diariamente o casi diariamente *Daily or almost daily*

2. Por consumir (tomar, usar) bebidas o drogas, he perdido peso o no he comido apropiadamente.
Because of my drinking or drug use, I have lost weight or not eaten properly.

0 O Nunca *Never* | 1 O Una vez o unas pocas veces *Once or a few times* | 2 O una o dos veces a la semana *Once or twice a week* | 3 O diariamente o casi diariamente *Daily or almost daily*

3. He fallado en hacer lo que se espera de mí, por consumir (tomar, usar) bebidas o drogas.
I have failed to do what is expected of me because of my drinking or drug use.

0 O Nunca *Never* | 1 O Una vez o unas pocas veces *Once or a few times* | 2 O una o dos veces a la semana *Once or twice a week* | 3 O diariamente o casi diariamente *Daily or almost daily*

4. Me he sentido culpable o avergonzado(a) (pena) por consumir (tomar, usar) bebidas o drogas.
I have felt guilty or ashamed because of my drinking or drug use.

0 O Nunca *Never* | 1 O Una vez o unas pocas veces *Once or a few times* | 2 O una o dos veces a la semana *Once or twice a week* | 3 O diariamente o casi diariamente *Daily or almost daily*

5. He tomado riesgos tontos cuando he estado bebiendo (tomando) o usando drogas.
I have taken foolish risks when I have been drinking or using drugs.

0 O Nunca *Never* | 1 O Una vez o unas pocas veces *Once or a few times* | 2 O una o dos veces a la semana *Once or twice a week* | 3 O diariamente o casi diariamente *Daily or almost daily*

Created: CTN Spanish MET SIP021 10/31/02 MAG Modified: 4/14/03 MAG Version: v08

QSCAT=SHORT INVENTORY OF PROBLEMS REVISED

DOMAIN: QS

NIDA - CTN

STUDYID

Breve Inventario de Problemas - Revisado

Short Inventory of Problems Revised (SIP-R)

EPOCH

Protocol Number	Node Number	Site Number	Participant Number	Week	Day of Week	Phase	Visit Sequence
			USUBJID				VISITNUM

Visit Date: ___ / ___ / ___ QSDTC

QSEVLNT=-P3M

Rater Number: QSEVAL

6. Cuando he estado bebiendo (tomando) o usando drogas, he hecho cosas impulsivas que he lamentado mas tarde.

QSTEST/QSTESTCD

When drinking or using drugs, I have done impulsive things that I regretted later.

QSORRES

0 O Nunca — *Never*
1 O Una vez o unas pocas veces — *Once or a few times*
2 O una o dos veces a la semana — *Once or twice a week*
3 O diariamente o casi diariamente — *Daily or almost daily*

7. El beber (tomar) o el usar una droga me ha causado usar otras drogas.

Drinking or using one drug has caused me to use other drugs more.

0 O Nunca — *Never*
1 O Una vez o unas pocas veces — *Once or a few times*
2 O una o dos veces a la semana — *Once or twice a week*
3 O diariamente o casi diariamente — *Daily or almost daily*

8. Me he metido en apuros (problemas) por consumir (tomar, usar) bebidas o drogas.

I have gotten into trouble because of drinking or drug use.

0 O Nunca — *Never*
1 O Una vez o unas pocas veces — *Once or a few times*
2 O una o dos veces a la semana — *Once or twice a week*
3 O diariamente o casi diariamente — *Daily or almost daily*

9. La calidad de mi trabajo ha sufrido por consumir (tomar, usar) bebidas o drogas.

The quality of my work has suffered because of my drinking or drug use.

0 O Nunca — *Never*
1 O Una vez o unas pocas veces — *Once or a few times*
2 O una o dos veces a la semana — *Once or twice a week*
3 O diariamente o casi diariamente — *Daily or almost daily*

Durante los últimos 3 meses, ¿qué tan a menudo le ha pasado esto a usted? (Marque una sola respuesta por cada punto)

DURING THE PAST 3 MONTHS, how much has this happened? (Bubble one answer for each item)

10. Mi salud física se ha dañado por consumir (tomar, usar) bebidas o drogas.

My physical health has been harmed by my drinking or drug use.

0 O Nada en lo absoluto — *Not at all*
1 O Un poco — *A little*
2 O Algo — *Somewhat*
3 O Mucho — *Very Much*

11. He tenido problemas de dinero por consumir (tomar, usar) bebidas o drogas.

I have had money problems because of my drinking or drug use.

0 O Nada en lo absoluto — *Not at all*
1 O Un poco — *A little*
2 O Algo — *Somewhat*
3 O Mucho — *Very Much*

12. Mi apariencia física se ha dañado por consumir (tomar, usar) bebidas o drogas.

My physical appearance has been harmed by my drinking or drug use.

0 O Nada en lo absoluto — *Not at all*
1 O Un poco — *A little*
2 O Algo — *Somewhat*
3 O Mucho — *Very Much*

Created: CTN Spanish MET SIP021 10/31/02 MAG Modified: 4/14/03 MAG Version: v08

QSCAT=SHORT INVENTORY OF PROBLEMS REVISED

DOMAIN: QS

NIDA - CTN

STUDYID

Breve Inventario de Problemas - Revisado

Short Inventory of Problems Revised (SIP-R)

EPOCH

Protocol Number	Node Number	Site Number	Participant Number	Week	Day of Week	Phase	Visit Sequence
			USUBJID				VISITNUM

Visit Date: ____ / ____ / ____ QSDTC

QSEVLNT=-P3M

Rater Number: QSEVAL

13. Mi familia se ha lastimado (herido) por consumir (tomar, usar) bebidas o drogas.
My family has been hurt by my drinking or drug use.

QSTEST/QSTESTCD

QSORRES

0 O Nada en lo absoluto *Not at all* 1 O Un poco *A little* 2 O Algo *Somewhat* 3 O Mucho *Very Much*

14. Una amistad o una relación cercana se ha dañado por consumir (tomar, usar) bebidas o drogas.
A friendship or close relationship has been damaged by my drinking or drug use.

0 O Nada en lo absoluto *Not at all* 1 O Un poco *A little* 2 O Algo *Somewhat* 3 O Mucho *Very Much*

15. Mi beber (tomar) o uso de droga se ha metido en el camino de mi crecimiento como persona.
My drinking or drug use has gotten in the way of my growth as a person.

0 O Nada en lo absoluto *Not at all* 1 O Un poco *A little* 2 O Algo *Somewhat* 3 O Mucho *Very Much*

16. Mi beber (tomar) o uso de droga ha dañado mi vida social, mi popularidad, o mi reputación.
My drinking or drug use has damaged my social life, popularity, or reputation.

0 O Nada en lo absoluto *Not at all* 1 O Un poco *A little* 2 O Algo *Somewhat* 3 O Mucho *Very Much*

17. He gastado mucho o perdido mucho dinero por consumir (tomar, usar) bebidas o drogas.
I have spent too much or lost a lot of money because of my drinking or drug use.

0 O Nada en lo absoluto *Not at all* 1 O Un poco *A little* 2 O Algo *Somewhat* 3 O Mucho *Very Much*

Created: CTN Spanish MET SIP021 10/31/02 MAG Modified: 4/14/03 MAG Version: v08

QSCAT=SUPERVISOR TAPE RATING FORM

DOMAIN: QS

NIDA - CTN

Supervisor Tape Rating Form

STUDYID

EPOCH

Protocol Number	Node Number	Site Number	Participant Number (USUBJID)	Week	Day of Week	Phase	Visit Sequence (VISITNUM)

Visit Date: ____ / ____ / ____ (QSDTC)

Source Document Language: O English O Spanish O English and Spanish

Rater Number (QSEVAL): _____

Form Completion Status: O Form Completed as Required (Any data collected) O Responsible Person did not Complete O Participant did not Attend Visit O Participant Refused O Not Enough Time at the Visit O Other (specify: _____)

INSTRUCTIONS: Listed below are a variety of therapeutic interventions that may have been used in the audiotaped session you are reviewing. Please rate the degree (Frequency and Extensiveness) and quality (Skill Level) of each intervention in this session. Please consult the Supervisor Tape Rater Guide for each rated session.

