

NIDA

Annotated Design For Trial: ctn0030

Protocol: CTN0030

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My trial note

September 17, 2007 3:55PM

Time and Events Schedule For Study: ctn0030

	Assessment	CRF	Baseline (BL) [S]	Cross Active Study (CAS) [S]	Phase 1 Week 1 Day 1 (1-Wk1A) [S]	Phase 1 Week 1 Day 7 (1-Wk1B) [S]	Phase 1 Week 2 (1-Wk2) [S]	Phase 1 Week 3 (1-Wk3) [S]	Phase 1 Week 4 (1-Wk4) [S]	Phase 1 Week 6 (1-Wk6) [S]	Phase 1 Week 8 (1-Wk8) [S]	Phase 1 Week 10 (1-Wk10) [S]	Phase 1 Week 12 (1-Wk12) [S]	Phase 1 Unscheduled (1-Unsc) [S/R]	Phase 1 Final (1-Finl) [S]	Phase 2 Week 1 Day 1 (2-Wk1A) [S]	Phase 2 Week 1 Day 7 (2-Wk1B) [S]	Phase 2 Week 2 (2-Wk2) [S]	Phase 2 Week 3 (2-Wk3) [S]
1	Visit Date	DOV	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	Inclusion Criteria	INC	2																
3	Exclusion Criteria	EXC	3																
4	Randomization	RND	4																
5	Demographics	DEM	5																
6	Vital Signs	VSF	6		3	3	3	3	3	3	3	2	4	3	3	4	3	3	3
7	Physical Exam	PEX	7										3		22				
8	Medical and Psychiatric History	MDH	8																
9	Urine Drug Screen	UDS	9		4	4	4	4	4	4	4	3	5	4	4	5	4	4	4
10	Pregnancy and Birth Control Assessment	PBB	10-DF																
11	Labs - Chemistry	LBC	11										20		5				
12	Labs - Hematology and Differentials	LBH	12										21		6				
13	Labs - Urinalysis	LBU	13										22		7				
14	ASL Lite	ASL1	14																
15	ASI Lite - Employment (1of2)	ASL2	15																
16	ASI-Lite: Employment/Support Status (2of2)	ASL3	16																
17	ASI-Lite: Alcohol/Drugs (1of3)	ASL4	17																
18	ASI-Lite: Alcohol/Drugs (2of3)	ASL5	18																
19	ASI-Lite: Alcohol/Drugs (3of3)	ASL6	19																
20	ASI-Lite: Legal Status (1of2)	ASL7	20																
21	ASI-Lite: Legal Status (2of2)	ASL8	21																
22	ASI-Lite: Family/Social Relationships (1of3)	ASL9	22																

23	ASI-Lite: Family/Social Relationships (2of3)	ASL10	23															
24	ASI-Lite: Family/Social Relationships (3of3)	ASL11	24															
25	ASI-Lite Psychiatric Status (1of2)	ASL12	25															
26	ASI-Lite Psychiatric Status (2of2)	ASL13	26															
27	Risk Behavior Survey	RBS	27															
28	Risk Behaviors Survey - Female (2 of 2)	RBS2Female	28-DF															
29	Risk Behaviors Survey - Male (2 of 2)	RBSMale	29-DF															
30	Risk Behavior Survey - NonSp (2 of 2)	RBS2All	30-DF															
31	Research Session Attendance	RSA		2														
32	Forms Completion Status	FRM		3														
33	Adverse Events	AEF		4-DF														
34	Concomitant Treatments	CTR		5-DF														
35	Prior and Concomitant Medications	PCM		6-DF														
36	Serious Adverse Event, 1-12	SAE1		7-DF														
37	Serious Adverse Event, 13-14	SAE2		8-DF														
38	Serious Adverse Event, 15	SAE3		9-DF														
39	Serious Adverse Event, 16-18	SAE4		10-DF														
40	Treatment Discontinuation	DIS		11-DF														
41	Substance Use Report	SUR		12														
42	Pregnancy and Outcome	POC		13-DF														
43	Protocol Violation Log	PVL		14-DF														
44	Enhanced Medical	EMA		15-RF-														

	Management Session Attendance		DF															
45	Study Termination	STF	16															
46	Clinical Opiate Withdrawal Scale	COW		2	2	2	2	2	2	2		2	2	2	3	2	2	2
47	Study Drug Dosing Log	SDL		5											7			
48	Standard Medical Management Adherence Session Attendance	SMA		6	8	8	8	8	5	5			9	26	8	8	8	8
49	Self Report Study Drug Log	SRD			5	5	5	6					6	23	6	5	5	5
50	Study Drug Dosing Log (1of2)	SDL1			6	6	6						7	24		6	6	6
51	Study Drug Dosing Log (2of2)	SDL2			7	7	7	7					8	25		7	7	7
52	Pregnancy and Birth Control Assessment	PBC						5-DF				6-DF	5-DF	8-DF				
53	ASL Lite Follow-Up - General & Medical	ASF1										7		9				
54	ASI-Lite Follow-Up: Employment/Support Status (1of2)	ASF2										8		10				
55	ASI-Lite Follow-Up: Employment/Support Status (2of2)	ASF3										9		11				
56	ASI-Lite Follow-Up: Alcohol/Drugs (1of3)	ASF4										10		12				
57	ASI-Lite Follow-Up: Alcohol/Drugs (2of3)	ASF5										11		13				
58	ASI-Lite Follow-Up: Alcohol/Drugs (3of3)	ASF6										12		14				
59	ASI-Lite Follow-up: Legal Status (1of2)	ASF7										13		15				
60	ASI-Lite Follow-up: Legal Status (2of2)	ASF8										14		16				
61	ASI-Lite Follow-up: Family/Social Relationships	ASF9										15		17				
62	ASI-Lite Follow-up: Family/Social Relationships (2of3)	ASF10										16		18				
63	ASI-Lite Follow-up: Family/Social Relationships (3of3)	ASF11										17		19				

64	ASI-Lite Follow-up: Psychiatric Status (1of2)	ASF12										18			20				
65	ASI-Lite Follow-up: Psychiatric Status (2of2)	ASF13										19			21				
66	Randomization	RND													2				
<p style="text-align: right;">Key: [S] = Scheduled Visit [O] = Optional Visit [D] = Dynam C = Common Form DF = Dynamic Form RF = Repeati</p>																			

ctn0030 : CTN0030 Screening (SCR)		
Study Node Identification		
1.	IVRS Unique ID	A3 (ctn0030cdd:t_frSCR.IVRSID) (ctn30ivrscdd:t_frSCR.IVRSID)
2.	1. Date of Birth:	Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> 1900-2000 (ctn0030cdd:t_frSCR.DEM001) (ctn30ivrscdd:t_frSCR.DEM001)
3.	2. Sex:	(ctn0030cdd:t_frSCR.DEM002) (ctn30ivrscdd:t_frSCR.DEM002) [1] <input type="radio"/> 1 Male [2] <input type="radio"/> 2 Female

Item Design Notes:	
Item No.	Design Note
1.	mapped from Screening form to PI form

CDD: ctn0030cdd Table: t_frSCR Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
IVRSID	STRING(3) - A3	
DEM001	DATE - DDMONYYYY	
DEM002	NUMERIC	

CDD: ctn30ivrscdd Table: t_frSCR Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
IVRSID	STRING(3) - A3	
DEM001	DATE - DDMONYYYY	
DEM002	NUMERIC	

ctn0030 : CTN0030 Enrollment (ENR)		
Study Enrollment		
1.	Participant ID	A12 (ctn0030cdd:t_frENR.ID) (ctn30ivrscdd:t_frENR.ID)

Item Design Notes:	
Item No.	Design Note
1.	mapped from Enrollment form to PI form

CDD: ctn0030cdd Table: t_frENR Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
ID	STRING(12) - A12	

CDD: ctn30ivrscdd Table: t_frENR Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
ID	STRING(12) - A12	

ctn0030 : Visit Date (DOV)	
1. Date Of Assessment	Req <input type="button" value="v"/> / Req <input type="button" value="v"/> / Req <input type="button" value="v"/> (2006-2010) (ctn0030cdd:t_frDOV.DOV) (ctn30ivrscdd:t_frDOV.DOV)

CDD: ctn0030cdd Table: t_frDOV Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
DOV	DATE - DDMONYYYY	

CDD: ctn30ivrscdd Table: t_frDOV Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
DOV	DATE - DDMONYYYY	

ctn0030 : Inclusion Criteria (INC)		
Inclusion Criteria		
1.*	1. Is the participant able to read, understand (including passing a comprehension quiz) and provide written informed consent?	(ctn0030cdd:t_frINC.INC001) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes
2.*	2. Is the participant 18 years of age or older?	(ctn0030cdd:t_frINC.INC002) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes
3.*	3. If the participant is female and of childbearing potential, does she agree to use one of the following acceptable methods of birth control throughout the study:	(ctn0030cdd:t_frINC.INC003) a oral contraceptives b barrier (diaphragm, cervical cap) with spermicide, or condom c intrauterine progesterone contraceptive system (IUD) d levonorgestrel implant e medroxyprogesterone acetate contraceptive injection f complete abstinence from sexual intercourse g other hormonal method(s) approved by the study investigator h male partner sterilization? [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [96] <input type="radio"/> NA
4.*	4. If the participant is receiving opioids for pain, does the participant have clearance from the prescribing physician to enter this trial?	(ctn0030cdd:t_frINC.INC004) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [96] <input type="radio"/> NA
5.*	5. Does the participant have the ability to meet study requirements? (i.e. can attend weekly visits, able to take medications, etc.)	(ctn0030cdd:t_frINC.INC005) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes
6.*	6. Does the participant meet DSM-IV criteria for current opioid dependence?	(ctn0030cdd:t_frINC.INC006) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes
7.*	7. Is the participant currently physically dependent on opioids (using prescription opioids at least 20 days/month) and in need of medical assistance for opioid withdrawal?	(ctn0030cdd:t_frINC.INC007) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes
8.*	8. Is the participant in good general health or, for participants requiring ongoing medical/psychiatric treatment, is he/she under the care of a physician willing to continue participant's medical management and to cooperate with study site investigators?	(ctn0030cdd:t_frINC.INC008) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes
9.*	9. Is the participant non-psychotic and psychiatrically stable in the opinion of the study investigator?	(ctn0030cdd:t_frINC.INC009) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes
10.*	10. Is the participant willing to provide locator information including his/her residential street address and a working telephone number; or if homeless, will the participant provide the address and telephone number of a non-drug abusing relative or friend who can reach the participant in emergencies?	(ctn0030cdd:t_frINC.INC010) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes
11.*	11. Prior to Induction:	(ctn0030cdd:t_frINC.INC011a1) Is the participant in opioid withdrawal (COWS scale > 8)? [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes (ctn0030cdd:t_frINC.INC011b2)

Is the participant's dose of methadone (if receiving it for pain; those receiving methadone treatment for opioid dependence are excluded) less than or equal to 40 mg?

[0]

 0
No

[1]

 1
Yes[96] NA

* Item is not required

CDD: ctn0030cdd Table: t_frINC Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
INC001	NUMERIC	
INC002	NUMERIC	
INC003	NUMERIC	
INC004	NUMERIC	
INC005	NUMERIC	
INC006	NUMERIC	
INC007	NUMERIC	
INC008	NUMERIC	
INC009	NUMERIC	
INC010	NUMERIC	
INC011a1	NUMERIC	
INC011a2	NUMERIC	
INC011b1	NUMERIC	
INC011b2	NUMERIC	

ctn0030 : Exclusion Criteria (EXC)		
Exclusion Criteria		
1.*	1. Does the participant have a medical condition that would make participation medically hazardous, in the opinion of the study investigator, after consultation with the study physician (if not the same), based on review of medical records and baseline evaluations?	(ctn0030cdd:t_frEXC.EXC001) [0] <input type="radio"/> 0 No [1] <input checked="" type="radio"/> 1 Yes
2.*	2. Does the participant have a known allergy or sensitivity to buprenorphine or naloxone?	(ctn0030cdd:t_frEXC.EXC002) [0] <input type="radio"/> 0 No [1] <input checked="" type="radio"/> 1 Yes
3.*	3. Does the participant have an acute severe psychiatric condition or is the participant psychotic?	(ctn0030cdd:t_frEXC.EXC003) [0] <input type="radio"/> 0 No [1] <input checked="" type="radio"/> 1 Yes
4.*	4. Has the participant been a suicide risk within the past 30 days?	(ctn0030cdd:t_frEXC.EXC004) [0] <input type="radio"/> 0 No [1] <input checked="" type="radio"/> 1 Yes
5.*	5. Is the participant dependent on alcohol, sedative-hypnotics or stimulants, and requiring immediate medical attention?	(ctn0030cdd:t_frEXC.EXC005) [0] <input type="radio"/> 0 No [1] <input checked="" type="radio"/> 1 Yes
6.*	6. Has the participant used heroin more than 4 days in the past 30 days?	(ctn0030cdd:t_frEXC.EXC006) [0] <input type="radio"/> 0 No [1] <input checked="" type="radio"/> 1 Yes
7.*	7. Has the participant participated in another investigational drug study within the last 30 days?	(ctn0030cdd:t_frEXC.EXC007) [0] <input type="radio"/> 0 No [1] <input checked="" type="radio"/> 1 Yes
8.*	8. Has the participant participated in methadone or buprenorphine maintenance treatment for opioid dependence within 30 days of study enrollment?	(ctn0030cdd:t_frEXC.EXC008) [0] <input type="radio"/> 0 No [1] <input checked="" type="radio"/> 1 Yes
9.*	9. Does the participant have a current or pending legal status that would make them unlikely to remain in the local area for the duration of the study?	(ctn0030cdd:t_frEXC.EXC009) [0] <input type="radio"/> 0 No [1] <input checked="" type="radio"/> 1 Yes
10.*	10. Does the participant have a lifetime opioid dependence that would be accounted for by heroin use alone?	(ctn0030cdd:t_frEXC.EXC010) [0] <input type="radio"/> 0 No [1] <input checked="" type="radio"/> 1 Yes
11.*	11. Has the participant ever used heroin by injection?	(ctn0030cdd:t_frEXC.EXC011) [0] <input type="radio"/> 0 No [1] <input checked="" type="radio"/> 1 Yes
12.*	12. Has the participant experienced a traumatic or major pain event within the past 6 months?	(ctn0030cdd:t_frEXC.EXC012) [0] <input type="radio"/> 0 No [1] <input checked="" type="radio"/> 1 Yes
13.*	13. If female, is the participant pregnant, lactating, or unwilling to follow study required measures for pregnancy prevention?	(ctn0030cdd:t_frEXC.EXC013) [0] <input type="radio"/> 0 No [1] <input checked="" type="radio"/> 1 Yes [96] <input type="radio"/> NA
14.*	14. Is the participant unable to remain in the local area for the duration of Phases 1 and 2 of the study?	(ctn0030cdd:t_frEXC.EXC014) [0] <input type="radio"/> 0 No [1] <input checked="" type="radio"/> 1 Yes
15.*	15. Does the participant have presence of pain of sufficient severity as to require ongoing pain management with opioids?	(ctn0030cdd:t_frEXC.EXC015) [0] <input type="radio"/> 0 No [1] <input checked="" type="radio"/> 1 Yes
16.*	16. Does the participant have LFTs>5x upper limit of normal range?	(ctn0030cdd:t_frEXC.EXC016) [0] <input type="radio"/> 0 No [1] <input checked="" type="radio"/> 1 Yes
17.*	17. Does the participant have surgery scheduled within the next 6 months that would preclude participation during the active treatment phase of study?	(ctn0030cdd:t_frEXC.EXC017) [0] <input type="radio"/> 0 No [1] <input checked="" type="radio"/> 1 Yes
18.*	18. Is the participant currently receiving formal substance abuse treatment?	(ctn0030cdd:t_frEXC.EXC018a) [0] <input type="radio"/> 0 No [1] <input checked="" type="radio"/> 1 Yes
* Item is not required		

Item Design Notes:	
Item No.	Design Note
18.	Alternative to original question installed with Studyversion 7.0, Jan 2007.

CDD: ctn0030cdd Table: t_frEXC Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
EXC001	NUMERIC	
EXC002	NUMERIC	
EXC003	NUMERIC	
EXC004	NUMERIC	
EXC005	NUMERIC	
EXC006	NUMERIC	
EXC007	NUMERIC	
EXC008	NUMERIC	
EXC009	NUMERIC	
EXC010	NUMERIC	
EXC011	NUMERIC	
EXC012	NUMERIC	
EXC013	NUMERIC	
EXC014	NUMERIC	
EXC015	NUMERIC	
EXC016	NUMERIC	
EXC017	NUMERIC	
EXC018	NUMERIC	
EXC018a	NUMERIC	

ctn0030 : Randomization (RND)		
1.	1. Date Informed Consent signed	Req <input type="checkbox"/> / Req <input type="checkbox"/> / Req <input type="checkbox"/> (2006-2010) (ctn0030cdd:t_frRND.RND001)
2.	2. Was the patient randomized	(ctn0030cdd:t_frRND.RND002) [1] <input type="radio"/> 1 Yes [0] <input type="radio"/> 0 No (ctn0030cdd:t_frRND.RND002a) [1] <input type="checkbox"/> Failed to return to clinic (ctn0030cdd:t_frRND.RND002b) [1] <input type="checkbox"/> Declined study participation (ctn0030cdd:t_frRND.RND002c) [1] <input type="checkbox"/> Death (ctn0030cdd:t_frRND.RND002d) [1] <input type="checkbox"/> Failed to meet inclusion/exclusion criteria at screening (ctn0030cdd:t_frRND.RND002e) [1] <input type="checkbox"/> Other (If Other, then specify) (ctn0030cdd:t_frRND.RND002e1) <input type="text" value="A200"/>
3.*	3. Date of Randomization	NReq <input type="checkbox"/> / NReq <input type="checkbox"/> / NReq <input type="checkbox"/> (2006-2010) (ctn0030cdd:t_frRND.RND003)
4.*	4. Medical Management group	Pull-down List 1 <input type="checkbox"/> (ctn0030cdd:t_frRND.RND005) (ctn30ivrscdd:t_frRND.RND005)
5.*	5. Randomization number	xxxx (n > 0) (ctn0030cdd:t_frRND.RND006) (ctn30ivrscdd:t_frRND.RND006)
6.*	7. Has the participant ever used Heroin? [hidden]	(ctn0030cdd:t_frRND.RND007) (ctn30ivrscdd:t_frRND.RND007) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes
7.*	8. Does the participant currently have Chronic pain? [hidden]	(ctn0030cdd:t_frRND.RND008) (ctn30ivrscdd:t_frRND.RND008) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes
* Item is not required		

Pull-down List 1:			
RefName	Display Text	Value	Design Note
MMG_1STD	1 Standard	1	
MMG_2ENH	2 Enhanced	2	

CDD: ctn0030cdd Table: t_frRND Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
RND001	DATE - DDMMYYYY	
RND002	NUMERIC	
RND002a	STRING(255)	
RND002b	STRING(255)	
RND002c	STRING(255)	

RND002d	STRING(255)	
RND002e	STRING(255)	
RND002e1	STRING(200) - A200	
RND003	DATE - DDMONYYYY	
RND005	STRING(255) - 1, 2	
RND006	NUMERIC - N4	
RND007	NUMERIC	
RND008	NUMERIC	

CDD: ctn30ivrscdd Table: t_frRND Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
RND005	STRING(255) - 1, 2	
RND006	NUMERIC - N4	
RND007	NUMERIC	
RND008	NUMERIC	

ctn0030 : Demographics (DEM)	
Demographics	
1. 1. Date of Birth:	Req <input type="checkbox"/> / Req <input type="checkbox"/> / Req <input type="checkbox"/> 1900-2000 (ctn0030cdd:t_frDEM.DEM001) (ctn30ivrscdd:t_frDEM.DEM001)
2. 2. Sex:	(ctn0030cdd:t_frDEM.DEM002) (ctn30ivrscdd:t_frDEM.DEM002) [1] <input type="radio"/> 1 Male [2] <input type="radio"/> 2 Female
3. 3. Ethnicity:	(ctn0030cdd:t_frDEM.DEM003a) [1] <input type="radio"/> 1 Spanish origin, Hispanic or Latino Check all that apply: (ctn0030cdd:t_frDEM.DEM003b1) [1] <input type="checkbox"/> Mexican, Mexican-American, or Chicano (ctn0030cdd:t_frDEM.DEM003b2) [2] <input type="checkbox"/> Puerto Rican (ctn0030cdd:t_frDEM.DEM003b3) [3] <input type="checkbox"/> Cuban (ctn0030cdd:t_frDEM.DEM003b4) [4] <input type="checkbox"/> Hispanic or Latino, other (specify): A50 (ctn0030cdd:t_frDEM.DEM003b5) [2] <input type="radio"/> 2 Not of Spanish origin, Hispanic or Latino
4. 4. Race (check all that apply):	(ctn0030cdd:t_frDEM.DEM004a) [1] <input type="checkbox"/> American Indian or Alaska Native (ctn0030cdd:t_frDEM.DEM004b) [2] <input type="checkbox"/> Asian; Check all that apply: (ctn0030cdd:t_frDEM.DEM004b1) [21] <input type="checkbox"/> Asian-Indian (ctn0030cdd:t_frDEM.DEM004b2) [22] <input type="checkbox"/> Chinese (ctn0030cdd:t_frDEM.DEM004b3) [23] <input type="checkbox"/> Filipino (ctn0030cdd:t_frDEM.DEM004b4) [24] <input type="checkbox"/> Japanese (ctn0030cdd:t_frDEM.DEM004b5) [25] <input type="checkbox"/> Korean (ctn0030cdd:t_frDEM.DEM004b6) [26] <input type="checkbox"/> Vietnamese (ctn0030cdd:t_frDEM.DEM004b7) [27] <input type="checkbox"/> Asian, other (specify): A50 (ctn0030cdd:t_frDEM.DEM004b8) (ctn0030cdd:t_frDEM.DEM004c) [3] <input type="checkbox"/> Black or African American (ctn0030cdd:t_frDEM.DEM004d) [4] <input type="checkbox"/> Native Hawaiian or Pacific Islander Check all that apply: (ctn0030cdd:t_frDEM.DEM004d1) [41] <input type="checkbox"/> Native Hawaiian (ctn0030cdd:t_frDEM.DEM004d2) [42] <input type="checkbox"/> Guamanian or Chamorro (ctn0030cdd:t_frDEM.DEM004d3) [43] <input type="checkbox"/> Samoan (ctn0030cdd:t_frDEM.DEM004d4) [44] <input type="checkbox"/> Native Hawaiian or Pacific Islander, other (specify): A50 (ctn0030cdd:t_frDEM.DEM004d5)

	<p>(ctn0030cdd:t_frDEM.DEM004e) [5] <input type="checkbox"/> White</p> <p>(ctn0030cdd:t_frDEM.DEM004f) [6] <input type="checkbox"/> Other (specify): A50</p> <p>(ctn0030cdd:t_frDEM.DEM004g) [7] <input type="checkbox"/> Participant chooses not to answer</p> <p>(ctn0030cdd:t_frDEM.DEM004h) [8] <input type="checkbox"/> Unknown</p>	(ctn0030cdd:t_frDEM.DEM004fs)
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CDD: ctn0030cdd Table: t_frDEM Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
DEM001	DATE - DDMONYYYY	
DEM002	NUMERIC	
DEM003a	NUMERIC	
DEM003b1	STRING(255)	
DEM003b2	STRING(255)	
DEM003b3	STRING(255)	
DEM003b4	STRING(255)	
DEM003b5	STRING(50) - A50	
DEM004a	STRING(255)	
DEM004b	STRING(255)	
DEM004b1	STRING(255)	
DEM004b2	STRING(255)	
DEM004b3	STRING(255)	
DEM004b4	STRING(255)	
DEM004b5	STRING(255)	
DEM004b6	STRING(255)	
DEM004b7	STRING(255)	
DEM004b8	STRING(50) - A50	
DEM004c	STRING(255)	
DEM004d	STRING(255)	
DEM004d1	STRING(255)	
DEM004d2	STRING(255)	
DEM004d3	STRING(255)	
DEM004d4	STRING(255)	
DEM004d5	STRING(50) - A50	
DEM004e	STRING(255)	
DEM004f	STRING(255)	

DEM004fs	STRING(50) - A50	
DEM004g	STRING(255)	
DEM004h	STRING(255)	

CDD: ctn30ivrscdd Table: t_frDEM Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
DEM001	DATE - DDMONYYYY	
DEM002	NUMERIC	

ctn0030 : Vital Signs (VSF)	
1. SEQ Num	xx (ctn0030cdd:t_frVSF.SEQNUM)
Vital Signs	
2. 1. Time:	Req/Unk <input type="button" value="v"/> : Req/Unk <input type="button" value="v"/> 24-hour clock (00:00 to 23:59) (ctn0030cdd:t_frVSF.VSF001)
3. 2. Temperature:	xxx. <input type="radio"/> °C <input type="radio"/> °F (ctn0030cdd:t_frVSF.VSF002)
4. 3. Blood pressure:	xxx (45 =< n <= 180) / (ctn0030cdd:t_frVSF.VSF003A) xxx (35 =< n <= 120) mmHg (ctn0030cdd:t_frVSF.VSF003B) (systolic / diastolic)
5. 4. Pulse:	xxx (35 =< n <= 150) bpm (ctn0030cdd:t_frVSF.VSF004)
6. 5. Respirations:	xx (6 =< n <= 30) (1 minute) (ctn0030cdd:t_frVSF.VSF005)
7. 6. Weight:	xxx. <input type="radio"/> lbs <input type="radio"/> kg (ctn0030cdd:t_frVSF.VSF006)

CDD: ctn0030cdd Table: t_frVSF Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
SEQNUM	NUMERIC - N2	
VSF001	DATE - HHMM	
VSF002	FLOAT - F4.0	
VSF003A	NUMERIC - N3	
VSF003B	NUMERIC - N3	
VSF004	NUMERIC - N3	
VSF005	NUMERIC - N2	
VSF006	FLOAT - F5.0	

ctn0030 : Physical Exam (PEX)			
For Phase 1 participants, do not complete this form if the participant is transitioning to Phase 2.			
1.	1. General Appearance	Evaluation Pulldown List 1 <input type="button" value="v"/> (ctn0030cdd:t_frPEX.PEX001a)	Comments for Abnormal Results A200 <input type="text"/> (ctn0030cdd:t_frPEX.PEX001b)
2.	2. Ears, Eyes, Nose and Throat	Pulldown List 2 <input type="button" value="v"/> (ctn0030cdd:t_frPEX.PEX003a)	A200 <input type="text"/> (ctn0030cdd:t_frPEX.PEX003b)
3.	3. Head/Neck	Pulldown List 3 <input type="button" value="v"/> (ctn0030cdd:t_frPEX.PEX002a)	A200 <input type="text"/> (ctn0030cdd:t_frPEX.PEX002b)
4.	4. Cardiovascular and Pulse	Pulldown List 4 <input type="button" value="v"/> (ctn0030cdd:t_frPEX.PEX004a)	A200 <input type="text"/> (ctn0030cdd:t_frPEX.PEX004b)
5.	5. Respiratory	Pulldown List 5 <input type="button" value="v"/> (ctn0030cdd:t_frPEX.PEX006a)	A200 <input type="text"/> (ctn0030cdd:t_frPEX.PEX006b)
6.	6. Lymph Nodes	Pulldown List 6 <input type="button" value="v"/> (ctn0030cdd:t_frPEX.PEX005a)	A200 <input type="text"/> (ctn0030cdd:t_frPEX.PEX005b)
7.	7. Extremities	Pulldown List 7 <input type="button" value="v"/> (ctn0030cdd:t_frPEX.PEX009a)	A200 <input type="text"/> (ctn0030cdd:t_frPEX.PEX009b)
8.	8. Neurological	Pulldown List 8 <input type="button" value="v"/> (ctn0030cdd:t_frPEX.PEX010a)	A200 <input type="text"/> (ctn0030cdd:t_frPEX.PEX010b)
9.	9. Skin	Pulldown List 9 <input type="button" value="v"/> (ctn0030cdd:t_frPEX.PEX011a)	A200 <input type="text"/> (ctn0030cdd:t_frPEX.PEX011b)
10.	10. Musculoskeletal	Pulldown List 10 <input type="button" value="v"/> (ctn0030cdd:t_frPEX.PEX007a)	A200 <input type="text"/> (ctn0030cdd:t_frPEX.PEX007b)
11.	11. Gastrointestinal and Abdomen	Pulldown List 11 <input type="button" value="v"/> (ctn0030cdd:t_frPEX.PEX008a)	A200 <input type="text"/> (ctn0030cdd:t_frPEX.PEX008b)
12.*	12. Other	Pulldown List 12 <input type="button" value="v"/> (ctn0030cdd:t_frPEX.PEX012a) Specify: (ctn0030cdd:t_frPEX.PEX012b) A200 <input type="text"/> Comments: (ctn0030cdd:t_frPEX.PEX012c) A200 <input type="text"/>	

* Item is not required

Pulldown List 1:			
RefName	Display Text	Value	Design Note
ie1Norma	1 Normal	1	
ie2Abnor	2 Abnormal	2	
ie9NtDon	9 Not Done	9	

Pulldown List 2:			
RefName	Display Text	Value	Design Note
ie1Norma	1 Normal	1	
ie2Abnor	2 Abnormal	2	
ie9NtDon	9 Not Done	9	

Pulldown List 3:			
RefName	Display Text	Value	Design Note
ie1Norma	1 Normal	1	
ie2Abnor	2 Abnormal	2	
ie9NtDon	9 Not Done	9	

Pulldown List 4:			
RefName	Display Text	Value	Design Note
ie1Norma	1 Normal	1	
ie2Abnor	2 Abnormal	2	
ie9NtDon	9 Not Done	9	

Pulldown List 5:			
RefName	Display Text	Value	Design Note
ie1Norma	1 Normal	1	
ie2Abnor	2 Abnormal	2	
ie9NtDon	9 Not Done	9	

Pulldown List 6:			
RefName	Display Text	Value	Design Note
ie1Norma	1 Normal	1	
ie2Abnor	2 Abnormal	2	
ie9NtDon	9 Not Done	9	

Pulldown List 7:			
RefName	Display Text	Value	Design Note
ie1Norma	1 Normal	1	
ie2Abnor	2 Abnormal	2	
ie9NtDon	9 Not Done	9	

Pulldown List 8:			
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RefName	Display Text	Value	Design Note
ie1Norma	1 Normal	1	
ie2Abnor	2 Abnormal	2	
ie9NtDon	9 Not Done	9	

Pulldown List 9:			
RefName	Display Text	Value	Design Note
ie1Norma	1 Normal	1	
ie2Abnor	2 Abnormal	2	
ie9NtDon	9 Not Done	9	

Pulldown List 10:			
RefName	Display Text	Value	Design Note
ie1Norma	1 Normal	1	
ie2Abnor	2 Abnormal	2	
ie9NtDon	9 Not Done	9	

Pulldown List 11:			
RefName	Display Text	Value	Design Note
ie1Norma	1 Normal	1	
ie2Abnor	2 Abnormal	2	
ie9NtDon	9 Not Done	9	

Pulldown List 12:			
RefName	Display Text	Value	Design Note
ie1Norma	1 Normal	1	
ie2Abnor	2 Abnormal	2	
ie9NtDon	9 Not Done	9	

CDD: ctn0030cdd Table: t_frPEX Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
PEX001a	STRING(255) - 1, 2, 9	
PEX001b	STRING(200) - A200	
PEX003a	STRING(255) - 1, 2, 9	
PEX003b	STRING(200) - A200	
PEX002a	STRING(255) - 1, 2, 9	
PEX002b	STRING(200) - A200	

PEX004a	STRING(255) - 1, 2, 9	
PEX004b	STRING(200) - A200	
PEX006a	STRING(255) - 1, 2, 9	
PEX006b	STRING(200) - A200	
PEX005a	STRING(255) - 1, 2, 9	
PEX005b	STRING(200) - A200	
PEX009a	STRING(255) - 1, 2, 9	
PEX009b	STRING(200) - A200	
PEX010a	STRING(255) - 1, 2, 9	
PEX010b	STRING(200) - A200	
PEX011a	STRING(255) - 1, 2, 9	
PEX011b	STRING(200) - A200	
PEX007a	STRING(255) - 1, 2, 9	
PEX007b	STRING(200) - A200	
PEX008a	STRING(255) - 1, 2, 9	
PEX008b	STRING(200) - A200	
PEX012a	STRING(255) - 1, 2, 9	
PEX012b	STRING(200) - A200	
PEX012c	STRING(200) - A200	

ctn0030 : Medical and Psychiatric History (MDH)				
Medical and Psychiatric History				
1.	1. Eyes, nose, ears and throat:	(ctn0030cdd:t_frMDH.MDH012a) Past History [2] <input type="radio"/> 2 Not Assessed [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes	(ctn0030cdd:t_frMDH.MDH012b) Active [2] <input type="radio"/> 2 Not Assessed [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes	If Yes: Specify A200
2.	2. Dermatological:	(ctn0030cdd:t_frMDH.MDH011a) Past History [2] <input type="radio"/> 2 Not Assessed [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes	(ctn0030cdd:t_frMDH.MDH011b) Active [2] <input type="radio"/> 2 Not Assessed [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes	If Yes: Specify A200
3.	3. Cardiovascular:	(ctn0030cdd:t_frMDH.MDH001a) Past History [2] <input type="radio"/> 2 Not Assessed [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes	(ctn0030cdd:t_frMDH.MDH001b) Active [2] <input type="radio"/> 2 Not Assessed [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes	If Yes: Specify A200
4.	4. Respiratory:	(ctn0030cdd:t_frMDH.MDH007a) Past History [2] <input type="radio"/> 2 Not Assessed [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes	(ctn0030cdd:t_frMDH.MDH007b) Active [2] <input type="radio"/> 2 Not Assessed [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes	If Yes: Specify A200
5.	5. Gastrointestinal:	(ctn0030cdd:t_frMDH.MDH006a) Past History [2] <input type="radio"/> 2 Not Assessed [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes	(ctn0030cdd:t_frMDH.MDH006b) Active [2] <input type="radio"/> 2 Not Assessed [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes	If Yes: Specify A200
6.	6. Endocrine:	(ctn0030cdd:t_frMDH.MDH008a) Past History [2] <input type="radio"/> 2 Not Assessed [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes	(ctn0030cdd:t_frMDH.MDH008b) Active [2] <input type="radio"/> 2 Not Assessed [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes	If Yes: Specify A200
7.	7. Genitourinary:	(ctn0030cdd:t_frMDH.MDH009a) Past History [2] <input type="radio"/> 2 Not Assessed [0] <input type="radio"/> 0 No	(ctn0030cdd:t_frMDH.MDH009b) Active [2] <input type="radio"/> 2 Not Assessed [0] <input type="radio"/> 0 No	If Yes: Specify A200

		[1] <input type="radio"/> 1 Yes	[1] <input type="radio"/> 1 Yes		
8.	8. Neurological:	(ctn0030cdd:t_frMDH.MDH005a) Past History [2] <input type="radio"/> 2 Not Assessed [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes	(ctn0030cdd:t_frMDH.MDH005b) Active [2] <input type="radio"/> 2 Not Assessed [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes	If Yes: Specify A200	(ctn0030cdd:t_frMDH.MDH005s)
9.	9. Seizure:	(ctn0030cdd:t_frMDH.MDH010a) Past History [2] <input type="radio"/> 2 Not Assessed [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes	(ctn0030cdd:t_frMDH.MDH010b) Active [2] <input type="radio"/> 2 Not Assessed [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes	If Yes: Specify A200	(ctn0030cdd:t_frMDH.MDH010s)
10.	10. Musculoskeletal:	(ctn0030cdd:t_frMDH.MDH004a) Past History [2] <input type="radio"/> 2 Not Assessed [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes	(ctn0030cdd:t_frMDH.MDH004b) Active [2] <input type="radio"/> 2 Not Assessed [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes	If Yes: Specify A200	(ctn0030cdd:t_frMDH.MDH004s)
11.	11. Hepatic:	(ctn0030cdd:t_frMDH.MDH002a) Past History [2] <input type="radio"/> 2 Not Assessed [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes	(ctn0030cdd:t_frMDH.MDH002b) Active [2] <input type="radio"/> 2 Not Assessed [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes	If Yes: Specify A200	(ctn0030cdd:t_frMDH.MDH002s)
12.	12. Tuberculosis:	(ctn0030cdd:t_frMDH.MDH013a) Past History [2] <input type="radio"/> 2 Not Assessed [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes	(ctn0030cdd:t_frMDH.MDH013b) Active [2] <input type="radio"/> 2 Not Assessed [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes	If Yes: Specify A200	(ctn0030cdd:t_frMDH.MDH013s)
13.	13. Renal:	(ctn0030cdd:t_frMDH.MDH003a) Past History [2] <input type="radio"/> 2 Not Assessed [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes	(ctn0030cdd:t_frMDH.MDH003b) Active [2] <input type="radio"/> 2 Not Assessed [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes	If Yes: Specify A200	(ctn0030cdd:t_frMDH.MDH003s)
14.	14. Infections:	(ctn0030cdd:t_frMDH.MDH014a) Past History [2] <input type="radio"/> 2 Not Assessed [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes	(ctn0030cdd:t_frMDH.MDH014b) Active [2] <input type="radio"/> 2 Not Assessed [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes	If Yes: Specify A200	(ctn0030cdd:t_frMDH.MDH014s)