QSSCAT=CLINICIAN RATINGS

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

QSTEST/QSTESTCD

FREQUENCY & EXTENSIVENESS (QSORRES)

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

SKILL LEVEL:

O Very poor O poor O acceptable O adequate O good O Very good O Excellent O Not done at all

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

FREQUENCY & EXTENSIVENESS

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

SKILL LEVEL:

O Very poor O poor O acceptable O adequate O good O Very good O Excellent O Not done at all

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

FREQUENCY & EXTENSIVENESS

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

SKILL LEVEL:

O Very poor O poor O acceptable O adequate O good O Very good O Excellent O Not done at all

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

QSTEST/QSTESTCD

FREQUENCY & EXTENSIVENESS

QSORRES

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

SKILL LEVEL:

O Very poor O poor O acceptable O adequate O good O Very good O Excellent O Not done at all

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

FREQUENCY & EXTENSIVENESS

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

SKILL LEVEL:

O Very poor O poor O acceptable O adequate O good O Very good O Excellent O Not done at all

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

FREQUENCY & EXTENSIVENESS

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

SKILL LEVEL:

O Very poor O poor O acceptable O adequate O good O Very good O Excellent O Not done at all

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

FREQUENCY & EXTENSIVENESS

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

SKILL LEVEL:

O Very poor O poor O acceptable O adequate O good O Very good O Excellent O Not done at all

QSCAT=SUPERVISOR TAPE RATING FORM

DOMAIN: QS

NIDA - CTN

Supervisor Tape Rating Form

STUDYID

USUBJID

EPOCH

Protocol Number	Node Number	Site Number	Participant Number	Week	Day of Week	Phase	Visit Sequence (VISITNUM)

QSDTC: Visit Date (__ / __ / __)

QSSCAT=CLINICIAN RATINGS

QSEVAL: Rater Number

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

QSTEST/QSTESTCD

FREQUENCY & EXTENSIVENESS — QSORRES

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

SKILL LEVEL:

Very poor	poor	acceptable	adequate	good	Very good	Excellent	Not done at all
o	o	o	o	o	o	o	o

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

FREQUENCY & EXTENSIVENESS

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

SKILL LEVEL:

Very poor	poor	acceptable	adequate	good	Very good	Excellent	Not done at all
o	o	o	o	o	o	o	o

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

FREQUENCY & EXTENSIVENESS

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

SKILL LEVEL:

Very poor	poor	acceptable	adequate	good	Very good	Excellent	Not done at all
o	o	o	o	o	o	o	o

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

FREQUENCY & EXTENSIVENESS

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

SKILL LEVEL:

Very poor	poor	acceptable	adequate	good	Very good	Excellent	Not done at all
o	o	o	o	o	o	o	o

Protocol Number | Node Number | Site Number | USUBJID | Participant Number | Week | Day of Week | Phase | Visit Sequence (VISITNUM)

Visit Date (QSDTC)

QSSCAT=CLINICIAN RATINGS

Rater Number (QSEVAL)

12. PROGRAM ORIENTATION: To what extent did the therapist provide information to the client about the treatment agency's services, policies, and procedures, including clinic rules, attendance expectations, fee payment, urine/breath testing, substance use, etc.?

QSTEST/QSTESTCD

QSORRES

FREQUENCY & EXTENSIVENESS

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

SKILL LEVEL:

Very poor | poor | acceptable | adequate | good | Very good | Excellent | Not done at all

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

FREQUENCY & EXTENSIVENESS

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

SKILL LEVEL:

Very poor | poor | acceptable | adequate | good | Very good | Excellent | Not done at all

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

FREQUENCY & EXTENSIVENESS

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

SKILL LEVEL:

Very poor | poor | acceptable | adequate | good | Very good | Excellent | Not done at all

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

FREQUENCY & EXTENSIVENESS

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

SKILL LEVEL:

Very poor | poor | acceptable | adequate | good | Very good | Excellent | Not done at all

Protocol Number | Node Number | Site Number | Participant Number | Week | Day of Week | Phase | Visit Sequence (VISITNUM)

Visit Date (QSDTC)

QSSCAT=CLINICIAN RATINGS

Rater Number (QSEVAL)

QSTEST/QSTESTCD

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

FREQUENCY & EXTENSIVENESS (QSORRES)

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

SKILL LEVEL:

O Very poor O poor O acceptable O adequate O good O Very good O Excellent O Not done at all

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

FREQUENCY & EXTENSIVENESS

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

SKILL LEVEL:

O Very poor O poor O acceptable O adequate O good O Very good O Excellent O Not done at all

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

FREQUENCY & EXTENSIVENESS

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

SKILL LEVEL:

O Very poor O poor O acceptable O adequate O good O Very good O Excellent O Not done at all

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

FREQUENCY & EXTENSIVENESS

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

SKILL LEVEL:

O Very poor O poor O acceptable O adequate O good O Very good O Excellent O Not done at all

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

QSTEST/QSTESTCD

QSORRES

FREQUENCY & EXTENSIVENESS

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

SKILL LEVEL:

O Very poor O poor O acceptable O adequate O good O Very good O Excellent O Not done at all

21. MEDICAL/MEDICATION: To what extent did the therapist facilitate a discussion about the client's medical problems that complicate his/her substance abuse treatment? To what extent did the therapist discuss or review medications for the treatment of medical, substance abuse, or psychiatric problems?

FREQUENCY & EXTENSIVENESS

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

SKILL LEVEL:

O Very poor O poor O acceptable O adequate O good O Very good O Excellent O Not done at all

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

FREQUENCY & EXTENSIVENESS

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

SKILL LEVEL:

O Very poor O poor O acceptable O adequate O good O Very good O Excellent O Not done at all

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

FREQUENCY & EXTENSIVENESS

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

SKILL LEVEL:

O Very poor O poor O acceptable O adequate O good O Very good O Excellent O Not done at all

Supervisor Tape Rating Form

STUDYID

USUBJID

EPOCH

Protocol Number	Node Number	Site Number	Participant Number	Week	Day of Week	Phase	Visit Sequence
							VISITNUM

QSDTC

Visit Date

QSSCAT=CLINICIAN RATINGS

QSEVAL

Rater Number

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

QSTEST/QSTESTCD

QSORRES

FREQUENCY & EXTENSIVENESS

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

SKILL LEVEL:

Very poor	poor	acceptable	adequate	good	Very good	Excellent	Not done at all
O	O	O	O	O	O	O	O

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

FREQUENCY & EXTENSIVENESS

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

SKILL LEVEL:

Very poor	poor	acceptable	adequate	good	Very good	Excellent	Not done at all
O	O	O	O	O	O	O	O

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

FREQUENCY & EXTENSIVENESS

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

SKILL LEVEL:

Very poor	poor	acceptable	adequate	good	Very good	Excellent	Not done at all
O	O	O	O	O	O	O	O

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

FREQUENCY & EXTENSIVENESS

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

SKILL LEVEL:

Very poor	poor	acceptable	adequate	good	Very good	Excellent	Not done at all
O	O	O	O	O	O	O	O

Protocol Number | Node Number | Site Number | Participant Number | Week | Day of Week | Phase | Visit Sequence VISITNUM

__ __ / __ __ / __ __ QSDTC

Visit Date

QSSCAT=CLINICIAN RATINGS

QSEVAL

Rater Number

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

QSTEST/QSTESTCD QSORRES

FREQUENCY & EXTENSIVENESS

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

SKILL LEVEL:

O Very poor O poor O acceptable O adequate O good O Very good O Excellent O Not done at all

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

FREQUENCY & EXTENSIVENESS

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

SKILL LEVEL:

O Very poor O poor O acceptable O adequate O good O Very good O Excellent O Not done at all

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

FREQUENCY & EXTENSIVENESS

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

SKILL LEVEL:

O Very poor O poor O acceptable O adequate O good O Very good O Excellent O Not done at all

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

FREQUENCY & EXTENSIVENESS

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

SKILL LEVEL:

O Very poor O poor O acceptable O adequate O good O Very good O Excellent O Not done at all

Supervisor Tape Rating Form

STUDYID USUBJID EPOCH VISITNUM

Protocol Number | Node Number | Site Number | Participant Number | Week | Day of Week | Phase | Visit Sequence

__ __ / __ __ / __ __ QSDTC

Visit Date

QSEVAL _____ Rater Number

Ratings of Therapist QSSCAT=RATINGS OF THERAPIST

32. SKILLFULNESS: How would you rate the therapist's general level of skillfulness?

QSTEST/QSTESTCD QSORRES

Very Poor	Poor	Acceptable	Adequate	Good	Very Good	Excellent
O	O	O	O	O	O	O

33. MAINTAIN STRUCTURE: How would you rate the therapist's ability to maintain structure within the session?

Very Poor	Poor	Acceptable	Adequate	Good	Very Good	Excellent
O	O	O	O	O	O	O

34. FRUSTRATION: How much frustration did the therapist express toward the client during the session?

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

Ratings of Clients QSSCAT=RATINGS OF CLIENTS

35. How much did the client want to discuss topics unrelated to the protocol?

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

36. How much difficulty did the client have understanding or accepting the material?

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

37. How strong would you rate the client's working alliance with the therapist?

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

38. How would you rate the client's stage of change or motivation at the beginning of this session?

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

39. How would you rate the client's stage of change or motivation at the end of this session?

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

DOMAIN: SU

NIDA - CTN

STUDYID

Substance Use for Active Study Phase EPOCH

3450

Protocol Number | Node Number | Site Number | Participant Number | Week | Day of Week | Int Phase | Visit Sequence | SUEVAL Rater Number

Visit Date / / SUDTC USUBJID

Source Document Language: O English O Spanish O English and Spanish

VISITNUM

Form Completion Status: O Form Completed as Required (Any data collected) O Responsible Person did not Complete O Participant did not Attend Visit O Participant Refused O Not Enough Time at the Visit O Other (specify: _____)

SUEVLINT=-P1D

SUDUR=' '

SUTRT Primary Drug: O Alcohol O Cocaine O Marijuana O Opioids O Benzos O Methamphetamine O Other Other specify:

SUCAT=ACTIVE PHASE-PRIMARY DRUG

SUSPID Day 1 (Start Date) / /

SUCAT=ACTIVE PHASE-DAILY LOG

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes
Alcohol	O O	O O	O O	O O	O O	O O	O O
Cocaine	O O	O O	O O	O O	O O	O O	O O
Marijuana	O O	O O	O O	O O	O O	O O	O O
Opioids	O O	O O	O O	O O	O O	O O	O O
Benzos	O O	O O	O O	O O	O O	O O	O O
Methamph	O O	O O	O O	O O	O O	O O	O O
Other	O O	O O	O O	O O	O O	O O	O O

SUTRT SUOCCUR

Date:	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes
Alcohol	O O	O O	O O	O O	O O	O O	O O
Cocaine	O O	O O	O O	O O	O O	O O	O O
Marijuana	O O	O O	O O	O O	O O	O O	O O
Opioids	O O	O O	O O	O O	O O	O O	O O
Benzos	O O	O O	O O	O O	O O	O O	O O
Methamph	O O	O O	O O	O O	O O	O O	O O
Other	O O	O O	O O	O O	O O	O O	O O

Created: CTN Spanish MET SUA021 10/31/02 MAG Modified: 04/25/2003 MAG Version: v03

DOMAIN: SU

NIDA - CTN

Substance Use for Active Study Phase

STUDYID USUBJID EPOCH SUEVAL

Protocol Number | Node Number | Site Number | Participant Number | Week | Day of Week | Int Phase | Visit Sequence | Rater Number

3450

/ / SUDTC VISITNUM

Visit Date

SUEVLINT=P1D

SUDUR=' '

SUCAT=ACTIVE PHASE-DAILY LOG

SUSPID

	Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21
Date:							
	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes
Alcohol	O O	O O	O O	O O	O O	O O	O O
Cocaine	O O	O O	O O	O O	O O	O O	O O
Marijuana	O O	O O	O O	O O	O O	O O	O O
Opioids	O O	O O	O O	O O	O O	O O	O O
Benzos	O O	O O	O O	O O	O O	O O	O O
Methamph	O O	O O	O O	O O	O O	O O	O O
Other	O O	O O	O O	O O	O O	O O	O O

SUTRT SUOCCUR

	Day 22	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28
Date:							
	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes
Alcohol	O O	O O	O O	O O	O O	O O	O O
Cocaine	O O	O O	O O	O O	O O	O O	O O
Marijuana	O O	O O	O O	O O	O O	O O	O O
Opioids	O O	O O	O O	O O	O O	O O	O O
Benzos	O O	O O	O O	O O	O O	O O	O O
Methamph	O O	O O	O O	O O	O O	O O	O O
Other	O O	O O	O O	O O	O O	O O	O O

QSCAT=SUBSTANCE USE DIAGNOSES (CIDI)

DOMAIN: QS

Substance Use Diagnoses (CIDI)

STUDYID | USUBJID | EPOCH

Protocol Number | Node Number | Site Number | Participant Number | Week | Day of Week | Phase | SUEVAL Visit Sequence

/ / QSDTC
Visit Date

Source Document Language: O English O Spanish O English and Spanish

VISITNUM
Rater Number

Form Completion Status: O Form Completed as Required (Any data collected) O Responsible Person did not Complete O Participant did not Attend Visit O Participant Refused O Not Enough Time at the Visit O Other (specify: _____)

Record the required diagnoses data below. Use the Substance Use Diagnoses Coding Instructions to aid in completion. Diagnoses asterisked (4,7,8,9,10) are OPTIONAL. All others (1,2,3,5,6) are REQUIRED.

CAB Required Diagnoses:	A. Screened in J1/ J1A	B. Abuse J10	C. Abuse Recency Code from J10	D. Dependence Code from J21	E. Dependence Recency Full Criteria Code from J22	F. Dependence Recency Any Criteria Code from J23
QSTEST		QSORRES				
1. Alcohol	O 1 O 5 O N	O No O Yes O N	O 1 O 2 O 3 O 4 O 5 O 6 O N	O No O Yes O N	O 1 O 2 O 3 O 4 O 5 O 6 O N	O 1 O 2 O 3 O 4 O 5 O 6 O N
	A. Screened in L4A	**B. Abuse L11**	**C. Abuse Recency Code from L11**	**D. Dependence Code from L22**	**E. Dependence Recency Full Criteria Code from L22**	**F. Dependence Recency Any Criteria Code from L24**
2. Marijuana	O 1 O 5 O N	O No O Yes O N	O 1 O 2 O 3 O 4 O 5 O 6 O N	O No O Yes O N	O 1 O 2 O 3 O 4 O 5 O 6 O N	O 1 O 2 O 3 O 4 O 5 O 6 O N
3. Stimulants	O 1 O 5 O N	O No O Yes O N	O 1 O 2 O 3 O 4 O 5 O 6 O N	O No O Yes O N	O 1 O 2 O 3 O 4 O 5 O 6 O N	O 1 O 2 O 3 O 4 O 5 O 6 O N
*4. Sedatives	O 1 O 5 O N	O No O Yes O N	O 1 O 2 O 3 O 4 O 5 O 6 O N	O No O Yes O N	O 1 O 2 O 3 O 4 O 5 O 6 O N	O 1 O 2 O 3 O 4 O 5 O 6 O N
5. Opioids	O 1 O 5 O N	O No O Yes O N	O 1 O 2 O 3 O 4 O 5 O 6 O N	O No O Yes O N	O 1 O 2 O 3 O 4 O 5 O 6 O N	O 1 O 2 O 3 O 4 O 5 O 6 O N
Optional Diagnoses:						
6. Cocaine	O 1 O 5 O N	O No O Yes O N	O 1 O 2 O 3 O 4 O 5 O 6 O N	O No O Yes O N	O 1 O 2 O 3 O 4 O 5 O 6 O N	O 1 O 2 O 3 O 4 O 5 O 6 O N
*7. PCP	O 1 O 5 O N	O No O Yes O N	O 1 O 2 O 3 O 4 O 5 O 6 O N	O No O Yes O N	O 1 O 2 O 3 O 4 O 5 O 6 O N	O 1 O 2 O 3 O 4 O 5 O 6 O N
*8. Psychedelics	O 1 O 5 O N	O No O Yes O N	O 1 O 2 O 3 O 4 O 5 O 6 O N	O No O Yes O N	O 1 O 2 O 3 O 4 O 5 O 6 O N	O 1 O 2 O 3 O 4 O 5 O 6 O N
*9. Inhalants	O 1 O 5 O N	O No O Yes O N	O 1 O 2 O 3 O 4 O 5 O 6 O N	O No O Yes O N	O 1 O 2 O 3 O 4 O 5 O 6 O N	O 1 O 2 O 3 O 4 O 5 O 6 O N
*10. Other Specify:	O 1 O 5 O N	O No O Yes O N	O 1 O 2 O 3 O 4 O 5 O 6 O N	O No O Yes O N	O 1 O 2 O 3 O 4 O 5 O 6 O N	O 1 O 2 O 3 O 4 O 5 O 6 O N

Draft

Substance Use Diagnoses (CIDI)

Protocol Number | Node Number | Site Number | Participant Number | Week | Day of Week | Phase | Visit Sequence