15.	15. Allergies:	(ctn0030cdd:t_frMDH.MDH015a) Past History [2] <input type="radio"/> 2 Not Assessed [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes	(ctn0030cdd:t_frMDH.MDH015b) Active [2] <input type="radio"/> 2 Not Assessed [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes	If Yes: Specify <input type="text" value="A200"/>	(ctn0030cdd:t_frMDH.MDH015s)
16.	16. Pain (<i>pain not otherwise specified above</i>):	(ctn0030cdd:t_frMDH.MDH016a) Past History [2] <input type="radio"/> 2 Not Assessed [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes	(ctn0030cdd:t_frMDH.MDH016b) Active [2] <input type="radio"/> 2 Not Assessed [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes	If Yes: Specify <input type="text" value="A200"/>	(ctn0030cdd:t_frMDH.MDH016s)
17.	17. Other Medical History (<i>not otherwise specified above</i>):	(ctn0030cdd:t_frMDH.MDH017a) Past History [2] <input type="radio"/> 2 Not Assessed [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes	(ctn0030cdd:t_frMDH.MDH017b) Active [2] <input type="radio"/> 2 Not Assessed [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes	If Yes: Specify <input type="text" value="A200"/>	(ctn0030cdd:t_frMDH.MDH017s)
18.	18. Major Depressive Disorder:	(ctn0030cdd:t_frMDH.MDH018a) Past History [2] <input type="radio"/> 2 Not Assessed [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes	(ctn0030cdd:t_frMDH.MDH018b) Active [2] <input type="radio"/> 2 Not Assessed [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes	If Yes: Specify <input type="text" value="A200"/>	(ctn0030cdd:t_frMDH.MDH018s)
19.	19. PTSD:	(ctn0030cdd:t_frMDH.MDH019a) Past History [2] <input type="radio"/> 2 Not Assessed [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes	(ctn0030cdd:t_frMDH.MDH019b) Active [2] <input type="radio"/> 2 Not Assessed [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes	If Yes: Specify <input type="text" value="A200"/>	(ctn0030cdd:t_frMDH.MDH019s)
20.	20. ADHD:	(ctn0030cdd:t_frMDH.MDH020a) Past History [2] <input type="radio"/> 2 Not Assessed [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes	(ctn0030cdd:t_frMDH.MDH020b) Active [2] <input type="radio"/> 2 Not Assessed [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes	If Yes: Specify <input type="text" value="A200"/>	(ctn0030cdd:t_frMDH.MDH020s)
21.	21. Anxiety or Panic Disorder:	(ctn0030cdd:t_frMDH.MDH021a) Past History [2] <input type="radio"/> 2 Not Assessed [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes	(ctn0030cdd:t_frMDH.MDH021b) Active [2] <input type="radio"/> 2 Not Assessed [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes	If Yes: Specify <input type="text" value="A200"/>	(ctn0030cdd:t_frMDH.MDH021s)
22.	22. Bipolar Disorder:	(ctn0030cdd:t_frMDH.MDH022a)	(ctn0030cdd:t_frMDH.MDH022b)	If Yes: Specify	(ctn0030cdd:t_frMDH.MDH022s)

		<p>Past History</p> <p>[2] <input type="radio"/> 2 Not Assessed [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes</p>	<p>Active</p> <p>[2] <input type="radio"/> 2 Not Assessed [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes</p>	<p>A200</p>
23.	23. Psychotic Disorder:	(ctn0030cdd:t_frMDH.MDH023a)	(ctn0030cdd:t_frMDH.MDH023b)	<p>If Yes: Specify</p> <p>(ctn0030cdd:t_frMDH.MDH023s)</p> <p>A200</p>
24.	24. Other Psychiatric History (not otherwise specified above):	(ctn0030cdd:t_frMDH.MDH024a)	(ctn0030cdd:t_frMDH.MDH024b)	<p>If Yes: Specify</p> <p>(ctn0030cdd:t_frMDH.MDH024s)</p> <p>A200</p>
25.	25. History of suicidal behavior or other psychiatric condition that would make the participant inappropriate for the study?	(ctn0030cdd:t_frMDH.MDH025)		<p>[0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes --> If Yes: Specify: A200 (ctn0030cdd:t_frMDH.MDH025s)</p>
26.	26. Experienced a traumatic or major pain event within the past six months that would make the participant inappropriate for the study?	(ctn0030cdd:t_frMDH.MDH026)		<p>[0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes --> If Yes: Specify: A200 (ctn0030cdd:t_frMDH.MDH026s)</p>
27.	27. Known allergy or sensitivity to buprenorphine or naloxone	(ctn0030cdd:t_frMDH.MDH027)		<p>[0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes --> If Yes: Specify: A200 (ctn0030cdd:t_frMDH.MDH027s)</p>

Column Name	Column Data Type	Design Note
MDH012a	NUMERIC	
MDH012b	NUMERIC	
MDH012s	STRING(200) - A200	
MDH011a	NUMERIC	
MDH011b	NUMERIC	
MDH011s	STRING(200) - A200	
MDH001a	NUMERIC	
MDH001b	NUMERIC	
MDH001s	STRING(200) - A200	
MDH007a	NUMERIC	

MDH007b	NUMERIC	
MDH007s	STRING(200) - A200	
MDH006a	NUMERIC	
MDH006b	NUMERIC	
MDH006s	STRING(200) - A200	
MDH008a	NUMERIC	
MDH008b	NUMERIC	
MDH008s	STRING(200) - A200	
MDH009a	NUMERIC	
MDH009b	NUMERIC	
MDH009s	STRING(200) - A200	
MDH005a	NUMERIC	
MDH005b	NUMERIC	
MDH005s	STRING(200) - A200	
MDH010a	NUMERIC	
MDH010b	NUMERIC	
MDH010s	STRING(200) - A200	
MDH004a	NUMERIC	
MDH004b	NUMERIC	
MDH004s	STRING(200) - A200	
MDH002a	NUMERIC	
MDH002b	NUMERIC	
MDH002s	STRING(200) - A200	
MDH013a	NUMERIC	
MDH013b	NUMERIC	
MDH013s	STRING(200) - A200	
MDH003a	NUMERIC	
MDH003b	NUMERIC	
MDH003s	STRING(200) - A200	
MDH014a	NUMERIC	
MDH014b	NUMERIC	
MDH014s	STRING(200) - A200	
MDH015a	NUMERIC	
MDH015b	NUMERIC	
MDH015s	STRING(200) - A200	
MDH016a	NUMERIC	
MDH016b	NUMERIC	

MDH016s	STRING(200) - A200	
MDH017a	NUMERIC	
MDH017b	NUMERIC	
MDH017s	STRING(200) - A200	
MDH018a	NUMERIC	
MDH018b	NUMERIC	
MDH018s	STRING(200) - A200	
MDH019a	NUMERIC	
MDH019b	NUMERIC	
MDH019s	STRING(200) - A200	
MDH020a	NUMERIC	
MDH020b	NUMERIC	
MDH020s	STRING(200) - A200	
MDH021a	NUMERIC	
MDH021b	NUMERIC	
MDH021s	STRING(200) - A200	
MDH022a	NUMERIC	
MDH022b	NUMERIC	
MDH022s	STRING(200) - A200	
MDH023a	NUMERIC	
MDH023b	NUMERIC	
MDH023s	STRING(200) - A200	
MDH024a	NUMERIC	
MDH024b	NUMERIC	
MDH024s	STRING(200) - A200	
MDH025	NUMERIC	
MDH025s	STRING(200) - A200	
MDH026	NUMERIC	
MDH026s	STRING(200) - A200	
MDH027	NUMERIC	
MDH027s	STRING(200) - A200	

		<p>[-5] <input type="radio"/> -5 Not Assessed [0] <input type="radio"/> 0 Negative [1] <input type="radio"/> 1 Positive [2] <input type="radio"/> 2 Unclear</p> <p>Specify (ctn0030cdd:t_frUDS.UDS009a)</p> <p> A50 </p>
10.	10. Methamphetamines (M-AMP):	<p>(ctn0030cdd:t_frUDS.UDS010)</p> <p>[-5] <input type="radio"/> -5 Not Assessed [0] <input type="radio"/> 0 Negative [1] <input type="radio"/> 1 Positive [2] <input type="radio"/> 2 Unclear</p> <p>Specify (ctn0030cdd:t_frUDS.UDS010a)</p> <p> A50 </p>
11.	11. Opiates 300: (Morphine, Heroin, Codeine)	<p>(ctn0030cdd:t_frUDS.UDS011)</p> <p>[-5] <input type="radio"/> -5 Not Assessed [0] <input type="radio"/> 0 Negative [1] <input type="radio"/> 1 Positive [2] <input type="radio"/> 2 Unclear</p> <p>Specify (ctn0030cdd:t_frUDS.UDS011a)</p> <p> A50 </p>
12.	12. Cannabinoids (THC):	<p>(ctn0030cdd:t_frUDS.UDS012)</p> <p>[-5] <input type="radio"/> -5 Not Assessed [0] <input type="radio"/> 0 Negative [1] <input type="radio"/> 1 Positive [2] <input type="radio"/> 2 Unclear</p> <p>Specify (ctn0030cdd:t_frUDS.UDS012a)</p> <p> A50 </p>
13.	13. Propoxyphene:	<p>(ctn0030cdd:t_frUDS.UDS013)</p> <p>[-5] <input type="radio"/> -5 Not Assessed [0] <input type="radio"/> 0 Negative [1] <input type="radio"/> 1 Positive [2] <input type="radio"/> 2 Unclear</p> <p>Specify (ctn0030cdd:t_frUDS.UDS013a)</p> <p> A50 </p>
14.	14. Buprenorphine: (ONLY obtain and record result at the Phase 1 Week 10 and 12/Final Visits and the Phase 2 Week 22 and 24 Visits; otherwise enter Not Assessed):	<p>(ctn0030cdd:t_frUDS.UDS014)</p> <p>[-5] <input type="radio"/> -5 Not Assessed [0] <input type="radio"/> 0 Negative [1] <input type="radio"/> 1 Positive [2] <input type="radio"/> 2 Unclear</p> <p>Specify (ctn0030cdd:t_frUDS.UDS014a)</p> <p> A50 </p>
* Item is not required		

Column Name	Column Data Type	Design Note
UDS001	NUMERIC	
UDS001a	NUMERIC	
UDS001b	STRING(50) - A50	
UDS002	DATE - DDMONYYYY	
UDS003	NUMERIC	
UDS004	NUMERIC	
UDS005	NUMERIC	
UDS005a	STRING(50) - A50	
UDS006	NUMERIC	
UDS006a	STRING(50) - A50	
UDS007	NUMERIC	
UDS007a	STRING(50) - A50	

UDS008	NUMERIC	
UDS008a	STRING(50) - A50	
UDS009	NUMERIC	
UDS009a	STRING(50) - A50	
UDS010	NUMERIC	
UDS010a	STRING(50) - A50	
UDS011	NUMERIC	
UDS011a	STRING(50) - A50	
UDS012	NUMERIC	
UDS012a	STRING(50) - A50	
UDS013	NUMERIC	
UDS013a	STRING(50) - A50	
UDS014	NUMERIC	
UDS014a	STRING(50) - A50	

ctn0030 : Pregnancy and Birth Control Assessment (PBB)		
Please complete this form only for females.		
1.	1. Is the participant breastfeeding?	(ctn0030cdd:t_frPBB.PBB001) [0] <input type="radio"/> No [1] <input type="radio"/> Yes
2.	2. Is the participant of childbearing potential? (If yes, Please skip question 3 and complete question 4-8.)	(ctn0030cdd:t_frPBB.PBB002) [1] <input type="radio"/> Yes [0] <input type="radio"/> No 3. If the participant is NOT of childbearing potential, please indicate reason(s) below: (and do not complete questions 4 - 7): (ctn0030cdd:t_frPBB.PBB003a) a Postmenopausal: [0] <input type="radio"/> No [1] <input type="radio"/> Yes (ctn0030cdd:t_frPBB.PBB003b) b Surgically sterile: [0] <input type="radio"/> No [1] <input type="radio"/> Yes (ctn0030cdd:t_frPBB.PBB003c) c Other: [0] <input type="radio"/> No [1] <input type="radio"/> Yes If Yes: Specify: A200 (ctn0030cdd:t_frPBB.PBB003d)
3.*	4. Was a pregnancy test performed?	(ctn0030cdd:t_frPBB.PBB004) [0] <input type="radio"/> No [1] <input type="radio"/> Yes 5. Date of pregnancy test: NReq <input type="text"/> / NReq <input type="text"/> / NReq <input type="text"/> (2006-2010) (ctn0030cdd:t_frPBB.PBB005) (ctn0030cdd:t_frPBB.PBB006) 6. Pregnancy test result: [1] <input type="radio"/> Negative [2] <input type="radio"/> Positive
4.*	7. Does the participant agree to use an acceptable method of birth control?	(ctn0030cdd:t_frPBB.PBB007) [0] <input type="radio"/> No [1] <input type="radio"/> Yes ---> If Yes: Indicate all methods of birth control the participant agrees to use (respond No or Yes to all methods listed below): <hr/> (ctn0030cdd:t_frPBB.PBB007a) a Oral contraceptives: [0] <input type="radio"/> No [1] <input type="radio"/> Yes (ctn0030cdd:t_frPBB.PBB007b) b Barrier (diaphragm, cervical cap) with spermicide, or condom: [0] <input type="radio"/> No [1] <input type="radio"/> Yes (ctn0030cdd:t_frPBB.PBB007c) c Intrauterine progesterone contraceptive system(IUD): [0] <input type="radio"/> No [1] <input type="radio"/> Yes (ctn0030cdd:t_frPBB.PBB007d) d Levonorgestrel implant: [0] <input type="radio"/> No [1] <input type="radio"/> Yes (ctn0030cdd:t_frPBB.PBB007e) e Medroxyprogesterone acetate contraceptive injection: [0] <input type="radio"/> No [1] <input type="radio"/> Yes (ctn0030cdd:t_frPBB.PBB007f)

		<p>f Complete abstinence from sexual intercourse: [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes (ctn0030cdd:t_frPBB.PBB007g)</p> <p>g Other hormonal method(s) approved by the study investigator: [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes (ctn0030cdd:t_frPBB.PBB007h)</p> <p>h Male partner sterilization: [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes</p>
5.*	8. Comments	A200 (ctn0030cdd:t_frPBB.PBB008)
* Item is not required		

CDD: ctn0030cdd Table: t_frPBB Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
PBB001	NUMERIC	
PBB002	NUMERIC	
PBB003a	NUMERIC	
PBB003b	NUMERIC	
PBB003c	NUMERIC	
PBB003d	STRING(200) - A200	
PBB004	NUMERIC	
PBB005	DATE - DDMONYYYY	
PBB006	NUMERIC	
PBB007	NUMERIC	
PBB007a	NUMERIC	
PBB007b	NUMERIC	
PBB007c	NUMERIC	
PBB007d	NUMERIC	
PBB007e	NUMERIC	
PBB007f	NUMERIC	
PBB007g	NUMERIC	
PBB007h	NUMERIC	
PBB008	STRING(200) - A200	

ctn0030 : Labs - Chemistry (LBC)		
1.	Was chemistry lab sample collected?	(ctn0030cdd:t_frLBC.LBC01) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes
2.*	Date sample drawn	NReq <input type="text"/> / NReq <input type="text"/> / NReq <input type="text"/> (2006-2010) (ctn0030cdd:t_frLBC.LBC02)
3.*	3. Sodium	(ctn0030cdd:t_frLBC.LBC03) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes, Value xxxxxxxx. (ctn0030cdd:t_frLBC.LBC03v) (ctn0030cdd:t_frLBC.LBC03u) [2] <input type="radio"/> mmol/L [9] <input type="radio"/> mEq/L
4.*	4. Potassium	(ctn0030cdd:t_frLBC.LBC04) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes, Value xxxxxxxx. (ctn0030cdd:t_frLBC.LBC04v) (ctn0030cdd:t_frLBC.LBC04u) [2] <input type="radio"/> mmol/L [9] <input type="radio"/> mEq/L
5.*	5. Chloride	(ctn0030cdd:t_frLBC.LBC05) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes, Value xxxxxxxx. (ctn0030cdd:t_frLBC.LBC05v) (ctn0030cdd:t_frLBC.LBC05u) [2] <input type="radio"/> mmol/L [9] <input type="radio"/> mEq/L
6.*	6. Bicarbonate (HCO₃)	(ctn0030cdd:t_frLBC.LBC06) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes, Value xxxxxxxx. (ctn0030cdd:t_frLBC.LBC06v) (ctn0030cdd:t_frLBC.LBC06u) [2] <input type="radio"/> mmol/L [9] <input type="radio"/> mEq/L
7.*	7. BUN	(ctn0030cdd:t_frLBC.LBC07) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes, Value xxxxxxxx. (ctn0030cdd:t_frLBC.LBC07v) (ctn0030cdd:t_frLBC.LBC07u) [2] <input type="radio"/> mmol/L [10] <input type="radio"/> mg/dL
8.*	8. Creatinine	(ctn0030cdd:t_frLBC.LBC08) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes, Value xxxxxxxx. (ctn0030cdd:t_frLBC.LBC08v) (ctn0030cdd:t_frLBC.LBC08u) [11] <input type="radio"/> μmol/L [10] <input type="radio"/> mg/dL
9.*	9. Glucose	(ctn0030cdd:t_frLBC.LBC09) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes, Value xxxxxxxx. (ctn0030cdd:t_frLBC.LBC09v) (ctn0030cdd:t_frLBC.LBC09u) [2] <input type="radio"/> mmol/L [10] <input type="radio"/> mg/dL
10.*	10. Calcium	(ctn0030cdd:t_frLBC.LBC10) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes, Value xxxxxxxx. (ctn0030cdd:t_frLBC.LBC10v) (ctn0030cdd:t_frLBC.LBC10u) mmol/L

			[1] <input type="radio"/> g/L [3] <input type="radio"/> g/dL
19.*	19. Cholesterol	(ctn0030cdd:t_frLBC.LBC19) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes, Value xxxxxxxx. (ctn0030cdd:t_frLBC.LBC19v) (ctn0030cdd:t_frLBC.LBC19u) [2] <input type="radio"/> mmol/L [10] <input type="radio"/> mg/dL	
20.*	20. Triglycerides	(ctn0030cdd:t_frLBC.LBC20) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes, Value xxxxxxxx. (ctn0030cdd:t_frLBC.LBC20v) (ctn0030cdd:t_frLBC.LBC20u) [2] <input type="radio"/> mmol/L [10] <input type="radio"/> mg/dL	
* Item is not required			

CDD: ctn0030cdd Table: t_frLBC Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
LBC01	NUMERIC	
LBC02	DATE - DDMONYYYY	
LBC03	NUMERIC	
LBC03v	FLOAT - F9.0	
LBC03u	NUMERIC	
LBC04	NUMERIC	
LBC04v	FLOAT - F9.0	
LBC04u	NUMERIC	
LBC05	NUMERIC	
LBC05v	FLOAT - F9.0	
LBC05u	NUMERIC	
LBC06	NUMERIC	
LBC06v	FLOAT - F9.0	
LBC06u	NUMERIC	
LBC07	NUMERIC	
LBC07v	FLOAT - F9.0	
LBC07u	NUMERIC	
LBC08	NUMERIC	
LBC08v	FLOAT - F9.0	
LBC08u	NUMERIC	
LBC09	NUMERIC	
LBC09v	FLOAT - F9.0	

LBC09u	NUMERIC	
LBC10	NUMERIC	
LBC10v	FLOAT - F9.0	
LBC10u	NUMERIC	
LBC11	NUMERIC	
LBC11v	FLOAT - F9.0	
LBC11u	NUMERIC	
LBC12	NUMERIC	
LBC12v	FLOAT - F9.0	
LBC12u	NUMERIC	
LBC13	NUMERIC	
LBC13v	FLOAT - F9.0	
LBC13u	NUMERIC	
LBC14	NUMERIC	
LBC14v	FLOAT - F9.0	
LBC14u	NUMERIC	
LBC15	NUMERIC	
LBC15v	FLOAT - F9.0	
LBC15u	NUMERIC	
LBC16	NUMERIC	
LBC16v	FLOAT - F9.0	
LBC16u	NUMERIC	
LBC17	NUMERIC	
LBC17v	FLOAT - F9.0	
LBC17u	NUMERIC	
LBC18	NUMERIC	
LBC18v	FLOAT - F9.0	
LBC18u	NUMERIC	
LBC19	NUMERIC	
LBC19v	FLOAT - F9.0	
LBC19u	NUMERIC	
LBC20	NUMERIC	
LBC20v	FLOAT - F9.0	
LBC20u	NUMERIC	

ctn0030 : Labs - Hematology and Differentials (LBH)		
<p>*RBC equivalent units: 10¹²/L, 10⁶/μL, 10⁶/mCL, 10⁶/mm³, 10⁶/cumm, TERA/L, /pL, m/μL, m/cumm, m/mm³, mil/cumm, mil/μL, mill/mcl, mil/mm³</p> <p>**WBC/Platelets equivalent units for 10⁹/L: x10⁹/l, 10⁹/L, 10⁹/l, Giga/L, G/L, 10³/mm³, 10³/μL, 10³/cumm, K/μl, K/mm³, K/cumm, K/mcl, thous/cumm, thous/μL, thous/mcl, thous/mm³, 1000/cumm, 1000/mm³, 1000/mcl, 1000/μL</p> <p>WBC equivalent units for /mm³: /cumm or /μL or /mcl</p>		
1.	Were hematology and differential lab sample tests performed?	(ctn0030cdd:t_frLBH.LBH01) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes
2.*	Date sample drawn	NReq <input type="button" value="v"/> / NReq <input type="button" value="v"/> / NReq <input type="button" value="v"/> (2006-2010) (ctn0030cdd:t_frLBH.LBH02)
3.*	3. Hemoglobin (Hgb)	(ctn0030cdd:t_frLBH.LBH03) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes, Value xxxxxxxx. (ctn0030cdd:t_frLBH.LBH03v) (ctn0030cdd:t_frLBH.LBH03u) [1] <input type="radio"/> g/L [2] <input type="radio"/> mmol/L [3] <input type="radio"/> g/dL
4.*	4. Hematocrit (Hct)	(ctn0030cdd:t_frLBH.LBH04) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes, Value xxxxxxxx. (ctn0030cdd:t_frLBH.LBH04v) (ctn0030cdd:t_frLBH.LBH04u) [4] <input type="radio"/> L/L [5] <input type="radio"/> %
5.*	5. RBC*	(ctn0030cdd:t_frLBH.LBH05) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes, Value xxxxxxxx. (ctn0030cdd:t_frLBH.LBH05v) (ctn0030cdd:t_frLBH.LBH05u) [6] <input type="radio"/> 10 ¹² /L
6.*	6. Platelets**	(ctn0030cdd:t_frLBH.LBH06) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes, Value xxxxxxxx. (ctn0030cdd:t_frLBH.LBH06v) (ctn0030cdd:t_frLBH.LBH06u) [7] <input type="radio"/> 10 ⁹ /L or 10 ³ /mm ³
7.*	7. Monocytes	(ctn0030cdd:t_frLBH.LBH07) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes, Value xxxxxxxx. (ctn0030cdd:t_frLBH.LBH07v) (ctn0030cdd:t_frLBH.LBH07u) [7] <input type="radio"/> 10 ⁹ /L or 10 ³ /mm ³ [8] <input type="radio"/> /mm ³ [5] <input type="radio"/> %
8.*	8. Lymphocytes	(ctn0030cdd:t_frLBH.LBH09) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes, Value xxxxxxxx. (ctn0030cdd:t_frLBH.LBH09v) (ctn0030cdd:t_frLBH.LBH09u) [7] <input type="radio"/> 10 ⁹ /L or 10 ³ /mm ³ [8] <input type="radio"/> /mm ³ [5] <input type="radio"/> %
9.*	9. WBC**	(ctn0030cdd:t_frLBH.LBH11) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes, Value xxxxxxxx. (ctn0030cdd:t_frLBH.LBH11v) (ctn0030cdd:t_frLBH.LBH11u) [7] <input type="radio"/> 10 ⁹ /L or 10 ³ /mm ³



LBH07u	NUMERIC	
LBH09	NUMERIC	
LBH09v	FLOAT - F9.0	
LBH09u	NUMERIC	
LBH11	NUMERIC	
LBH11v	FLOAT - F9.0	
LBH11u	NUMERIC	
LBH12	NUMERIC	
LBH12v	FLOAT - F9.0	
LBH12u	NUMERIC	
LBH14	NUMERIC	
LBH14v	FLOAT - F9.0	
LBH14u	NUMERIC	
LBH16	NUMERIC	
LBH16v	FLOAT - F9.0	
LBH16u	NUMERIC	

ctn0030 : Labs - Urinalysis (LBU)		
1.	Was urine specimen collected?	(ctn0030cdd:t_frLBU.LBU01) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes
2.*	Date sample drawn	NReq <input type="text"/> / NReq <input type="text"/> / NReq <input type="text"/> (2006-2010) (ctn0030cdd:t_frLBU.LBU02)
3.*	1. Specific gravity	x.xxx (ctn0030cdd:t_frLBU.LBU03)
4.*	2. pH:	xx.xxx (ctn0030cdd:t_frLBU.LBU04)
5.*	3. Color:	(ctn0030cdd:t_frLBU.LBU05) [1] <input type="radio"/> 1 Clear [2] <input type="radio"/> 2 Yellow [3] <input type="radio"/> 3 Normal [96] <input type="radio"/> 96 Not applicable [98] <input type="radio"/> 98 Other
6.*	4. Appearance:	(ctn0030cdd:t_frLBU.LBU06) [1] <input type="radio"/> 1 Clear [2] <input type="radio"/> 2 Cloudy [98] <input type="radio"/> 98 Other [96] <input type="radio"/> 96 Not applicable
7.*	5. Glucose:	(ctn0030cdd:t_frLBU.LBU07) [1] <input type="radio"/> 1 Negative [2] <input type="radio"/> 2 Trace [3] <input type="radio"/> 3 +1 [4] <input type="radio"/> 4 +2 [5] <input type="radio"/> 5 +3 [6] <input type="radio"/> 6 +4
8.*	6. Bilirubin:	(ctn0030cdd:t_frLBU.LBU08) [1] <input type="radio"/> 1 Negative [3] <input type="radio"/> 3 +1 [4] <input type="radio"/> 4 +2 [5] <input type="radio"/> 5 +3
9.*	7. Ketones:	(ctn0030cdd:t_frLBU.LBU09) [1] <input type="radio"/> 1 Negative [2] <input type="radio"/> 2 Trace [3] <input type="radio"/> 3 +1 [4] <input type="radio"/> 4 +2 [5] <input type="radio"/> 5 +3
10.*	8. Occult blood:	(ctn0030cdd:t_frLBU.LBU10) [1] <input type="radio"/> 1 Negative [2] <input type="radio"/> 2 Trace [3] <input type="radio"/> 3 +1 [4] <input type="radio"/> 4 +2 [5] <input type="radio"/> 5 +3
11.*	9. Protein/albumin:	(ctn0030cdd:t_frLBU.LBU11) [1] <input type="radio"/> 1 Negative [2] <input type="radio"/> 2 Trace [3] <input type="radio"/> 3 +1 [4] <input type="radio"/> 4 +2 [5] <input type="radio"/> 5 +3
12.*	10. Nitrite:	(ctn0030cdd:t_frLBU.LBU12) [1] <input type="radio"/> 1 Negative [2] <input type="radio"/> 2 Positive
13.*	11. Leukocyte esterase:	(ctn0030cdd:t_frLBU.LBU13) [1] <input type="radio"/> 1 Negative [2] <input type="radio"/> 2 Trace [3] <input type="radio"/> 3 +1 [4] <input type="radio"/> 4 +2
* Item is not required		

CDD: ctn0030cdd Table: t_frLBU Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
LBU01	NUMERIC	
LBU02	DATE - DDMONYYYY	
LBU03	FLOAT - F5.3	
LBU04	FLOAT - F6.3	
LBU05	NUMERIC	
LBU06	NUMERIC	
LBU07	NUMERIC	
LBU08	NUMERIC	

LBU09	NUMERIC	
LBU10	NUMERIC	
LBU11	NUMERIC	
LBU12	NUMERIC	
LBU13	NUMERIC	

ctn0030 : ASL Lite (ASL1)	
General Information	
1.	G14. How long have you lived at your current address? xx (0 =< n < 100) (ctn0030cdd:t_frASL1.G14a) xx (0 =< n < 12) (ctn0030cdd:t_frASL1.G14b) Years Months
2.	G16. Date of birth: Req <input type="checkbox"/> / Req <input type="checkbox"/> / Req <input type="checkbox"/> 1900-2000 (ctn0030cdd:t_frASL1.G16)
3.	G17. Of what race do you consider yourself? Pulldown List 1 <input type="checkbox"/> (ctn0030cdd:t_frASL1.G17) A30 (ctn0030cdd:t_frASL1.G17s) Other Hispanic
4.	G18. Do you have a religious preference? Pulldown List 2 <input type="checkbox"/> (ctn0030cdd:t_frASL1.G18) A30 (ctn0030cdd:t_frASL1.G18s) Other (specify)
5.	G19. Have you been in a controlled environment in the past 30 days? (A place, theoretically, without access to drugs/alcohol) Pulldown List 3 <input type="checkbox"/> (ctn0030cdd:t_frASL1.G19) A30 (ctn0030cdd:t_frASL1.G19s) Other (specify)
6.	G20. How many days? (Refers to total number of days detained in the past 30 days) (ctn0030cdd:t_frASL1.G20a) [1] <input type="radio"/> xx (0 =< n <= 30) (ctn0030cdd:t_frASL1.G20) [96] <input type="radio"/> 96 Not applicable [97] <input type="radio"/> 97 Not answered
7.*	General Comments <input type="text" value="A200"/> (ctn0030cdd:t_frASL1.GCOM)
Medical Status	
8.	M1. How many times in your life have you been hospitalized for medical problems? (Include O.D.'s and D.T.'s. Exclude detox, alcohol/drug, psychiatric treatment and childbirth (if no complications). (Enter the number of overnight hospitalizations for medical problems) (ctn0030cdd:t_frASL1.M1a) [1] <input type="radio"/> xx (0 =< n <= 99) times (ctn0030cdd:t_frASL1.M1) [97] <input type="radio"/> 97 Not answered
9.	M3. Do you have any chronic medical problems which continue to interfere with your life? (A chronic medical condition is a serious physical or medical condition that requires regular care (i.e., medication, dietary restriction), preventing full advantage of their abilities) (ctn0030cdd:t_frASL1.M3) [97] <input type="radio"/> 97 Not answered [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes: Specify: (ctn0030cdd:t_frASL1.M3s) <input type="text" value="A255"/>
10.	M4. Are you taking any prescribed medication on a regular basis for a physical problem? (Medication prescribed by a M.D. for medical conditions; not psychiatric medicines.) (Include medicines prescribed, whether or not the patient is currently taking them)(The intent is to verify chronic medical problems) (ctn0030cdd:t_frASL1.M4) [97] <input type="radio"/> 97 Not answered [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes: Specify: (ctn0030cdd:t_frASL1.M4s) <input type="text" value="A100"/>
11.	M5. Do you receive a pension for a physical disability? (Include Workers' Compensation, exclude psychiatric disability) (ctn0030cdd:t_frASL1.M5) [97] <input type="radio"/> 97 Not answered [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes: Specify: (ctn0030cdd:t_frASL1.M5s) <input type="text" value="A100"/>
12.	M6. How many days have you experienced medical problems in the past 30 days? (Do not include ailments directly caused by drugs/alcohol) (Include flu, colds, etc. Include serious (ctn0030cdd:t_frASL1.M6a) [1] <input type="radio"/> xx (0 =< n <= 30) days (ctn0030cdd:t_frASL1.M6) [97] <input type="radio"/> 97 Not answered

	ailments related to drugs/alcohol, which would continue even if the patient were abstinent)(e.g. cirrhosis of liver, abscesses from needles, etc)	
13.	For questions M7 and M8, please ask patient to use the Patient Rating Scale. M7. How troubled or bothered have you been by these medical problems in the past 30 days? (Restrict response to problem days of question M6)	Pulldown List 4  (ctn0030cdd:t_frASL1.M7)
14.	M8. How important to you now is treatment for these medical problems? (Refers to the need for new or additional medical treatment by the patient)	Pulldown List 5  (ctn0030cdd:t_frASL1.M8)
15.	M10. Is the above information significantly distorted by patient's misrepresentation?	(ctn0030cdd:t_frASL1.M10) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes
16.	M11. Is the above information significantly distorted by patient's inability to understand?	(ctn0030cdd:t_frASL1.M11) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes
17.*	Medical Comments	<input type="text" value="A200"/> (ctn0030cdd:t_frASL1.MCOM)
* Item is not required		

Form Design Note:

Shares items and controls with ASF1

Pulldown List 1:

RefName	Display Text	Value	Design Note
ieRACE1	1 White (not Hispanic)	1	
ieRACE2	2 Black (not Hispanic)	2	
ieRACE3	3 American Indian	3	
ieRACE4	4 Alaskan Native	4	
ieRACE5	5 Asian/Pacific	5	
ieRACE6	6 Hispanic-Mexican	6	
ieRACE7	7 Hispanic-Puerto Rican	7	
ieRACE8	8 Hispanic-Cuban	8	
ieRACE9	9 Other Hispanic	9	

Pulldown List 2:

RefName	Display Text	Value	Design Note
ieRELIG1	1 Protestant	1	
ieRELIG2	2 Catholic	2	

ieRELIG3	3 Jewish	3	
ieRELIG4	4 Islamic	4	
ieOther	98 Other	98	
ieRELIG6	6 None	6	

Pulldown List 3:			
RefName	Display Text	Value	Design Note
ieCTRLENV1	1 No	1	
ieCTRLENV2	2 Jail	2	
ieCTRLENV3	3 Alcohol Or Drug Treatment	3	
ieCTRLENV4	4 Medical Treatment	4	
ieCTRLENV5	5 Psychiatric Treatment	5	
ieOther	98 Other	98	

Pulldown List 4:			
RefName	Display Text	Value	Design Note
ieXTRMSCL0	0 Not At All	0	
ieXTRMSCL1	1 Slightly	1	
ieXTRMSCL2	2 Moderately	2	
ieXTRMSCL3	3 Considerably	3	
ieXTRMSCL4	4 Extremely	4	
ieNotAns	97 Not answered	97	

Pulldown List 5:			
RefName	Display Text	Value	Design Note
ieXTRMSCL0	0 Not At All	0	
ieXTRMSCL1	1 Slightly	1	
ieXTRMSCL2	2 Moderately	2	
ieXTRMSCL3	3 Considerably	3	
ieXTRMSCL4	4 Extremely	4	
ieNotAns	97 Not answered	97	

CDD: ctn0030cdd Table: t_frASL1 Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
G14a	NUMERIC - N2	
G14b	NUMERIC - N2	
G16	DATE - DDMONYYYY	