Visit Date

Rater Number

Alcohol

Column A:	If both J1=1 and J1A=1 (never had 12+ drink) If either J1=5 or J1A=5 If Interviewer Error	Circle "1" AND Skip to Drug Section Circle "5" and continue with Column B Circle "N" 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	Circle "5" Yes, coninue with Column C Circle "1" No, skip to Column D Circle "N" and skip to Column D
Column C:	If column B is coded "5" If column B is coded "1" If Interviewer Error	Circle the J10 Recency code (1-6) in Column C Skip Column C, and go to Colunm D Circle "N"
Column D:	If J21 is coded "5" If J21 is coded "1" or blank due to Skip instruction on J20 If Interviewer Error	Circle "5" Circle "1" and go to Drug Section Circle "N" and go to Drug Section
Column E:	If column D is coded "5" If column D is coded "1" If Interviewer Error	Circle the J22 Recency code (1-6) in Column E Skip columns E and F, and go to the Drug Section Circle "N"
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	Circle the J23 recency code (1-6) Skip column F and go to the Drug section Circle "N"

Drug (repeat for each Drug Category assessessed):

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	Circle "1" AND Skip to next Drug Category Circle "5" and continue with Column B Circle "N" and skip to next drug category
Column B:	If L11 is completed for that drug (i.e. at least one "5" coded in L8-L10) If L11 not completed for that drug (i.e., L8A, L9B, L9C, L10A are all "1") If Interviewer Error	Circle "5" Yes, continue with Column C Circle "1" No, skip to Column D Circle "N" and skip to Column D
Column C:	If column B is coded "5" If column B is coded "1" If Interviewer Error	Circle the L11 Recency code (1-6) in Column C Skip Column C, and go to Column D Circle "N"
Column D:	If L22 is coded "5" for that drug category If L22 is coded "1" or blank for that drug category If Interviewer Error	Circle "5", continue with Column E Circle "1" and go to next Drug Category Circle "N" and go to next Drug Category
Column E:	If column D is coded "5" If column D is coded "1" If Interviewer Error	Circle the L22 Recency code (1-6) in Column E Skip columns E and F, and go to the nex t Drug Category Circle "N"
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	Circle the L24 recency code (1-6) Skip Column F, and go to next Drug Category Circle "N"

DOMAIN: SU

NIDA - CTN

Substance Use for Follow-up One

EPOCH

Page 1 of 2

STUDYID USUBJID

Protocol Number | Node Number | Site Number | Participant Number | Week | Day of Week | Int Phase | Visit Sequence | Rater Number

SUEVAL

4031

/ / Visit Date

SUDTC

Source Document Language:
O English O Spanish
O English and Spanish

VISITNUM

SUEVLINT=-P1D
SUDUR=' '

Form Completion Status:
O Form Completed as Required (Any data collected)
O Responsible Person did not Complete
O Participant did not Attend Visit
O Participant Refused
O Not Enough Time at the Visit
O Other (specify: _____)

SUSPID / /

SUCAT=FOLLOW-UP 1-DAILY LOG

	Day 1 (First Day of Follow-up Phase)	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes
Alcohol	O O	O O	O O	O O	O O	O O	O O
Cocaine	O O	O O	O O	O O	O O	O O	O O
Marijuana	O O	O O	O O	O O	O O	O O	O O
Opioids	O O	O O	O O	O O	O O	O O	O O
Benzos	O O	O O	O O	O O	O O	O O	O O
Methamph	O O	O O	O O	O O	O O	O O	O O
Other	O O	O O	O O	O O	O O	O O	O O

SUTRT SUOCCUR

	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Date:							
	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes
Alcohol	O O	O O	O O	O O	O O	O O	O O
Cocaine	O O	O O	O O	O O	O O	O O	O O
Marijuana	O O	O O	O O	O O	O O	O O	O O
Opioids	O O	O O	O O	O O	O O	O O	O O
Benzos	O O	O O	O O	O O	O O	O O	O O
Methamph	O O	O O	O O	O O	O O	O O	O O
Other	O O	O O	O O	O O	O O	O O	O O

Created: CTN Spanish MET SUF021 10/31/02 MAG Modified: 04/25/2003 MAG Version: v03

DOMAIN: SU

NIDA - CTN

Substance Use for Follow-up One

EPOCH

STUDYID

USUBJID

SUEVAL

Protocol Number | Node Number | Site Number | Participant Number | Week | Day of Week | Int Phase | Visit Sequence | Rater Number

4031

SUDTC

Visit Date

SUEVLINT=-P1D

SUDUR=' '

VISITNUM

SUCAT=FOLLOW-UP 1-DAILY LOG

SUSPID

SUTRT

SUOCCUR

	Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21
Date:							
	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes
Alcohol	O O	O O	O O	O O	O O	O O	O O
Cocaine	O O	O O	O O	O O	O O	O O	O O
Marijuana	O O	O O	O O	O O	O O	O O	O O
Opioids	O O	O O	O O	O O	O O	O O	O O
Benzos	O O	O O	O O	O O	O O	O O	O O
Methamph	O O	O O	O O	O O	O O	O O	O O
Other	O O	O O	O O	O O	O O	O O	O O

	Day 22	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28
Date:							
	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes
Alcohol	O O	O O	O O	O O	O O	O O	O O
Cocaine	O O	O O	O O	O O	O O	O O	O O
Marijuana	O O	O O	O O	O O	O O	O O	O O
Opioids	O O	O O	O O	O O	O O	O O	O O
Benzos	O O	O O	O O	O O	O O	O O	O O
Methamph	O O	O O	O O	O O	O O	O O	O O
Other	O O	O O	O O	O O	O O	O O	O O

Created: CTN Spanish MET SUF021 10/31/02 MAG Modified: 04/25/2003 MAG Version: v03

DOMAIN: SU

NIDA - CTN

Substance Use for Follow-up Two (Part A)

STUDYID USUBJID EPOCH VISITNUM

Protocol Number / Node Number / Site Number / Participant Number / Week / Day of Week / Int Phase / Visit Sequence / Rater Number — SUEVAL

Visit Date — SUDTC

SUEVLINT=-P1D

SUDUR=' '

Source Document Language: O English O Spanish O English and Spanish

Form Completion Status: O Form Completed as Required (Any data collected) O Participant Refused O Responsible Person did not Complete O Not Enough Time at the Visit O Participant did not Attend Visit O Other (specify: _____)

59569

SUCAT=FOLLOW-UP2-DAILY LOG

SUSPID

	Day 29	Day 30	Day 31	Day 32	Day 33	Day 34	Day 35
Date:							
	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes
Alcohol	O O	O O	O O	O O	O O	O O	O O
Cocaine	O O	O O	O O	O O	O O	O O	O O
Marijuana	O O	O O	O O	O O	O O	O O	O O
Opioids	O O	O O	O O	O O	O O	O O	O O
Benzos	O O	O O	O O	O O	O O	O O	O O
Methamph	O O	O O	O O	O O	O O	O O	O O
Other	O O	O O	O O	O O	O O	O O	O O

SUTRT SUOCCUR

	Day 36	Day 37	Day 38	Day 39	Day 40	Day 41	Day 42
Date:							
	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes
Alcohol	O O	O O	O O	O O	O O	O O	O O
Cocaine	O O	O O	O O	O O	O O	O O	O O
Marijuana	O O	O O	O O	O O	O O	O O	O O
Opioids	O O	O O	O O	O O	O O	O O	O O
Benzos	O O	O O	O O	O O	O O	O O	O O
Methamph	O O	O O	O O	O O	O O	O O	O O
Other	O O	O O	O O	O O	O O	O O	O O

DOMAIN: SU

NIDA - CTN

Substance Use for Follow-up Two (Part A)

STUDYID USUBJID EPOCH

Protocol Number | Node Number | Site Number | Participant Number | Week | Day of Week | Int Phase | Visit Sequence | Rater Number — SUEVAL

Visit Date — SUDTC

SUEVLINT=-P1D
SUDUR=' '

VISITNUM

59569

SUSPID

	Day 43	Day 44	Day 45	Day 46	Day 47	Day 48	Day 49
Date:		SUCAT=FOLLOW-UP 2-DAILY LOG					
	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes
Alcohol	O O	O O	O O	O O	O O	O O	O O
Cocaine	O O	O O	O O	O O	O O	O O	O O
Marijuana	O O	O O	O O	O O	O O	O O	O O
Opioids	O O	O O	O O	O O	O O	O O	O O
Benzos	O O	O O	O O	O O	O O	O O	O O
Methamph	O O	O O	O O	O O	O O	O O	O O
Other	O O	O O	O O	O O	O O	O O	O O

SUTRT SUOCCUR

	Day 50	Day 51	Day 52	Day 53	Day 54	Day 55	Day 56
Date:							
	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes
Alcohol	O O	O O	O O	O O	O O	O O	O O
Cocaine	O O	O O	O O	O O	O O	O O	O O
Marijuana	O O	O O	O O	O O	O O	O O	O O
Opioids	O O	O O	O O	O O	O O	O O	O O
Benzos	O O	O O	O O	O O	O O	O O	O O
Methamph	O O	O O	O O	O O	O O	O O	O O
Other	O O	O O	O O	O O	O O	O O	O O

DOMAIN: SU

NIDA - CTN

Substance Use for Follow-up Two (Part B)

STUDYID USUBJID EPOCH SUEVAL

Protocol Number | Node Number | Site Number | Participant Number | Week | Day of Week | Int Phase | Visit Sequence | Rater Number

Visit Date: ___ / ___ / ___ SUDTC SUEVLINT=-P1D SUDUR=' '

Source Document Language: O English O Spanish O English and Spanish VISITNUM

Form Completion Status: O Form Completed as Required (Any data collected) O Responsible Person did not Complete O Participant did not Attend Visit O Participant Refused O Not Enough Time at the Visit O Other (specify: _____)

SUCAT=FOLLOW-UP 2-DAILY LOG

SUSPID

	Day 57	Day 58	Day 59	Day 60	Day 61	Day 62	Day 63
Date:							
	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes
Alcohol	O O	O O	O O	O O	O O	O O	O O
Cocaine	O O	O O	O O	O O	O O	O O	O O
Marijuana	O O	O O	O O	O O	O O	O O	O O
Opioids	O O	O O	O O	O O	O O	O O	O O
Benzos	O O	O O	O O	O O	O O	O O	O O
Methamph	O O	O O	O O	O O	O O	O O	O O
Other	O O	O O	O O	O O	O O	O O	O O

SUTRT SUOCCUR

	Day 64	Day 65	Day 66	Day 67	Day 68	Day 69	Day 70
Date:							
	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes
Alcohol	O O	O O	O O	O O	O O	O O	O O
Cocaine	O O	O O	O O	O O	O O	O O	O O
Marijuana	O O	O O	O O	O O	O O	O O	O O
Opioids	O O	O O	O O	O O	O O	O O	O O
Benzos	O O	O O	O O	O O	O O	O O	O O
Methamph	O O	O O	O O	O O	O O	O O	O O
Other	O O	O O	O O	O O	O O	O O	O O

DOMAIN: SU

NIDA - CTN

Substance Use for Follow-up Two (Part B)

EPOCH

STUDYID USUBJID

Protocol Number | Node Number | Site Number | Participant Number | Week | Day of Week | Int Phase | Visit Sequence | Rater Number

SUEVAL

35242

Visit Date

SUDTC

SUEVLINT=-P1D
SUDUR=' '

VISITNUM

SUSPID

SUCAT=FOLLOW-UP 2-DAILY LOG

	Day 71	Day 72	Day 73	Day 74	Day 75	Day 76	Day 77
Date:							
	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes
Alcohol	O O	O O	O O	O O	O O	O O	O O
Cocaine	O O	O O	O O	O O	O O	O O	O O
Marijuana	O O	O O	O O	O O	O O	O O	O O
Opioids	O O	O O	O O	O O	O O	O O	O O
Benzos	O O	O O	O O	O O	O O	O O	O O
Methamph	O O	O O	O O	O O	O O	O O	O O
Other	O O	O O	O O	O O	O O	O O	O O

	Day 78	Day 79	Day 80	Day 81	Day 82	Day 83	Day 84
Date:							
	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes
Alcohol	O O	O O	O O	O O	O O	O O	O O
Cocaine	O O	O O	O O	O O	O O	O O	O O
Marijuana	O O	O O	O O	O O	O O	O O	O O
Opioids	O O	O O	O O	O O	O O	O O	O O
Benzos	O O	O O	O O	O O	O O	O O	O O
Methamph	O O	O O	O O	O O	O O	O O	O O
Other	O O	O O	O O	O O	O O	O O	O O

DOMAIN: SU

NIDA - CTN

Substance Use for Pretreatment Phase

STUDYID USUBJID EPOCH

Protocol Number | Node Number | Site Number | Participant Number | Week | Day of Week | Int Phase | Visit Sequence | Rater Number SUEVAL

57769

Visit Date SUDTC

SUEVLINT=-P1D
SUDUR=' '

Source Document Language:
O English O Spanish
O English and Spanish

VISITNUM

Form Completion Status:
O Form Completed as Required (Any data collected)
O Participant Refused
O Responsible Person did not Complete
O Not Enough Time at the Visit
O Participant did not Attend Visit
O Other (specify: _____)

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

SUCAT=PRETREATMENT-PRIMARY DRUG

SUSPID

SUCAT=PRETREATMENT-DAILY LOG

	Day 1 (Date of 1st day of 28 day block) / /	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes
Alcohol	O O	O O	O O	O O	O O	O O	O O
Cocaine	O O	O O	O O	O O	O O	O O	O O
Marijuana	O O	O O	O O	O O	O O	O O	O O
Opioids	O O	O O	O O	O O	O O	O O	O O
Benzos	O O	O O	O O	O O	O O	O O	O O
Methamph	O O	O O	O O	O O	O O	O O	O O
Other	O O	O O	O O	O O	O O	O O	O O

SUTRT SUOCCUR

	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Date:							
	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes
Alcohol	O O	O O	O O	O O	O O	O O	O O
Cocaine	O O	O O	O O	O O	O O	O O	O O
Marijuana	O O	O O	O O	O O	O O	O O	O O
Opioids	O O	O O	O O	O O	O O	O O	O O
Benzos	O O	O O	O O	O O	O O	O O	O O
Methamph	O O	O O	O O	O O	O O	O O	O O
Other	O O	O O	O O	O O	O O	O O	O O

DOMAIN: SU

NIDA - CTN

Substance Use for Pretreatment Phase

EPOCH

STUDYID USUBJID

Protocol Number | Node Number | Site Number | Participant Number | Week | Day of Week | Int Phase | Visit Sequence | Rater Number

SUEVAL

57769

Visit Date

SUDTC

SUEVLINT=-P1D
SUDUR=' '

VISITNUM

SUSPID

SUCAT=PRETREATMENT-DAILY LOG

	Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21
Date:							
	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes
Alcohol	O O	O O	O O	O O	O O	O O	O O
Cocaine	O O	O O	O O	O O	O O	O O	O O
Marijuana	O O	O O	O O	O O	O O	O O	O O
Opioids	O O	O O	O O	O O	O O	O O	O O
Benzos	O O	O O	O O	O O	O O	O O	O O
Methamph	O O	O O	O O	O O	O O	O O	O O
Other	O O	O O	O O	O O	O O	O O	O O

	Day 22	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28
SUTRT / SUOCCUR							
Date:							
	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes
Alcohol	O O	O O	O O	O O	O O	O O	O O
Cocaine	O O	O O	O O	O O	O O	O O	O O
Marijuana	O O	O O	O O	O O	O O	O O	O O
Opioids	O O	O O	O O	O O	O O	O O	O O
Benzos	O O	O O	O O	O O	O O	O O	O O
Methamph	O O	O O	O O	O O	O O	O O	O O
Other	O O	O O	O O	O O	O O	O O	O O

DOMAIN: QS

STUDYID
NIDA - CTN

QSCAT= **Therapist Session Report and Technique Checklist**

EPOCH VISITNUM

Protocol Number	Node Number	Site Number	Participant Number	Week	Day of Week	Phase	Visit Sequence
			USUBJID				

QSDTC
Visit Date

Source Document Language:
O English O Spanish
O English and Spanish

QSEVAL
Rater Number

I. Session Information: =QSSCAT

QSTEST/QSTESTCD

A. Since the last session (or since randomization for first session) did the following happen: QSORRES

A1. How many appointments were scheduled since the last session? ☐☐

A2. How many appointments did the client no show to? ☐☐

A3. How many appointments did the client cancel? ☐☐

A4. How many appointments did you cancel? ☐☐

B. Did you record and label the audiotape with your and the participant's ID, the week, session, and date? O No O Yes

C. Are there problems the investigators or coordinator should know about? (specify on back and/or call) O No O Yes

D. How long has it been since your last session? (in days) ☐☐

E. How long was today's session? (in minutes) ☐☐☐

F. When did you schedule your next session? ☐☐ / ☐☐ / ☐☐

_____ : _____ (time)

II. Therapist Self Assessment: =QSSCAT

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

NIDA - CTN
STUDYID

Therapist Session Report and Technique Checklist

EPOCH VISITNUM

Protocol Number	Node Number	Site Number	USUBJID	Week	Day of Week	Phase	Visit Sequence