G17	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9	
G17s	STRING(30) - A30	
G18	STRING(255) - 1, 2, 3, 4, 98, 6	
G18s	STRING(30) - A30	
G19	STRING(255) - 1, 2, 3, 4, 5, 98	
G19s	STRING(30) - A30	
G20a	NUMERIC	
G20	NUMERIC - N2	
GCOM	STRING(200) - A200	
M1a	NUMERIC	
M1	NUMERIC - N2	
M3	NUMERIC	
M3s	STRING(255) - A255	
M4	NUMERIC	
M4s	STRING(100) - A100	
M5	NUMERIC	
M5s	STRING(100) - A100	
M6a	NUMERIC	
M6	NUMERIC - N2	
M7	STRING(255) - 0, 1, 2, 3, 4, 97	
M8	STRING(255) - 0, 1, 2, 3, 4, 97	
M10	NUMERIC	
M11	NUMERIC	
MCOM	STRING(200) - A200	

ctn0030 : ASI Lite - Employment (1of2) (ASL2)		
Employment/Support Status		
1.	E1 Years Education completed?	(ctn0030cdd:t_frASL2.rcE1) [99] <input type="radio"/> xx (0 =< n <= 30) (ctn0030cdd:t_frASL2.E1a) xx (0 =< n <= 11) (ctn0030cdd:t_frASL2.E1b) OR [97] <input type="radio"/> 97 Not answered A-Years B-Months GED=12 years Include formal education only.
2.	E2 Training or technical education completed?	(ctn0030cdd:t_frASL2.rcE2) [99] <input type="radio"/> xx (0 =< n <= 30) (ctn0030cdd:t_frASL2.E2a) xx (0 =< n <= 11) (ctn0030cdd:t_frASL2.E2b) OR [97] <input type="radio"/> 97 Not answered A-Years B-Months Formal/organized training only. For military training, only include training that can be used in civilian life, i.e., electronics or computers
3.	E4 Do you have a valid Driver's License?	(ctn0030cdd:t_frASL2.E4) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [97] <input type="radio"/> 97 Not answered (Valid license; not suspended/revoked)
4.	E5 Do you have a automobile available?	(ctn0030cdd:t_frASL2.E5) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [97] <input type="radio"/> 97 Not answered If answer to E4 is "No", then E5 must be "No." Does not require ownership, only requires availability on a regular basis.
5.	E6 How long was your longest full time job?	(ctn0030cdd:t_frASL2.rcE6) [99] <input type="radio"/> xx (0 =< n <= 99) (ctn0030cdd:t_frASL2.E6a) xx (0 =< n <= 11) (ctn0030cdd:t_frASL2.E6b) OR [97] <input type="radio"/> 97 Not answered A-Years B-Months Full time = 35+ hours weekly; does not necessarily mean most recent job
6.	E7. Usual (or last) occupation?	Specify: *Use Hollingshead Categories Reference Sheet. Pulldown List 1 <input type="button" value="v"/> (ctn0030cdd:t_frASL2.E7)
7.	E9 Does someone contribute the majority of your support?	(ctn0030cdd:t_frASL2.E9) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [97] <input type="radio"/> 97 Not answered Is patient receiving any regular support (i.e., cash, food, housing) from family/friend? Include spouse's contribution; exclude support by an institution)
8.	E10. Usual employment pattern, past three years: (Answer should represent the majority of the last 3 years, not just the most recent selection. If there are equal times for more than one category, select that which best represents the most current situation)	Pulldown List 2 <input type="button" value="v"/> (ctn0030cdd:t_frASL2.E10)
9.	E11 How many days were	(ctn0030cdd:t_frASL2.rcE11)

	you paid for working in the past 30 days?	[99] <input type="radio"/> xx (0 =< n <= 30) days (ctn0030cdd:t_frASL2.E11) [97] <input type="radio"/> 97 Not answered Include "under the table" work, paid sick days, and vacation.
10.*	Employment Comments	<input type="text" value="A200"/> (ctn0030cdd:t_frASL2.ECOM)

* Item is not required

Form Design Note:

Shares items & controls with ASF2

Pulldown List 1:

RefName	Display Text	Value	Design Note
ieHiExec	1 Higher Executive, Major Professional, Owner of Large Business	1	
ieBusMan	2 Business manager, Owner, Other Professional	2	
ieAdmPer	3 Administrative Personnel, Manager, Owner/Proprietor of Small Business	3	
ieCleSal	4 Clerical and Sales, Technician, Owner of Small Business	4	
ieSkiMan	5 Skilled Manual - usually having had training	5	
ieSemSki	6 Semi-skilled	6	
ieUnsUne	7 Unskilled include unemployed	7	
ieHomMak	8 Homemaker	8	
ieStuden	9 Student/No Occupation/Disabled	9	
ieNotAns	97 Not answered	97	

Pulldown List 2:

RefName	Display Text	Value	Design Note
ieFullTm	1 Full Time (35+ hours/week)	1	
iePaTmRe	2 Part Time (Regular Hours)	2	
iePaTmIr	3 Part Time (Irregular day work)	3	
ie4Stude	4 Student	4	
ieMilSer	5 Military Service	5	
ieRetDis	6 Retired/Disability	6	
ieUnempl	7 Unemployed	7	
ieConEnv	8 In Controlled Environment	8	
ieNotAns	97 Not answered	97	

CDD: ctn0030cdd Table: t_frASL2 Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
rcE1	NUMERIC	
E1a	NUMERIC - N2	
E1b	NUMERIC - N2	
rcE2	NUMERIC	
E2a	NUMERIC - N2	
E2b	NUMERIC - N2	
E4	NUMERIC	
E5	NUMERIC	
rcE6	NUMERIC	
E6a	NUMERIC - N2	
E6b	NUMERIC - N2	
E7	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9, 97	
E9	NUMERIC	
E10	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 97	
rcE11	NUMERIC	
E11	NUMERIC - N2	
ECOM	STRING(200) - A200	

ctn0030 : ASI-Lite: Employment/Support Status (2of2) (ASL3)		
Employment/Support Status		
For questions E12-E17: How much money did you receive from the following sources in the past 30 days?		
1.	E12 Employment?	(ctn0030cdd:t_frASL3.rcE12) [99] <input type="radio"/> \$ xxxxx (0 =< n <= 99999) (ctn0030cdd:t_frASL3.E12) OR [97] <input type="radio"/> 97 Not answered Net or "take home" pay, include any "under the table" money.
2.	E13 Unemployment compensation:	(ctn0030cdd:t_frASL3.rcE13) [99] <input type="radio"/> \$ xxxxx (0 =< n <= 99999) (ctn0030cdd:t_frASL3.E13) OR [97] <input type="radio"/> 97 Not answered
3.	E14 Welfare:	(ctn0030cdd:t_frASL3.rcE14) [99] <input type="radio"/> \$ xxxxx (0 =< n <= 99999) (ctn0030cdd:t_frASL3.E14) OR [97] <input type="radio"/> 97 Not answered Include food stamps, transportation money provided by an agency to go to and from treatment.
4.	E15 Pensions, benefits, or Social Security:	(ctn0030cdd:t_frASL3.rcE15) [99] <input type="radio"/> \$ xxxxx (0 =< n <= 99999) (ctn0030cdd:t_frASL3.E15) OR [97] <input type="radio"/> 97 Not answered Include disability, pensions, retirement, veteran's benefits, SSI & workers' compensation.
5.	E16 Mate, family or friends:	(ctn0030cdd:t_frASL3.rcE16) [99] <input type="radio"/> \$ xxxxx (0 =< n <= 99999) (ctn0030cdd:t_frASL3.E16) OR [97] <input type="radio"/> 97 Not answered Money for personal expenses, (i.e., clothing), include unreliable sources of income (e.g., gambling). Record cash payments only, include windfalls (unexpected), money from loans, gambling, inheritance, tax returns, etc.
6.	E17 Illegal:	(ctn0030cdd:t_frASL3.rcE17) [99] <input type="radio"/> \$ xxxxx (0 =< n <= 99999) (ctn0030cdd:t_frASL3.E17) OR [97] <input type="radio"/> 97 Not answered Cash obtained from drug dealing, stealing, fencing stolen goods, gambling, prostitution, etc. Do not attempt to convert drugs exchanged to a dollar value.
7.	E18 How many people depend on you for the majority of their food, shelter, etc.	(ctn0030cdd:t_frASL3.rcE18) [99] <input type="radio"/> xx (0 =< n <= 99) max = 99 (ctn0030cdd:t_frASL3.E18) OR [97] <input type="radio"/> 97 Not answered Must be regularly depending on patient; do include alimony/child support; do not include the patient or self-supporting spouse, etc.
8.	E19 How many days have you experienced employment problems in the past 30 days:	(ctn0030cdd:t_frASL3.rcE19) [99] <input type="radio"/> xx (0 =< n <= 30) days (ctn0030cdd:t_frASL3.E19) OR [97] <input type="radio"/> 97 Not answered Include inability to find work, if they are actively looking for work, or problems with present job in which that job is jeopardized.
For questions E20-E21: Please ask patient to use the Patient Rating Scale.		
The patient's ratings in questions E20 and E21 refer to question E19. Stress help in finding or preparing for a job, not giving them a job.		
9.	E20 How troubled or bothered have you been by these employment problems in the past 30 days?	Pulldown List 1 <input type="button" value="v"/> (ctn0030cdd:t_frASL3.E20) If the patient has been incarcerated or detained during the past 30 days, they cannot have employment problems.
10.	E21 How important to you now is counseling for these employment problems?	Pulldown List 2 <input type="button" value="v"/> (ctn0030cdd:t_frASL3.E21)

Confidence Ratings: Is the above information significantly distorted by:		
11.	E23 Patient's misrepresentation?	(ctn0030cdd:t_frASL3.E23) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes
12.	E24 Patient's inability to understand?	(ctn0030cdd:t_frASL3.E24) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes
13. *	Employment Comments	<input type="text" value="A200"/> (ctn0030cdd:t_frASL3.ECOM)
* Item is not required		

Form Design Note:
Shares items & controls with ASF3

Pulldown List 1:			
RefName	Display Text	Value	Design Note
ieNoAtAI	0 Not at all	0	
ieSlight	1 Slightly	1	
ieModrtly	2 Moderately	2	
ieConsid	3 Considerably	3	
ieExtrem	4 Extremely	4	
ieNotAns	97 Not answered	97	

Pulldown List 2:			
RefName	Display Text	Value	Design Note
ieNoAtAI	0 Not at all	0	
ieSlight	1 Slightly	1	
ieModrtly	2 Moderately	2	
ieConsid	3 Considerably	3	
ieExtrem	4 Extremely	4	
ieNotAns	97 Not answered	97	


CDD: ctn0030cdd Table: t_frASL3 Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
rcE12	NUMERIC	
E12	NUMERIC - N5	
rcE13	NUMERIC	

E13	NUMERIC - N5	
rcE14	NUMERIC	
E14	NUMERIC - N5	
rcE15	NUMERIC	
E15	NUMERIC - N5	
rcE16	NUMERIC	
E16	NUMERIC - N5	
rcE17	NUMERIC	
E17	NUMERIC - N5	
rcE18	NUMERIC	
E18	NUMERIC - N2	
rcE19	NUMERIC	
E19	NUMERIC - N2	
E20	STRING(255) - 0, 1, 2, 3, 4, 97	
E21	STRING(255) - 0, 1, 2, 3, 4, 97	
E23	NUMERIC	
E24	NUMERIC	
ECOM	STRING(200) - A200	

ctn0030 : ASI-Lite: Alcohol/Drugs (1of3) (ASL4)**Route of Administration**

1 = Oral 2 = Nasal 3 = Smoking 4 = Non-IV injection 5 = IV Injection
 Note the **usual or most recent route**. For more than one route, choose the most severe.
 The routes are listed from least severe to most severe.

1.	D1 Alcohol (any use at all)	A Past 30 (Days) xx (0 =< n <= 30)	(ctn0030cdd:t_frASL4.D1a)	B Lifetime Use (Years) xx (0 =< n <= 99)	(ctn0030cdd:t_frASL4.D1b)	
2.	D2 Alcohol (to intoxication)	A Past 30 (Days) xx (0 =< n <= 30)	(ctn0030cdd:t_frASL4.D2a)	B Lifetime Use (Years) xx (0 =< n <= 99)	(ctn0030cdd:t_frASL4.D2b)	
3.	D3 Heroin	A Past 30 (Days) xx (0 =< n <= 30)	(ctn0030cdd:t_frASL4.D3a)	B Lifetime Use (Years) xx (0 =< n <= 99)	(ctn0030cdd:t_frASL4.D3b)	Route of Administration Pulldown List 1 <input type="button" value="v"/> (ctn003
4.	D4 Methadone/LAAM (prescribed)	A Past 30 (Days) xx (0 =< n <= 30)	(ctn0030cdd:t_frASL4.D4a)	B Lifetime Use (Years) xx (0 =< n <= 99)	(ctn0030cdd:t_frASL4.D4b)	Route of Administration Pulldown List 2 <input type="button" value="v"/> (ctn003
5.	D4a Methadone/LAAM (illicit)	A Past 30 (Days) xx (0 =< n <= 30)	(ctn0030cdd:t_frASL4.D4a1)	B Lifetime Use (Years) xx (0 =< n <= 99)	(ctn0030cdd:t_frASL4.D4a1b)	Route of Administration Pulldown List 3 <input type="button" value="v"/> (ctn00
6.	D5 Other opiates/ analgesics:	A Past 30 (Days) xx (0 =< n <= 30)	(ctn0030cdd:t_frASL4.D5a)	B Lifetime Use (Years) xx (0 =< n <= 99)	(ctn0030cdd:t_frASL4.D5b)	Route of Administration Pulldown List 4 <input type="button" value="v"/> (ctn003
7.	D6 Barbiturates:	A Past 30 (Days) xx (0 =< n <= 30)	(ctn0030cdd:t_frASL4.D6a)	B Lifetime Use (Years) xx (0 =< n <= 99)	(ctn0030cdd:t_frASL4.D6b)	Route of Administration Pulldown List 5 <input type="button" value="v"/> (ctn003
8.	D7 Other sedatives/hypnotics/tranquilizers:	A Past 30 (Days) xx (0 =< n <= 30)	(ctn0030cdd:t_frASL4.D7a)	B Lifetime Use (Years) xx (0 =< n <= 99)	(ctn0030cdd:t_frASL4.D7b)	Route of Administration Pulldown List 6 <input type="button" value="v"/> (ctn003
9.	D8 Cocaine:	A Past 30 (Days) xx (0 =< n <= 30)	(ctn0030cdd:t_frASL4.D8a)	B Lifetime Use (Years) xx (0 =< n <= 99)	(ctn0030cdd:t_frASL4.D8b)	Route of Administration Pulldown List 7 <input type="button" value="v"/> (ctn003
10.	D9 Amphetamines:	A Past 30 (Days) xx (0 =< n <= 30)	(ctn0030cdd:t_frASL4.D9a)	B Lifetime Use (Years) xx (0 =< n <= 99)	(ctn0030cdd:t_frASL4.D9b)	Route of Administration Pulldown List 8 <input type="button" value="v"/> (ctn003
11.	D10 Cannabis:	A Past 30 (Days) xx (0 =< n <= 30)	(ctn0030cdd:t_frASL4.D10a)	B Lifetime Use (Years) xx (0 =< n <= 99)	(ctn0030cdd:t_frASL4.D10b)	Route of Administration Pulldown List 9 <input type="button" value="v"/> (ctn0
12.	D11 Hallucinogens:	A Past 30 (Days) xx (0 =< n <= 30)	(ctn0030cdd:t_frASL4.D11a)	B Lifetime Use (Years) xx (0 =< n <= 99)	(ctn0030cdd:t_frASL4.D11b)	Route of Administration Pulldown List 10 <input type="button" value="v"/> (ctn0

13.	D12 Inhalants:	A Past 30 (ctn0030cdd:t_frASL4.D12a) (Days) xx (0 =< n <= 30)	B Lifetime Use (ctn0030cdd:t_frASL4.D12b) (Years) xx (0 =< n <= 99)	Route of Administration Pulldown List 11  (ctn0
14.	D36 Nicotine (tobacco products)	A Past 30 (ctn0030cdd:t_frASL4.D36a) (Days) xx (0 =< n <= 30)	B Lifetime Use (ctn0030cdd:t_frASL4.D36b) (Years) xx (0 =< n <= 99)	
15.	D13 More than 1 substance per day: (including alcohol, excluding nicotine)	A Past 30 (ctn0030cdd:t_frASL4.D13a) (Days) xx (0 =< n <= 30)	B Lifetime Use (ctn0030cdd:t_frASL4.D13b) (Years) xx (0 =< n <= 99)	
16.*	Drug & Alcohol Comments	A200 (ctn0030cdd:t_frASL4.DCOM)		

* Item is not required

Form Design Note:

Shares controls with ASF4

Pulldown List 1:

RefName	Display Text	Value	Design Note
ieOral	1 Oral	1	
ieNasal	2 Nasal	2	
ieSmokin	3 Smoking	3	
ieNonIVI	4 Non IV injection	4	
ieIVinje	5 IV injection	5	
ieNotAns	97 Not answered	97	
ieNotApp	96 Not applicable	96	

Pulldown List 2:

RefName	Display Text	Value	Design Note
ieOral	1 Oral	1	
ieNasal	2 Nasal	2	
ieSmokin	3 Smoking	3	
ieNonIVI	4 Non IV injection	4	
ieIVinje	5 IV injection	5	
ieNotAns	97 Not answered	97	
ieNotApp	96 Not applicable	96	

Pulldown List 3:			
RefName	Display Text	Value	Design Note
ieOral	1 Oral	1	
ieNasal	2 Nasal	2	
ieSmokin	3 Smoking	3	
ieNonIVI	4 Non IV injection	4	
ieIVinje	5 IV injection	5	
ieNotAns	97 Not answered	97	
ieNotApp	96 Not applicable	96	

Pulldown List 4:			
RefName	Display Text	Value	Design Note
ieOral	1 Oral	1	
ieNasal	2 Nasal	2	
ieSmokin	3 Smoking	3	
ieNonIVI	4 Non IV injection	4	
ieIVinje	5 IV injection	5	
ieNotAns	97 Not answered	97	
ieNotApp	96 Not applicable	96	

Pulldown List 5:			
RefName	Display Text	Value	Design Note
ieOral	1 Oral	1	
ieNasal	2 Nasal	2	
ieSmokin	3 Smoking	3	
ieNonIVI	4 Non IV injection	4	
ieIVinje	5 IV injection	5	
ieNotAns	97 Not answered	97	
ieNotApp	96 Not applicable	96	

Pulldown List 6:			
RefName	Display Text	Value	Design Note
ieOral	1 Oral	1	
ieNasal	2 Nasal	2	
ieSmokin	3 Smoking	3	
ieNonIVI	4 Non IV injection	4	
ieIVinje	5 IV injection	5	

ieNotAns	97 Not answered	97	
ieNotApp	96 Not applicable	96	

Pulldown List 7:			
RefName	Display Text	Value	Design Note
ieOral	1 Oral	1	
ieNasal	2 Nasal	2	
ieSmokin	3 Smoking	3	
ieNonIVI	4 Non IV injection	4	
ieIVinje	5 IV injection	5	
ieNotAns	97 Not answered	97	
ieNotApp	96 Not applicable	96	

Pulldown List 8:			
RefName	Display Text	Value	Design Note
ieOral	1 Oral	1	
ieNasal	2 Nasal	2	
ieSmokin	3 Smoking	3	
ieNonIVI	4 Non IV injection	4	
ieIVinje	5 IV injection	5	
ieNotAns	97 Not answered	97	
ieNotApp	96 Not applicable	96	

Pulldown List 9:			
RefName	Display Text	Value	Design Note
ieOral	1 Oral	1	
ieNasal	2 Nasal	2	
ieSmokin	3 Smoking	3	
ieNonIVI	4 Non IV injection	4	
ieIVinje	5 IV injection	5	
ieNotAns	97 Not answered	97	
ieNotApp	96 Not applicable	96	

Pulldown List 10:			
RefName	Display Text	Value	Design Note
ieOral	1 Oral	1	
ieNasal	2 Nasal	2	

ieSmokin	3 Smoking	3	
ieNonIVI	4 Non IV injection	4	
ieIVinje	5 IV injection	5	
ieNotAns	97 Not answered	97	
ieNotApp	96 Not applicable	96	

Pulldown List 11:			
RefName	Display Text	Value	Design Note
ieOral	1 Oral	1	
ieNasal	2 Nasal	2	
ieSmokin	3 Smoking	3	
ieNonIVI	4 Non IV injection	4	
ieIVinje	5 IV injection	5	
ieNotAns	97 Not answered	97	
ieNotApp	96 Not applicable	96	

CDD: ctn0030cdd Table: t_frASL4 Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
D1a	NUMERIC - N2	
D1b	NUMERIC - N2	
D2a	NUMERIC - N2	
D2b	NUMERIC - N2	
D3a	NUMERIC - N2	
D3b	NUMERIC - N2	
D3c	STRING(255) - 1, 2, 3, 4, 5, 97, 96	
D4a	NUMERIC - N2	
D4b	NUMERIC - N2	
D4c	STRING(255) - 1, 2, 3, 4, 5, 97, 96	
D4a1	NUMERIC - N2	
D4a1b	NUMERIC - N2	
D4a1c	STRING(255) - 1, 2, 3, 4, 5, 97, 96	
D5a	NUMERIC - N2	
D5b	NUMERIC - N2	
D5c	STRING(255) - 1, 2, 3, 4, 5, 97, 96	
D6a	NUMERIC - N2	
D6b	NUMERIC - N2	
D6c	STRING(255) - 1, 2, 3, 4, 5, 97, 96	

D7a	NUMERIC - N2	
D7b	NUMERIC - N2	
D7c	STRING(255) - 1, 2, 3, 4, 5, 97, 96	
D8a	NUMERIC - N2	
D8b	NUMERIC - N2	
D8c	STRING(255) - 1, 2, 3, 4, 5, 97, 96	
D9a	NUMERIC - N2	
D9b	NUMERIC - N2	
D9c	STRING(255) - 1, 2, 3, 4, 5, 97, 96	
D10a	NUMERIC - N2	
D10b	NUMERIC - N2	
D10c	STRING(255) - 1, 2, 3, 4, 5, 97, 96	
D11a	NUMERIC - N2	
D11b	NUMERIC - N2	
D11c	STRING(255) - 1, 2, 3, 4, 5, 97, 96	
D12a	NUMERIC - N2	
D12b	NUMERIC - N2	
D12c	STRING(255) - 1, 2, 3, 4, 5, 97, 96	
D36a	NUMERIC - N2	
D36b	NUMERIC - N2	
D13a	NUMERIC - N2	
D13b	NUMERIC - N2	
DCOM	STRING(200) - A200	

ctn0030 : ASI-Lite: Alcohol/Drugs (2of3) (ASL5)		
Alcohol/Drugs (continued)		
1.	<p>D14 According to the interviewer, which substance(s) is/are the major problem?:</p>	<p>Pull-down List 1 <input type="button" value="v"/> (ctn0030cdd:t_frASL5.D14)</p> <p>Interviewer should determine the major drug or drugs of abuse (excluding Nicotine use). Code the number next to the drug in questions D14-12 (code prescribed or illicit methadone as 04). 00 = no problem, 15 = alcohol and one or more drugs; 16 = more than one drug but no alcohol. Ask patient when not clear.</p>
2.	<p>D17 How many times have you had Alcohol DTs</p>	<p>(ctn0030cdd:t_frASL5.rcD17)</p> <p>[99] <input type="radio"/> xx (0 =< n <= 99) (ctn0030cdd:t_frASL5.D17) OR [97] <input type="radio"/> 97 Not answered</p> <p>Delirium Tremens (DTs): Occur 24-48 hours after last drink, or significant decrease in alcohol intake. Characterized by shaking, severe disorientation, fever, hallucinations; they usually require medical attention.</p>
How many times in your life have you been treated for:		
3.	<p>D19 Alcohol abuse:</p>	<p>(ctn0030cdd:t_frASL5.rcD19)</p> <p>[99] <input type="radio"/> xx (0 =< n <= 99) (ctn0030cdd:t_frASL5.D19) OR [97] <input type="radio"/> 97 Not answered</p> <p>Include detoxification, halfway houses, in/outpatient counseling and AA or NA (if 3+ meetings within one month period.)</p>
4.	<p>D20 Drug abuse:</p>	<p>(ctn0030cdd:t_frASL5.rcD20)</p> <p>[99] <input type="radio"/> xx (0 =< n <= 99) (ctn0030cdd:t_frASL5.D20) OR [97] <input type="radio"/> 97 Not answered</p> <p>Include detoxification, halfway houses, in/outpatient counseling and AA or NA (if 3+ meetings within one month period.)</p>
How many of these were detox only:		
5.	<p>D21 Alcohol:</p>	<p>(ctn0030cdd:t_frASL5.rcD21)</p> <p>[99] <input type="radio"/> xx (0 =< n <= 99) (ctn0030cdd:t_frASL5.D21) OR [97] <input type="radio"/> 97 Not answered</p>
6.	<p>D22 Drugs:</p>	<p>(ctn0030cdd:t_frASL5.rcD22)</p> <p>[99] <input type="radio"/> xx (0 =< n <= 99) (ctn0030cdd:t_frASL5.D22) OR [97] <input type="radio"/> 97 Not answered</p>
How much money would you say you spent during the past 30 days on:		
7.	<p>D23 Alcohol</p>	<p>(ctn0030cdd:t_frASL5.rcD23)</p> <p>[99] <input type="radio"/> \$ xxxxx (0 =< n <= 99999) (ctn0030cdd:t_frASL5.D23) OR [97] <input type="radio"/> 97 Not answered</p> <p>Only count actual money spent. What is the financial burden caused by alcohol?</p>
8.	<p>D24 Drugs</p>	<p>(ctn0030cdd:t_frASL5.rcD24)</p> <p>[99] <input type="radio"/> \$ xxxxx (0 =< n <= 99999) (ctn0030cdd:t_frASL5.D24) OR [97] <input type="radio"/> 97 Not answered</p> <p>Only count actual money spent. What is the financial burden caused by drugs?</p>
9.	<p>D25 How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days?</p>	<p>(ctn0030cdd:t_frASL5.rcD25)</p> <p>[99] <input type="radio"/> xx (0 =< n <= 30) days (ctn0030cdd:t_frASL5.D25) OR [97] <input type="radio"/> 97 Not answered</p> <p>Include AA/NA</p>
10.	<p>D26 How many days in the past 30 have you experienced alcohol problems?</p>	<p>(ctn0030cdd:t_frASL5.rcD26)</p> <p>[99] <input type="radio"/> xx (0 =< n <= 30) days (ctn0030cdd:t_frASL5.D26) OR [97] <input type="radio"/> 97 Not answered</p>

11.*	Drug & Alcohol Comments	A200	(ctn0030cdd:t_frASL5.DCOM)
* Item is not required			

Form Design Note:
Shares sections, items & controls with frASF5

Pulldown List 1:			
RefName	Display Text	Value	Design Note
ieNoProb	00 No Problem	0	
ieAlcAny	01 Alcohol (any use at all)	1	
ieAlcToI	02 Alcohol (to intoxicification)	2	
ieHeroin	03 Heroin	3	
ieMethad	04 Methadone	4	
ieOthOpi	05 Other Opiates/Analgesics	5	
ieBarbit	06 Barbiturates	6	
ieOthSed	07 Other Sedatives/Hypnotics/Tranquilizers	7	
ieCocain	08 Cocaine	8	
ieAmphet	09 Amphetamines	9	
ieCannab	10 Cannabis	9	
ieHalluc	11 Hallucinogens	11	
ieInhalants	12 Inhalants	12	
ieAlcDru	15 Alcohol and one or more drugs	15	
ieDrNoAl	16 More than one drug but no alcohol	16	
ieNotAns	97 Not answered	97	

CDD: ctn0030cdd Table: t_frASL5 Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
D14	STRING(255) - 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 9, 11, 12, 15, 16, 97	
rcD17	NUMERIC	
D17	NUMERIC - N2	
rcD19	NUMERIC	
D19	NUMERIC - N2	
rcD20	NUMERIC	
D20	NUMERIC - N2	

rcD21	NUMERIC	
D21	NUMERIC - N2	
rcD22	NUMERIC	
D22	NUMERIC - N2	
rcD23	NUMERIC	
D23	NUMERIC - N5	
rcD24	NUMERIC	
D24	NUMERIC - N5	
rcD25	NUMERIC	
D25	NUMERIC - N2	
rcD26	NUMERIC	
D26	NUMERIC - N2	
DCOM	STRING(200) - A200	

ctn0030 : ASI-Lite: Alcohol/Drugs (3of3) (ASL6)	
For questions D28-D31, please ask patient to use the Patient Rating Scale. The patient is rating the need for additional substance abuse treatment.	
1. D28 How troubled or bothered have you been in the past 30 days by Alcohol Problems?	Pulldown List 1 <input type="button" value="v"/> (ctn0030cdd:t_frASL6.D28)
2. D30 How important to you now is treatment for Alcohol problems?	Pulldown List 2 <input type="button" value="v"/> (ctn0030cdd:t_frASL6.D30)
3. D27 How many days in the past 30 have you experienced drug problems? (Include: Craving, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to)	(ctn0030cdd:t_frASL6.rcD27) [99] <input type="radio"/> xx (0 =< n <= 30) days (ctn0030cdd:t_frASL6.D27) OR [97] <input type="radio"/> 97 Not answered
4. D29 How troubled or bothered have you been in the past 30 days by Drug Problems?	Pulldown List 3 <input type="button" value="v"/> (ctn0030cdd:t_frASL6.D29)
5. D31 How important to you now is treatment for drug problems?	Pulldown List 4 <input type="button" value="v"/> (ctn0030cdd:t_frASL6.D31)
Confidence Ratings: Is the above information significantly distorted by:	
6. D34 Patient's misrepresentation?	(ctn0030cdd:t_frASL6.D34) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes
7. D35 Patient's inability to understand?	(ctn0030cdd:t_frASL6.D35) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes
8.* Drug & Alcohol Comments	<input type="text" value="A200"/> (ctn0030cdd:t_frASL6.DCOM)
* Item is not required	

Pulldown List 1:			
RefName	Display Text	Value	Design Note
ieNoAtAl	0 Not at all	0	
ieSlight	1 Slightly	1	
ieModrtly	2 Moderately	2	
ieConsid	3 Considerably	3	
ieExtrem	4 Extremely	4	
ieNotAns	97 Not answered	97	

Pulldown List 2:			
RefName	Display Text	Value	Design Note
ieNoAtAl	0 Not at all	0	
ieSlight	1 Slightly	1	
ieModrtly	2 Moderately	2	
ieConsid	3 Considerably	3	
ieExtrem	4 Extremely	4	
ieNotAns	97 Not answered	97	

Pulldown List 3:			
RefName	Display Text	Value	Design Note
ieNoAtAI	0 Not at all	0	
ieSlight	1 Slightly	1	
ieModrtly	2 Moderately	2	
ieConsid	3 Considerably	3	
ieExtrem	4 Extremely	4	
ieNotAns	97 Not answered	97	

Pulldown List 4:			
RefName	Display Text	Value	Design Note
ieNoAtAI	0 Not at all	0	
ieSlight	1 Slightly	1	
ieModrtly	2 Moderately	2	
ieConsid	3 Considerably	3	
ieExtrem	4 Extremely	4	
ieNotAns	97 Not answered	97	

CDD: ctn0030cdd Table: t_frASL6 Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
D28	STRING(255) - 0, 1, 2, 3, 4, 97	
D30	STRING(255) - 0, 1, 2, 3, 4, 97	
rcD27	NUMERIC	
D27	NUMERIC - N2	
D29	STRING(255) - 0, 1, 2, 3, 4, 97	
D31	STRING(255) - 0, 1, 2, 3, 4, 97	
D34	NUMERIC	
D35	NUMERIC	
DCOM	STRING(200) - A200	

ctn0030 : ASI-Lite: Legal Status (1of2) (ASL7)		
Legal Status		
1.	L1 Was this admission prompted by the criminal justice system?	(ctn0030cdd:t_frASL7.L1) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [97] <input type="radio"/> 97 Not answered Judge, probation/parole officer, etc.
2.	L2 Are you on probation or parole?	(ctn0030cdd:t_frASL7.L2) [0] <input type="radio"/> 0 No, neither [2] <input type="radio"/> 2 Yes, parole or post release supervision [3] <input type="radio"/> 3 Yes, probation or pre-sentencing diversion [97] <input type="radio"/> 97 Not answered Note duration and level in comments.
How many times in your life have you been arrested and charged with the following		
(include total numbers of counts, not just convictions. Do not include juvenile [pre-age, 18] crimes, unless they were charged as an adult. Include formal charges only):		
3.	L3 Shoplifting/vandalism:	(ctn0030cdd:t_frASL7.rcL3) [99] <input type="radio"/> xx (0 =< n <= 99) (ctn0030cdd:t_frASL7.L3) OR [97] <input type="radio"/> 97 Not answered
4.	L4 Parole/probation violations:	(ctn0030cdd:t_frASL7.rcL4) [99] <input type="radio"/> xx (0 =< n <= 99) (ctn0030cdd:t_frASL7.L4) OR [97] <input type="radio"/> 97 Not answered
5.	L5 Drug Charges:	(ctn0030cdd:t_frASL7.rcL5) [99] <input type="radio"/> xx (0 =< n <= 99) (ctn0030cdd:t_frASL7.L5) OR [97] <input type="radio"/> 97 Not answered
6.	L6 Forgery Charges:	(ctn0030cdd:t_frASL7.rcL6) [99] <input type="radio"/> xx (0 =< n <= 99) (ctn0030cdd:t_frASL7.L6) OR [97] <input type="radio"/> 97 Not answered
7.	L7 Weapons offense:	(ctn0030cdd:t_frASL7.rcL7) [99] <input type="radio"/> xx (0 =< n <= 99) (ctn0030cdd:t_frASL7.L7) OR [97] <input type="radio"/> 97 Not answered
8.	L8 Burglary/larceny/B&E:	(ctn0030cdd:t_frASL7.rcL8) [99] <input type="radio"/> xx (0 =< n <= 99) (ctn0030cdd:t_frASL7.L8) OR [97] <input type="radio"/> 97 Not answered
9.	L9 Robbery:	(ctn0030cdd:t_frASL7.rcL9) [99] <input type="radio"/> xx (0 =< n <= 99) (ctn0030cdd:t_frASL7.L9) OR [97] <input type="radio"/> 97 Not answered
10.	L10 Assault:	(ctn0030cdd:t_frASL7.rcL10) [99] <input type="radio"/> xx (0 =< n <= 99) (ctn0030cdd:t_frASL7.L10) OR [97] <input type="radio"/> 97 Not answered
11.	L11 Arson:	(ctn0030cdd:t_frASL7.rcL11) [99] <input type="radio"/> xx (0 =< n <= 99) (ctn0030cdd:t_frASL7.L11) OR [97] <input type="radio"/> 97 Not answered
12.	L12 Rape:	(ctn0030cdd:t_frASL7.rcL12) [99] <input type="radio"/> xx (0 =< n <= 99) (ctn0030cdd:t_frASL7.L12) OR [97] <input type="radio"/> 97 Not answered
13.	L13 Homicide/manslaughter:	(ctn0030cdd:t_frASL7.rcL13) [99] <input type="radio"/> xx (0 =< n <= 99) (ctn0030cdd:t_frASL7.L13) OR [97] <input type="radio"/> 97 Not answered
14.	L14 Prostitution:	(ctn0030cdd:t_frASL7.rcL14) [99] <input type="radio"/> (ctn0030cdd:t_frASL7.L14) OR [97] <input type="radio"/> 97 Not answered

		xx (0 =< n <= 99)
15.	L15 Contempt of court:	(ctn0030cdd:t_frASL7.rcL15) [99] <input type="radio"/> xx (0 =< n <= 99) (ctn0030cdd:t_frASL7.L15) OR [97] <input type="radio"/> 97 Not answered
16.*	L16 Other	(ctn0030cdd:t_frASL7.rcL16) [99] <input type="radio"/> xx (0 =< n <= 99) (ctn0030cdd:t_frASL7.L16) OR [97] <input type="radio"/> 97 Not answered (Other specify): (ctn0030cdd:t_frASL7.L16s) A30
17.	L17 How many of these charges resulted in convictions?	(ctn0030cdd:t_frASL7.rcL17) [99] <input type="radio"/> xx (0 =< n <= 99) (ctn0030cdd:t_frASL7.L17) OR [97] <input type="radio"/> 97 Not answered (Do not include misdemeanor offenses from questions L18-L20 below. Convictions include fines, probation, incarcerations, suspended sentences, and guilty pleas.)
How many times in your life have you been charged with the following:		
18.	L18 Disorderly conduct, vagrancy, public intoxication:	(ctn0030cdd:t_frASL7.rcL18) [99] <input type="radio"/> xx (0 =< n <= 99) (ctn0030cdd:t_frASL7.L18) OR [97] <input type="radio"/> 97 Not answered
19.	L19 Driving while intoxicated (DWI):	(ctn0030cdd:t_frASL7.rcL19) [99] <input type="radio"/> xx (0 =< n <= 99) (ctn0030cdd:t_frASL7.L19) OR [97] <input type="radio"/> 97 Not answered
20.	L20 Major driving violations:	(ctn0030cdd:t_frASL7.rcL20) [99] <input type="radio"/> xx (0 =< n <= 99) (ctn0030cdd:t_frASL7.L20) OR [97] <input type="radio"/> 97 Not answered Moving violations: speeding, reckless driving, no licenses, etc.
21.*	Legal Comments	<input type="text" value="A200"/> (ctn0030cdd:t_frASL7.LCOM)
* Item is not required		