QSDTC

Visit Date: ___ / ___ / ___

QSEVAL

Rater Number

QSTEST/QSTESTCD

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

QSORRES

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

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

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

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

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

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

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

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

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

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

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

Created: CTN Spanish MET TSC021 10/31/02 MAG Modified: 5/09/03 MAG Version: v04

NIDA - CTN
STUDYID

Therapist Session Report and Technique Checklist

EPOCH VISITNUM

Protocol Number | Node Number | Site Number | USUBJID | Participant Number | Week | Day of Week | Phase | Visit Sequence

QSDTC

Visit Date

QSEVAL

Rater Number

QSTEST/QSTESTCD

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

QSORRES

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

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

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

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

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

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

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

11. Reality Therapy Principles: To what extent did you encourage this participant to accept responsibility for his/her substance abuse and the choices s/he has made that has kept him/her in a substance using lifestyle? How much did you emphasize that successful recovery depends on this participant making the right decisions and taking control of his/her life?

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

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

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

NIDA - CTN
STUDYID

Therapist Session Report and Technique Checklist

EPOCH VISITNUM

USUBJID

Protocol Number | Node Number | Site Number | Participant Number | Week | Day of Week | Phase | Visit Sequence

QSDTC

Visit Date

QSEVAL

Rater Number

QSTEST/QSTESTCD

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

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

QSORRES

14. Affirmation of Strengths and Self-Efficacy: To what extent did you verbally reinforce the participant's strengths, abilities, or efforts to change his/her behavior? To what extent did you encourage a sense of self-efficacy on the part of the participant by praising small steps in the direction of change or expressing appreciation of personal qualities in the participant that might facilitate successful efforts to change?

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

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

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

Participant Rating =QSSCAT

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

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

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

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

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

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

19. How motivated to make change did the participant seem after the first 10 minutes of this session?

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

20. How motivated to make change did the participant seem during the last 10 minutes of this session?

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

DOMAIN: TU

NIDA - CTN

Treatment Utilization Form - Active Study Phase

STUDYID

TUCAT=ACTIVE STUDY PHASE

EPOCH

USUBJID

VISITNUM

Protocol Number | Node Number | Site Number | Participant Number | Week | Day of Week | Phase | Visit Sequence

Visit Date TUDTC

Source Document Language:
O English O Spanish
O English and Spanish

Rater Number

Form Completion Status:
O Form Completed as Required (Any data collected)
O Responsible Person did not Complete
O Participant did not Attend Visit
O Participant Refused
O Not Enough Time at the Visit
O Other(specify:_____)

This information is for active treatment dates: / / Day 1 TUSTDTC

Through / / TUENDTC Day 7

Drug Abuse Treatment Services =TUSCAT

TUTEST | TUORRES

1. Number of MET Sessions — 0 1 2 3
2. Number of Standard Treatment Individual Sessions — 0 1 2 3
3. Number of Other Individual Sessions
4. Number of Group Sessions
5. Number of Self-help Groups

Other Ancillary Services =TUSCAT

6. Number of Child care Services
7. Number of Medical Services
8. Number of Psychiatric (MD) Services
9. Number of Vocational Services
10. Number of Legal Services
11. Number of Family Services
12. Days of Medication for Psychological,Psychiatric,or Drug problem — 0 1 2 3 4 5 6 7

List Medications

NOT DATABASED

41944

DOMAIN: TU

NIDA - CTN

Treatment Utilization Form - Follow-up One

STUDYID EPOCH VISITNUM

Protocol Number | Node Number | Site Number | USUBJID | Participant Number | Week | Day of Week | Int Phase | Visit Sequence

__ __ / __ __ / __ __ TUDTC
Visit Date

Source Document Language:
O English O Spanish
O English and Spanish

Rater Number

Form Completion Status:
O Form Completed as Required (Any data collected)
O Responsible Person did not Complete
O Participant did not Attend Visit
O Participant Refused
O Not Enough Time at the Visit
O Other (specify: _____)

TUCAT= **Week 8 (Day 29 - 56 Post Randomization)**

This information is for dates: NOT DATABASED _____/_____/_____ to _____/_____/_____

Drug Abuse Treatment Services =TUSCAT

1. Number of Individual Sessions __ TUORRES
TUTEST
2. Number of Group Sessions __
3. Number of Self-help Groups __

PLEASE NOTE: If the client does NOT return for follow-ups, the only fields to be completed on this form are the header fields (including Source Document Language and Form Completion Status) and #12. Form Completion Status should be filled out as Form Compled as Required.

Other Ancilliary Services =TUSCAT

4. Number of Childcare Services __
5. Number of Medical Services __
6. Number of Psychiatric (MD) Services __
7. Number of Vocational Services __
8. Number of Legal Services __
9. Number of Family Services __

10. Days of Medication for Psychological, Psychiatric, or Drug problem __

List Medications NOT DATABASED

11. Is patient still active in treatment? O No O Yes

QNAM=TUACTIVE
QLABEL=IS PATIENT STILL ACTIVE IN TREATMENT
IDVAR=VISITNUM

12. Date of patient's last treatment contact at this clinic: __ __ / __ __ / __ __

QNAM=TULSDTC
QLABEL=DATE OF LAST TREATMENT CONTACT
IDVAR=VISITNUM

Created: ~~CTN Spanish MET TUF021 10/31/02 MAG~~ ~~Modified: 04/25/2003~~ MAG Version: v03

DOMAIN: TU

NIDA - CTN

Treatment Utilization Form - Follow-up Two

STUDYID USUBJID EPOCH VISITNUM

Protocol Number | Node Number | Site Number | Participant Number | Week | Day of Week | Phase | Sequence Number

TUDTC

Visit Date

Source Document Language:
O English O Spanish
O English and Spanish

Rater Number

Form Completion Status: O Form Completed as Required (Any data collected) O Responsible Person did not Complete O Participant did not Attend Visit
O Participant Refused O Not Enough Time at the Visit O Other (specify: _____)

TUCAT= **Week 12 (Day 57 - 84 Post Randomization)**

NOT DATABASED

This information is for dates: _____/_____/_____ to _____/_____/_____

Drug Abuse Treatment Services =TUSCAT

TUTEST

1. Number of Individual Sessions TUORRES
2. Number of Group Sessions
3. Number of Self-help Groups

Other Ancilliary Services =TUSCAT

4. Number of Childcare Services
5. Number of Medical Services
6. Number of Psychiatric (MD) Services
7. Number of Vocational Services
8. Number of Legal Services
9. Number of Family Services

10. Days of Medication for Psychological, Psychiatric, or Drug problem

List Medications NOT DATABASED

Created: CTN Spanish MET TUF2021 10/31/02 MAG Modified: 04/25/2003 MAG Version: v03

DOMAIN: TU

NIDA - CTN

Treatment Utilization Form - Follow-up Two

STUDYID USUBJID EPOCH VISITNUM

Protocol Number | Node Number | Site Number | Participant Number | Week | Day of Week | Phase | Sequence Number

TUDTC

Visit Date

Rater Number

TUCAT= **Week 16 (Day 85 - 112 Post Randomization)**

NOT DATABASED

This information is for dates: _____/_____/_____ to _____/_____/_____

Drug Abuse Treatment Services =TUSCAT

TUTEST

11. Number of Individual Sessions

TUORRES

12. Number of Group Sessions

13. Number of Self-help Groups

Other Ancilliary Services=TUSCAT

14. Number of Childcare Services

15. Number of Medical Services

16. Number of Psychiatric (MD) Services

17. Number of Vocational Services

18. Number of Legal Services

19. Number of Family Services

20. Days of Medication for Psychological,Psychiatric,or Drug problem

List Medications

NOT DATABASED

21. Is patient still active in treatment? O No O Yes

QNAM=TUACTIVE
QLABEL=IS PATIENT STILL ACTIVE IN TREATMENT
IDVAR=VISITNUM

22. Date of patient's last treatment contact at this clinic. / /

QNAM=TULSDTC
QLABEL=DATE OF LAST TREATMENT CONTACT
IDVAR=VISITNUM

36532

DOMAIN: LB

NIDA - CTN
STUDYID

Urine Monitoring Result Form

EPOCH

Protocol Number | Node Number | Site Number | Participant Number | Week | Day of Week | Phase | Visit Sequence — VISITNUM