CDD: ctn0030cdd Table: t_frASL7 Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
L1	NUMERIC	
L2	NUMERIC	
rcL3	NUMERIC	
L3	NUMERIC - N2	
rcL4	NUMERIC	
L4	NUMERIC - N2	
rcL5	NUMERIC	
L5	NUMERIC - N2	
rcL6	NUMERIC	
L6	NUMERIC - N2	

rcL7	NUMERIC	
L7	NUMERIC - N2	
rcL8	NUMERIC	
L8	NUMERIC - N2	
rcL9	NUMERIC	
L9	NUMERIC - N2	
rcL10	NUMERIC	
L10	NUMERIC - N2	
rcL11	NUMERIC	
L11	NUMERIC - N2	
rcL12	NUMERIC	
L12	NUMERIC - N2	
rcL13	NUMERIC	
L13	NUMERIC - N2	
rcL14	NUMERIC	
L14	NUMERIC - N2	
rcL15	NUMERIC	
L15	NUMERIC - N2	
rcL16	NUMERIC	
L16	NUMERIC - N2	
L16s	STRING(30) - A30	
rcL17	NUMERIC	
L17	NUMERIC - N2	
rcL18	NUMERIC	
L18	NUMERIC - N2	
rcL19	NUMERIC	
L19	NUMERIC - N2	
rcL20	NUMERIC	
L20	NUMERIC - N2	
LCOM	STRING(200) - A200	

ctn0030 : ASI-Lite: Legal Status (2of2) (ASL8)		
Legal Status (continued)		
1.	L21 How many months were you incarcerated in your life?	(ctn0030cdd:t_frASL8.rcL21) [99] <input type="radio"/> xx (0 =< n <= 99) (ctn0030cdd:t_frASL8.L21) OR [97] <input type="radio"/> 97 Not answered If incarcerated 2 weeks or more, round this up to 1 month. List total number of months incarcerated (up to 99). If more than 99, code 99 and enter the number in the comments.
2.	L24 Are you presently awaiting charges, trial or sentence?	(ctn0030cdd:t_frASL8.L24) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [97] <input type="radio"/> 97 Not answered
3.	L25 What for (refers to L24)?	Pulldown List 1 <input type="button" value="v"/> (ctn0030cdd:t_frASL8.L25) Use code 03-16, 18-20. If more than one, choose most severe. Don't include civil cases, unless a criminal offense is involved.
4.	L26 How many days in the past 30, were you detained or incarcerated?	(ctn0030cdd:t_frASL8.rcL26) [99] <input type="radio"/> xx (0 =< n <= 30) (ctn0030cdd:t_frASL8.L26) OR [97] <input type="radio"/> 97 Not answered Include being arrested and released on the same day.
5.	L27 How many days in the past 30, have you engaged in illegal activities for profit?	(ctn0030cdd:t_frASL8.rcL27) [99] <input type="radio"/> xx (0 =< n <= 30) (ctn0030cdd:t_frASL8.L27) OR [97] <input type="radio"/> 97 Not answered Exclude simple drug possession. Include drug dealing, prostitution, selling stolen goods, etc. May be cross-checked with quesiton E17 under Employment/Family Support section.
For questions L28-29: Please ask patient to use the Patient Rating Scale.		
6.	L28 How serious do you feel your present legal problems are?	Pulldown List 2 <input type="button" value="v"/> (ctn0030cdd:t_frASL8.L28) Exclude civil problems.
7.	L29 How important to you now is counseling or referral for these legal problems?	Pulldown List 3 <input type="button" value="v"/> (ctn0030cdd:t_frASL8.L29) Patient is rating a need for additional referral to legal counsel for defense against criminal charges.
Confidence Ratings: Is the above information significantly distorted by:		
8.	L31 Patient's misrepresentation?	(ctn0030cdd:t_frASL8.L31) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes
9.	L32 Patient's inability to understand?	(ctn0030cdd:t_frASL8.L32) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes
10.*	Legal Comments	A200 (ctn0030cdd:t_frASL8.LCOM)
* Item is not required		

Pulldown List 1:			
RefName	Display Text	Value	Design Note
ieShopli	3 Shoplift	3	
ieProVio	4 Probation Violation	4	
ieDrug	5 Drug	5	
ieForger	6 Forgery	6	

ieWeapon	7 Weapons	7	
ieBurgla	8 Burglary	8	
ieRobber	9 Robbery	9	
ieAssaul	10 Assault	10	
ieArson	11 Arson	11	
ieRape	12 Rape	12	
ieHomici	13 Homicide	13	
ieProsti	14 Prostitution	14	
ieContem	15 Contempt	15	
ie16Othe	16 Other	16	
ieDisCon	18 Disorderly Conduct	18	
ieDWI	19 DWI	19	
ieDriVio	20 Major Driving Violation	20	
ieNotApp	96 Not applicable	96	
ieNotAns	97 Not answered	97	

Pulldown List 2:			
RefName	Display Text	Value	Design Note
ieNoAtAl	0 Not at all	0	
ieSlight	1 Slightly	1	
ieModrtly	2 Moderately	2	
ieConsid	3 Considerably	3	
ieExtrem	4 Extremely	4	
ieNotAns	97 Not answered	97	

Pulldown List 3:			
RefName	Display Text	Value	Design Note
ieNoAtAl	0 Not at all	0	
ieSlight	1 Slightly	1	
ieModrtly	2 Moderately	2	
ieConsid	3 Considerably	3	
ieExtrem	4 Extremely	4	
ieNotAns	97 Not answered	97	

CDD: ctn0030cdd Table: t_frASL8 Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
rcL21	NUMERIC	

L21	NUMERIC - N2	
L24	NUMERIC	
L25	STRING(255) - 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 18, 19, 20, 96, 97	
rcL26	NUMERIC	
L26	NUMERIC - N2	
rcL27	NUMERIC	
L27	NUMERIC - N2	
L28	STRING(255) - 0, 1, 2, 3, 4, 97	
L29	STRING(255) - 0, 1, 2, 3, 4, 97	
L31	NUMERIC	
L32	NUMERIC	
LCOM	STRING(200) - A200	

ctn0030 : ASI-Lite: Family/Social Relationships (1of3) (ASL9)	
Family/Social Relationships	
1. F1 Marital status:	Pulldown List 1 <input type="button" value="v"/> (ctn0030cdd:t_frASL9.F1) Common-law marriage = 1: Specify in comments.
2. F3 Are you satisfied with this situation?	(ctn0030cdd:t_frASL9.F3) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [2] <input type="radio"/> 2 Indifferent [97] <input type="radio"/> 97 Not answered Satisfied = Generally liking the situation. Refers to question F1.
3. F4 Usual living arrangements (past 3 yrs.):	Pulldown List 2 <input type="button" value="v"/> (ctn0030cdd:t_frASL9.F4) Choose arrangements most representative of the past 3 years. If there is an even split in time between these arrangements, choose the most recent arrangement.
4. F6 Are you satisfied with this situation?	(ctn0030cdd:t_frASL9.F6) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [2] <input type="radio"/> 2 Indifferent [97] <input type="radio"/> 97 Not answered Refers to response in question F4.
Do you live with anyone who:	
5. F7 Has a current alcohol problem?	(ctn0030cdd:t_frASL9.F7) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [97] <input type="radio"/> 97 Not answered
6. F8 Uses non-prescribed drugs?	(ctn0030cdd:t_frASL9.F8) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [97] <input type="radio"/> 97 Not answered
7. F9 With whom do you spend most of your free time?	(ctn0030cdd:t_frASL9.F9) [1] <input type="radio"/> 1 Family [2] <input type="radio"/> 2 Friends [3] <input type="radio"/> 3 Alone [97] <input type="radio"/> 97 Not answered If a girlfriend/boyfriend is considered as family by patient, then they must refer to them as family throughout this section, not as a friend. Family is not to be referred to as "friend".
8. F10 Are you satisfied with spending your free time this way?	(ctn0030cdd:t_frASL9.F10) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [2] <input type="radio"/> 2 Indifferent [97] <input type="radio"/> 97 Not answered A satisfied response must indicate that the person generally likes the situation. Refers to question F9.
9.* Family Comments	<input type="text" value="A200"/> (ctn0030cdd:t_frASL9.FCOM)
* Item is not required	

Pulldown List 1:			
RefName	Display Text	Value	Design Note
ieMarrie	1 Married	1	
ieRemarr	2 Remarried	2	
ieWidowe	3 Widowed	3	
ieSepara	4 Separated	4	
ieDivorc	5 Divorced	5	
ieNevMar	6 Never married	6	
ieNotAns	97 Not answered	97	

Pulldown List 2:			
RefName	Display Text	Value	Design Note
ieSParCh	1 With sexual partner and children	1	
ieSParAl	2 With sexual partner alone	2	
ieChilAl	3 With children alone	3	
ieWParen	4 With parent	4	
ieWFamil	5 With family	5	
ieWFrien	6 With friends	6	
ieAlone	7 Alone	7	
ieContEn	8 Controlled environment	8	
ieNoStAr	9 No stable arrangements	9	
ieNotAns	97 Not answered	97	

CDD: ctn0030cdd Table: t_frASL9 Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
F1	STRING(255) - 1, 2, 3, 4, 5, 6, 97	
F3	NUMERIC	
F4	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9, 97	
F6	NUMERIC	
F7	NUMERIC	
F8	NUMERIC	
F9	NUMERIC	
F10	NUMERIC	
FCOM	STRING(200) - A200	

ctn0030 : ASI-Lite: Family/Social Relationships (2of3) (ASL10)		
Have you had significant periods in which you have experienced serious problems getting along with:		
Serious problems mean those that endangered the relationship. A "problem" requires contact of some sort, either by telephone or in person.		
1.	F18 Mother:	(ctn0030cdd:t_frASL10.F18a) A Past 30 Days [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [97] <input type="radio"/> 97 Not answered [96] <input type="radio"/> 96 Not applicable (ctn0030cdd:t_frASL10.F18b) <hr/> B Lifetime [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [97] <input type="radio"/> 97 Not answered [96] <input type="radio"/> 96 Not applicable
2.	F19 Father:	(ctn0030cdd:t_frASL10.F19a) A Past 30 Days [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [97] <input type="radio"/> 97 Not answered [96] <input type="radio"/> 96 Not applicable (ctn0030cdd:t_frASL10.F19b) <hr/> B Lifetime [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [97] <input type="radio"/> 97 Not answered [96] <input type="radio"/> 96 Not applicable
3.	F20 Brother/ sisters:	(ctn0030cdd:t_frASL10.F20a) A Past 30 Days [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [97] <input type="radio"/> 97 Not answered [96] <input type="radio"/> 96 Not applicable (ctn0030cdd:t_frASL10.F20b) <hr/> B Lifetime [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [97] <input type="radio"/> 97 Not answered [96] <input type="radio"/> 96 Not applicable
4.	F21 Sexual partner/ spouse:	(ctn0030cdd:t_frASL10.F21a) A Past 30 Days [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [97] <input type="radio"/> 97 Not answered [96] <input type="radio"/> 96 Not applicable (ctn0030cdd:t_frASL10.F21b) <hr/> B Lifetime [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [97] <input type="radio"/> 97 Not answered [96] <input type="radio"/> 96 Not applicable
5.	F22 Children:	(ctn0030cdd:t_frASL10.F22a) A Past 30 Days [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [97] <input type="radio"/> 97 Not answered [96] <input type="radio"/> 96 Not applicable (ctn0030cdd:t_frASL10.F22b) <hr/> B Lifetime [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [97] <input type="radio"/> 97 Not answered [96] <input type="radio"/> 96 Not applicable
6.	F23 Other significant family:	(specify): A30 (ctn0030cdd:t_frASL10.F23c) (ctn0030cdd:t_frASL10.F23a) A Past 30 Days [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [97] <input type="radio"/> 97 Not answered [96] <input type="radio"/> 96 Not applicable (ctn0030cdd:t_frASL10.F23b)

		<hr/> B Lifetime <input type="radio"/> [0] No <input type="radio"/> [1] Yes <input type="radio"/> [97] Not answered <input type="radio"/> [96] Not applicable
7.	F24 Close friends:	(ctn0030cdd:t_frASL10.F24a) A Past 30 Days <input type="radio"/> [0] No <input type="radio"/> [1] Yes <input type="radio"/> [97] Not answered <input type="radio"/> [96] Not applicable (ctn0030cdd:t_frASL10.F24b) <hr/> B Lifetime <input type="radio"/> [0] No <input type="radio"/> [1] Yes <input type="radio"/> [97] Not answered <input type="radio"/> [96] Not applicable
8.	F25 Neighbors:	(ctn0030cdd:t_frASL10.F25a) A Past 30 Days <input type="radio"/> [0] No <input type="radio"/> [1] Yes <input type="radio"/> [97] Not answered <input type="radio"/> [96] Not applicable (ctn0030cdd:t_frASL10.F25b) <hr/> B Lifetime <input type="radio"/> [0] No <input type="radio"/> [1] Yes <input type="radio"/> [97] Not answered <input type="radio"/> [96] Not applicable
9.	F26 Co-workers:	(ctn0030cdd:t_frASL10.F26a) A Past 30 Days <input type="radio"/> [0] No <input type="radio"/> [1] Yes <input type="radio"/> [97] Not answered <input type="radio"/> [96] Not applicable (ctn0030cdd:t_frASL10.F26b) <hr/> B Lifetime <input type="radio"/> [0] No <input type="radio"/> [1] Yes <input type="radio"/> [97] Not answered <input type="radio"/> [96] Not applicable
Did anyone abuse you?		
10.	F28 Physically (<i>cause you physical harm</i>)?	(ctn0030cdd:t_frASL10.F28a) A Past 30 Days <input type="radio"/> [0] No <input type="radio"/> [1] Yes <input type="radio"/> [97] Not answered (ctn0030cdd:t_frASL10.F28b) <hr/> B Lifetime <input type="radio"/> [0] No <input type="radio"/> [1] Yes <input type="radio"/> [97] Not answered
11.	F29 Sexually (<i>force sexual advances/acts</i>)?	(ctn0030cdd:t_frASL10.F29a) A Past 30 Days <input type="radio"/> [0] No <input type="radio"/> [1] Yes <input type="radio"/> [97] Not answered (ctn0030cdd:t_frASL10.F29b) <hr/> B Lifetime <input type="radio"/> [0] No <input type="radio"/> [1] Yes <input type="radio"/> [97] Not answered
12.*	Family Comments	<input type="text" value="A200"/> (ctn0030cdd:t_frASL10.FCOM)
* Item is not required		

CDD: ctn0030cdd Table: t_frASL10 Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
F18a	NUMERIC	
F18b	NUMERIC	
F19a	NUMERIC	
F19b	NUMERIC	
F20a	NUMERIC	
F20b	NUMERIC	
F21a	NUMERIC	
F21b	NUMERIC	
F22a	NUMERIC	
F22b	NUMERIC	
F23c	STRING(30) - A30	
F23a	NUMERIC	
F23b	NUMERIC	
F24a	NUMERIC	
F24b	NUMERIC	
F25a	NUMERIC	
F25b	NUMERIC	
F26a	NUMERIC	
F26b	NUMERIC	
F28a	NUMERIC	
F28b	NUMERIC	
F29a	NUMERIC	
F29b	NUMERIC	
FCOM	STRING(200) - A200	

ctn0030 : ASI-Lite: Family/Social Relationships (3of3) (ASL11)	
1.	F30 How many days in the past 30 have you had serious conflicts with your family? (ctn0030cdd:t_frASL11.rcF30) [1] <input type="radio"/> xx (0 =< n <= 30) days (ctn0030cdd:t_frASL11.F30) OR [97] <input type="radio"/> 97 Not answered
For questions F32 and F34, please ask patient to use the Patient Rating Scale.	
2.	F32 How troubled or bothered have you been in the past 30 days by these family problems? Pulldown List 1 <input type="button" value="v"/> (ctn0030cdd:t_frASL11.F32)
3.	F34 How important to you now is treatment or counseling for these family problems? Pulldown List 2 <input type="button" value="v"/> (ctn0030cdd:t_frASL11.F34)
4.	F31 How many days in the past 30 have you had serious conflicts with other people (excluding family)? (ctn0030cdd:t_frASL11.rcF31) [1] <input type="radio"/> xx (0 =< n <= 30) days (ctn0030cdd:t_frASL11.F31) OR [97] <input type="radio"/> 97 Not answered
For questions F33 and F35, please ask patient to use the Patient Rating Scale.	
5.	F33 How troubled or bothered have you been in the past 30 days by these social problems? Pulldown List 3 <input type="button" value="v"/> (ctn0030cdd:t_frASL11.F33)
6.	F35 How important to you now is treatment or counseling for these social problems? Pulldown List 4 <input type="button" value="v"/> (ctn0030cdd:t_frASL11.F35) Include patient's need to seek treatment for such social problems as loneliness, inability to socialize, and dissatisfaction with friends. Patient rating should refer to dissatisfaction, conflicts, or other serious problems. Exclude problems that would be eliminated if patient had no substance abuse.
Confidence Ratings: Is the above information significantly distorted by:	
7.	F37 Patient's misrepresentation? (ctn0030cdd:t_frASL11.F37) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes
8.	F38 Patient's inability to understand? (ctn0030cdd:t_frASL11.F38) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes
9.*	Family Comments <input type="text" value="A200"/> (ctn0030cdd:t_frASL11.FCOM)
* Item is not required	

Pulldown List 1:			
RefName	Display Text	Value	Design Note
ieNoAtAl	0 Not at all	0	
ieSlight	1 Slightly	1	
ieModrtly	2 Moderately	2	
ieConsid	3 Considerably	3	
ieExtrem	4 Extremely	4	
ieNotAns	97 Not answered	97	

Pulldown List 2:			
RefName	Display Text	Value	Design Note

ieNoAtAI	0 Not at all	0	
ieSlight	1 Slightly	1	
ieModrtly	2 Moderately	2	
ieConsid	3 Considerably	3	
ieExtrem	4 Extremely	4	
ieNotAns	97 Not answered	97	

Pulldown List 3:			
RefName	Display Text	Value	Design Note
ieNoAtAI	0 Not at all	0	
ieSlight	1 Slightly	1	
ieModrtly	2 Moderately	2	
ieConsid	3 Considerably	3	
ieExtrem	4 Extremely	4	
ieNotAns	97 Not answered	97	

Pulldown List 4:			
RefName	Display Text	Value	Design Note
ieNoAtAI	0 Not at all	0	
ieSlight	1 Slightly	1	
ieModrtly	2 Moderately	2	
ieConsid	3 Considerably	3	
ieExtrem	4 Extremely	4	
ieNotAns	97 Not answered	97	

CDD: ctn0030cdd Table: t_frASL11 Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
rcF30	NUMERIC	
F30	NUMERIC - N2	
F32	STRING(255) - 0, 1, 2, 3, 4, 97	
F34	STRING(255) - 0, 1, 2, 3, 4, 97	
rcF31	NUMERIC	
F31	NUMERIC - N2	
F33	STRING(255) - 0, 1, 2, 3, 4, 97	
F35	STRING(255) - 0, 1, 2, 3, 4, 97	
F37	NUMERIC	
F38	NUMERIC	

FCOM	STRING(200) - A200	
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ctn0030 : ASI-Lite Psychiatric Status (1of2) (ASL12)		
Psychiatric Status		
How many times have you been treated for any psychological or emotional problems? Do not include substance abuse, employment, or family counseling. Treatment episode = a series of more or less continuous visits or treatment days, not the number of visits or treatment days. Enter diagnosis in Comments if known.		
1.	P1 In a hospital or inpatient setting?	(ctn0030cdd:t_frASL12.P1na) [1] <input type="radio"/> xx (0 =< n <= 99) OR (ctn0030cdd:t_frASL12.P1) [97] <input type="radio"/> 97 Not answered
2.	P2 As an outpatient or private patient?	(ctn0030cdd:t_frASL12.P2na) [1] <input type="radio"/> xx (0 =< n <= 99) OR (ctn0030cdd:t_frASL12.P2) [97] <input type="radio"/> 97 Not answered
3.	P3 Do you receive a pension for a psychiatric disability?	(ctn0030cdd:t_frASL12.P3) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [97] <input type="radio"/> 97 Not answered
Have you had a significant period of time (that was not a direct result of drug/alcohol use) in which you have:		
4.	P4 Experienced serious depression - sadness, hopelessness, loss of interest, difficulty with daily function?	(ctn0030cdd:t_frASL12.P4a) (ctn0030cdd:t_frASL12.P4b) A Past 30 days B Lifetime [0] <input type="radio"/> 0 No [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [1] <input type="radio"/> 1 Yes [97] <input type="radio"/> 97 Not answered [97] <input type="radio"/> 97 Not answered
5.	P5 Experienced serious anxiety/tension - uptight, unreasonably worried, inability to feel relaxed?	(ctn0030cdd:t_frASL12.P5a) (ctn0030cdd:t_frASL12.P5b) A Past 30 days B Lifetime [0] <input type="radio"/> 0 No [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [1] <input type="radio"/> 1 Yes [97] <input type="radio"/> 97 Not answered [97] <input type="radio"/> 97 Not answered
6.	P6 Experienced hallucinations - saw things or heard voices that other people did not hear or see?	(ctn0030cdd:t_frASL12.P6a) (ctn0030cdd:t_frASL12.P6b) A Past 30 days B Lifetime [0] <input type="radio"/> 0 No [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [1] <input type="radio"/> 1 Yes [97] <input type="radio"/> 97 Not answered [97] <input type="radio"/> 97 Not answered
7.	P7 Experienced trouble understanding, concentrating, or remembering?	(ctn0030cdd:t_frASL12.P7a) (ctn0030cdd:t_frASL12.P7b) A Past 30 days B Lifetime [0] <input type="radio"/> 0 No [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [1] <input type="radio"/> 1 Yes [97] <input type="radio"/> 97 Not answered [97] <input type="radio"/> 97 Not answered
For questions P8;P10, patient could have been under the influence of alcohol/drugs		
8.	P8 Experienced trouble controlling violent behavior including episodes of rage, or violence?	(ctn0030cdd:t_frASL12.P8a) (ctn0030cdd:t_frASL12.P8b) A Past 30 days B Lifetime [0] <input type="radio"/> 0 No [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [1] <input type="radio"/> 1 Yes [97] <input type="radio"/> 97 Not answered [97] <input type="radio"/> 97 Not answered
9.	P9 Experienced serious thoughts of suicide? Patient seriously considered a plan for taking his/her life.	(ctn0030cdd:t_frASL12.P9a) (ctn0030cdd:t_frASL12.P9b) A Past 30 days B Lifetime 0 No 0 No

		<input type="radio"/> [0] <input type="radio"/> [1] 1 Yes <input type="radio"/> [97] 97 Not answered	<input type="radio"/> [0] <input type="radio"/> [1] 1 Yes <input type="radio"/> [97] 97 Not answered
10.	P10 Attempted suicide? Include actual suicidal gestures or attempts.	(ctn0030cdd:t_frASL12.P10a) A Past 30 days <input type="radio"/> [0] 0 No <input type="radio"/> [1] 1 Yes <input type="radio"/> [97] 97 Not answered	(ctn0030cdd:t_frASL12.P10b) B Lifetime <input type="radio"/> [0] 0 No <input type="radio"/> [1] 1 Yes <input type="radio"/> [97] 97 Not answered
11.	P11 Been prescribed medication for any psychological/emotional problem? Prescribed for the patient by MD. Record "Yes" if a medication was prescribed even if the patient is not taking it.	(ctn0030cdd:t_frASL12.P11a) A Past 30 days <input type="radio"/> [0] 0 No <input type="radio"/> [1] 1 Yes <input type="radio"/> [97] 97 Not answered	(ctn0030cdd:t_frASL12.P11b) B Lifetime <input type="radio"/> [0] 0 No <input type="radio"/> [1] 1 Yes <input type="radio"/> [97] 97 Not answered
12.*	Psychiatric Comments	<input type="text" value="A200"/> (ctn0030cdd:t_frASL12.PCOM)	
* Item is not required			

CDD: ctn0030cdd Table: t_frASL12 Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
P1	NUMERIC - N2	
P1na	NUMERIC	
P2	NUMERIC - N2	
P2na	NUMERIC	
P3	NUMERIC	
P4a	NUMERIC	
P4b	NUMERIC	
P5a	NUMERIC	
P5b	NUMERIC	
P6a	NUMERIC	
P6b	NUMERIC	
P7a	NUMERIC	
P7b	NUMERIC	
P8a	NUMERIC	
P8b	NUMERIC	
P9a	NUMERIC	
P9b	NUMERIC	
P10a	NUMERIC	

P10b	NUMERIC	
P11a	NUMERIC	
P11b	NUMERIC	
PCOM	STRING(200) - A200	

ctn0030 : ASI-Lite Psychiatric Status (2of2) (ASL13)	
1.	<p>P12 How many days in the past 30 have you experienced these psychological or emotional problems? This refers to problems noted in questions P4 & P10.</p> <p>(ctn0030cdd:t_frASL13.P12na) <input type="text" value=""/> [1] <input type="radio"/> xx (0 =< n <= 30) OR (ctn0030cdd:t_frASL13.P12) [97] <input type="radio"/> 97 Not answered</p>
For questions P13 & P14, please ask patient to use the Patient Rating Scale.	
2.	<p>P13 How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?</p> <p>Pulldown List 1 <input type="button" value="v"/> (ctn0030cdd:t_frASL13.P13)</p>
3.	<p>P14 How important to you now is treatment for these psychological or emotional problems?</p> <p>Pulldown List 2 <input type="button" value="v"/> (ctn0030cdd:t_frASL13.P14) Include patient's need to seek treatment for such social problems as loneliness, inability to socialize, and dissatisfaction with friends. Patient rating should refer to dissatisfaction, conflicts, or other serious problems. Exclude problems that would be eliminated if patient had no substance abuse.</p>
Confidence Ratings: Is the above information significantly distorted by:	
4.	<p>P22 Patient's misrepresentation?</p> <p>(ctn0030cdd:t_frASL13.P22) <input type="radio"/> [0] 0 No <input type="radio"/> [1] 1 Yes</p>
5.	<p>P23 Patient's inability to understand?</p> <p>(ctn0030cdd:t_frASL13.P23) <input type="radio"/> [0] 0 No <input type="radio"/> [1] 1 Yes</p>
6.*	<p>Psychiatric Comments</p> <p><input type="text" value="A200"/> (ctn0030cdd:t_frASL13.PCOM)</p>
* Item is not required	

Pulldown List 1:			
RefName	Display Text	Value	Design Note
ieNoAtAl	0 Not at all	0	
ieSlight	1 Slightly	1	
ieModrtly	2 Moderately	2	
ieConsid	3 Considerably	3	
ieExtrem	4 Extremely	4	
ieNotAns	97 Not answered	97	

Pulldown List 2:			
RefName	Display Text	Value	Design Note
ieNoAtAl	0 Not at all	0	
ieSlight	1 Slightly	1	
ieModrtly	2 Moderately	2	
ieConsid	3 Considerably	3	
ieExtrem	4 Extremely	4	
ieNotAns	97 Not answered	97	

CDD: ctn0030cdd Table: t_frASL13 Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
P12	NUMERIC - N2	
P12na	NUMERIC	
P13	STRING(255) - 0, 1, 2, 3, 4, 97	
P14	STRING(255) - 0, 1, 2, 3, 4, 97	
P22	NUMERIC	
P23	NUMERIC	
PCOM	STRING(200) - A200	

ctn0030 : Risk Behavior Survey (RBS)	
A. Drug Use	
Risk Behaviors Survey	
A. DRUG USE	
a. Have you ever used?	
<p>1. A 1a. Cocaine by itself (<i>injected or snorted</i>): (If no use, skip to next drug)</p>	<p>(ctn0030cdd:t_frRBS.RBS0A1a) <input type="radio"/> [0] 0 No <input type="radio"/> [1] 1 Yes <input type="radio"/> [9] 9 Unknown <input type="radio"/> [7] 7 Refused</p> <p>b. How many days did you use ___ (ctn0030cdd:t_frRBS.RBS0A1b) in the last 30 days? <i>(If 00, do not ask parts c-f, and skip to next drug)</i> xx (0 =< n <= 30) </p> <p>c. How many days did you inject ___ (ctn0030cdd:t_frRBS.RBS0A1c) in the last 30 days? <i>(If 00, skip to part e)</i> xx (0 =< n <= 30) </p> <p>d. How many times a day did you inject ___? (ctn0030cdd:t_frRBS.RBS0A1d) <i>(Average # of injections/day)</i> xx (0 =< n <= 99) </p> <p>e. How many days did you use ___ (ctn0030cdd:t_frRBS.RBS0A1e) without injecting (<i>smoking, snorting, swallowing</i>) in the last 30 days? <i>(If 00, then skip to next drug class)</i> xx (0 =< n <= 30) </p> <p>f. How many times a day did you use ___ without injecting? (ctn0030cdd:t_frRBS.RBS0A1f) xx (0 =< n <= 99) </p>
<p>2. A 2a. Heroin by itself: (If no use, skip to next drug)</p>	<p>(ctn0030cdd:t_frRBS.RBS0A2a) <input type="radio"/> [0] 0 No <input type="radio"/> [1] 1 Yes <input type="radio"/> [9] 9 Unknown <input type="radio"/> [7] 7 Refused</p> <p>b. How many days did you use ___ (ctn0030cdd:t_frRBS.RBS0A2b) in the last 30 days? <i>(If 00, do not ask parts c-f, and skip to next drug)</i> xx (0 =< n <= 30) </p> <p>c. How many days did you inject ___ (ctn0030cdd:t_frRBS.RBS0A2c) in the last 30 days? <i>(If 00, skip to part e)</i> xx (0 =< n <= 30) </p> <p>d. How many times a day did you inject ___? (ctn0030cdd:t_frRBS.RBS0A2d) <i>(Average # of injections/day)</i> xx (0 =< n <= 99) </p> <p>e. How many days did you use ___ (ctn0030cdd:t_frRBS.RBS0A2e) without injecting (<i>smoking,</i></p>

		<p><i>snorting, swallowing) in the last 30 days?</i> <i>(If 00, then skip to next drug class)</i> xx (0 =< n <= 30) </p> <p>f. How many times a day did you use __ without injecting? (ctn0030cdd:t_frRBS.RBS0A2f) xx (0 =< n <= 99) </p>
3.	<p>A 3a. Heroin and cocaine mixed together (Speedball): <i>(If no use, skip to next drug)</i></p>	<p>(ctn0030cdd:t_frRBS.RBS0A3a) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [9] <input type="radio"/> 9 Unknown [7] <input type="radio"/> 7 Refused</p> <p>b. How many days did you use __ in the last 30 days? (ctn0030cdd:t_frRBS.RBS0A3b) <i>(If 00, do not ask parts c-f, and skip to next drug)</i> xx (0 =< n <= 30) </p> <p>c. How many days did you inject __ in the last 30 days? (ctn0030cdd:t_frRBS.RBS0A3c) <i>(If 00, skip to part e)</i> xx (0 =< n <= 30) </p> <p>d. How many times a day did you inject __? (ctn0030cdd:t_frRBS.RBS0A3d) <i>(Average # of injections/day)</i> xx (0 =< n <= 99) </p> <p>e. How many days did you use __ without injecting (smoking, snorting, swallowing) in the last 30 days? (ctn0030cdd:t_frRBS.RBS0A3e) <i>(If 00, then skip to next drug class)</i> xx (0 =< n <= 30) </p> <p>f. How many times a day did you use __ without injecting? (ctn0030cdd:t_frRBS.RBS0A3f) xx (0 =< n <= 99) </p>
4.	<p>A 4a. Have you ever used Other Opiates (Demerol, Codeine, Dilaudid): <i>(If no use, skip to next drug)</i></p>	<p>(ctn0030cdd:t_frRBS.RBS0A4a) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [9] <input type="radio"/> 9 Unknown [7] <input type="radio"/> 7 Refused</p> <p>b. How many days did you use __ in the last 30 days? (ctn0030cdd:t_frRBS.RBS0A4b) <i>(If 00, do not ask parts c-f, and skip to next drug)</i> xx (0 =< n <= 30) </p> <p>c. How many days did you inject __ in the last 30 days? (ctn0030cdd:t_frRBS.RBS0A4c) <i>(If 00, skip to part e)</i> xx (0 =< n <= 30) </p> <p>d. How many times a day did you inject __? (ctn0030cdd:t_frRBS.RBS0A4d) <i>(Average # of injections/day)</i> xx (0 =< n <= 99) </p> <p>e. How many days did you use __ without injecting (smoking,</p>

		<p><i>snorting, swallowing) in the last 30 days?</i> (If 00, then skip to next drug class) xx (0 =< n <= 30) </p> <p>f. How many times a day did you use __ without injecting? (ctn0030cdd:t_frRBS.RBS0A4f) xx (0 =< n <= 99) </p>
5.	<p>A 5a. Have you ever used Amphetamines (<i>Speed, Methamphetamine, Crank</i>): (If no use, skip to next drug)</p>	<p>(ctn0030cdd:t_frRBS.RBS0A5a) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes</p> <p>b. How many days did you use __ in the last 30 days? (ctn0030cdd:t_frRBS.RBS0A5b) (If 00, do not ask parts c-f, and skip to next drug) xx (0 =< n <= 30) </p> <p>c. How many days did you inject __ in the last 30 days? (ctn0030cdd:t_frRBS.RBS0A5c) (If 00, skip to part e) xx (0 =< n <= 30) </p> <p>d. How many times a day did you inject __? (ctn0030cdd:t_frRBS.RBS0A5d) (Average # of injections/day) xx (0 =< n <= 99) </p> <p>e. How many days did you use __ without injecting (<i>smoking, snorting, swallowing) in the last 30 days?</i> (If 00, then skip to next drug class) xx (0 =< n <= 30) </p> <p>f. How many times a day did you use __ without injecting? (ctn0030cdd:t_frRBS.RBS0A5f) xx (0 =< n <= 99) </p> <p>[9] <input type="radio"/> 9 Unknown [7] <input type="radio"/> 7 Refused</p>
B. Drug Injection (if no injection use in past 30 days, skip to section C)		
6.*	B1. In the last 30 days, how many times (<i>number of injections</i>) did you inject using works (<i>needle/syringes</i>) that you know had been used by somebody else?	xxx (0 =< n <= 999) (ctn0030cdd:t_frRBS.RBS0B1)
7.*	B2. Of the times you injected after someone, how many times did you clean the works with full-strength bleach?	xxx (0 =< n <= 999) (ctn0030cdd:t_frRBS.RBS0B2)
8.*	B3. How many times in the last 30 days did you use a cooker/cotton /rinse water that had been used by another injector?	xxx (0 =< n <= 999) (ctn0030cdd:t_frRBS.RBS0B3)
9.*	B4. How many times in the last 30 days did you fix drugs with another person, then split the drug solution (<i>through use of the same cooker/spoon or through front or back loading</i>)?	xxx (0 =< n <= 999) (ctn0030cdd:t_frRBS.RBS0B4)
C. Sexual Activity		
10.	C1. During the last 30 days, with how many	

	people did you have vaginal, oral or anal sex? (IF NONE, ENTER 000, AND THE QUESTIONNAIRE IS COMPLETED)	xxx (0 =< n <= 999) (ctn0030cdd:t_frRBS.RBSOC1)
11.*	C2. How many of your partners were female? (Number cannot exceed total number of people [question C1])	xxx (0 =< n <= 999) (ctn0030cdd:t_frRBS.RBSOC2)
12.*	C3. How many of your partners were male? (Number cannot exceed total number of people [question C1])	xxx (0 =< n <= 999) (ctn0030cdd:t_frRBS.RBSOC3)
13.*	C4. Interviewer: Code gender of respondent: (If male, complete sections D,E,F,G and I) (If female, complete sections D,G,H,and I) (If Don't know, ask ALL sex/gender specific questions and allow client to answer as they like)	(ctn0030cdd:t_frRBS.RBSOC4) [1] <input type="radio"/> 1 Male [2] <input type="radio"/> 2 Female [9] <input type="radio"/> 9 Don't know
* Item is not required		

Item Design Notes:	
Item No.	Design Note
13.	If Male and item 10 is >0, then dynamically create RBSMale, if female and item 10 is >0, then dynamically create RBS2Female, if Don't Know and item 10 is >0, then dynamically create RBS2All

CDD: ctn0030cdd Table: t_frRBS Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
RBS0A1a	NUMERIC	
RBS0A1b	NUMERIC - N2	
RBS0A1c	NUMERIC - N2	
RBS0A1d	NUMERIC - N2	
RBS0A1e	NUMERIC - N2	
RBS0A1f	NUMERIC - N2	
RBS0A2a	NUMERIC	
RBS0A2b	NUMERIC - N2	
RBS0A2c	NUMERIC - N2	
RBS0A2d	NUMERIC - N2	
RBS0A2e	NUMERIC - N2	
RBS0A2f	NUMERIC - N2	
RBS0A3a	NUMERIC	
RBS0A3b	NUMERIC - N2	
RBS0A3c	NUMERIC - N2	

RBS0A3d	NUMERIC - N2	
RBS0A3e	NUMERIC - N2	
RBS0A3f	NUMERIC - N2	
RBS0A4a	NUMERIC	
RBS0A4b	NUMERIC - N2	
RBS0A4c	NUMERIC - N2	
RBS0A4d	NUMERIC - N2	
RBS0A4e	NUMERIC - N2	
RBS0A4f	NUMERIC - N2	
RBS0A5a	NUMERIC	
RBS0A5b	NUMERIC - N2	
RBS0A5c	NUMERIC - N2	
RBS0A5d	NUMERIC - N2	
RBS0A5e	NUMERIC - N2	
RBS0A5f	NUMERIC - N2	
RBS0B1	NUMERIC - N3	
RBS0B2	NUMERIC - N3	
RBS0B3	NUMERIC - N3	
RBS0B4	NUMERIC - N3	
RBS0C1	NUMERIC - N3	
RBS0C2	NUMERIC - N3	
RBS0C3	NUMERIC - N3	
RBS0C4	NUMERIC	

ctn0030 : Risk Behaviors Survey - Female (2 of 2) (RBS2Female)	
D. Ask Male/Female Clients who had Female Partners	
1.* D 1a. How many women performed oral sex ("went down") on you? (If 0, then skip to question 2a. Number cannot exceed total number of female partners [question C2])	xxx (0 =< n <= 999) (ctn0030cdd:t_frRBSF.RBS0D1a) b. How often did your partner(s) perform oral sex ('go down') on you? Pulldown List 1 (ctn0030cdd:t_frRBSF.RBS0D1b) c. How often did you use condoms/dental dams when your partner(s) perform oral sex ('went down') on you? Pulldown List 2 (ctn0030cdd:t_frRBSF.RBS0D1c)
2.* D 2a. How many women did you perform oral sex ("go down") on? (If 0, then skip to next section appropriate for the sex of this client. Number cannot exceed total number of female partners [question C2])	xxx (0 =< n <= 999) (ctn0030cdd:t_frRBSF.RBS0D2a) b. How often did you perform oral sex ('go down') on your partner(s)? Pulldown List 3 (ctn0030cdd:t_frRBSF.RBS0D2b) c. How often did you use condoms/dental dams when you performed oral sex ('went down') on your partner(s)? Pulldown List 4 (ctn0030cdd:t_frRBSF.RBS0D2c)
G. Ask Male/Female Clients who had Male Partners	
3.* G 1a. How many men performed oral sex ("went down") on you? (If 0, then skip to question 2a. Number cannot exceed total number of male partners [question C3])	xxx (0 =< n <= 999) (ctn0030cdd:t_frRBSF.RBS0G1a) b. How often did your partner(s) perform oral sex ('go down') on you? Pulldown List 5 (ctn0030cdd:t_frRBSF.RBS0G1b) c. How often did you use condoms/dental dams when your partner(s) performed oral sex ('went down') on you? Pulldown List 6 (ctn0030cdd:t_frRBSF.RBS0G1c)
4.* G 2a. How many men did you perform oral sex ("go down") on? (If 0, then skip to next section appropriate for the sex of this client. Number cannot exceed total number of male partners [question C3])	xxx (0 =< n <= 999) (ctn0030cdd:t_frRBSF.RBS0G2a) b. How often did you perform oral sex ('go down') on your partner(s)? Pulldown List 7 (ctn0030cdd:t_frRBSF.RBS0G2b) c. How often did you use condoms/dental dams when you performed oral sex ('went down') on your partner(s)? Pulldown List 8 (ctn0030cdd:t_frRBSF.RBS0G2c)
H. Ask Female Clients who had Male Partners	
5.* H 1a. How many men did you have vaginal sex with? (If 0, then skip to next question appropriate for the sex of this client. Number cannot exceed total number of male partners [question C3])	xxx (0 =< n <= 999) (ctn0030cdd:t_frRBSF.RBS0H1a) b. How often did you have vaginal sex? Pulldown List 9 (ctn0030cdd:t_frRBSF.RBS0H1b) c. How often did you use a condom? Pulldown List 10 (ctn0030cdd:t_frRBSF.RBS0H1c)
I. Ask Male/Female Clients who had Male Partners	
6.* I 1a. How many men did you have (receptive) anal sex with? (If 0, then enter NA for 1b and 1c. Number cannot exceed total number of male partners [question C3])	xxx (0 =< n <= 999) (ctn0030cdd:t_frRBSF.RBS0I1a) b. How often did you have (receptive) anal sex? Pulldown List 11 (ctn0030cdd:t_frRBSF.RBS0I1b) c. How often did you use a condom? Pulldown List 12 (ctn0030cdd:t_frRBSF.RBS0I1c)
* Item is not required	

Form Design Note:

created by 'Female' on RBS1

Pulldown List 1:

RefName	Display Text	Value	Design Note
ieSexFr1	1 Once or irregularly	1	
ieSexFr2	2 Less than once a week	2	
ieSexFr3	3 About once a week	3	
ieSexFr4	4 2-6 times a week	4	
ieSexFr5	5 About once a day	5	
ieSexFr6	6 2-3 times a day	6	
ieSexFr7	7 4 or more times a day	7	
ieSexFr8	99 Don't know/unsure	99	
ieSexFr9	77 Refused	77	

Pulldown List 2:

RefName	Display Text	Value	Design Note
ieSexCo1	0 Never	0	
ieSexCo2	1 Less than half the time	1	
ieSexCo3	2 About half the time	2	
ieSexCo4	3 More than half the time	3	
ieSexCo5	4 Always	4	
ieSexCo6	99 Don't know/unsure	99	
ieSexCo7	77 Refused	77	

Pulldown List 3:

RefName	Display Text	Value	Design Note
ieSexFr1	1 Once or irregularly	1	
ieSexFr2	2 Less than once a week	2	
ieSexFr3	3 About once a week	3	
ieSexFr4	4 2-6 times a week	4	
ieSexFr5	5 About once a day	5	
ieSexFr6	6 2-3 times a day	6	
ieSexFr7	7 4 or more times a day	7	
ieSexFr8	99 Don't know/unsure	99	
ieSexFr9	77 Refused	77	

Pulldown List 4:			
RefName	Display Text	Value	Design Note
ieSexCo1	0 Never	0	
ieSexCo2	1 Less than half the time	1	
ieSexCo3	2 About half the time	2	
ieSexCo4	3 More than half the time	3	
ieSexCo5	4 Always	4	
ieSexCo6	99 Don't know/unsure	99	
ieSexCo7	77 Refused	77	

Pulldown List 5:			
RefName	Display Text	Value	Design Note
ieSexFr1	1 Once or irregularly	1	
ieSexFr2	2 Less than once a week	2	
ieSexFr3	3 About once a week	3	
ieSexFr4	4 2-6 times a week	4	
ieSexFr5	5 About once a day	5	
ieSexFr6	6 2-3 times a day	6	
ieSexFr7	7 4 or more times a day	7	
ieSexFr8	99 Don't know/unsure	99	
ieSexFr9	77 Refused	77	

Pulldown List 6:			
RefName	Display Text	Value	Design Note
ieSexCo1	0 Never	0	
ieSexCo2	1 Less than half the time	1	
ieSexCo3	2 About half the time	2	
ieSexCo4	3 More than half the time	3	
ieSexCo5	4 Always	4	
ieSexCo6	99 Don't know/unsure	99	
ieSexCo7	77 Refused	77	

Pulldown List 7:			
RefName	Display Text	Value	Design Note
ieSexFr1	1 Once or irregularly	1	
ieSexFr2	2 Less than once a week	2	
ieSexFr3	3 About once a week	3	

ieSexFr4	4 2-6 times a week	4	
ieSexFr5	5 About once a day	5	
ieSexFr6	6 2-3 times a day	6	
ieSexFr7	7 4 or more times a day	7	
ieSexFr8	99 Don't know/unsure	99	
ieSexFr9	77 Refused	77	

Pulldown List 8:			
RefName	Display Text	Value	Design Note
ieSexCo1	0 Never	0	
ieSexCo2	1 Less than half the time	1	
ieSexCo3	2 About half the time	2	
ieSexCo4	3 More than half the time	3	
ieSexCo5	4 Always	4	
ieSexCo6	99 Don't know/unsure	99	
ieSexCo7	77 Refused	77	

Pulldown List 9:			
RefName	Display Text	Value	Design Note
ieSexFr1	1 Once or irregularly	1	
ieSexFr2	2 Less than once a week	2	
ieSexFr3	3 About once a week	3	
ieSexFr4	4 2-6 times a week	4	
ieSexFr5	5 About once a day	5	
ieSexFr6	6 2-3 times a day	6	
ieSexFr7	7 4 or more times a day	7	
ieSexFr8	99 Don't know/unsure	99	
ieSexFr9	77 Refused	77	

Pulldown List 10:			
RefName	Display Text	Value	Design Note
ieSexCo1	0 Never	0	
ieSexCo2	1 Less than half the time	1	
ieSexCo3	2 About half the time	2	
ieSexCo4	3 More than half the time	3	
ieSexCo5	4 Always	4	
ieSexCo6	99 Don't know/unsure	99	

ieSexCo7	77 Refused	77	
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Pulldown List 11:			
RefName	Display Text	Value	Design Note
ieSexFr1	1 Once or irregularly	1	
ieSexFr2	2 Less than once a week	2	
ieSexFr3	3 About once a week	3	
ieSexFr4	4 2-6 times a week	4	
ieSexFr5	5 About once a day	5	
ieSexFr6	6 2-3 times a day	6	
ieSexFr7	7 4 or more times a day	7	
ieSexFr8	99 Don't know/unsure	99	
ieSexFr9	77 Refused	77	

Pulldown List 12:			
RefName	Display Text	Value	Design Note
ieSexCo1	0 Never	0	
ieSexCo2	1 Less than half the time	1	
ieSexCo3	2 About half the time	2	
ieSexCo4	3 More than half the time	3	
ieSexCo5	4 Always	4	
ieSexCo6	99 Don't know/unsure	99	
ieSexCo7	77 Refused	77	

CDD: ctn0030cdd Table: t_frRBSF Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
RBS0D1a	NUMERIC - N3	
RBS0D1b	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 99, 77	
RBS0D1c	STRING(255) - 0, 1, 2, 3, 4, 99, 77	
RBS0D2a	NUMERIC - N3	
RBS0D2b	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 99, 77	
RBS0D2c	STRING(255) - 0, 1, 2, 3, 4, 99, 77	
RBS0G1a	NUMERIC - N3	
RBS0G1b	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 99, 77	
RBS0G1c	STRING(255) - 0, 1, 2, 3, 4, 99, 77	
RBS0G2a	NUMERIC - N3	
RBS0G2b	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 99, 77	

RBS0G2c	STRING(255) - 0, 1, 2, 3, 4, 99, 77	
RBS0H1a	NUMERIC - N3	
RBS0H1b	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 99, 77	
RBS0H1c	STRING(255) - 0, 1, 2, 3, 4, 99, 77	
RBS0I1a	NUMERIC - N3	
RBS0I1b	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 99, 77	
RBS0I1c	STRING(255) - 0, 1, 2, 3, 4, 99, 77	

ctn0030 : Risk Behaviors Survey - Male (2 of 2) (RBSMale)	
D. Ask Male/Female Clients who had Female Partners	
1.* D 1a. How many women performed oral sex ("went down") on you? (If 0, then skip to question 2a. Number cannot exceed total number of female partners [question C2])	xxx (0 =< n <= 999) (ctn0030cdd:t_frRBSM.RBS0D1a) b. How often did your partner(s) perform oral sex ('go down') on you? Pulldown List 1 (ctn0030cdd:t_frRBSM.RBS0D1b) c. How often did you use condoms/dental dams when your partner(s) perform oral sex ('went down') on you? Pulldown List 2 (ctn0030cdd:t_frRBSM.RBS0D1c)
2.* D 2a. How many women did you perform oral sex ("go down") on? (If 0, then skip to next section appropriate for the sex of this client. Number cannot exceed total number of female partners [question C2])	xxx (0 =< n <= 999) (ctn0030cdd:t_frRBSM.RBS0D2a) b. How often did you perform oral sex ('go down') on your partner(s)? Pulldown List 3 (ctn0030cdd:t_frRBSM.RBS0D2b) c. How often did you use condoms/dental dams when you performed oral sex ('went down') on your partner(s)? Pulldown List 4 (ctn0030cdd:t_frRBSM.RBS0D2c)
E. Ask Male Clients who had Female Partners	
3.* E 1a. How many women did you have vaginal sex with? (If 0, then skip to question 2a. Number cannot exceed total number of female partners [question C2])	xxx (0 =< n <= 999) (ctn0030cdd:t_frRBSM.RBS0E1a) b. How often did you have vaginal sex? Pulldown List 5 (ctn0030cdd:t_frRBSM.RBS0E1b) c. How often did you use a condom? Pulldown List 6 (ctn0030cdd:t_frRBSM.RBS0E1c)
4.* E 2a. How many women did you have (insertive) anal with? (If 0, then skip to next section appropriate for the sex of this client. Number cannot exceed total number of female partners [question C2])	xxx (0 =< n <= 999) (ctn0030cdd:t_frRBSM.RBS0E2a) b. How often did you have (insertive) anal sex? Pulldown List 7 (ctn0030cdd:t_frRBSM.RBS0E2b) c. How often did you use a condom? Pulldown List 8 (ctn0030cdd:t_frRBSM.RBS0E2c)
F. Ask Male Clients who had Male Partners	
5.* F 1a. How many men did you have (insertive) anal sex with? (If 0, then skip to next section appropriate for the sex of this client. Number cannot exceed total number of male partners [question C3])	xxx (0 =< n <= 999) (ctn0030cdd:t_frRBSM.RBS0F1a) b. How often did you have (insertive) anal sex? Pulldown List 9 (ctn0030cdd:t_frRBSM.RBS0F1b) c. How often did you use condom? Pulldown List 10 (ctn0030cdd:t_frRBSM.RBS0F1c)
G. Ask Male/Female Clients who had Male Partners	
6.* G 1a. How many men performed oral sex ("went down") on you? (If 0, then skip to question 2a. Number cannot exceed total number of male partners [question C3])	xxx (0 =< n <= 999) (ctn0030cdd:t_frRBSM.RBS0G1a) b. How often did your partner(s) perform oral sex ('go down') on you? Pulldown List 11 (ctn0030cdd:t_frRBSM.RBS0G1b) c. How often did you use condoms/dental dams when your partner(s) performed oral sex ('went down') on you? Pulldown List 12 (ctn0030cdd:t_frRBSM.RBS0G1c)
7.* G 2a. How many men did you perform oral sex ("go down") on? (If 0, then skip to next section appropriate for the sex of this client. Number cannot exceed total number of male partners [question C3])	xxx (0 =< n <= 999) (ctn0030cdd:t_frRBSM.RBS0G2a) b. How often did you perform oral sex ('go down') on your partner(s)? Pulldown List 13 (ctn0030cdd:t_frRBSM.RBS0G2b) c. How often did you use condoms/dental dams when you performed oral sex ('went down') on your partner(s)?

		Pulldown List 14 	(ctn0030cdd:t_frRBSM.RBSOG2c)
I. Ask Male/Female Clients who had Male Partners			
8.*	I 1a. How many men did you have (receptive) anal sex with? (If 0, then enter NA for 1b and 1c. Number cannot exceed total number of male partners [question C3])	xxx (0 =< n <= 999) (ctn0030cdd:t_frRBSM.RBSO11a)	
		b. How often did you have (receptive) anal sex? Pulldown List 15  (ctn0030cdd:t_frRBSM.RBSO11b)	
		c. How often did you use a condom? Pulldown List 16  (ctn0030cdd:t_frRBSM.RBSO11c)	
* Item is not required			

Form Design Note:

created by 'Male' on RBS1

Pulldown List 1:			
RefName	Display Text	Value	Design Note
ieSexFr1	1 Once or irregularly	1	
ieSexFr2	2 Less than once a week	2	
ieSexFr3	3 About once a week	3	
ieSexFr4	4 2-6 times a week	4	
ieSexFr5	5 About once a day	5	
ieSexFr6	6 2-3 times a day	6	
ieSexFr7	7 4 or more times a day	7	
ieSexFr8	99 Don't know/unsure	99	
ieSexFr9	77 Refused	77	

Pulldown List 2:			
RefName	Display Text	Value	Design Note
ieSexCo1	0 Never	0	
ieSexCo2	1 Less than half the time	1	
ieSexCo3	2 About half the time	2	
ieSexCo4	3 More than half the time	3	
ieSexCo5	4 Always	4	
ieSexCo6	99 Don't know/unsure	99	
ieSexCo7	77 Refused	77	

Pulldown List 3:			
RefName	Display Text	Value	Design Note

ieSexFr1	1 Once or irregularly	1	
ieSexFr2	2 Less than once a week	2	
ieSexFr3	3 About once a week	3	
ieSexFr4	4 2-6 times a week	4	
ieSexFr5	5 About once a day	5	
ieSexFr6	6 2-3 times a day	6	
ieSexFr7	7 4 or more times a day	7	
ieSexFr8	99 Don't know/unsure	99	
ieSexFr9	77 Refused	77	

Pulldown List 4:			
RefName	Display Text	Value	Design Note
ieSexCo1	0 Never	0	
ieSexCo2	1 Less than half the time	1	
ieSexCo3	2 About half the time	2	
ieSexCo4	3 More than half the time	3	
ieSexCo5	4 Always	4	
ieSexCo6	99 Don't know/unsure	99	
ieSexCo7	77 Refused	77	

Pulldown List 5:			
RefName	Display Text	Value	Design Note
ieSexFr1	1 Once or irregularly	1	
ieSexFr2	2 Less than once a week	2	
ieSexFr3	3 About once a week	3	
ieSexFr4	4 2-6 times a week	4	
ieSexFr5	5 About once a day	5	
ieSexFr6	6 2-3 times a day	6	
ieSexFr7	7 4 or more times a day	7	
ieSexFr8	99 Don't know/unsure	99	
ieSexFr9	77 Refused	77	

Pulldown List 6:			
RefName	Display Text	Value	Design Note
ieSexCo1	0 Never	0	
ieSexCo2	1 Less than half the time	1	
ieSexCo3	2 About half the time	2	

ieSexCo4	3 More than half the time	3	
ieSexCo5	4 Always	4	
ieSexCo6	99 Don't know/unsure	99	
ieSexCo7	77 Refused	77	

Pulldown List 7:			
RefName	Display Text	Value	Design Note
ieSexFr1	1 Once or irregularly	1	
ieSexFr2	2 Less than once a week	2	
ieSexFr3	3 About once a week	3	
ieSexFr4	4 2-6 times a week	4	
ieSexFr5	5 About once a day	5	
ieSexFr6	6 2-3 times a day	6	
ieSexFr7	7 4 or more times a day	7	
ieSexFr8	99 Don't know/unsure	99	
ieSexFr9	77 Refused	77	

Pulldown List 8:			
RefName	Display Text	Value	Design Note
ieSexCo1	0 Never	0	
ieSexCo2	1 Less than half the time	1	
ieSexCo3	2 About half the time	2	
ieSexCo4	3 More than half the time	3	
ieSexCo5	4 Always	4	
ieSexCo6	99 Don't know/unsure	99	
ieSexCo7	77 Refused	77	

Pulldown List 9:			
RefName	Display Text	Value	Design Note
ieSexFr1	1 Once or irregularly	1	
ieSexFr2	2 Less than once a week	2	
ieSexFr3	3 About once a week	3	
ieSexFr4	4 2-6 times a week	4	
ieSexFr5	5 About once a day	5	
ieSexFr6	6 2-3 times a day	6	
ieSexFr7	7 4 or more times a day	7	
ieSexFr8	99 Don't know/unsure	99	

ieSexFr9	77 Refused	77	
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Pulldown List 10:			
RefName	Display Text	Value	Design Note
ieSexCo1	0 Never	0	
ieSexCo2	1 Less than half the time	1	
ieSexCo3	2 About half the time	2	
ieSexCo4	3 More than half the time	3	
ieSexCo5	4 Always	4	
ieSexCo6	99 Don't know/unsure	99	
ieSexCo7	77 Refused	77	

Pulldown List 11:			
RefName	Display Text	Value	Design Note
ieSexFr1	1 Once or irregularly	1	
ieSexFr2	2 Less than once a week	2	
ieSexFr3	3 About once a week	3	
ieSexFr4	4 2-6 times a week	4	
ieSexFr5	5 About once a day	5	
ieSexFr6	6 2-3 times a day	6	
ieSexFr7	7 4 or more times a day	7	
ieSexFr8	99 Don't know/unsure	99	
ieSexFr9	77 Refused	77	

Pulldown List 12:			
RefName	Display Text	Value	Design Note
ieSexCo1	0 Never	0	
ieSexCo2	1 Less than half the time	1	
ieSexCo3	2 About half the time	2	
ieSexCo4	3 More than half the time	3	
ieSexCo5	4 Always	4	
ieSexCo6	99 Don't know/unsure	99	
ieSexCo7	77 Refused	77	

Pulldown List 13:			
RefName	Display Text	Value	Design Note
ieSexFr1	1 Once or irregularly	1	

ieSexFr2	2 Less than once a week	2	
ieSexFr3	3 About once a week	3	
ieSexFr4	4 2-6 times a week	4	
ieSexFr5	5 About once a day	5	
ieSexFr6	6 2-3 times a day	6	
ieSexFr7	7 4 or more times a day	7	
ieSexFr8	99 Don't know/unsure	99	
ieSexFr9	77 Refused	77	

Pulldown List 14:			
RefName	Display Text	Value	Design Note
ieSexCo1	0 Never	0	
ieSexCo2	1 Less than half the time	1	
ieSexCo3	2 About half the time	2	
ieSexCo4	3 More than half the time	3	
ieSexCo5	4 Always	4	
ieSexCo6	99 Don't know/unsure	99	
ieSexCo7	77 Refused	77	






Pulldown List 15:			
RefName	Display Text	Value	Design Note
ieSexFr1	1 Once or irregularly	1	
ieSexFr2	2 Less than once a week	2	
ieSexFr3	3 About once a week	3	
ieSexFr4	4 2-6 times a week	4	
ieSexFr5	5 About once a day	5	
ieSexFr6	6 2-3 times a day	6	
ieSexFr7	7 4 or more times a day	7	
ieSexFr8	99 Don't know/unsure	99	
ieSexFr9	77 Refused	77	

Pulldown List 16:			
RefName	Display Text	Value	Design Note
ieSexCo1	0 Never	0	
ieSexCo2	1 Less than half the time	1	
ieSexCo3	2 About half the time	2	
ieSexCo4	3 More than half the time	3	

ieSexCo5	4 Always	4	
ieSexCo6	99 Don't know/unsure	99	
ieSexCo7	77 Refused	77	

CDD: ctn0030cdd Table: t_frRBSM Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
RBS0D1a	NUMERIC - N3	
RBS0D1b	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 99, 77	
RBS0D1c	STRING(255) - 0, 1, 2, 3, 4, 99, 77	
RBS0D2a	NUMERIC - N3	
RBS0D2b	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 99, 77	
RBS0D2c	STRING(255) - 0, 1, 2, 3, 4, 99, 77	
RBS0E1a	NUMERIC - N3	
RBS0E1b	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 99, 77	
RBS0E1c	STRING(255) - 0, 1, 2, 3, 4, 99, 77	
RBS0E2a	NUMERIC - N3	
RBS0E2b	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 99, 77	
RBS0E2c	STRING(255) - 0, 1, 2, 3, 4, 99, 77	
RBS0F1a	NUMERIC - N3	
RBS0F1b	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 99, 77	
RBS0F1c	STRING(255) - 0, 1, 2, 3, 4, 99, 77	
RBS0G1a	NUMERIC - N3	
RBS0G1b	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 99, 77	
RBS0G1c	STRING(255) - 0, 1, 2, 3, 4, 99, 77	
RBS0G2a	NUMERIC - N3	
RBS0G2b	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 99, 77	
RBS0G2c	STRING(255) - 0, 1, 2, 3, 4, 99, 77	
RBS0I1a	NUMERIC - N3	
RBS0I1b	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 99, 77	
RBS0I1c	STRING(255) - 0, 1, 2, 3, 4, 99, 77	

ctn0030 : Risk Behavior Survey - NonSp (2 of 2) (RBS2All)	
D. Ask Male/Female Clients who had Female Partners	
1.* D 1a. How many women performed oral sex ("went down") on you? (If 0, then skip to question 2a. Number cannot exceed total number of female partners [question C2])	xxx (0 =< n <= 999) (ctn0030cdd:t_frRBSN.RBS0D1a) b. How often did your partner(s) perform oral sex ('go down') on you? Pulldown List 1 <input type="button" value="v"/> (ctn0030cdd:t_frRBSN.RBS0D1b) c. How often did you use condoms/dental dams when your partner(s) perform oral sex ('went down') on you? Pulldown List 2 <input type="button" value="v"/> (ctn0030cdd:t_frRBSN.RBS0D1c)
2.* D 2a. How many women did you perform oral sex ("go down") on? (If 0, then skip to next section appropriate for the sex of this client. Number cannot exceed total number of female partners [question C2])	xxx (0 =< n <= 999) (ctn0030cdd:t_frRBSN.RBS0D2a) b. How often did you perform oral sex ('go down') on your partner(s)? Pulldown List 3 <input type="button" value="v"/> (ctn0030cdd:t_frRBSN.RBS0D2b) c. How often did you use condoms/dental dams when you performed oral sex ('went down') on your partner(s)? Pulldown List 4 <input type="button" value="v"/> (ctn0030cdd:t_frRBSN.RBS0D2c)
E. Ask Male Clients who had Female Partners	
3.* E 1a. How many women did you have vaginal sex with? (If 0, then skip to question 2a. Number cannot exceed total number of female partners [question C2])	xxx (0 =< n <= 999) (ctn0030cdd:t_frRBSN.RBS0E1a) b. How often did you have vaginal sex? Pulldown List 5 <input type="button" value="v"/> (ctn0030cdd:t_frRBSN.RBS0E1b) c. How often did you use a condom? Pulldown List 6 <input type="button" value="v"/> (ctn0030cdd:t_frRBSN.RBS0E1c)
4.* E 2a. How many women did you have (insertive) anal with? (If 0, then skip to next section appropriate for the sex of this client. Number cannot exceed total number of female partners [question C2])	xxx (0 =< n <= 999) (ctn0030cdd:t_frRBSN.RBS0E2a) b. How often did you have (insertive) anal sex? Pulldown List 7 <input type="button" value="v"/> (ctn0030cdd:t_frRBSN.RBS0E2b) c. How often did you use a condom? Pulldown List 8 <input type="button" value="v"/> (ctn0030cdd:t_frRBSN.RBS0E2c)
F. Ask Male Clients who had Male Partners	
5.* F 1a. How many men did you have (insertive) anal sex with? (If 0, then skip to next section appropriate for the sex of this client. Number cannot exceed total number of male partners [question C3])	xxx (0 =< n <= 999) (ctn0030cdd:t_frRBSN.RBS0F1a) b. How often did you have (insertive) anal sex? Pulldown List 9 <input type="button" value="v"/> (ctn0030cdd:t_frRBSN.RBS0F1b) c. How often did you use condom? Pulldown List 10 <input type="button" value="v"/> (ctn0030cdd:t_frRBSN.RBS0F1c)
G. Ask Male/Female Clients who had Male Partners	
6.* G 1a. How many men performed oral sex ("went down") on you? (If 0, then skip to question 2a. Number cannot exceed total number of male partners [question C3])	xxx (0 =< n <= 999) (ctn0030cdd:t_frRBSN.RBS0G1a) b. How often did your partner(s) perform oral sex ('go down') on you? Pulldown List 11 <input type="button" value="v"/> (ctn0030cdd:t_frRBSN.RBS0G1b) c. How often did you use condoms/dental dams when your partner(s) performed oral sex ('went down') on you? Pulldown List 12 <input type="button" value="v"/> (ctn0030cdd:t_frRBSN.RBS0G1c)
7.* G 2a. How many men did you perform oral sex ("go down") on? (If 0, then skip to next section appropriate for the sex of this client. Number cannot exceed total number of male partners [question C3])	xxx (0 =< n <= 999) (ctn0030cdd:t_frRBSN.RBS0G2a) b. How often did you perform oral sex ('go down') on your partner(s)? Pulldown List 13 <input type="button" value="v"/> (ctn0030cdd:t_frRBSN.RBS0G2b) c. How often did you use condoms/dental dams when you performed oral sex ('went down') on your partner(s)?

	Pull down List 14 	(ctn0030cdd:t_frRBSN.RBSOG2c)
H. Ask Female Clients who had Male Partners		
8.*	H 1a. How many men did you have vaginal sex with? (If 0, then skip to next question appropriate for the sex of this client. Number cannot exceed total number of male partners [question C3])	xxx (0 =< n <= 999) (ctn0030cdd:t_frRBSN.RBSOH1a) b. How often did you have vaginal sex? Pull down List 15  (ctn0030cdd:t_frRBSN.RBSOH1b) c. How often did you use a condom? Pull down List 16  (ctn0030cdd:t_frRBSN.RBSOH1c)
I. Ask Male/Female Clients who had Male Partners		
9.*	I 1a. How many men did you have (receptive) anal sex with? (If 0, then enter NA for 1b and 1c. Number cannot exceed total number of male partners [question C3])	xxx (0 =< n <= 999) (ctn0030cdd:t_frRBSN.RBSO11a) b. How often did you have (receptive) anal sex? Pull down List 17  (ctn0030cdd:t_frRBSN.RBSO11b) c. How often did you use a condom? Pull down List 18  (ctn0030cdd:t_frRBSN.RBSO11c)
* Item is not required		

Pull down List 1:			
RefName	Display Text	Value	Design Note
ieSexFr1	1 Once or irregularly	1	
ieSexFr2	2 Less than once a week	2	
ieSexFr3	3 About once a week	3	
ieSexFr4	4 2-6 times a week	4	
ieSexFr5	5 About once a day	5	
ieSexFr6	6 2-3 times a day	6	
ieSexFr7	7 4 or more times a day	7	
ieSexFr8	99 Don't know/unsure	99	
ieSexFr9	77 Refused	77	

Pull down List 2:			
RefName	Display Text	Value	Design Note
ieSexCo1	0 Never	0	
ieSexCo2	1 Less than half the time	1	
ieSexCo3	2 About half the time	2	
ieSexCo4	3 More than half the time	3	
ieSexCo5	4 Always	4	
ieSexCo6	99 Don't know/unsure	99	
ieSexCo7	77 Refused	77	

Pull down List 3:			

RefName	Display Text	Value	Design Note
ieSexFr1	1 Once or irregularly	1	
ieSexFr2	2 Less than once a week	2	
ieSexFr3	3 About once a week	3	
ieSexFr4	4 2-6 times a week	4	
ieSexFr5	5 About once a day	5	
ieSexFr6	6 2-3 times a day	6	
ieSexFr7	7 4 or more times a day	7	
ieSexFr8	99 Don't know/unsure	99	
ieSexFr9	77 Refused	77	

Pulldown List 4:			
RefName	Display Text	Value	Design Note
ieSexCo1	0 Never	0	
ieSexCo2	1 Less than half the time	1	
ieSexCo3	2 About half the time	2	
ieSexCo4	3 More than half the time	3	
ieSexCo5	4 Always	4	
ieSexCo6	99 Don't know/unsure	99	
ieSexCo7	77 Refused	77	

Pulldown List 5:			
RefName	Display Text	Value	Design Note
ieSexFr1	1 Once or irregularly	1	
ieSexFr2	2 Less than once a week	2	
ieSexFr3	3 About once a week	3	
ieSexFr4	4 2-6 times a week	4	
ieSexFr5	5 About once a day	5	
ieSexFr6	6 2-3 times a day	6	
ieSexFr7	7 4 or more times a day	7	
ieSexFr8	99 Don't know/unsure	99	
ieSexFr9	77 Refused	77	

Pulldown List 6:			
RefName	Display Text	Value	Design Note
ieSexCo1	0 Never	0	
ieSexCo2	1 Less than half the time	1	

ieSexCo3	2 About half the time	2	
ieSexCo4	3 More than half the time	3	
ieSexCo5	4 Always	4	
ieSexCo6	99 Don't know/unsure	99	
ieSexCo7	77 Refused	77	

Pulldown List 7:			
RefName	Display Text	Value	Design Note
ieSexFr1	1 Once or irregularly	1	
ieSexFr2	2 Less than once a week	2	
ieSexFr3	3 About once a week	3	
ieSexFr4	4 2-6 times a week	4	
ieSexFr5	5 About once a day	5	
ieSexFr6	6 2-3 times a day	6	
ieSexFr7	7 4 or more times a day	7	
ieSexFr8	99 Don't know/unsure	99	
ieSexFr9	77 Refused	77	

Pulldown List 8:			
RefName	Display Text	Value	Design Note
ieSexCo1	0 Never	0	
ieSexCo2	1 Less than half the time	1	
ieSexCo3	2 About half the time	2	
ieSexCo4	3 More than half the time	3	
ieSexCo5	4 Always	4	
ieSexCo6	99 Don't know/unsure	99	
ieSexCo7	77 Refused	77	

Pulldown List 9:			
RefName	Display Text	Value	Design Note
ieSexFr1	1 Once or irregularly	1	
ieSexFr2	2 Less than once a week	2	
ieSexFr3	3 About once a week	3	
ieSexFr4	4 2-6 times a week	4	
ieSexFr5	5 About once a day	5	
ieSexFr6	6 2-3 times a day	6	
ieSexFr7	7 4 or more times a day	7	

ieSexFr8	99 Don't know/unsure	99	
ieSexFr9	77 Refused	77	

Pulldown List 10:			
RefName	Display Text	Value	Design Note
ieSexCo1	0 Never	0	
ieSexCo2	1 Less than half the time	1	
ieSexCo3	2 About half the time	2	
ieSexCo4	3 More than half the time	3	
ieSexCo5	4 Always	4	
ieSexCo6	99 Don't know/unsure	99	
ieSexCo7	77 Refused	77	

Pulldown List 11:			
RefName	Display Text	Value	Design Note
ieSexFr1	1 Once or irregularly	1	
ieSexFr2	2 Less than once a week	2	
ieSexFr3	3 About once a week	3	
ieSexFr4	4 2-6 times a week	4	
ieSexFr5	5 About once a day	5	
ieSexFr6	6 2-3 times a day	6	
ieSexFr7	7 4 or more times a day	7	
ieSexFr8	99 Don't know/unsure	99	
ieSexFr9	77 Refused	77	

Pulldown List 12:			
RefName	Display Text	Value	Design Note
ieSexCo1	0 Never	0	
ieSexCo2	1 Less than half the time	1	
ieSexCo3	2 About half the time	2	
ieSexCo4	3 More than half the time	3	
ieSexCo5	4 Always	4	
ieSexCo6	99 Don't know/unsure	99	
ieSexCo7	77 Refused	77	

Pulldown List 13:			
RefName	Display Text	Value	Design Note

ieSexFr1	1 Once or irregularly	1	
ieSexFr2	2 Less than once a week	2	
ieSexFr3	3 About once a week	3	
ieSexFr4	4 2-6 times a week	4	
ieSexFr5	5 About once a day	5	
ieSexFr6	6 2-3 times a day	6	
ieSexFr7	7 4 or more times a day	7	
ieSexFr8	99 Don't know/unsure	99	
ieSexFr9	77 Refused	77	

Pulldown List 14:			
RefName	Display Text	Value	Design Note
ieSexCo1	0 Never	0	
ieSexCo2	1 Less than half the time	1	
ieSexCo3	2 About half the time	2	
ieSexCo4	3 More than half the time	3	
ieSexCo5	4 Always	4	
ieSexCo6	99 Don't know/unsure	99	
ieSexCo7	77 Refused	77	

Pulldown List 15:			
RefName	Display Text	Value	Design Note
ieSexFr1	1 Once or irregularly	1	
ieSexFr2	2 Less than once a week	2	
ieSexFr3	3 About once a week	3	
ieSexFr4	4 2-6 times a week	4	
ieSexFr5	5 About once a day	5	
ieSexFr6	6 2-3 times a day	6	
ieSexFr7	7 4 or more times a day	7	
ieSexFr8	99 Don't know/unsure	99	
ieSexFr9	77 Refused	77	