Visit Date

QNAM=LBVISDTC
QLABEL=LAB VISIT DATE
IDVAR = LBSEQ

Source Document Language:
O English O Spanish
O English and Spanish

Rater Number

Form Completion Status:
O Form Completed as Required (Any data collected)
O Responsible Person did not Complete
O Participant did not Attend Visit
O Participant Refused
O Not Enough Time at the Visit
O Other (specify: _____)

LBCAT = 'DRUG SCREEN'

1. Date Urine Collected: / / — LBDTC

QNAM = LBTEMP
QLABEL = URINE TEMP
WITHIN EXPECTED RANGE
IDVAR = LBSEQ

2. Urine temperature within expected range? (>=92 F or 33.3 C) O No O Yes O Unknown

LBTEST	Negative	Positive	Not Tested
	LBORRES		
3. Amphetamines	O	O	O
4. Barbituates	O	O	O
5. Benzodiazipines	O	O	O
6. Cannabinoids (THC)	O	O	O
7. Cocaine	O	O	O
8. Methadone	O	O	O
9. Methamphetamines	O	O	O
10. Opiates/Morphine	O	O	O
11. Phencyclidine (PCP)	O	O	O

12. Was urine collection supervised? O No O Yes O Unknown

QNAM = LBSUPER
QLABEL = URINE COLLECTION SUPERVISED
IDVAR = LBSEQ

Created: CTN Spanish MET v1.0 UMR021 10/31/02 MAG Modified: 5/09/03 MAG Version: v03

QSCAT=URICA **DOMAIN: QS**

Escala de Evaluación de Cambio de la Universidad de Rhode Island

NIDA-CTN STUDYID

University of Rhode Island Change Assessment

EPOCH VISITNUM

Protocol Number	Node Number	Site Number	Participant Number	Week	Day of Week	Phase	Visit Sequence
			USUBJID				

Visit Date: ___ / ___ / ___ QSDTC

Source Document Language: O English O Spanish O English and Spanish

QSEVAL

Rater Number

Form Completion Status: O Form Completed as Required (Any data collected) O Responsible Person did not Complete O Participant did not Attend Visit O Participant Refused O Not Enough Time at the Visit O Other(specify:)

Cada frase (oración) escrita abajo describe como se puede sentir una persona cuando empieza una terapia o cuando enfrenta problemas en su vida. Por favor, indique que tan de acuerdo o en desacuerdo está con cada frase (oración). En cada caso, haga su selección en términos de como usted se siente en este momento, no lo que usted ha sentido en el pasado o ni lo que le gustaría sentir. Para todas las frases (oraciones) que se refieren a su "problema," conteste en términos de problemas relacionados con su uso de droga. Las palabras "aquí" y "en este lugar" se refieren a este programa de tratamiento para el abuso de droga.

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

Hay 5 respuestas posibles por cada uno de los puntos en el cuestionario.

(There are five possible responses to each of the items in the questionnaire.) QSTEST/QSTESTCD

Por favor llene el círculo que mejor represente su respuesta a cada pregunta. QSORRES

(Please darken the circle that best represents your answer to each question.)

O Muy en desacuerdo *Strongly Disagree* O En Desacuerdo *Disagree* O Indeciso *Undecided* O De Acuerdo *Agree* O Muy de Acuerdo *Strongly Agree*

1. En lo que respecta a mi, yo no tengo problemas que necesiten cambio.
   As far as I'm concerned, I don't have any problems that need changing.

1 O Muy en desacuerdo *Strongly Disagree* 2 O En Desacuerdo *Disagree* 3 O Indeciso *Undecided* 4 O De Acuerdo *Agree* 5 O Muy de Acuerdo *Strongly Agree*

2. Pienso que pueda estar listo(a) para superarme.
   I think I might be ready for some self-improvement.

1 O Muy en desacuerdo *Strongly Disagree* 2 O En Desacuerdo *Disagree* 3 O Indeciso *Undecided* 4 O De Acuerdo *Agree* 5 O Muy de Acuerdo *Strongly Agree*

3. Estoy haciendo algo sobre los problemas que me estaban molestando (preocupando).
   I am doing something about the problems that had been bothering me.

1 O Muy en desacuerdo *Strongly Disagree* 2 O En Desacuerdo *Disagree* 3 O Indeciso *Undecided* 4 O De Acuerdo *Agree* 5 O Muy de Acuerdo *Strongly Agree*

4. Puede que valga la pena trabajar en mi problema.
   It might be worthwhile to work on my problem.

1 O Muy en desacuerdo *Strongly Disagree* 2 O En Desacuerdo *Disagree* 3 O Indeciso *Undecided* 4 O De Acuerdo *Agree* 5 O Muy de Acuerdo *Strongly Agree*

5. Yo no soy el /la del problema. No tiene mucho sentido que yo este aquí.
   I'm not the problem one. It doesn't make much sense for me to be here.

1 O Muy en desacuerdo *Strongly Disagree* 2 O En Desacuerdo *Disagree* 3 O Indeciso *Undecided* 4 O De Acuerdo *Agree* 5 O Muy de Acuerdo *Strongly Agree*

6. Me preocupa que caiga de nuevo en un problema que ya he cambiado, por eso estoy aquí para buscar ayuda.
   It worries me that I might slip back on a problem I have already changed, so I am here to seek help.

1 O Muy en desacuerdo *Strongly Disagree* 2 O En Desacuerdo *Disagree* 3 O Indeciso *Undecided* 4 O De Acuerdo *Agree* 5 O Muy de Acuerdo *Strongly Agree*

Created: CTN Spanish MET URI02 11/11/02 MAG Modified: 4/21/03 MAG Version: v09

DOMAIN: QS

STUDYID
NIDA - CTN

Escala de Evaluación de Cambio de la Universidad de Rhode Island

University of Rhode Island Change Assessment

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Protocol Number | Node Number | Site Number | Participant Number | Week | Day of Week | Phase | Visit Sequence

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7. Finalmente (Al fin) estoy trabajando en mi problema.
I am finally doing some work on my problem. QSTEST/QSTESTCD

1 O Muy en desacuerdo 2 O En Desacuerdo 3 O Indeciso 4 O De Acuerdo 5 O Muy de Acuerdo
Strongly Disagree *Disagree* *Undecided* *Agree* *Strongly Agree*

QSORRES

8. He estado pensando que a lo mejor quisiera cambiar algo de mi mismo(a).
I've been thinking that I might want to change something about myself.

1 O Muy en desacuerdo 2 O En Desacuerdo 3 O Indeciso 4 O De Acuerdo 5 O Muy de Acuerdo
Strongly Disagree *Disagree* *Undecided* *Agree* *Strongly Agree*

9. He tenido éxito trabajando en mi problema pero no estoy seguro(a) que pueda mantener el esfuerzo por mi cuenta.
I have been successful in working on my problem but I'm not sure I can keep up the effort on my own.

1 O Muy en desacuerdo 2 O En Desacuerdo 3 O Indeciso 4 O De Acuerdo 5 O Muy de Acuerdo
Strongly Disagree *Disagree* *Undecided* *Agree* *Strongly Agree*

10. A veces mi problema es difícil, pero estoy trabajando en el.
At times my problem is difficult, but I'm working on it.

1 O Muy en desacuerdo 2 O En Desacuerdo 3 O Indeciso 4 O De Acuerdo 5 O Muy de Acuerdo
Strongly Disagree *Disagree* *Undecided* *Agree* *Strongly Agree*

11. El estar aquí es en si una pérdida de tiempo para mi porque el problema no tiene que ver mucho conmigo.
Being here is pretty much of a waste of time for me because the problem doesn't have much to do with me.

1 O Muy en desacuerdo 2 O En Desacuerdo 3 O Indeciso 4 O De Acuerdo 5 O Muy de Acuerdo
Strongly Disagree *Disagree* *Undecided* *Agree* *Strongly Agree*

12. Espero que este lugar me ayude a entenderme mejor a mi mismo(a).
I'm hoping this place will help me to better understand myself.

1 O Muy en desacuerdo 2 O En Desacuerdo 3 O Indeciso 4 O De Acuerdo 5 O Muy de Acuerdo
Strongly Disagree *Disagree* *Undecided* *Agree* *Strongly Agree*

13. Pueda que tenga defectos, pero no hay nada que realmente necesite cambiar.
I guess I have faults, but there's nothing that I really need to change.