Pulldown List 16:			
RefName	Display Text	Value	Design Note
ieSexCo1	0 Never	0	
ieSexCo2	1 Less than half the time	1	
ieSexCo3	2 About half the time	2	

ieSexCo4	3 More than half the time	3	
ieSexCo5	4 Always	4	
ieSexCo6	99 Don't know/unsure	99	
ieSexCo7	77 Refused	77	

Pull-down List 17:			
RefName	Display Text	Value	Design Note
ieSexFr1	1 Once or irregularly	1	
ieSexFr2	2 Less than once a week	2	
ieSexFr3	3 About once a week	3	
ieSexFr4	4 2-6 times a week	4	
ieSexFr5	5 About once a day	5	
ieSexFr6	6 2-3 times a day	6	
ieSexFr7	7 4 or more times a day	7	
ieSexFr8	99 Don't know/unsure	99	
ieSexFr9	77 Refused	77	

Pull-down List 18:			
RefName	Display Text	Value	Design Note
ieSexCo1	0 Never	0	
ieSexCo2	1 Less than half the time	1	
ieSexCo3	2 About half the time	2	
ieSexCo4	3 More than half the time	3	
ieSexCo5	4 Always	4	
ieSexCo6	99 Don't know/unsure	99	
ieSexCo7	77 Refused	77	

CDD: ctn0030cdd Table: t_frRBSN Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
RBS0D1a	NUMERIC - N3	
RBS0D1b	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 99, 77	
RBS0D1c	STRING(255) - 0, 1, 2, 3, 4, 99, 77	
RBS0D2a	NUMERIC - N3	
RBS0D2b	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 99, 77	
RBS0D2c	STRING(255) - 0, 1, 2, 3, 4, 99, 77	
RBS0E1a	NUMERIC - N3	
RBS0E1b	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 99, 77	

RBS0E1c	STRING(255) - 0, 1, 2, 3, 4, 99, 77	
RBS0E2a	NUMERIC - N3	
RBS0E2b	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 99, 77	
RBS0E2c	STRING(255) - 0, 1, 2, 3, 4, 99, 77	
RBS0F1a	NUMERIC - N3	
RBS0F1b	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 99, 77	
RBS0F1c	STRING(255) - 0, 1, 2, 3, 4, 99, 77	
RBS0G1a	NUMERIC - N3	
RBS0G1b	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 99, 77	
RBS0G1c	STRING(255) - 0, 1, 2, 3, 4, 99, 77	
RBS0G2a	NUMERIC - N3	
RBS0G2b	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 99, 77	
RBS0G2c	STRING(255) - 0, 1, 2, 3, 4, 99, 77	
RBS0H1a	NUMERIC - N3	
RBS0H1b	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 99, 77	
RBS0H1c	STRING(255) - 0, 1, 2, 3, 4, 99, 77	
RBS0I1a	NUMERIC - N3	
RBS0I1b	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 99, 77	
RBS0I1c	STRING(255) - 0, 1, 2, 3, 4, 99, 77	

ctn0030 : Research Session Attendance (RSA)			
1.	Phase 1 Week 1 Day 1	Pull-down List 1 <input type="button" value="v"/> (ctn0030cdd:t_frRSA.VisP1Wk1A)	Comment: <input type="text" value="A200"/> (ctn0030cdd:t_frRSA.VisP1Wk1ACOM)
2.	Phase 1 Week 1 Day 7	Pull-down List 2 <input type="button" value="v"/> (ctn0030cdd:t_frRSA.VisP1Wk1B)	Comment: <input type="text" value="A200"/> (ctn0030cdd:t_frRSA.VisP1Wk1BCOM)
3.	Phase 1 Week 2	Pull-down List 3 <input type="button" value="v"/> (ctn0030cdd:t_frRSA.VisP1Wk2)	Comment: <input type="text" value="A200"/> (ctn0030cdd:t_frRSA.VisP1Wk2COM)
4.	Phase 1 Week 3	Pull-down List 4 <input type="button" value="v"/> (ctn0030cdd:t_frRSA.VisP1Wk3)	Comment: <input type="text" value="A200"/> (ctn0030cdd:t_frRSA.VisP1Wk3COM)
5.	Phase 1 Week 4	Pull-down List 5 <input type="button" value="v"/> (ctn0030cdd:t_frRSA.VisP1Wk4)	Comment: <input type="text" value="A200"/> (ctn0030cdd:t_frRSA.VisP1Wk4COM)
6.	Phase 1 Week 6	Pull-down List 6 <input type="button" value="v"/> (ctn0030cdd:t_frRSA.VisP1Wk6)	Comment: <input type="text" value="A200"/> (ctn0030cdd:t_frRSA.VisP1Wk6COM)
7.	Phase 1 Week 8	Pull-down List 7 <input type="button" value="v"/> (ctn0030cdd:t_frRSA.VisP1Wk8)	Comment: <input type="text" value="A200"/> (ctn0030cdd:t_frRSA.VisP1Wk8COM)
8.	Phase 1 Week 10	Pull-down List 8 <input type="button" value="v"/> (ctn0030cdd:t_frRSA.VisP1Wk10)	Comment: <input type="text" value="A200"/> (ctn0030cdd:t_frRSA.VisP1Wk10COM)
9.	Phase 1 Week 12	Pull-down List 9 <input type="button" value="v"/> (ctn0030cdd:t_frRSA.VisP1Wk12)	Comment: <input type="text" value="A200"/> (ctn0030cdd:t_frRSA.VisP1Wk12COM)
10.	Phase 1 Unscheduled (include reason for session in comments)	Pull-down List 10 <input type="button" value="v"/> (ctn0030cdd:t_frRSA.VisP1Unsc)	Comment: <input type="text" value="A200"/> (ctn0030cdd:t_frRSA.VisP1UnscCOM)
11.	Phase 1 Final	Pull-down List 11 <input type="button" value="v"/> (ctn0030cdd:t_frRSA.VisP1Finl)	Comment: <input type="text" value="A200"/> (ctn0030cdd:t_frRSA.VisP1FinlCOM)
12.*	Phase 2 Week 1 Day 1 (set by IVRS) [<i>read-only</i>]	Pull-down List 12 <input type="button" value="v"/> (ctn0030cdd:t_frRSA.VisP2Wk1A) (ctn30ivrscdd:t_frRSA.VisP2Wk1A)	Comment: <input type="text" value="A200"/> (ctn0030cdd:t_frRSA.VisP2Wk1ACOM)
13.	Phase 2 Week 1 Day 7	Pull-down List 13 <input type="button" value="v"/> (ctn0030cdd:t_frRSA.VisP2Wk1B)	Comment: <input type="text" value="A200"/> (ctn0030cdd:t_frRSA.VisP2Wk1BCOM)
14.	Phase 2 Week 2	Pull-down List 14 <input type="button" value="v"/> (ctn0030cdd:t_frRSA.VisP2Wk2)	Comment: <input type="text" value="A200"/> (ctn0030cdd:t_frRSA.VisP2Wk2COM)
15.	Phase 2 Week 3	Pull-down List 15 <input type="button" value="v"/> (ctn0030cdd:t_frRSA.VisP2Wk3)	Comment: <input type="text" value="A200"/> (ctn0030cdd:t_frRSA.VisP2Wk3COM)
16.	Phase 2 Week 4	Pull-down List 16 <input type="button" value="v"/> (ctn0030cdd:t_frRSA.VisP2Wk4)	Comment: <input type="text" value="A200"/> (ctn0030cdd:t_frRSA.VisP2Wk4COM)
17.	Phase 2 Week 5	Pull-down List 17 <input type="button" value="v"/> (ctn0030cdd:t_frRSA.VisP2Wk5)	Comment: <input type="text" value="A200"/> (ctn0030cdd:t_frRSA.VisP2Wk5COM)
18.	Phase 2 Week 6	Pull-down List 18 <input type="button" value="v"/> (ctn0030cdd:t_frRSA.VisP2Wk6)	Comment: <input type="text" value="A200"/> (ctn0030cdd:t_frRSA.VisP2Wk6COM)
19.	Phase 2 Week 7	Pull-down List 19 <input type="button" value="v"/> (ctn0030cdd:t_frRSA.VisP2Wk7)	Comment: <input type="text"/> (ctn0030cdd:t_frRSA.VisP2Wk7COM)

			A200
20.	Phase 2 Week 8	Pull-down List 20 (ctn0030cdd: t_frRSA.VisP2Wk8)	Comment: A200 (ctn0030cdd: t_frRSA.VisP2Wk8COM)
21.	Phase 2 Week 9	Pull-down List 21 (ctn0030cdd: t_frRSA.VisP2Wk9)	Comment: A200 (ctn0030cdd: t_frRSA.VisP2Wk9COM)
22.	Phase 2 Week 10	Pull-down List 22 (ctn0030cdd: t_frRSA.VisP2Wk10)	Comment: A200 (ctn0030cdd: t_frRSA.VisP2Wk10COM)
23.	Phase 2 Week 11	Pull-down List 23 (ctn0030cdd: t_frRSA.VisP2Wk11)	Comment: A200 (ctn0030cdd: t_frRSA.VisP2Wk11COM)
24.	Phase 2 Week 12	Pull-down List 24 (ctn0030cdd: t_frRSA.VisP2Wk12)	Comment: A200 (ctn0030cdd: t_frRSA.VisP2Wk12COM)
25.	Phase 2 Week 13	Pull-down List 25 (ctn0030cdd: t_frRSA.VisP2Wk13)	Comment: A200 (ctn0030cdd: t_frRSA.VisP2Wk13COM)
26.	Phase 2 Week 14	Pull-down List 26 (ctn0030cdd: t_frRSA.VisP2Wk14)	Comment: A200 (ctn0030cdd: t_frRSA.VisP2Wk14COM)
27.	Phase 2 Week 15	Pull-down List 27 (ctn0030cdd: t_frRSA.VisP2Wk15)	Comment: A200 (ctn0030cdd: t_frRSA.VisP2Wk15COM)
28.	Phase 2 Week 16	Pull-down List 28 (ctn0030cdd: t_frRSA.VisP2Wk16)	Comment: A200 (ctn0030cdd: t_frRSA.VisP2Wk16COM)
29.	Phase 2 Week 18	Pull-down List 29 (ctn0030cdd: t_frRSA.VisP2Wk18)	Comment: A200 (ctn0030cdd: t_frRSA.VisP2Wk18COM)
30.	Phase 2 Week 20	Pull-down List 30 (ctn0030cdd: t_frRSA.VisP2Wk20)	Comment: A200 (ctn0030cdd: t_frRSA.VisP2Wk20COM)
31.	Phase 2 Week 22	Pull-down List 31 (ctn0030cdd: t_frRSA.VisP2Wk22)	Comment: A200 (ctn0030cdd: t_frRSA.VisP2Wk22COM)
32.	Phase 2 Week 24	Pull-down List 32 (ctn0030cdd: t_frRSA.VisP2Wk24)	Comment: A200 (ctn0030cdd: t_frRSA.VisP2Wk24COM)
33.	Phase 2 Unscheduled (include reason for session in comments)	Pull-down List 33 (ctn0030cdd: t_frRSA.VisP2Unsc)	Comment: A200 (ctn0030cdd: t_frRSA.VisP2UnscCOM)
34.	Phase 2 Final	Pull-down List 34 (ctn0030cdd: t_frRSA.VisP2Finl)	Comment: A200 (ctn0030cdd: t_frRSA.VisP2FinlCOM)

* Item is not required

Pull-down List 1:			
RefName	Display Text	Value	Design Note
ieVISATT	1 Visit Attended	1	
ieVISNOT	0 Visit Not Attended	0	

ieVISFINDAT	2 Use Data for final visit	2	
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Pulldown List 2:			
RefName	Display Text	Value	Design Note
ieVISATT	1 Visit Attended	1	
ieVISNOT	0 Visit Not Attended	0	
ieVISFINDAT	2 Use Data for final visit	2	

Pulldown List 3:			
RefName	Display Text	Value	Design Note
ieVISATT	1 Visit Attended	1	
ieVISNOT	0 Visit Not Attended	0	
ieVISFINDAT	2 Use Data for final visit	2	

Pulldown List 4:			
RefName	Display Text	Value	Design Note
ieVISATT	1 Visit Attended	1	
ieVISNOT	0 Visit Not Attended	0	
ieVISFINDAT	2 Use Data for final visit	2	

Pulldown List 5:			
RefName	Display Text	Value	Design Note
ieVISATT	1 Visit Attended	1	
ieVISNOT	0 Visit Not Attended	0	
ieVISFINDAT	2 Use Data for final visit	2	

Pulldown List 6:			
RefName	Display Text	Value	Design Note
ieVISATT	1 Visit Attended	1	
ieVISNOT	0 Visit Not Attended	0	
ieVISFINDAT	2 Use Data for final visit	2	

Pulldown List 7:			
RefName	Display Text	Value	Design Note
ieVISATT	1 Visit Attended	1	
ieVISNOT	0 Visit Not Attended	0	
ieVISFINDAT	2 Use Data for final visit	2	

Pulldown List 8:			
RefName	Display Text	Value	Design Note
ieVISATT	1 Visit Attended	1	
ieVISNOT	0 Visit Not Attended	0	
ieVISFINDAT	2 Use Data for final visit	2	

Pulldown List 9:			
RefName	Display Text	Value	Design Note
ieVISATT	1 Visit Attended	1	
ieVISNOT	0 Visit Not Attended	0	
ieVISFINDAT	2 Use Data for final visit	2	

Pulldown List 10:			
RefName	Display Text	Value	Design Note
ieVISATT	1 Visit Attended	1	
ieVISNOT	0 Visit Not Attended	0	
ieVISFINDAT	2 Use Data for final visit	2	

Pulldown List 11:			
RefName	Display Text	Value	Design Note
ieVISATT	1 Visit Attended	1	
ieVISNOT	0 Visit Not Attended	0	

Pulldown List 12:			
RefName	Display Text	Value	Design Note
ieVISATT	1 Visit Attended	1	
ieVISNOT	0 Visit Not Attended	0	
ieVISFINDAT	2 Use Data for final visit	2	

Pulldown List 13:			
RefName	Display Text	Value	Design Note
ieVISATT	1 Visit Attended	1	
ieVISNOT	0 Visit Not Attended	0	
ieVISFINDAT	2 Use Data for final visit	2	

Pulldown List 14:			
RefName	Display Text	Value	Design Note

ieVISATT	1 Visit Attended	1	
ieVISNOT	0 Visit Not Attended	0	
ieVISFINDAT	2 Use Data for final visit	2	

Pulldown List 15:			
RefName	Display Text	Value	Design Note
ieVISATT	1 Visit Attended	1	
ieVISNOT	0 Visit Not Attended	0	
ieVISFINDAT	2 Use Data for final visit	2	

Pulldown List 16:			
RefName	Display Text	Value	Design Note
ieVISATT	1 Visit Attended	1	
ieVISNOT	0 Visit Not Attended	0	
ieVISFINDAT	2 Use Data for final visit	2	

Pulldown List 17:			
RefName	Display Text	Value	Design Note
ieVISATT	1 Visit Attended	1	
ieVISNOT	0 Visit Not Attended	0	
ieVISFINDAT	2 Use Data for final visit	2	

Pulldown List 18:			
RefName	Display Text	Value	Design Note
ieVISATT	1 Visit Attended	1	
ieVISNOT	0 Visit Not Attended	0	
ieVISFINDAT	2 Use Data for final visit	2	

Pulldown List 19:			
RefName	Display Text	Value	Design Note
ieVISATT	1 Visit Attended	1	
ieVISNOT	0 Visit Not Attended	0	
ieVISFINDAT	2 Use Data for final visit	2	

Pulldown List 20:			
RefName	Display Text	Value	Design Note
ieVISATT	1 Visit Attended	1	

ieVISNOT	0 Visit Not Attended	0	
ieVISFINDAT	2 Use Data for final visit	2	

Pulldown List 21:			
RefName	Display Text	Value	Design Note
ieVISATT	1 Visit Attended	1	
ieVISNOT	0 Visit Not Attended	0	
ieVISFINDAT	2 Use Data for final visit	2	

Pulldown List 22:			
RefName	Display Text	Value	Design Note
ieVISATT	1 Visit Attended	1	
ieVISNOT	0 Visit Not Attended	0	
ieVISFINDAT	2 Use Data for final visit	2	

Pulldown List 23:			
RefName	Display Text	Value	Design Note
ieVISATT	1 Visit Attended	1	
ieVISNOT	0 Visit Not Attended	0	
ieVISFINDAT	2 Use Data for final visit	2	

Pulldown List 24:			
RefName	Display Text	Value	Design Note
ieVISATT	1 Visit Attended	1	
ieVISNOT	0 Visit Not Attended	0	
ieVISFINDAT	2 Use Data for final visit	2	

Pulldown List 25:			
RefName	Display Text	Value	Design Note
ieVISATT	1 Visit Attended	1	
ieVISNOT	0 Visit Not Attended	0	
ieVISFINDAT	2 Use Data for final visit	2	

Pulldown List 26:			
RefName	Display Text	Value	Design Note
ieVISATT	1 Visit Attended	1	
ieVISNOT	0 Visit Not Attended	0	

ieVISFINDAT	2 Use Data for final visit	2	
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Pulldown List 27:			
RefName	Display Text	Value	Design Note
ieVISATT	1 Visit Attended	1	
ieVISNOT	0 Visit Not Attended	0	
ieVISFINDAT	2 Use Data for final visit	2	

Pulldown List 28:			
RefName	Display Text	Value	Design Note
ieVISATT	1 Visit Attended	1	
ieVISNOT	0 Visit Not Attended	0	
ieVISFINDAT	2 Use Data for final visit	2	

Pulldown List 29:			
RefName	Display Text	Value	Design Note
ieVISATT	1 Visit Attended	1	
ieVISNOT	0 Visit Not Attended	0	
ieVISFINDAT	2 Use Data for final visit	2	

Pulldown List 30:			
RefName	Display Text	Value	Design Note
ieVISATT	1 Visit Attended	1	
ieVISNOT	0 Visit Not Attended	0	
ieVISFINDAT	2 Use Data for final visit	2	

Pulldown List 31:			
RefName	Display Text	Value	Design Note
ieVISATT	1 Visit Attended	1	
ieVISNOT	0 Visit Not Attended	0	
ieVISFINDAT	2 Use Data for final visit	2	

Pulldown List 32:			
RefName	Display Text	Value	Design Note
ieVISATT	1 Visit Attended	1	
ieVISNOT	0 Visit Not Attended	0	
ieVISFINDAT	2 Use Data for final visit	2	

Pulldown List 33:

RefName	Display Text	Value	Design Note
ieVISATT	1 Visit Attended	1	
ieVISNOT	0 Visit Not Attended	0	
ieVISFINDAT	2 Use Data for final visit	2	

Pulldown List 34:

RefName	Display Text	Value	Design Note
ieVISATT	1 Visit Attended	1	
ieVISNOT	0 Visit Not Attended	0	

Column Name	Column Data Type	Design Note
VisP1Wk1A	STRING(255) - 1, 0, 2	
VisP1Wk1ACOM	STRING(200) - A200	
VisP1Wk1B	STRING(255) - 1, 0, 2	
VisP1Wk1BCOM	STRING(200) - A200	
VisP1Wk2	STRING(255) - 1, 0, 2	
VisP1Wk2COM	STRING(200) - A200	
VisP1Wk3	STRING(255) - 1, 0, 2	
VisP1Wk3COM	STRING(200) - A200	
VisP1Wk4	STRING(255) - 1, 0, 2	
VisP1Wk4COM	STRING(200) - A200	
VisP1Wk6	STRING(255) - 1, 0, 2	
VisP1Wk6COM	STRING(200) - A200	
VisP1Wk8	STRING(255) - 1, 0, 2	
VisP1Wk8COM	STRING(200) - A200	
VisP1Wk10	STRING(255) - 1, 0, 2	
VisP1Wk10COM	STRING(200) - A200	
VisP1Wk12	STRING(255) - 1, 0, 2	
VisP1Wk12COM	STRING(200) - A200	
VisP1Unsc	STRING(255) - 1, 0, 2	
VisP1UnscCOM	STRING(200) - A200	
VisP1Finl	STRING(255) - 1, 0	
VisP1FinlCOM	STRING(200) - A200	
VisP2Wk1A	STRING(255) - 1, 0, 2	
VisP2Wk1ACOM	STRING(200) - A200	

VisP2Wk1B	STRING(255) - 1, 0, 2	
VisP2Wk1BCOM	STRING(200) - A200	
VisP2Wk2	STRING(255) - 1, 0, 2	
VisP2Wk2COM	STRING(200) - A200	
VisP2Wk3	STRING(255) - 1, 0, 2	
VisP2Wk3COM	STRING(200) - A200	
VisP2Wk4	STRING(255) - 1, 0, 2	
VisP2Wk4COM	STRING(200) - A200	
VisP2Wk5	STRING(255) - 1, 0, 2	
VisP2Wk5COM	STRING(200) - A200	
VisP2Wk6	STRING(255) - 1, 0, 2	
VisP2Wk6COM	STRING(200) - A200	
VisP2Wk7	STRING(255) - 1, 0, 2	
VisP2Wk7COM	STRING(200) - A200	
VisP2Wk8	STRING(255) - 1, 0, 2	
VisP2Wk8COM	STRING(200) - A200	
VisP2Wk9	STRING(255) - 1, 0, 2	
VisP2Wk9COM	STRING(200) - A200	
VisP2Wk10	STRING(255) - 1, 0, 2	
VisP2Wk10COM	STRING(200) - A200	
VisP2Wk11	STRING(255) - 1, 0, 2	
VisP2Wk11COM	STRING(200) - A200	
VisP2Wk12	STRING(255) - 1, 0, 2	
VisP2Wk12COM	STRING(200) - A200	
VisP2Wk13	STRING(255) - 1, 0, 2	
VisP2Wk13COM	STRING(200) - A200	
VisP2Wk14	STRING(255) - 1, 0, 2	
VisP2Wk14COM	STRING(200) - A200	
VisP2Wk15	STRING(255) - 1, 0, 2	
VisP2Wk15COM	STRING(200) - A200	
VisP2Wk16	STRING(255) - 1, 0, 2	
VisP2Wk16COM	STRING(200) - A200	
VisP2Wk18	STRING(255) - 1, 0, 2	
VisP2Wk18COM	STRING(200) - A200	
VisP2Wk20	STRING(255) - 1, 0, 2	
VisP2Wk20COM	STRING(200) - A200	
VisP2Wk22	STRING(255) - 1, 0, 2	

VisP2Wk22COM	STRING(200) - A200	
VisP2Wk24	STRING(255) - 1, 0, 2	
VisP2Wk24COM	STRING(200) - A200	
VisP2Unsc	STRING(255) - 1, 0, 2	
VisP2UnscCOM	STRING(200) - A200	
VisP2Finl	STRING(255) - 1, 0	
VisP2FinlCOM	STRING(200) - A200	

CDD: ctn30ivrscdd Table: t_frRSA Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
VisP2Wk1A	STRING(255) - 1, 0, 2	

ctn0030 : Forms Completion Status (FRM)		
Forms Completed		
1.	Has the participant received any <u>medications</u> during the study or the 4 weeks prior to screening?	Pulldown List 1 <input type="button" value="v"/> If yes, the PCM form must be completed. (ctn0030cdd:t_frFRMCAS.PCM001)
2.	Has the participant received any <u>treatment</u> during the study or the 4 weeks prior to screening?	Pulldown List 2 <input type="button" value="v"/> If yes, the CTR form must be completed. (ctn0030cdd:t_frFRMCAS.CTR001)
3.	Did any <u>adverse events</u> occur during the study?	Pulldown List 3 <input type="button" value="v"/> If yes, the AEF form must be completed. (ctn0030cdd:t_frFRMCAS.AEF001)
4.	Pregnancy and Outcome Form (POC)	Pulldown List 4 <input type="button" value="v"/> (ctn0030cdd:t_frFRMCAS.pcFCS)
5.	Severe Adverse Event Form (SAE1 - 4)	Pulldown List 4 <input type="button" value="v"/> (ctn0030cdd:t_frFRMCAS.pcFC1)
6.	Enhanced Medical Management Session Attendance Form (EMA)	Pulldown List 4 <input type="button" value="v"/> (ctn0030cdd:t_frFRMCAS.pcFC2)
7.	Treatment Discontinuation Form (DIS)	Pulldown List 4 <input type="button" value="v"/> (ctn0030cdd:t_frFRMCAS.pcFC3)
8.	Protocol Violation Log (PVL)	Pulldown List 4 <input type="button" value="v"/> (ctn0030cdd:t_frFRMCAS.pcFC4)

Pulldown List 1:			
RefName	Display Text	Value	Design Note
ie0No	0 No	0	
ie1Yes	1 Yes	1	

Pulldown List 2:			
RefName	Display Text	Value	Design Note
ie0No	0 No	0	
ie1Yes	1 Yes	1	

Pulldown List 3:			
RefName	Display Text	Value	Design Note
ie0No	0 No	0	
ie1Yes	1 Yes	1	

Pulldown List 4:			
RefName	Display Text	Value	Design Note
ieFRM0NOTC	0 Form Not Completed	0	
ieFRM1COMP	1 Form Completed	1	

CDD: ctn0030cdd Table: t_frFRMCAS Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
PCM001	STRING(255) - 0, 1	

CTR001	STRING(255) - 0, 1	
AEF001	STRING(255) - 0, 1	
pcFCS	STRING(255) - 0, 1	
pcFC1	STRING(255) - 0, 1	
pcFC2	STRING(255) - 0, 1	
pcFC3	STRING(255) - 0, 1	
pcFC4	STRING(255) - 0, 1	

ctn0030 : Adverse Events (AEF)	
1.*	Calculated AE Number (this should be hidden) [hidden] (ctn0030cdd:t_frAEF.AENUM)
2.*	AE Number: (automatic) [read-only] xxx (ctn0030cdd:t_frAEF.AEF002)
3.	Adverse Event: A200 (ctn0030cdd:t_frAEF.AEF003)
4.	Onset date: NReq/Unk ▾ / NReq/Unk ▾ / NReq/Unk ▾ (2006-2010) (ctn0030cdd:t_frAEF.AEF004)
5.	Severity (ctn0030cdd:t_frAEF.AEF005) [1] <input type="radio"/> 1 Mild [2] <input type="radio"/> 2 Moderate [3] <input type="radio"/> 3 Severe [4] <input type="radio"/> 4 Life-threatening [5] <input type="radio"/> 5 Death
6.	Action taken (ctn0030cdd:t_frAEF.AEF006a) [1] <input type="checkbox"/> 1 None (ctn0030cdd:t_frAEF.AEF006b) [2] <input type="checkbox"/> 2 Delayed study drug dose (<= 24 hour delay) (ctn0030cdd:t_frAEF.AEF006c) [3] <input type="checkbox"/> 3 Increased study drug dose (ctn0030cdd:t_frAEF.AEF006d) [4] <input type="checkbox"/> 4 Reduced study drug dose (ctn0030cdd:t_frAEF.AEF006e) [5] <input type="checkbox"/> 5 Discontinued study drug temporarily (> 24 hour delay) (ctn0030cdd:t_frAEF.AEF006f) [6] <input type="checkbox"/> 6 Discontinued study drug permanently (ctn0030cdd:t_frAEF.AEF006g) [7] <input type="checkbox"/> 7 Discontinued SMM (ctn0030cdd:t_frAEF.AEF006h) [8] <input type="checkbox"/> 8 Discontinued EMM
7.	Study Drug related? (ctn0030cdd:t_frAEF.AEF007) [1] <input type="radio"/> 1 Unrelated [2] <input type="radio"/> 2 Possibly [3] <input type="radio"/> 3 Probably [4] <input type="radio"/> 4 Definitely
8.	Study Intervention related? (ctn0030cdd:t_frAEF.AEF008) [1] <input type="radio"/> 1 Unrelated [2] <input type="radio"/> 2 Possibly [3] <input type="radio"/> 3 Probably [4] <input type="radio"/> 4 Definitely
9.	Concomitant medication provided? (ctn0030cdd:t_frAEF.AEF009) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes
	Conmed Number:
10.	
10.a	Conmed Number: xx (1 =< n <= 99) (ctn0030cdd:t_frAEF.AEF009a)
11.	Concomitant treatment provided? (ctn0030cdd:t_frAEF.AEF010) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes
	Contreatment Number:
12.	
12.a	Contreatment Number: xx (1 =< n <= 99) (ctn0030cdd:t_frAEF.AEF010a)
13.	Was event expected? (ctn0030cdd:t_frAEF.AEF011)

		[0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes
14.	Serious Adverse Event?	(ctn0030cdd:t_frAEF.AEF012) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes ----- If Yes: Complete Serious Adverse Event form
15.	Outcome	(ctn0030cdd:t_frAEF.AEF013) [1] <input type="radio"/> 1 Resolved [2] <input type="radio"/> 2 Resolved with sequelae [3] <input type="radio"/> 3 Not resolved [4] <input type="radio"/> 4 Death
16.	End date:	(ctn0030cdd:t_frAEF.AEF015) [99] <input type="radio"/> NReq <input type="button" value="v"/> / NReq <input type="button" value="v"/> / NReq <input type="button" value="v"/> (2006- (ctn0030cdd:t_frAEF.AEF014) [1] <input type="radio"/> or check if Ongoing 2010)
* Item is not required		

CDD: ctn0030cdd Table: t_frAEF Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
AENUM	STRING(255)	
AEF002	NUMERIC - N3	
AEF003	STRING(200) - A200	
AEF004	DATE - DDMONYYYY	
AEF005	NUMERIC	
AEF006a	NUMERIC	
AEF006b	NUMERIC	
AEF006c	NUMERIC	
AEF006d	NUMERIC	
AEF006e	NUMERIC	
AEF006f	NUMERIC	
AEF006g	NUMERIC	
AEF006h	NUMERIC	
AEF007	NUMERIC	
AEF008	NUMERIC	
AEF009	NUMERIC	
AEF009a	NUMERIC - N2	
AEF010	NUMERIC	
AEF010a	NUMERIC - N2	
AEF011	NUMERIC	
AEF012	NUMERIC	
AEF013	NUMERIC	

AEF015	NUMERIC	
AEF014	DATE - DDMONYYYY	

ctn0030 : Concomitant Treatments (CTR)		
1.*	Calculated Concomitant Treatment Number (this should be hidden) [hidden]	(ctn0030cdd:t_frCTR.CTRNUM)
2.	Contreatment Number: (automatic) [read-only]	xx (ctn0030cdd:t_frCTR.CTR002)
3.	Type of Treatment	A50 (ctn0030cdd:t_frCTR.CTR002a)
4.	Indication	A150 (ctn0030cdd:t_frCTR.CTR002b)
5.	Treatment in response to AE?	(ctn0030cdd:t_frCTR.CTR002c) [0] <input type="radio"/> 0 No <input checked="" type="radio"/> [1] <input type="radio"/> 1 Yes : Provide xxx (ctn0030cdd:t_frCTR.CTR02c1) , xxx (ctn0030cdd:t_frCTR.CTR02c2) , xxx (ctn0030cdd:t_frCTR.CTR02c3) AE numbers:
6.	Treatment in response to SAE?	(ctn0030cdd:t_frCTR.CTR002d) [0] <input type="radio"/> 0 No <input checked="" type="radio"/> [1] <input type="radio"/> 1 Yes : Provide SAE numbers: xxx (ctn0030cdd:t_frCTR.CTR02d1) , xxx (ctn0030cdd:t_frCTR.CTR02d2)
7.	Treatment Start Date	NReq/Unk / NReq/Unk / NReq (1950-2010) (ctn0030cdd:t_frCTR.CTR002e)
8.	End date:	(ctn0030cdd:t_frCTR.rgCTR002f) [96] <input type="radio"/> NReq/Unk / NReq/Unk / NReq (2006-2010) (ctn0030cdd:t_frCTR.CTR002f) [1] <input type="radio"/> 1 Continuing
9.	Was treatment formally reviewed and does it constitute formal substance abuse treatment?	(ctn0030cdd:t_frCTR.CTR003) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes
10.*	Comments	A200 (ctn0030cdd:t_frCTR.CTR004)

* Item is not required

Column Name	Column Data Type	Design Note
CTRNUM	STRING(255)	
CTR002	NUMERIC - N2	
CTR002a	STRING(50) - A50	
CTR002b	STRING(150) - A150	
CTR002c	NUMERIC	
CTR02c1	NUMERIC - N3	
CTR02c2	NUMERIC - N3	
CTR02c3	NUMERIC - N3	

CTR002d	NUMERIC	
CTR02d1	NUMERIC - N3	
CTR02d2	NUMERIC - N3	
CTR002e	DATE - DDMONYYYY	
rgCTR002f	NUMERIC	
CTR002f	DATE - DDMONYYYY	
CTR003	NUMERIC	
CTR004	STRING(200) - A200	

ctn0030 : Prior and Concomitant Medications (PCM)		
1.*	Calculated Con Med Number (this should be hidden) [<i>hidden</i>]	(ctn0030cdd:t_frPCM.PCMNUM)
2.*	Con Med Number: (<i>automatic</i>) [<i>read-only</i>]	xxx (ctn0030cdd:t_frPCM.PCM002)
Prior and Concomitant Medications		
3.	A Generic Name of Medication	A30 (ctn0030cdd:t_frPCM.PCM002a)
4.*	B Indication	A50 (ctn0030cdd:t_frPCM.PCM002b)
5.*	C Taken for AE/SAE	(ctn0030cdd:t_frPCM.PCM002c) [0] <input type="radio"/> No [1] <input type="radio"/> Yes If Yes: AE No. xxx (ctn0030cdd:t_frPCM.PCM02c1) If Yes: SAE No. xxxxx (ctn0030cdd:t_frPCM.PCM02c2)
6.*	D Amount	xxxxx.xx (ctn0030cdd:t_frPCM.PCM002d)
7.*	E Units	Pulldown List 1 <input type="button" value="v"/> (ctn0030cdd:t_frPCM.PCM002e)
8.*	Specify Other Units	<input type="text" value="A200"/> (ctn0030cdd:t_frPCM.PCM002eS)
9.*	F Freq	Pulldown List 2 <input type="button" value="v"/> (ctn0030cdd:t_frPCM.PCM002f)
10.*	Specify Other Freq	<input type="text" value="A200"/> (ctn0030cdd:t_frPCM.PCM002fS)
11.*	G Route	Pulldown List 3 <input type="button" value="v"/> (ctn0030cdd:t_frPCM.PCM002g)
12.*	Specify Other Route	<input type="text" value="A200"/> (ctn0030cdd:t_frPCM.PCM002gS)
13.*	H Medication Start Date	Req/Unk <input type="button" value="v"/> / Req/Unk <input type="button" value="v"/> / Req <input type="button" value="v"/> (1950-2010) (ctn0030cdd:t_frPCM.PCM002h)
14.*	I Medication End Date	(ctn0030cdd:t_frPCM.PCM002i1) [96] <input type="radio"/> Req/Unk <input type="button" value="v"/> / Req/Unk <input type="button" value="v"/> / Req <input type="button" value="v"/> (2006- (ctn0030cdd:t_frPCM.PCM002i) [1] <input type="radio"/> 1 Continuing 2010)
* Item is not required		

Pulldown List 1:			
RefName	Display Text	Value	Design Note
ie01Capsule	A=capsule	1	
ie02Drop	B=drop	2	
ie03Grain	C=grain	3	
ie04gram	D=gram	4	
ie05Microgram	E=microgram	5	
ie06Microliter	F=microliter	6	

ie07Milligram	G=milligram	7	
ie08Milliliter	H=milliliter	8	
ie09Ounce	I=ounce	9	
ie10Patch	J=patch	10	
ie11Puff	K=puff	11	
ie12Spray	L=spray/ squirt	12	
ie13Suppository	M=suppository	13	
ie14Tablespoon	N=tablespoon	14	
ieOther	98 Other	98	

Pulldown List 2:			
RefName	Display Text	Value	Design Note
ie01qd	01 qd	1	
ie02bid	02 bid	2	
ie03tid	03 tid	3	
ie04qid	04 qid	4	
ie05qod	05 qod	5	
ie06qhs	06 qhs	6	
ie07contIV	07 cont. IV	7	
ie08prn	08 prn	8	
ie09q4h	09 q4h	9	
ie10q6h	10 q6h	10	
ie11q8h	11 q8h	11	
ie12q12h	12 q12h	12	
ie13x1	13 x 1	13	
ieOther	98 Other	98	

Pulldown List 3:			
RefName	Display Text	Value	Design Note
ie1PO	1 PO	1	
ie2IV	2 IV	2	
ie3SC	3 SC	3	
ie4IM	4 IM	4	
ie5IVbolus	5 IV bolus	5	
ie6Sublingual	6 Sublingual	6	
ie7Inhaled	7 Inhaled	7	
ie8Topical	8 Topical	8	

ieOther	98 Other	98	
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CDD: ctn0030cdd Table: t_frPCM Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
PCMNUM	STRING(255)	
PCM002	NUMERIC - N3	
PCM002a	STRING(30) - A30	
PCM002b	STRING(50) - A50	
PCM002c	NUMERIC	
PCM02c1	NUMERIC - N3	
PCM02c2	NUMERIC - N5	
PCM002d	FLOAT - F8.2	
PCM002e	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 98	
PCM002eS	STRING(200) - A200	
PCM002f	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 98	
PCM002fS	STRING(200) - A200	
PCM002g	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 98	
PCM002gS	STRING(200) - A200	
PCM002h	DATE - DDMONYYYY	
PCM002i	DATE - DDMONYYYY	
PCM002i1	NUMERIC	

ctn0030 : Serious Adverse Event, 1-12 (SAE1)		
1.*	Calculated Sequence Number (this should be hidden) [hidden]	(ctn0030cdd:t_frSAE1.SEQNUMGEN)
2.*	SAE Num (automatic) [read-only]	xx (ctn0030cdd:t_frSAE1.SEQNUM)
Serious Adverse Event		
3.	Adverse Event Number	xxx (ctn0030cdd:t_frSAE1.SAE00A)
4.	1. SAE Report type:	(ctn0030cdd:t_frSAE1.SAE001) [1] <input type="radio"/> Initial [2] <input type="radio"/> Follow-Up Follow up number xxx (ctn0030cdd:t_frSAE1.SAE001a)
5.	2. SAE Name (name of event)	A200 (ctn0030cdd:t_frSAE1.SAE002)
6.	3. SAE Description	A500 (ctn0030cdd:t_frSAE1.SAE003)
7.	4. SAE Onset Date	Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2006-2008) (ctn0030cdd:t_frSAE1.SAE004)
8.*	5. SAE Resolution Date	(ctn0030cdd:t_frSAE1.rgSAE005) [1] <input type="radio"/> Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2006-2008) (ctn0030cdd:t_frSAE1.SAE005) [2] <input type="radio"/> Ongoing
9.	6. SAE Categorization (Respond No or Yes to questions a-f)	(ctn0030cdd:t_frSAE1.SAE006a) a. Death [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes (ctn0030cdd:t_frSAE1.SAE006b) b. Life-threatening [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes (ctn0030cdd:t_frSAE1.SAE006c) c. Hospitalization [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes (other than detox or rehab) (ctn0030cdd:t_frSAE1.SAE006d) d. Disability [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes (ctn0030cdd:t_frSAE1.SAE006e) e. Congenital anomaly [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes If yes, answer 1 through 5 (ctn0030cdd:t_frSAE1.SAE006e1) 1. Anomaly [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes (ctn0030cdd:t_frSAE1.SAE006e2) 2. Miscarriage [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes (ctn0030cdd:t_frSAE1.SAE006e3) 3. Aborted [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes (ctn0030cdd:t_frSAE1.SAE006e4) 4. Stillbirth [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes (ctn0030cdd:t_frSAE1.SAE006e5) 5. Infant death within 1 month of life [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes (ctn0030cdd:t_frSAE1.SAE006f) f. Required intervention to prevent one of the above outcomes [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes
10.	7. Severity of SAE:	(ctn0030cdd:t_frSAE1.SAE007)

		[1] <input checked="" type="radio"/> 1 Mild [2] <input type="radio"/> 2 Moderate [3] <input type="radio"/> 3 Severe [4] <input type="radio"/> 4 Life-threatening [5] <input type="radio"/> 5 Death
11.	8. SAE actions taken (check all that apply)	(ctn0030cdd:t_frSAE1.SAE0081) [1] <input type="checkbox"/> 1 None (ctn0030cdd:t_frSAE1.SAE0082) [2] <input type="checkbox"/> 2 Delayed study drug dose (<= 24 hour delay) (ctn0030cdd:t_frSAE1.SAE0083) [3] <input type="checkbox"/> 3 Increased study drug dose (ctn0030cdd:t_frSAE1.SAE0084) [4] <input type="checkbox"/> 4 Reduced study drug dose (ctn0030cdd:t_frSAE1.SAE0085) [5] <input type="checkbox"/> 5 Discontinued study drug temporarily (> 24 hour delay) (ctn0030cdd:t_frSAE1.SAE0086) [6] <input type="checkbox"/> 6 Discontinued study drug permanently (ctn0030cdd:t_frSAE1.SAE0087) [7] <input type="checkbox"/> 7 Discontinued SMM (ctn0030cdd:t_frSAE1.SAE0088) [8] <input type="checkbox"/> 8 Discontinued EMM
12.	9. Relationship to Study Drug:	(ctn0030cdd:t_frSAE1.SAE009) [1] <input checked="" type="radio"/> 1 Unrelated [2] <input type="radio"/> 2 Possibly [3] <input type="radio"/> 3 Probably [4] <input type="radio"/> 4 Definitely
13.	10. Relationship to Study Intervention?	(ctn0030cdd:t_frSAE1.SAE010) [1] <input checked="" type="radio"/> 1 Unrelated [2] <input type="radio"/> 2 Possibly [3] <input type="radio"/> 3 Probably [4] <input type="radio"/> 4 Definitely
14.	11. Was event expected?	(ctn0030cdd:t_frSAE1.SAE011) [0] <input type="radio"/> 0 No [1] <input checked="" type="radio"/> 1 Yes
15.	12. SAE Outcome	(ctn0030cdd:t_frSAE1.SAE012) [1] <input checked="" type="radio"/> 1 Resolved [2] <input type="radio"/> 2 Resolved with sequelae [3] <input type="radio"/> 3 Not resolved [4] <input type="radio"/> 4 Death Date of Death: NReq <input type="text"/> / NReq <input type="text"/> / NReq <input type="text"/> (2006-2010) (ctn0030cdd:t_frSAE1.SAE012a)
* Item is not required		

Column Name	Column Data Type	Design Note
SEQNUMGEN	STRING(255)	
SEQNUM	NUMERIC - N2	
SAE00A	NUMERIC - N3	
SAE001	NUMERIC	
SAE001a	NUMERIC - N3	
SAE002	STRING(200) - A200	
SAE003	STRING(255) - A500	
SAE004	DATE - DDMONYYYY	
rgSAE005	NUMERIC	
SAE005	DATE - DDMONYYYY	
SAE006a	NUMERIC	
SAE006b	NUMERIC	
SAE006c	NUMERIC	
SAE006d	NUMERIC	
SAE006e	NUMERIC	

SAE006e1	NUMERIC	
SAE006e2	NUMERIC	
SAE006e3	NUMERIC	
SAE006e4	NUMERIC	
SAE006e5	NUMERIC	
SAE006f	NUMERIC	
SAE007	NUMERIC	
SAE0081	STRING(255)	
SAE0082	STRING(255)	
SAE0083	STRING(255)	
SAE0084	STRING(255)	
SAE0085	STRING(255)	
SAE0086	STRING(255)	
SAE0087	STRING(255)	
SAE0088	STRING(255)	
SAE009	NUMERIC	
SAE010	NUMERIC	
SAE011	NUMERIC	
SAE012	NUMERIC	
SAE012a	DATE - DDMONYYYY	

ctn0030 : Serious Adverse Event, 13-14 (SAE2)	
1.	SAE Num xx (ctn0030cdd:t_frSAE2.SEQNUM)
Serious Adverse Event (continued)	
2.	13. Study Drug Name A200 (ctn0030cdd:t_frSAE2.SAE013)
3.	Study Drug Lot Number A50 (ctn0030cdd:t_frSAE2.SAE013a)
4.	Study Drug Expiration Date Req <input type="checkbox"/> / Req <input type="checkbox"/> (2006-2010) (ctn0030cdd:t_frSAE2.SAE013b) month / year
5.	Quantity of Study Drug Administered xxxxx. (n >= 0.0) mg (dosed by sublingual tablet) (ctn0030cdd:t_frSAE2.SAE013c)
6.	Study Drug Start Date Req <input type="checkbox"/> / Req <input type="checkbox"/> / Req <input type="checkbox"/> (2006-2010) (ctn0030cdd:t_frSAE2.SAE013d)
7.	Date Study Drug Last Taken Req <input type="checkbox"/> / Req <input type="checkbox"/> / Req <input type="checkbox"/> (2006-2010) (ctn0030cdd:t_frSAE2.SAE013e)
8.*	14. Relevant tests/laboratory data, including dates A200 (ctn0030cdd:t_frSAE2.SAE014)
* Item is not required	

Column Name	Column Data Type	Design Note
SEQNUM	NUMERIC - N2	
SAE013	STRING(200) - A200	
SAE013a	STRING(50) - A50	
SAE013b	DATE - MONYYYY	
SAE013c	FLOAT - F6.0	
SAE013d	DATE - DDMONYYYY	
SAE013e	DATE - DDMONYYYY	
SAE014	STRING(200) - A200	

ctn0030 : Serious Adverse Event, 15 (SAE3)		
1.	SAE Num	xx (ctn0030cdd:t_frSAE3.SEQNUM)
2.	15. Was any Concomitant Drug Therapy provided?	(ctn0030cdd:t_frSAE3.SAE015) [0] <input type="radio"/> No [1] <input type="radio"/> Yes
3.	Drug	Quantity Route
Concomitant Drug Therapy Entry		
3.a*	15a. Drug (including generic name)	A100 (ctn0030cdd:t_frSAE3.SAE015a)
3.b*	15b. Quantity per Administration	A100 (ctn0030cdd:t_frSAE3.SAE015b)
3.c*	15c. Route of Administration	A100 (ctn0030cdd:t_frSAE3.SAE015c)
* Item is not required		

CDD: ctn0030cdd Table: t_frSAE3 Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
SEQNUM	NUMERIC - N2	
SAE015	NUMERIC	
SAE015a	STRING(100) - A100	
SAE015b	STRING(100) - A100	
SAE015c	STRING(100) - A100	

ctn0030 : Serious Adverse Event, 16-18 (SAE4)	
1.	SAE Num xx (ctn0030cdd:t_frSAE4.SEQNUM)
Serious Adverse Event (continued)	
2.	<p>16. Relevant history, including date of consent and pre-existing medical conditons (e.g. allergies, pregnancy, smoking and alcohol use, hepatic/renal dysfunction, etc.):</p> <p>A200 (ctn0030cdd:t_frSAE4.SAE016)</p> <p>History (up to 200 characters)</p> <p>A200 (ctn0030cdd:t_frSAE4.SAE016a)</p> <p>Additional (up to 200 characters)</p>
3.*	<p>17. Additional Comments:</p> <p>A200 (ctn0030cdd:t_frSAE4.SAE017)</p> <p>Comment (up to 200 characters)</p> <p>A200 (ctn0030cdd:t_frSAE4.SAE017a)</p> <p>Additional (up to 200 characters)</p>
Address SAE questions to the following Clinical Staff:	
4.	18a. Name: A100 (ctn0030cdd:t_frSAE4.SAE018a)
5.*	18b. Phone Number: (A3) (ctn0030cdd:t_frSAE4.SAE018b1) A3 - (ctn0030cdd:t_frSAE4.SAE018b2) A4 (ctn0030cdd:t_frSAE4.SAE018b3)
6.*	18c. Email: A50 (ctn0030cdd:t_frSAE4.SAE018c)
7.	18d. SAE reporter's Name A100 (ctn0030cdd:t_frSAE4.SAE018d)
8.	18e. Site Medical Clinician's name A100 (ctn0030cdd:t_frSAE4.SAE018e)
9.*	18f. Study Safety Monitor's name [hidden] A100 (ctn0030cdd:t_frSAE4.SAE018f)
* Item is not required	

CDD: ctn0030cdd Table: t_frSAE4 Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
SEQNUM	NUMERIC - N2	
SAE016	STRING(200) - A200	
SAE016a	STRING(200) - A200	
SAE017	STRING(200) - A200	
SAE017a	STRING(200) - A200	

SAE018a	STRING(100) - A100	
SAE018b1	STRING(3) - A3	
SAE018b2	STRING(3) - A3	
SAE018b3	STRING(4) - A4	
SAE018c	STRING(50) - A50	
SAE018d	STRING(100) - A100	
SAE018e	STRING(100) - A100	
SAE018f	STRING(100) - A100	

ctn0030 : Treatment Discontinuation (DIS)	
1. Study Phase	Pulldown List 1 <input type="button" value="v"/> (ctn0030cdd:t_frDIS.PHASE)
2. 1. Whose decision was it to discontinue treatment?	(ctn0030cdd:t_frDIS.DIS001) [1] <input type="radio"/> 1 Investigator's decision --> (Complete questions 2-7) [2] <input type="radio"/> 2 Participant's decision--> (Complete questions 2-6 and have the participant complete the Reasons for Participant's Initiated Discontinuation form.) [3] <input type="radio"/> 3 Both--> (Complete questions 2-7 and have the participant complete the Reasons for Participant's Initiated Treatment Discontinuation form.)
3. 2. Was EMM (i.e. individual drug counseling) discontinued?	(ctn0030cdd:t_frDIS.DIS002) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes --> If Yes: Date of treatment discontinuation (last date seen): Req <input type="button" value="v"/> / Req <input type="button" value="v"/> / Req <input type="button" value="v"/> (2006-2010) (ctn0030cdd:t_frDIS.DIS002a)
4. 3. Was SMM discontinued?	(ctn0030cdd:t_frDIS.DIS003) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes --> If Yes: Date of treatment discontinuation (last date seen): Req <input type="button" value="v"/> / Req <input type="button" value="v"/> / Req <input type="button" value="v"/> (2006-2010) (ctn0030cdd:t_frDIS.DIS003a)
5. 4. Was buprenorphine discontinued?	(ctn0030cdd:t_frDIS.DIS004) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes --> If Yes: Date medications were discontinued (last date seen or date of last dose, whichever is latest): Req <input type="button" value="v"/> / Req <input type="button" value="v"/> / Req <input type="button" value="v"/> (2006-2010) (ctn0030cdd:t_frDIS.DIS004a)
6. 5. Was the participant provided additional treatment at your Site?	(ctn0030cdd:t_frDIS.DIS005) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes --> If Yes: Specify type of treatment (check all that apply): (ctn0030cdd:t_frDIS.DIS005a) [1] <input type="checkbox"/> Buprenorphine (ctn0030cdd:t_frDIS.DIS005b) [2] <input type="checkbox"/> Methadone (ctn0030cdd:t_frDIS.DIS005c) [3] <input type="checkbox"/> Therapy (psychosocial counseling) (ctn0030cdd:t_frDIS.DIS005d) [4] <input type="checkbox"/> Pain management (ctn0030cdd:t_frDIS.DIS005e) [5] <input type="checkbox"/> Other (specify): A200 (ctn0030cdd:t_frDIS.DIS005e1)
7. 6. Was the participant referred to treatment elsewhere?	(ctn0030cdd:t_frDIS.DIS006) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes --> If Yes: Specify type of treatment (check all that apply): (ctn0030cdd:t_frDIS.DIS006a) [1] <input type="checkbox"/> Buprenorphine (ctn0030cdd:t_frDIS.DIS006b) [2] <input type="checkbox"/> Methadone (ctn0030cdd:t_frDIS.DIS006c) [3] <input type="checkbox"/> Therapy (psychosocial counseling) (ctn0030cdd:t_frDIS.DIS006d) [4] <input type="checkbox"/> Pain management

		(ctn0030cdd:t_frDIS.DIS006e) [5] <input type="checkbox"/> Other (specify): A200	(ctn0030cdd:t_frDIS.DIS006e1)
8.*	7. Reason for Discontinuing Treatment	Which of the reasons contributed to your decision to discontinue treatment (check all that apply)? (ctn0030cdd:t_frDIS.DIS007a) [1] <input type="checkbox"/> Adverse Events --> Record on Adverse Events CRF; if serious, complete Serious Adverse Events CRF (ctn0030cdd:t_frDIS.DIS007b) [2] <input type="checkbox"/> Pregnancy (ctn0030cdd:t_frDIS.DIS007c) [3] <input type="checkbox"/> Taking opioid medication (ctn0030cdd:t_frDIS.DIS007d) [4] <input type="checkbox"/> Physical illness (disabling condition that precludes them from taking the study medication) (ctn0030cdd:t_frDIS.DIS007e) [5] <input type="checkbox"/> Emergence of another substance abuse problem which necessitates inparticipant admission or more aggressive treatment than provided by the protocol (ctn0030cdd:t_frDIS.DIS007f) [6] <input type="checkbox"/> Withdrew consent (ctn0030cdd:t_frDIS.DIS007g) [7] <input type="checkbox"/> Severe medication side effects (ctn0030cdd:t_frDIS.DIS007h) [8] <input type="checkbox"/> Other (specify): A200	
* Item is not required			

Pulldown List 1:			
RefName	Display Text	Value	Design Note
iePHASE1	1 Phase One	1	
iePHASE2	2 Phase Two	2	

CDD: ctn0030cdd Table: t_frDIS Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
PHASE	STRING(255) - 1, 2	
DIS001	NUMERIC	
DIS002	NUMERIC	
DIS002a	DATE - DDMONYYYY	
DIS003	NUMERIC	
DIS003a	DATE - DDMONYYYY	
DIS004	NUMERIC	
DIS004a	DATE - DDMONYYYY	
DIS005	NUMERIC	
DIS005a	STRING(255)	
DIS005b	STRING(255)	
DIS005c	STRING(255)	

DIS005d	STRING(255)	
DIS005e	STRING(255)	
DIS005e1	STRING(200) - A200	
DIS006	NUMERIC	
DIS006a	STRING(255)	
DIS006b	STRING(255)	
DIS006c	STRING(255)	
DIS006d	STRING(255)	
DIS006e	STRING(255)	
DIS006e1	STRING(200) - A200	
DIS007a	STRING(255)	
DIS007b	STRING(255)	
DIS007c	STRING(255)	
DIS007d	STRING(255)	
DIS007e	STRING(255)	
DIS007f	STRING(255)	
DIS007g	STRING(255)	
DIS007h	STRING(255)	
DIS007h1	STRING(200) - A200	

ctn0030 : Substance Use Report (SUR)		
There must be Substance Use Report completed for each day in the study up through yesterday. For each day, check No or Yes for each substance. Indicate which days drug use occurred for this study week.		
1.	(A) Date	NReq <input type="button" value="v"/> / NReq <input type="button" value="v"/> / NReq <input type="button" value="v"/> (2006-2010) (ctn0030cdd:t_frSUR.SUR001a)
2.	(B) Alcohol	(ctn0030cdd:t_frSUR.SUR001b) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes
3.	(C) Amphetamines	(ctn0030cdd:t_frSUR.SUR001c) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes
4.	(D) Sedatives other than Benzodiazepines	(ctn0030cdd:t_frSUR.SUR001d) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes
5.	(E) Benzodiazepines	(ctn0030cdd:t_frSUR.SUR001e) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes
6.	(F) Cannabinoids (THC)	(ctn0030cdd:t_frSUR.SUR001f) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes
7.	(G) Cocaine	(ctn0030cdd:t_frSUR.SUR001g) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes
8.	(H) Methadone	(ctn0030cdd:t_frSUR.SUR001h) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes
9.	(I) Methamphetamines	(ctn0030cdd:t_frSUR.SUR001i) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes
10.	(J) Heroin/Opium	(ctn0030cdd:t_frSUR.SUR001j) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes
11.	(K) Analgesics/Prescription Opiates	(ctn0030cdd:t_frSUR.SUR001k) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes ---> Check all that apply (ctn0030cdd:t_frSUR.SUR01kaA) [A] <input type="checkbox"/> Morphine (ctn0030cdd:t_frSUR.SUR01kaB) [B] <input type="checkbox"/> Hydromorphone (ctn0030cdd:t_frSUR.SUR01kaC) [C] <input type="checkbox"/> Codeine (ctn0030cdd:t_frSUR.SUR01kaD) [D] <input type="checkbox"/> Oxycodone (ctn0030cdd:t_frSUR.SUR01kaE)

		<p>[E] <input type="checkbox"/> Hydrocodone (ctn0030cdd:t_frSUR.SUR01kaF) [F] <input type="checkbox"/> Propoxyphene (ctn0030cdd:t_frSUR.SUR01kaG) [G] <input type="checkbox"/> Other</p> <p>If Other Specify: (ctn0030cdd:t_frSUR.SUR008)</p> <input type="text" value="A200"/>
12.	(L) Needle Use	<p>(ctn0030cdd:t_frSUR.SUR001I) [0] <input type="radio"/> No [1] <input type="radio"/> Yes --->specify</p> <input type="text" value="A200"/> (ctn0030cdd:t_frSUR.SUR009)
13.*	Comments:	<input type="text" value="A200"/> (ctn0030cdd:t_frSUR.SCOMM)

* Item is not required

CDD: ctn0030cdd Table: t_frSUR Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
SUR001a	DATE - DDMONYYYY	
SUR001b	NUMERIC	
SUR001c	NUMERIC	
SUR001d	NUMERIC	
SUR001e	NUMERIC	
SUR001f	NUMERIC	
SUR001g	NUMERIC	
SUR001h	NUMERIC	
SUR001i	NUMERIC	
SUR001j	NUMERIC	
SUR001k	NUMERIC	
SUR01kaA	STRING(255)	
SUR01kaB	STRING(255)	
SUR01kaC	STRING(255)	
SUR01kaD	STRING(255)	
SUR01kaE	STRING(255)	
SUR01kaF	STRING(255)	
SUR01kaG	STRING(255)	
SUR008	STRING(200) - A200	
SUR001I	NUMERIC	

SUR009	STRING(200) - A200	
SCOMM	STRING(200) - A200	

ctn0030 : Pregnancy and Outcome (POC)		
1.	Study Phase	Pulldown List 1 <input type="button" value="v"/> (ctn0030cdd:t_frPOC.PHASE)
Section I: Information about Pregnancy		
2.	1. Who discovered the pregnancy?	(ctn0030cdd:t_frPOC.POC001) [1] <input type="radio"/> 1 Study Participant [2] <input type="radio"/> 2 Study Staff
3.	2. How was the pregnancy verified? (Select all that apply)	(ctn0030cdd:t_frPOC.POC002a) [1] <input type="checkbox"/> 1 Urine Pregnancy Test (ctn0030cdd:t_frPOC.POC002b) [2] <input type="checkbox"/> 2 Serum Pregnancy Test (ctn0030cdd:t_frPOC.POC002c) [3] <input type="checkbox"/> 3 Ultrasound
4.	3. Date on which the pregnancy was verified:	Req <input type="button" value="v"/> / Req <input type="button" value="v"/> / Req <input type="button" value="v"/> (2006-2010) (ctn0030cdd:t_frPOC.POC003)
5.	4. Date on which study staff was aware of pregnancy:	Req <input type="button" value="v"/> / Req <input type="button" value="v"/> / Req <input type="button" value="v"/> (2006-2010) (ctn0030cdd:t_frPOC.POC004)
6.	5. Date on which study medication was discontinued:	Req <input type="button" value="v"/> / Req <input type="button" value="v"/> / Req <input type="button" value="v"/> (2006-2010) (ctn0030cdd:t_frPOC.POC005)
7.	6. Approximate due date:	Req <input type="button" value="v"/> / Req <input type="button" value="v"/> / Req <input type="button" value="v"/> (2006-2010) (ctn0030cdd:t_frPOC.POC006)
Section II: Outcome of Pregnancy		
8.	7. Outcome of Pregnancy:	(ctn0030cdd:t_frPOC.POC007) [1] <input type="radio"/> 1 Normal [2] <input type="radio"/> 2 Miscarriage; If Miscarriage, stop here and do not complete the remaining portion of this form. [3] <input type="radio"/> 3 Terminated; If terminated, stop here and do not complete the remaining portion of this form. [4] <input type="radio"/> 4 Abnormal If Abnormal Outcome, Specify abnormality: A100 (ctn0030cdd:t_frPOC.POC007a) [98] <input type="radio"/> 98 Other If Other Outcome: Specify abnormal outcome: A100 (ctn0030cdd:t_frPOC.POC007b)
9.*	8. Date of	

	Delivery:	NReq <input type="checkbox"/> / Req <input type="checkbox"/> / Req <input type="checkbox"/> (2006-2010) (ctn0030cdd:t_frPOC.POC008)											
10.*	9. Number of live births - this pregnancy?	(ctn0030cdd:t_frPOC.rcPOC009) [1] <input type="radio"/> 1 [2] <input type="radio"/> 2 [3] <input type="radio"/> 3 [0] <input type="radio"/> 0 If zero (0) live births: Specify reason: (ctn0030cdd:t_frPOC.POC009a) A100											
11.*	10. Type of Delivery	(ctn0030cdd:t_frPOC.POC010) [1] <input type="radio"/> 1 Vaginal [2] <input type="radio"/> 2 Cesarean Section											
	Gender	Weeks	Days	Lbs	Ozs	Length	Circumference	APGAR Score: 1 min	APGAR Score: 5 min	APGAR Score: 24 hrs	Normal		
12.													

Newborn Information Entry

12.a*	11a. Gender	(ctn0030cdd:t_frPOC.POC011a) [1] <input type="radio"/> 1 Male [2] <input type="radio"/> 2 Female
12.b*	11b1. Gestational age at delivery: Weeks	xx Weeks (ctn0030cdd:t_frPOC.POC011b1)
12.c*	11b2. Gestional age at delivery: Days	x Days (ctn0030cdd:t_frPOC.POC011b2)
12.d*	11c1. Weight: lbs	xx (2 =< n <= 20) (ctn0030cdd:t_frPOC.POC011c1)
12.e*	11c2. Weight: ozs	xx (0 =< n <= 15) ozs (ctn0030cdd:t_frPOC.POC011c2)
12.f*	11d. Length	xx (5 =< n <= 36) (ctn0030cdd:t_frPOC.POC011d)
12.g*	11e. Head circumference	xxx (5 =< n <= 100) (ctn0030cdd:t_frPOC.POC011e)
12.h*	11f1. APGAR Score: 1 min	xx 1 min (ctn0030cdd:t_frPOC.POC011f1)
12.i*	11f2. APGAR Score: 5 min	xx 5 min (ctn0030cdd:t_frPOC.POC011f2)
12.j*	11f3. APGAR Score: 24 hrs	xx 24 hrs (ctn0030cdd:t_frPOC.POC011f3)
12.k*	Normal infant?	(ctn0030cdd:t_frPOC.POC011g) [1] <input type="radio"/> 1 Yes [0] <input type="radio"/> No If No, specify abnormality: A200 (ctn0030cdd:t_frPOC.POC011g1) Contributing factors to abnormality A200 (ctn0030cdd:t_frPOC.POC011g2)

If more than 3 babies, record physical characteristics and any abnormality and contributing factors in comments.

13.*	12. Comments:	A200 (ctn0030cdd:t_frPOC.POC012)
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* Item is not required		

Pulldown List 1:			
RefName	Display Text	Value	Design Note
iePHASE1	1 Phase One	1	
iePHASE2	2 Phase Two	2	

CDD: ctn0030cdd Table: t_frPOC Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
PHASE	STRING(255) - 1, 2	
POC001	NUMERIC	
POC002a	STRING(255)	
POC002b	STRING(255)	
POC002c	STRING(255)	
POC003	DATE - DDMONYYYY	
POC004	DATE - DDMONYYYY	
POC005	DATE - DDMONYYYY	
POC006	DATE - DDMONYYYY	
POC007	NUMERIC	
POC007a	STRING(100) - A100	
POC007b	STRING(100) - A100	
POC008	DATE - DDMONYYYY	
rcPOC009	NUMERIC	
POC009a	STRING(100) - A100	
POC010	NUMERIC	
POC011a	NUMERIC	
POC011b1	NUMERIC - N2	
POC011b2	NUMERIC - N1	
POC011c1	NUMERIC - N2	
POC011c2	NUMERIC - N2	
POC011d	NUMERIC - N2	
POC011e	NUMERIC - N3	
POC011f1	NUMERIC - N2	
POC011f2	NUMERIC - N2	
POC011f3	NUMERIC - N2	

POC011g	NUMERIC	
POC011g1	STRING(200) - A200	
POC011g2	STRING(200) - A200	
POC012	STRING(200) - A200	

ctn0030 : Protocol Violation Log (PVL)	
1. Visit Week	Pulldown List 1 <input type="button" value="v"/> (ctn0030cdd:t_frPVL.VSWK)
To be filled in by person(s) reporting this protocol violation:	
2. Date of violation:	Req <input type="button" value="v"/> / Req <input type="button" value="v"/> / Req <input type="button" value="v"/> (2006-2010) (ctn0030cdd:t_frPVL.PVL001)
3. Violation Type:	Pulldown List 2 <input type="button" value="v"/> (ctn0030cdd:t_frPVL.PVL002) If Other is indicated, please provide the specification: (ctn0030cdd:t_frPVL.PVL002S) A50
4. Description of violation:	A200 (ctn0030cdd:t_frPVL.PVL003)
5. Has this Protocol Violation been resolved?	(ctn0030cdd:t_frPVL.PVL004) [0] <input type="radio"/> No [1] <input checked="" type="radio"/> Yes - If Yes: Indicate resolution below. (ctn0030cdd:t_frPVL.PVL005) Protocol violation resolution: A200
6.* Comments:	A200 (ctn0030cdd:t_frPVL.PVL006)
* Item is not required	

Pulldown List 1:			
RefName	Display Text	Value	Design Note
seVWBL	Baseline	BL	
seVWP1Wk1A	Phase 1 Week 1 Day 1	P1Wk1A	
seVWP1Wk1B	Phase 1 Week 1 Day 7	P1Wk1B	
seVWP1Wk2	Phase 1 Week 2	P1Wk2	
seVWP1Wk3	Phase 1 Week 3	P1Wk3	
seVWP1Wk4	Phase 1 Week 4	P1Wk4	
seVWP1Wk6	Phase 1 Week 6	P1Wk6	
seVWP1Wk8	Phase 1 Week 8	P1Wk8	
seVWP1Wk10	Phase 1 Week 10	P1Wk10	
seVWP1Wk12	Phase 1 Week 12	P1Wk12	
seVWP1Final	Phase 1 Final	P1Final	
seVWP1Unsc	Phase 1 Unscheduled	P1Unsc	
seVWP2Wk1A	Phase 2 Week 1 Day 1	P2Wk1A	
seVWP2Wk1B	Phase 2 Week 1 Day 7	P2Wk1B	
seVWP2Wk2	Phase 2 Week 2	P2Wk2	

seVWP2Wk3	Phase 2 Week 3	P2Wk3	
seVWP2Wk4	Phase 2 Week 4	P2Wk4	
seVWP2Wk5	Phase 2 Week 5	P2Wk5	
seVWP2Wk6	Phase 2 Week 6	P2Wk6	
seVWP2Wk7	Phase 2 Week 7	P2Wk7	
seVWP2Wk8	Phase 2 Week 8	P2Wk8	
seVWP2Wk9	Phase 2 Week 9	P2Wk9	
seVWP2Wk10	Phase 2 Week 10	P2Wk10	
seVWP2Wk11	Phase 2 Week 11	P2Wk11	
seVWP2Wk12	Phase 2 Week 12	P2Wk12	
seVWP2Wk13	Phase 2 Week 13	P2Wk13	
seVWP2Wk14	Phase 2 Week 14	P2Wk14	
seVWP2Wk15	Phase 2 Week 15	P2Wk15	
seVWP2Wk16	Phase 2 Week 16	P2Wk16	
seVWP2Wk18	Phase 2 Week 18	P2Wk18	
seVWP2Wk20	Phase 2 Week 20	P2Wk20	
seVWP2Wk22	Phase 2 Week 22	P2Wk22	
seVWP2Wk24	Phase 2 Week 24	P2Wk24	
seVWP2Final	Phase 2 Final	P2Final	
seVWP2Unsc	Phase 2 Unscheduled	P2Unsc	
seVWNONVIS	Non Visit	NONVIS	

Pulldown List 2:			
RefName	Display Text	Value	Design Note
iePV_01	01A-No consent/assent obtained	1	
iePV_02	01B-Invalid/incomplete informed consent	2	
iePV_03	01C-Unauthorized assessments and/or procedures conducted prior to obtaining informed consent	3	
iePV_04	01D-Informed Consent Other (specify)	4	
iePV_05	02-Inclusion/Exclusion Criteria	5	
iePV_06	03-Concomitant Medication/Therapy	6	
iePV_07	04A-Required testing not obtained	7	
iePV_08	04B-Testing completed outside window	8	
iePV_09	04C-Unauthorized test/procedure obtained	9	
iePV_10	04D-Laboratory Assessments/ Procedures Other (specify)	10	
iePV_11	05A-Protocol required procedures not obtained	11	
iePV_12	05B-Procedure/ assessment obtained outside visit window/ timeframe	12	
iePV_13	05C-Study Procedures Other (specify)	13	

iePV_14	06A-SAE not reported	14	
iePV_15	06B-SAE reported out of time window	15	
iePV_16	06C-Serious Adverse Event Other (specify)	16	
iePV_17	07A-Randomization procedures not followed	17	
iePV_18	07B-Ineligible participant randomized	18	
iePV_19	07C-Improper un-blinding procedures	19	
iePV_20	07D-Randomization Procedures Other (specify)	20	
iePV_21	08A-Ineligible participant dispensed (given) medication	21	
iePV_22	08B-Incorrect medication dispensed (given to participant)	22	
iePV_23	08C-Incorrect medication dosage or amount of medication dispensed (given to participant)	23	
iePV_24	08D-Study Drug Dosing Other (specify)	24	
iePV_25	09A-Intervention not provided per protocol schedule or outside visit window/ timeframe	25	
iePV_26	09B-Incorrect Intervention Assignment	26	
iePV_27	09C-Behavioral Intervention Other (specify)	27	
iePV_28	10A-Visit conducted outside of window	28	
iePV_29	99A-Destroying study materials prior to obtaining authorization from Lead Node and/or other appropriate parties	29	
iePV_30	99B-Participating site starting the study prior to obtaining appropriate IRB(s) and/or CT approvals and any other approvals that would affect the ability to use the data for final analysis	30	
iePV_31	99C-Using advertising materials or brochures without prior IRB approval;	31	
iePV_99	99D-Other (specify)	99	

CDD: ctn0030cdd Table: t_frPVL Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
VSWK	STRING(255) - BL, P1Wk1A, P1Wk1B, P1Wk2, P1Wk3, P1Wk4, P1Wk6, P1Wk8, P1Wk10, P1Wk12, P1Final, P1Unsc, P2Wk1A, P2Wk1B, P2Wk2, P2Wk3, P2Wk4, P2Wk5, P2Wk6, P2Wk7, P2Wk8, P2Wk9, P2Wk10, P2Wk11, P2Wk12, P2Wk13, P2Wk14, P2Wk15, P2Wk16, P2Wk18, P2Wk20, P2Wk22, P2Wk24, P2Final, P2Unsc, NONVIS	
PVL001	DATE - DDMONYYYY	
PVL002	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 99	
PVL002S	STRING(50) - A50	
PVL003	STRING(200) - A200	
PVL004	NUMERIC	
PVL005	STRING(200) - A200	
PVL006	STRING(200) - A200	

ctn0030 : Enhanced Medical Management Session Attendance (EMA) - Repeating Form									
#	Visit Week	Attend Session	Session Date	Session began	Session ended	Modules covered	Comments	ID number	
1									
1.	Visit Week				Pulldown List 1 <input type="button" value="v"/> (ctn0030cdd:t_frEMA.VSWK)				
2.	1. Did participant attend session:				(ctn0030cdd:t_frEMA.EMA01) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes				
3.*	2. Date of session:				Req <input type="button" value="v"/> / Req <input type="button" value="v"/> / Req <input type="button" value="v"/> (2006-2010) (ctn0030cdd:t_frEMA.EMA02)				
4.*	3. Time session began:				Req <input type="button" value="v"/> : Req <input type="button" value="v"/> 24-hour clock (ctn0030cdd:t_frEMA.EMA03)				
5.*	4. Time session ended:				Req <input type="button" value="v"/> : Req <input type="button" value="v"/> 24-hour clock (ctn0030cdd:t_frEMA.EMA04)				
6.*	5. Modules covered: (check all that apply)				(ctn0030cdd:t_frEMA.EMR05a) [1] <input type="checkbox"/> Module 1: Understanding Addiction (ctn0030cdd:t_frEMA.EMR05b) [2] <input type="checkbox"/> Module 2: The Process of Recovery (ctn0030cdd:t_frEMA.EMR05c) [3] <input type="checkbox"/> Module 3: The Stages of Recovery (ctn0030cdd:t_frEMA.EMR05d) [4] <input type="checkbox"/> Module 4: People, Places and Things: How to Handle Triggers of Drug Use (ctn0030cdd:t_frEMA.EMR05e) [5] <input type="checkbox"/> Module 5: Relationships in Recovery (ctn0030cdd:t_frEMA.EMR05f) [6] <input type="checkbox"/> Module 6: Self-Help Groups and Support Systems (ctn0030cdd:t_frEMA.EMR05g) [7] <input type="checkbox"/> Module 7: Coping with Shame & Guilt (ctn0030cdd:t_frEMA.EMR05h) [8] <input type="checkbox"/> Module 8: Managing Feelings (ctn0030cdd:t_frEMA.EMR05i) [9] <input type="checkbox"/> Module 9: Coping with High Drug-Risk Situations (ctn0030cdd:t_frEMA.EMR05j) [10] <input type="checkbox"/> Module 10: Warning signs of Relapse (ctn0030cdd:t_frEMA.EMR05k) [11] <input type="checkbox"/> Module 11: Establishing a Support System (ctn0030cdd:t_frEMA.EMR05l) [12] <input type="checkbox"/> Module 12: Maintaining Recovery (ctn0030cdd:t_frEMA.EMR05m) [13] <input type="checkbox"/> Module 13: Managing Physical Pain				
7.*	6. Comments: (Include reason for session if it is an unscheduled visit)				A200 (ctn0030cdd:t_frEMA.EMA06)				
8.	7. Staff ID Number:				A5 (ctn0030cdd:t_frEMA.EMA07)				
* Item is not required									