1 O Muy en desacuerdo 2 O En Desacuerdo 3 O Indeciso 4 O De Acuerdo 5 O Muy de Acuerdo
Strongly Disagree *Disagree* *Undecided* *Agree* *Strongly Agree*

14. Realmente estoy trabajando duro en cambiar.
I am really working hard to change.

1 O Muy en desacuerdo 2 O En Desacuerdo 3 O Indeciso 4 O De Acuerdo 5 O Muy de Acuerdo
Strongly Disagree *Disagree* *Undecided* *Agree* *Strongly Agree*

15. Tengo un problema y realmente pienso que debo trabajar en el.
I have a problem and I really think I should work on it.

1 O Muy en desacuerdo 2 O En Desacuerdo 3 O Indeciso 4 O De Acuerdo 5 O Muy de Acuerdo
Strongly Disagree *Disagree* *Undecided* *Agree* *Strongly Agree*

Created: CTN Spanish MET URI02 11/11/02 MAG Modified: 4/21/03 MAG Version: v09

STUDYID NIDA - CTN

Escala de Evaluación de Cambio de la Universidad de Rhode Island

University of Rhode Island Change Assessment

USUBJID VISITNUM

Protocol Number | Node Number | Site Number | Participant Number | Week | Day of Week | Phase | Visit Sequence

QSDTC

Visit Date

QSEVAL

Rater Number

16. No estoy siguiendo lo que ya había cambiado tan bien como esperaba, y estoy aquí para prevenir caer de nuevo en el problema. QSTEST/QSTESTCD

I'm not following through with what I had already changed as well as I had hoped, and I'm here to prevent a relapse of the problem.

1 O Muy en desacuerdo *Strongly Disagree* 2 O En Desacuerdo *Disagree* 3 O Indeciso *Undecided* 4 O De Acuerdo *Agree* 5 O Muy de Acuerdo *Strongly Agree* QSORRES

17. Aunque no siempre tengo éxito en cambiar, por lo menos estoy trabajando en el problema.

Even though I'm not always successful in changing, I am at least working on my problem.

1 O Muy en desacuerdo *Strongly Disagree* 2 O En Desacuerdo *Disagree* 3 O Indeciso *Undecided* 4 O De Acuerdo *Agree* 5 O Muy de Acuerdo *Strongly Agree*

18. Yo pensé que una vez que hubiese resuelto el problema estaría libre de el, pero a veces todavía me encuentro luchando con el.

I thought once I had resolved the problem I would be free of it, but sometimes I still find myself struggling with it.

1 O Muy en desacuerdo *Strongly Disagree* 2 O En Desacuerdo *Disagree* 3 O Indeciso *Undecided* 4 O De Acuerdo *Agree* 5 O Muy de Acuerdo *Strongly Agree*

19. Desearía tener mas ideas sobre como resolver mi problema.

I wish I had more ideas on how to solve my problem.

1 O Muy en desacuerdo *Strongly Disagree* 2 O En Desacuerdo *Disagree* 3 O Indeciso *Undecided* 4 O De Acuerdo *Agree* 5 O Muy de Acuerdo *Strongly Agree*

20. Empecé a trabajar en mi problema pero me gustaría tener ayuda.

I have started working on my problem but I would like help.

1 O Muy en desacuerdo *Strongly Disagree* 2 O En Desacuerdo *Disagree* 3 O Indeciso *Undecided* 4 O De Acuerdo *Agree* 5 O Muy de Acuerdo *Strongly Agree*

21. A lo mejor este lugar me podrá ayudar.

Maybe this place will be able to help me.

1 O Muy en desacuerdo *Strongly Disagree* 2 O En Desacuerdo *Disagree* 3 O Indeciso *Undecided* 4 O De Acuerdo *Agree* 5 O Muy de Acuerdo *Strongly Agree*

22. Puede que necesite impulso (estímulo, empuje) ahora para que me ayude a mantener los cambios que ya he hecho.

I may need a push right now to help me maintain the changes I've already made.

1 O Muy en desacuerdo *Strongly Disagree* 2 O En Desacuerdo *Disagree* 3 O Indeciso *Undecided* 4 O De Acuerdo *Agree* 5 O Muy de Acuerdo *Strongly Agree*

23. Puede que yo sea parte del problema, pero realmente no pienso que lo soy.

I may be part of the problem, but I don't really think I am.

1 O Muy en desacuerdo *Strongly Disagree* 2 O En Desacuerdo *Disagree* 3 O Indeciso *Undecided* 4 O De Acuerdo *Agree* 5 O Muy de Acuerdo *Strongly Agree*

Created: CTN Spanish MET URI02 11/11/02 MAG Modified: 4/21/03 MAG Version: v09

DOMAIN: QS

STUDYID NIDA - CTN

Escala de Evaluación de Cambio de la Universidad de Rhode Island

University of Rhode Island Change Assessment

USUBJID | VISITNUM

Protocol Number | Node Number | Site Number | Participant Number | Week | Day of Week | Phase | Visit Sequence

QSDTC

Visit Date

QSEVAL

Rater Number

24. Espero que alguien aquí tenga buenos consejos para mi.
I hope that someone here will have some good advice for me.

QSTEST/QSTESTCD

1 O Muy en desacuerdo *Strongly Disagree* 2 O En Desacuerdo *Disagree* 3 O Indeciso *Undecided* 4 O De Acuerdo *Agree* 5 O Muy de Acuerdo *Strongly Agree*

25. Cualquiera puede hablar de cambiar; yo realmente estoy haciendo algo sobre el asunto.
Anyone can talk about changing; I'm actually doing something about it.

QSORRES

1 O Muy en desacuerdo *Strongly Disagree* 2 O En Desacuerdo *Disagree* 3 O Indeciso *Undecided* 4 O De Acuerdo *Agree* 5 O Muy de Acuerdo *Strongly Agree*

26. Toda esta palabrería (conversación) de psicología es aburrida, porqué es que la gente simplemente no se olvida de sus problemas.
All this talk about psychology is boring, why can't people just forget about their problems.

1 O Muy en desacuerdo *Strongly Disagree* 2 O En Desacuerdo *Disagree* 3 O Indeciso *Undecided* 4 O De Acuerdo *Agree* 5 O Muy de Acuerdo *Strongly Agree*

27. Yo estoy aquí para prevenir recaer (caer de nuevo) en mi problema.
I'm here to prevent myself from having a relapse of my problem.

1 O Muy en desacuerdo *Strongly Disagree* 2 O En Desacuerdo *Disagree* 3 O Indeciso *Undecided* 4 O De Acuerdo *Agree* 5 O Muy de Acuerdo *Strongly Agree*

28. Es frustrante, pero siento que pueda estar recayendo (cayendo de nuevo) en un problema que pensaba había resuelto.
It is frustrating, but I feel I might be having a recurrence of a problem I thought I had resolved.

1 O Muy en desacuerdo *Strongly Disagree* 2 O En Desacuerdo *Disagree* 3 O Indeciso *Undecided* 4 O De Acuerdo *Agree* 5 O Muy de Acuerdo *Strongly Agree*

29. Yo tengo preocupaciones pero también las tiene cualquier otro. ¿Porqué gastar tiempo pensando en ellas?
I have worries but so does the next guy. Why spend time thinking about them?

1 O Muy en desacuerdo *Strongly Disagree* 2 O En Desacuerdo *Disagree* 3 O Indeciso *Undecided* 4 O De Acuerdo *Agree* 5 O Muy de Acuerdo *Strongly Agree*

30. Yo estoy activamente trabajando en mi problema.
I am actively working on my problem.

1 O Muy en desacuerdo *Strongly Disagree* 2 O En Desacuerdo *Disagree* 3 O Indeciso *Undecided* 4 O De Acuerdo *Agree* 5 O Muy de Acuerdo *Strongly Agree*

31. Yo preferiría lidiar con mis defectos que tratar de cambiarlos.
I would rather cope with my faults than try to change them.

1 O Muy en desacuerdo *Strongly Disagree* 2 O En Desacuerdo *Disagree* 3 O Indeciso *Undecided* 4 O De Acuerdo *Agree* 5 O Muy de Acuerdo *Strongly Agree*

32. Después de todo lo que había hecho para tratar de cambiar mis problemas, de vez en cuando vuelven a rondarme (perseguirme).
After all I had done to try and change my problems, every now and again it comes back to haunt me.

1 O Muy en desacuerdo *Strongly Disagree* 2 O En Desacuerdo *Disagree* 3 O Indeciso *Undecided* 4 O De Acuerdo *Agree* 5 O Muy de Acuerdo *Strongly Agree*

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