Pulldown List 1:			
RefName	Display Text	Value	Design Note
seVWP1Wk1A	Phase 1 Week 1 Day 1	P1Wk1A	
seVWP1Wk1B	Phase 1 Week 1 Day 7	P1Wk1B	
seVWP1Wk2	Phase 1 Week 2	P1Wk2	
seVWP1Wk3	Phase 1 Week 3	P1Wk3	
seVWP1Wk4	Phase 1 Week 4	P1Wk4	
seVWP1Wk6	Phase 1 Week 6	P1Wk6	
seVWP1Wk8	Phase 1 Week 8	P1Wk8	
seVWP1Wk10	Phase 1 Week 10	P1Wk10	
seVWP1Wk12	Phase 1 Week 12	P1Wk12	
seVWP1Final	Phase 1 Final	P1Final	
seVWP1Unsc	Phase 1 Unscheduled	P1Unsc	
seVWP2Wk1A	Phase 2 Week 1 Day 1	P2Wk1A	
seVWP2Wk1B	Phase 2 Week 1 Day 7	P2Wk1B	
seVWP2Wk2	Phase 2 Week 2	P2Wk2	
seVWP2Wk3	Phase 2 Week 3	P2Wk3	
seVWP2Wk4	Phase 2 Week 4	P2Wk4	
seVWP2Wk5	Phase 2 Week 5	P2Wk5	
seVWP2Wk6	Phase 2 Week 6	P2Wk6	
seVWP2Wk7	Phase 2 Week 7	P2Wk7	
seVWP2Wk8	Phase 2 Week 8	P2Wk8	
seVWP2Wk9	Phase 2 Week 9	P2Wk9	
seVWP2Wk10	Phase 2 Week 10	P2Wk10	
seVWP2Wk11	Phase 2 Week 11	P2Wk11	
seVWP2Wk12	Phase 2 Week 12	P2Wk12	
seVWP2Wk13	Phase 2 Week 13	P2Wk13	
seVWP2Wk14	Phase 2 Week 14	P2Wk14	
seVWP2Wk15	Phase 2 Week 15	P2Wk15	
seVWP2Wk16	Phase 2 Week 16	P2Wk16	
seVWP2Wk18	Phase 2 Week 18	P2Wk18	
seVWP2Wk20	Phase 2 Week 20	P2Wk20	
seVWP2Wk22	Phase 2 Week 22	P2Wk22	
seVWP2Wk24	Phase 2 Week 24	P2Wk24	
seVWP2Final	Phase 2 Final	P2Final	
seVWP2Unsc	Phase 2 Unscheduled	P2Unsc	
seVWNONVIS	Non Visit	NONVIS	

CDD: ctn0030cdd Table: t_frEMA Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
VSWK	STRING(255) - P1Wk1A, P1Wk1B, P1Wk2, P1Wk3, P1Wk4, P1Wk6, P1Wk8, P1Wk10, P1Wk12, P1Final, P1Unsc, P2Wk1A, P2Wk1B, P2Wk2, P2Wk3, P2Wk4, P2Wk5, P2Wk6, P2Wk7, P2Wk8, P2Wk9, P2Wk10, P2Wk11, P2Wk12, P2Wk13, P2Wk14, P2Wk15, P2Wk16, P2Wk18, P2Wk20, P2Wk22, P2Wk24, P2Final, P2Unsc, NONVIS	
EMA01	NUMERIC	
EMA02	DATE - DDMONYYYY	
EMA03	DATE - HHMM	
EMA04	DATE - HHMM	
EMR05a	STRING(255)	
EMR05b	STRING(255)	
EMR05c	STRING(255)	
EMR05d	STRING(255)	
EMR05e	STRING(255)	
EMR05f	STRING(255)	
EMR05g	STRING(255)	
EMR05h	STRING(255)	
EMR05i	STRING(255)	
EMR05j	STRING(255)	
EMR05k	STRING(255)	
EMR05l	STRING(255)	
EMR05m	STRING(255)	
EMA06	STRING(200) - A200	
EMA07	STRING(5) - A5	

ctn0030 : Study Termination (STF)	
1. Study Phase	Pull-down List 1 <input type="button" value="v"/> (ctn0030cdd:t_frSTF.PHASE)
Instructions: Do not answer questions 5-9 if the participant completed the follow-up phase.	
2. 1. Date of study completion or early termination:	Req <input type="button" value="v"/> / Req <input type="button" value="v"/> / Req <input type="button" value="v"/> (2006-2010) (ctn0030cdd:t_frSTF.STF001)
3. 2. Did the participant return study medication? (in other words, can you account for all dispensed medication?)	(ctn0030cdd:t_frSTF.STF002) [1] <input type="radio"/> 1 Yes [0] <input type="radio"/> 0 No
4. 3. Did the participant complete the treatment phase?	(ctn0030cdd:t_frSTF.STF003) [1] <input type="radio"/> 1 Yes [0] <input type="radio"/> 0 No
5. 4. Did the participant complete the follow-up phase?	(ctn0030cdd:t_frSTF.STF004) [1] <input type="radio"/> 1 Yes [0] <input type="radio"/> 0 No
6.* Reason for early termination. (do not answer if participant completed the follow-up phase)	(ctn0030cdd:t_frSTF.STF005) 5. Investigator-initiated termination administrative withdrawal [1] <input type="radio"/> 1 Yes [0] <input type="radio"/> 0 No (ctn0030cdd:t_frSTF.STF006) 6. Participant-initiated termination [1] <input type="radio"/> 1 Yes [0] <input type="radio"/> 0 No (ctn0030cdd:t_frSTF.STF007) 7. Death [1] <input type="radio"/> 1 Yes [0] <input type="radio"/> 0 No (ctn0030cdd:t_frSTF.STF008) 8. Some other reason [1] <input type="radio"/> 1 Yes [0] <input type="radio"/> 0 No 9. Specify details if 'YES' to any question above: (ctn0030cdd:t_frSTF.STF009) <input type="text" value="A200"/>
* Item is not required	

Pull-down List 1:			
RefName	Display Text	Value	Design Note
iePHASE1	1 Phase One	1	
iePHASE2	2 Phase Two	2	

CDD: ctn0030cdd Table: t_frSTF Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
PHASE	STRING(255) - 1, 2	
STF001	DATE - DDMONYYYY	
STF002	NUMERIC	
STF003	NUMERIC	
STF004	NUMERIC	

STF005	NUMERIC	
STF006	NUMERIC	
STF007	NUMERIC	
STF008	NUMERIC	
STF009	STRING(200) - A200	

ctn0030 : Clinical Opiate Withdrawal Scale (COW)	
1.	Seq Num xx (ctn0030cdd:t_frCOW.COWNUM)
For each item, mark the choice that best describes the patient's signs or symptom. Rate on just the apparent relationship to opiate withdrawal. For example, if heart rate is increased because the patient was jogging just prior to assessment, the increased pulse rate would not add to the score.	
2.	1. Resting pulse rate: <i>measured after patient is sitting or lying for one minute:</i> Pulldown List 1 <input type="button" value="v"/> (ctn0030cdd:t_frCOW.COW001) Actual pulse rate: xxx (n >= 0) (ctn0030cdd:t_frCOW.COW001a)
3.	2. GI upset: <i>over the last 1/2 hour:</i> Pulldown List 2 <input type="button" value="v"/> (ctn0030cdd:t_frCOW.COW002)
4.	3. Sweating: <i>over the past 1/2 hour not accounted for by room temperature or patient activity:</i> Pulldown List 3 <input type="button" value="v"/> (ctn0030cdd:t_frCOW.COW003)
5.	4. Tremor: <i>observation of outstretched hands:</i> Pulldown List 4 <input type="button" value="v"/> (ctn0030cdd:t_frCOW.COW004)
6.	5. Restlessness: <i>observation during assessment:</i> Pulldown List 5 <input type="button" value="v"/> (ctn0030cdd:t_frCOW.COW005)
7.	6. Yawning: <i>observation during assessment:</i> Pulldown List 6 <input type="button" value="v"/> (ctn0030cdd:t_frCOW.COW006)
8.	7. Pupil size: Pulldown List 7 <input type="button" value="v"/> (ctn0030cdd:t_frCOW.COW007)
9.	8. Anxiety or irritability: Pulldown List 8 <input type="button" value="v"/> (ctn0030cdd:t_frCOW.COW008)
10.	9. Bone or joint aches: <i>If participant was having pain previously, only the additional component attributed to opiate withdrawal is scored:</i> Pulldown List 9 <input type="button" value="v"/> (ctn0030cdd:t_frCOW.COW009)
11.	10. Gooseflesh skin: Pulldown List 10 <input type="button" value="v"/> (ctn0030cdd:t_frCOW.COW010)
12.	11. Runny nose or tearing: <i>not accounted for by cold symptoms or allergies:</i> Pulldown List 11 <input type="button" value="v"/> (ctn0030cdd:t_frCOW.COW011)
	12. Total score <i>(the total score is the sum of all 11 itmes): [read-only]</i> (ctn0030cdd:t_frCOW.COW012)
13.	Initials of Evaluator: A3 (ctn0030cdd:t_frCOW.COW012a)
14.	Date scored: Req <input type="button" value="v"/> / Req <input type="button" value="v"/> / Req <input type="button" value="v"/> (2006-2010) (ctn0030cdd:t_frCOW.COW012b)

Pulldown List 1:			
RefName	Display Text	Value	Design Note
ieRPR0	0 Pulse rate 80 or below	0	
ieRPR1	1 Pulse rate 81 - 100	1	
ieRPR2	2 Pulse rate 101 - 120	2	
ieRPR4	4 Pulse rate greater than 120	4	

Pulldown List 2:			
RefName	Display Text	Value	Design Note
ieGIUP0	0 No GI symptoms	0	
ieGIUP1	1 Stomach cramps	1	

ieGIUP2	2 Nausea or loose stool	2	
ieGIUP3	3 Vomiting or diarrhea	3	
ieGIUP5	5 Multiple episodes of diarrhea or vomiting	5	

Pulldown List 3:			
RefName	Display Text	Value	Design Note
ieSWET0	0 No report of chills or flushing	0	
ieSWET1	1 Subjective report of chills or flushing	1	
ieSWET2	2 Flushed or observable moisture on face	2	
ieSWET3	3 Beads of sweat on brow or face	3	
ieSWET4	4 Sweat streaming off face	4	

Pulldown List 4:			
RefName	Display Text	Value	Design Note
ieTREM0	0 No tremor	0	
ieTREM1	1 Tremor can be felt, but not observed	1	
ieTREM2	2 Slight tremor observable	2	
ieTREM4	4 Gross tremor or muscle twitching	4	

Pulldown List 5:			
RefName	Display Text	Value	Design Note
ieRSTL0	0 Able to sit still	0	
ieRSTL1	1 Reports difficulty sitting still, but is able to do so	1	
ieRSTL2	2 Frequently shifting or extraneous movements of legs/arms	2	
ieRSTL3	3 Unable to sit still for more than a few seconds	3	

Pulldown List 6:			
RefName	Display Text	Value	Design Note
ieYAWN0	0 No yawning	0	
ieYAWN1	1 Yawning once or twice during assessment	1	
ieYAWN2	2 Yawning three or more times during assessment	2	
ieYAWN4	4 Yawning several times/minute	4	

Pulldown List 7:			
RefName	Display Text	Value	Design Note
iePUPLO	0 Pupils pinned or normal size for room light	0	
iePUPPL1	1 Pupils possibly larger than normal for room light	1	

iePURL2	2 Pupils moderately dilated	2	
iePURL5	5 Pupils so dilated that only the rim of the iris is visible	5	

Pulldown List 8:			
RefName	Display Text	Value	Design Note
ieANX0	0 None	0	
ieANX1	1 Participant reports increasing irritability or anxiousness	1	
ieANX2	2 Participant obviously irritable or anxious	2	
ieANX4	4 Participant is so irritable or anxious that participation in the assessment is difficult	4	

Pulldown List 9:			
RefName	Display Text	Value	Design Note
ieBONA0	0 Not present	0	
ieBONA1	1 Mild diffuse discomfort	1	
ieBONA2	2 Participant reports severe diffuse aching of joints/muscle	2	
ieBONA4	4 Participant is rubbing joints or muscles and is unable to sit still because of discomfort	4	

Pulldown List 10:			
RefName	Display Text	Value	Design Note
ieGOOS0	0 Skin is smooth	0	
ieGOOS3	3 Piloerection of skin can be felt or hairs standing up on arms	3	
ieGOOS5	5 Prominent piloerection	5	

Pulldown List 11:			
RefName	Display Text	Value	Design Note
ieRUNY0	0 Not present	0	
ieRUNY1	1 Nasal stuffiness or unusually moist eyes	1	
ieRUNY2	2 Nose running or tearing	2	
ieRUNY4	4 Nose constantly running or tears streaming down cheeks	4	

CDD: ctn0030cdd Table: t_frCOW Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
COWNUM	NUMERIC - N2	
COW001	STRING(255) - 0, 1, 2, 4	
COW001a	NUMERIC - N3	
COW002	STRING(255) - 0, 1, 2, 3, 5	
COW003	STRING(255) - 0, 1, 2, 3, 4	

COW004	STRING(255) - 0, 1, 2, 4	
COW005	STRING(255) - 0, 1, 2, 3	
COW006	STRING(255) - 0, 1, 2, 4	
COW007	STRING(255) - 0, 1, 2, 5	
COW008	STRING(255) - 0, 1, 2, 4	
COW009	STRING(255) - 0, 1, 2, 4	
COW010	STRING(255) - 0, 3, 5	
COW011	STRING(255) - 0, 1, 2, 4	
COW012	STRING(255)	
COW012a	STRING(3) - A3	
COW012b	DATE - DDMONYYYY	

ctn0030 : Study Drug Dosing Log (SDL)	
1.*	Calculated Sequence Number (this should be hidden) [<i>hidden</i>] (ctn0030cdd:t_frSDLI1.SDLNUMGEN)
2.*	SDL Num (automatic) [<i>read-only</i>] xx (ctn0030cdd:t_frSDLI1.SDLNUM)
Induction dose information:	
Please record any amount of Buprenorphine (BUP) ingested in-clinic at induction , plus any additional given to participant to take later on induction day.	
3.	1. In-clinic dose (s) # 1: Time: NReq/Unk : NReq/Unk 24-hour clock (ctn0030cdd:t_frSDLI1.SDL001) (ctn0030cdd:t_frSDLI1.rgSDL001a) Amount: [1] <input type="radio"/> xx mg (ctn0030cdd:t_frSDLI1.SDL001a) [96] <input type="radio"/> NA Bup OR
4.	2. In-clinic dose (s) #2: Time: NReq/Unk : NReq/Unk 24-hour clock (ctn0030cdd:t_frSDLI1.SDL002) (ctn0030cdd:t_frSDLI1.rgSDL002a) Amount: [1] <input type="radio"/> xx mg (ctn0030cdd:t_frSDLI1.SDL002a) [96] <input type="radio"/> NA Bup OR
5.	3. Take-home dose for induction day: (ctn0030cdd:t_frSDLI1.rgSDL003) Amount: [1] <input type="radio"/> xx mg Bup OR (ctn0030cdd:t_frSDLI1.SDL003) [96] <input type="radio"/> NA
6.	4. Does the information in the dosing table reflect a dose adjustment since the last visit? (ctn0030cdd:t_frSDLI1.SDL004) [0] <input type="radio"/> No [1] <input type="radio"/> Yes If Yes: Specify reason: <input type="text" value="A200"/> (ctn0030cdd:t_frSDLI1.SDL004s)
7.	5. Is this prescription to taper off Buprenorphine (ctn0030cdd:t_frSDLI1.SDL005) [0] <input type="radio"/> No [1] <input type="radio"/> 1 Week 1 of taper If Week 1: Provide the stable dose of Buprenorphine prior to taper: xx (ctn0030cdd:t_frSDLI1.SDL005a) [2] <input type="radio"/> 2 Week 2 of taper [3] <input type="radio"/> 3 Week 3 of taper [4] <input type="radio"/> 4 Week 4 of taper
	Date of Dose Daily dose prescribed
8.	
Take-home Dose Information Entry	
Please record the total daily dose of Buprenorphine prescribed for each day of the coming week below, starting with the dose prescribed for tomorrow through the next scheduled visit OR the new total daily dose for the applicable days up through the next scheduled visit if a dose adjustment was made. (Start with tomorrow's date.)	
8.a	Date of Dose NReq / NReq / NReq (2006-2010) (ctn0030cdd:t_frSDLI1.SDL006a)
8.b	Daily Dose Prescribed xx mg Buprenorphine (ctn0030cdd:t_frSDLI1.SDL006b)
* Item is not required	

CDD: ctn0030cdd Table: t_frSDLI1 Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
SDLNUMGEN	STRING(255)	
SDLNUM	NUMERIC - N2	
SDL001	DATE - HHMM	
rgSDL001a	NUMERIC	
SDL001a	NUMERIC - N2	
SDL002	DATE - HHMM	
rgSDL002a	NUMERIC	
SDL002a	NUMERIC - N2	
rgSDL003	NUMERIC	
SDL003	NUMERIC - N2	
SDL004	NUMERIC	
SDL004s	STRING(200) - A200	
SDL005	NUMERIC	
SDL005a	NUMERIC - N2	
SDL006a	DATE - DDMONYYYY	
SDL006b	NUMERIC - N2	

ctn0030 : Standard Medical Management Adherence Session Attendance (SMA)	
1.	1. Did participant attend session: (ctn0030cdd:t_frSMA.SMA01) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes
2.*	2. Session Type: (ctn0030cdd:t_frSMA.SMA02) [1] <input type="radio"/> 1 Initial Induction Session [2] <input type="radio"/> 2 Subsequent Session
3.*	3. Date of session: Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2006-2010) (ctn0030cdd:t_frSMA.SMA03)
4.*	4. Time session began: Req/Unk <input type="text"/> : Req/Unk <input type="text"/> 24-hour clock (ctn0030cdd:t_frSMA.SMA04)
5.*	5. Time session ended: Req/Unk <input type="text"/> : Req/Unk <input type="text"/> 24-hour clock (ctn0030cdd:t_frSMA.SMA05)
6.*	6. Comments: (Include reason for session if it is an unscheduled visit) A200 (ctn0030cdd:t_frSMA.SMA06)
7.	7. Staff ID Number: A5 (ctn0030cdd:t_frSMA.SMA07)
* Item is not required	

CDD: ctn0030cdd Table: t_frSMA Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
SMA01	NUMERIC	
SMA02	NUMERIC	
SMA03	DATE - DDMONYYYY	
SMA04	DATE - HHMM	
SMA05	DATE - HHMM	
SMA06	STRING(200) - A200	
SMA07	STRING(5) - A5	

ctn0030 : Self Report Study Drug Log (SRD)	
Please record daily dose of Buprenorphine that the participant reports as actually ingested; start with the day of the last dosing visit, and continue up through yesterday.	
1. Was this intended to be a taper?	(ctn0030cdd:t_frSRD.SRD001) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes
2. Date	Req <input type="button" value="v"/> / Req <input type="button" value="v"/> / Req <input type="button" value="v"/> (2006-2010) (ctn0030cdd:t_frSRD.SRD002)
3. Total Dose Ingested	xx (n >= 0) mg (ctn0030cdd:t_frSRD.SRD003)

CDD: ctn0030cdd Table: t_frSRD Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
SRD001	NUMERIC	
SRD002	DATE - DDMONYYYY	
SRD003	NUMERIC - N2	

ctn0030 : Study Drug Dosing Log (1of2) (SDL1)		
1.*	Calculated Sequence Number (this should be hidden) [<i>hidden</i>]	(ctn0030cdd:t_frSDL1.SDLNUMGEN)
2.*	SDL Num (<i>automatic</i>) [<i>read-only</i>]	xx (ctn0030cdd:t_frSDL1.SDLNUM)
3.	1. Does the information in the dosing table reflect a dose adjustment since the last visit?	(ctn0030cdd:t_frSDL1.SDL004) [0] <input type="radio"/> 0 No [1] <input type="radio"/> Yes If Yes: <input type="text" value="A200"/> (ctn0030cdd:t_frSDL1.SDL004s) Specify reason:
4.	2. Is this prescription to taper off Buprenorphine	(ctn0030cdd:t_frSDL1.SDL005) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Week 1 of taper If Week 1: Provide the stable dose of Buprenorphine prior to taper: xx (ctn0030cdd:t_frSDL1.SDL005a) [2] <input type="radio"/> 2 Week 2 of taper [3] <input type="radio"/> 3 Week 3 of taper [4] <input type="radio"/> 4 Week 4 of taper
	Date of Dose	Daily dose prescribed
5.		
Take-home Dose Information Entry		
Please record the total daily dose of Buprenorphine prescribed for each day of the coming week below, starting with the dose prescribed for tomorrow through the next scheduled visit OR the new total daily dose for the applicable days up through the next scheduled visit if a dose adjustment was made. (Start with tomorrow's date.)		
5.a	Date of Dose	NReq <input type="button" value="v"/> / NReq <input type="button" value="v"/> / NReq <input type="button" value="v"/> (2006-2010) (ctn0030cdd:t_frSDL1.SDL006a)
5.b	Daily Dose Prescribed	xx mg Buprenorphine (ctn0030cdd:t_frSDL1.SDL006b)
* Item is not required		

Column Name	Column Data Type	Design Note
SDLNUMGEN	STRING(255)	
SDLNUM	NUMERIC - N2	
SDL004	NUMERIC	
SDL004s	STRING(200) - A200	
SDL005	NUMERIC	
SDL005a	NUMERIC - N2	
SDL006a	DATE - DDMONYYYY	
SDL006b	NUMERIC - N2	

ctn0030 : Study Drug Dosing Log (2of2) (SDL2)	
1.	SDL Num xx (ctn0030cdd:t_frSDL2.SDLNUM)
The visit interval includes the day of the last dosing visit up through yesterday. Account for any dose adjustments made during the interval. Include induction day if applicable.	
2.*	A Visit interval to determine compliance: NReq <input type="button" value="v"/> / NReq <input type="button" value="v"/> / NReq <input type="button" value="v"/> (2006- to (ctn0030cdd:t_frSDL2.SDL007a1) NReq <input type="button" value="v"/> / NReq <input type="button" value="v"/> / NReq <input type="button" value="v"/> (2006- (ctn0030cdd:t_frSDL2.SDL007a2) 2010)
3.*	B Total number of mg of BUP dispensed for the visit interval: xxx mg (ctn0030cdd:t_frSDL2.SDL007b)
4.*	C Total number of mg of BUP returned at this visit: xxx mg (ctn0030cdd:t_frSDL2.SDL007c)
5.*	D Total number of mg of BUP that should have been taken during visit interval: xxx mg (ctn0030cdd:t_frSDL2.SDL007d)
6.*	E Pill Count percentage: [hidden] A3 (Compliance equals (B-C)/Dx100) (ctn0030cdd:t_frSDL2.SDL007e)
	E Pill Count percentage: (Compliance equals((B-C)/D)x100) (ctn0030cdd:t_frSDL2.SDL7CC)
Reasons for Non-Compliance:	
If pill count percentage is NOT equal to 100%, what is the primary reason the participant identified?	
7.*	Reason for < 100% Pulldown List 1 <input type="button" value="v"/> (ctn0030cdd:t_frSDL2.SDL008) Other (specify): A200 (ctn0030cdd:t_frSDL2.SDL008a)
8.*	Reason for > 100% Pulldown List 2 <input type="button" value="v"/> (ctn0030cdd:t_frSDL2.SDL009) Other (specify): A200 (ctn0030cdd:t_frSDL2.SDL009a)
* Item is not required	

Pulldown List 1:			
RefName	Display Text	Value	Design Note
ieUNCOM1	1 Experienced physical side effects	1	
ieUNCOM2	2 Experienced mental side effects	2	
ieUNCOM3	3 Wanted to drink or use illicit drugs and was worried about mixing pills	3	
ieUNCOM4	4 Wanted to use opiates and believed medication would interfere with getting high	4	
ieUNCOM5	5 Was experiencing pain and wanted to use other opioid analgesics	5	
ieUNCOM6	6 Thinks medication is not the best treatment for addiction	6	
ieUNCOM7	7 Believes s/he is cured	7	
ieUNCOM8	8 Has misconceptions about what the medication will or will not do	8	
ieUNCOM9	9 Forgot to take medication	9	

ieUCOM10	10 Did not have access to medication (e.g. went on vacation and left medication at home)	10	
ieUCOM11	11 Ran out of medication	11	
ieMISUND	12 Misunderstood dosing instructions	12	
ieUCOM13	13 Felt she/he did not need full prescribed dose	13	
ieOther	98 Other	98	

Pulldown List 2:			
RefName	Display Text	Value	Design Note
ieOVCOM1	1 Was experiencing withdrawal symptoms	1	
ieOVCOM2	2 Was experiencing pain	2	
ieOVCOM3	3 Increased pill taking to make-up for skipping doses and ultimately took more than prescribed	3	
ieOVCOM4	4 Has misconceptions about what the medication will or will not do	4	
ieOVCOM5	5 Was impatient waiting for the medication to work	5	
ieOVCOM6	6 Wanted to get high	6	
ieOVCOM7	7 Lost medication	7	
ieOVCOM8	8 Reported that medication was stolen	8	
ieMISUND	12 Misunderstood dosing instructions	12	
ieOVCOM13	13 Did not return medication	13	
ieOVCOM14	14 Sold or gave away medication	14	
ieOther	98 Other	98	

CDD: ctn0030cdd Table: t_frSDL2 Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
SDLNUM	NUMERIC - N2	
SDL007a1	DATE - DDMONYYYY	
SDL007a2	DATE - DDMONYYYY	
SDL007b	NUMERIC - N3	
SDL007c	NUMERIC - N3	
SDL007d	NUMERIC - N3	
SDL007e	STRING(3) - A3	
SDL7CC	STRING(255)	
SDL008	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 98	
SDL008a	STRING(200) - A200	
SDL009	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 12, 13, 14, 98	
SDL009a	STRING(200) - A200	

ctn0030 : ASL Lite Follow-Up - General & Medical (ASF1)	
General Information	
1.	<p>G19. Have you been in a controlled environment in the past 30 days? (A place, theoretically, without access to drugs/alcohol)</p> <p>Pulldown List 1 <input type="button" value="v"/> (ctn0030cdd:t_frASF1.G19) A30 (ctn0030cdd:t_frASF1.G19s) Other (specify)</p>
2.	<p>G20. How many days? (Refers to total number of days detained in the past 30 days)</p> <p>(ctn0030cdd:t_frASF1.G20a) [1] <input type="radio"/> xx (0 =< n <= 30) (ctn0030cdd:t_frASF1.G20) [96] <input type="radio"/> 96 Not applicable [97] <input type="radio"/> 97 Not answered</p>
3.*	<p>General Comments</p> <p>A200 (ctn0030cdd:t_frASF1.GCOM)</p>
Medical Status	
4.	<p>M1. How many times in your life have you been hospitalized for medical problems? (Include O.D.'s and D.T.'s. Exclude detox, alcohol/drug, psychiatric treatment and childbirth (if no complications). (Enter the number of overnight hospitalizations for medical problems)</p> <p>(ctn0030cdd:t_frASF1.M1a) [1] <input type="radio"/> xx (0 =< n <= 99) times (ctn0030cdd:t_frASF1.M1) [97] <input type="radio"/> 97 Not answered</p>
5.	<p>M4. Are you taking any prescribed medication on a regular basis for a physical problem? (Medication prescribed by a M.D. for medical conditions; not psychiatric medicines.) (Include medicines prescribed, whether or not the patient is currently taking them)(The intent is to verify chronic medical problems)</p> <p>(ctn0030cdd:t_frASF1.M4) [97] <input type="radio"/> 97 Not answered [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes: Specify: (ctn0030cdd:t_frASF1.M4s) A100</p>
6.	<p>M5. Do you receive a pension for a physical disability? (Include Workers' Compensation, exclude psychiatric disability)</p> <p>(ctn0030cdd:t_frASF1.M5) [97] <input type="radio"/> 97 Not answered [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes: Specify: (ctn0030cdd:t_frASF1.M5s) A100</p>
7.	<p>M6. How many days have you experienced medical problems in the past 30 days? (Do not include ailments directly caused by drugs/alcohol) (Include flu, colds, etc. Include serious ailments related to drugs/alcohol, which would continue even if the patient were abstinent)(e.g. cirrhosis of liver, abscesses from needles, etc)</p> <p>(ctn0030cdd:t_frASF1.M6a) [1] <input type="radio"/> xx (0 =< n <= 30) days (ctn0030cdd:t_frASF1.M6) [97] <input type="radio"/> 97 Not answered</p>
8.	<p>For questions M7 and M8, please ask patient to use the Patient Rating Scale.</p> <p>M7. How troubled or bothered have you been by these medical problems in the past 30 days? (Restrict response to problem days of question M6)</p> <p>Pulldown List 2 <input type="button" value="v"/> (ctn0030cdd:t_frASF1.M7)</p>
9.	<p>M8. How important to you now is treatment for these medical problems? (Refers to the need for new or additional medical treatment by the patient)</p> <p>Pulldown List 3 <input type="button" value="v"/> (ctn0030cdd:t_frASF1.M8)</p>
10.	<p>Confidence Ratings: Is the above information significantly distorted by:</p> <p>M10. Patient's misrepresentation?</p> <p>(ctn0030cdd:t_frASF1.M10) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes</p>
11.	<p>M11. Patient's inability to understand?</p> <p>(ctn0030cdd:t_frASF1.M11) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes</p>

12.*	Medical Comments	A200	(ctn0030cdd:t_frASF1.MCOM)
* Item is not required			

Form Design Note:
Shares items and controls with ASL1

Pulldown List 1:			
RefName	Display Text	Value	Design Note
ieCTRLENV1	1 No	1	
ieCTRLENV2	2 Jail	2	
ieCTRLENV3	3 Alcohol Or Drug Treatment	3	
ieCTRLENV4	4 Medical Treatment	4	
ieCTRLENV5	5 Psychiatric Treatment	5	
ieOther	98 Other	98	

Pulldown List 2:			
RefName	Display Text	Value	Design Note
ieXTRMSCL0	0 Not At All	0	
ieXTRMSCL1	1 Slightly	1	
ieXTRMSCL2	2 Moderately	2	
ieXTRMSCL3	3 Considerably	3	
ieXTRMSCL4	4 Extremely	4	
ieNotAns	97 Not answered	97	

Pulldown List 3:			
RefName	Display Text	Value	Design Note
ieXTRMSCL0	0 Not At All	0	
ieXTRMSCL1	1 Slightly	1	
ieXTRMSCL2	2 Moderately	2	
ieXTRMSCL3	3 Considerably	3	
ieXTRMSCL4	4 Extremely	4	
ieNotAns	97 Not answered	97	

CDD: ctn0030cdd	Table: t_frASF1	Key Type: PATIENTVISIT
Column Name	Column Data Type	Design Note

G19	STRING(255) - 1, 2, 3, 4, 5, 98	
G19s	STRING(30) - A30	
G20a	NUMERIC	
G20	NUMERIC - N2	
GCOM	STRING(200) - A200	
M1a	NUMERIC	
M1	NUMERIC - N2	
M4	NUMERIC	
M4s	STRING(100) - A100	
M5	NUMERIC	
M5s	STRING(100) - A100	
M6a	NUMERIC	
M6	NUMERIC - N2	
M7	STRING(255) - 0, 1, 2, 3, 4, 97	
M8	STRING(255) - 0, 1, 2, 3, 4, 97	
M10	NUMERIC	
M11	NUMERIC	
MCOM	STRING(200) - A200	

ctn0030 : ASI-Lite Follow-Up: Employment/Support Status (1of2) (ASF2)	
Employment/Support Status	
1.	<p>E1 Education completed since your last ASI:</p> <p>(ctn0030cdd:t_frASF2.rcE1) [99] <input type="radio"/> xx (0 =< n <= 30) (ctn0030cdd:t_frASF2.E1a) xx (0 =< n <= 11) (ctn0030cdd:t_frASF2.E1b) OR [97] <input type="radio"/> 97 Not answered A-Years B-Months GED=12 years Include formal education only.</p>
2.	<p>E2 Training or technical education completed since your last ASI:</p> <p>(ctn0030cdd:t_frASF2.rcE2) [99] <input type="radio"/> xx (0 =< n <= 30) (ctn0030cdd:t_frASF2.E2a) xx (0 =< n <= 11) (ctn0030cdd:t_frASF2.E2b) OR [97] <input type="radio"/> 97 Not answered A-Years B-Months Formal/organized training only. For military training, only include training that can be used in civilian life, i.e., electronics or computers</p>
3.	<p>E4 Do you have a valid Driver's License?</p> <p>(ctn0030cdd:t_frASF2.E4) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [97] <input type="radio"/> 97 Not answered (Valid license; not suspended/revoked)</p>
4.	<p>E5 Do you have a automobile available?</p> <p>(ctn0030cdd:t_frASF2.E5) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [97] <input type="radio"/> 97 Not answered If answer to E4 is \neqNo, then E5 must be \neqNo. Does not require ownership, only requires availability on a regular basis.</p>
5.	<p>E7. Usual (or last) occupation since your last ASI?</p> <p>Specify: *Use Hollingshead Categories Reference Sheet. Pulldown List 1 <input type="button" value="v"/> (ctn0030cdd:t_frASF2.E7)</p>
6.	<p>E9 Does someone contribute the majority of your support?</p> <p>(ctn0030cdd:t_frASF2.E9) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [97] <input type="radio"/> 97 Not answered Is patient receiving any regular support (i.e., cash, food, housing) from family/friend? Include spouse's contribution; exclude support by an institution)</p>
7.	<p>E11 How many days were you paid for working in the past 30 days?</p> <p>(ctn0030cdd:t_frASF2.rcE11) [99] <input type="radio"/> xx (0 =< n <= 30) days (ctn0030cdd:t_frASF2.E11) [97] <input type="radio"/> 97 Not answered Include "under the table" work, paid sick days, and vacation.</p>
8.*	<p>Employment Comments</p> <p>A200 <input type="text"/> (ctn0030cdd:t_frASF2.ECOM)</p>

* Item is not required

Form Design Note:

Shares items & controls with ASL2

Pulldown List 1:			
RefName	Display Text	Value	Design Note
ieHiExec	1 Higher Executive, Major Professional, Owner of Large Business	1	
ieBusMan	2 Business manager, Owner, Other Professional	2	
ieAdmPer	3 Administrative Personnel, Manager, Owner/Proprietor of Small Business	3	
ieCleSal	4 Clerical and Sales, Technician, Owner of Small Business	4	
ieSkiMan	5 Skilled Manual - usually having had training	5	
ieSemSki	6 Semi-skilled	6	
ieUnsUne	7 Unskilled include unemployed	7	
ieHomMak	8 Homemaker	8	
ieStuden	9 Student/No Occupation/Disabled	9	
ieNotAns	97 Not answered	97	

CDD: ctn0030cdd Table: t_frASF2 Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
rcE1	NUMERIC	
E1a	NUMERIC - N2	
E1b	NUMERIC - N2	
rcE2	NUMERIC	
E2a	NUMERIC - N2	
E2b	NUMERIC - N2	
E4	NUMERIC	
E5	NUMERIC	
E7	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9, 97	
E9	NUMERIC	
rcE11	NUMERIC	
E11	NUMERIC - N2	
ECOM	STRING(200) - A200	

ctn0030 : ASI-Lite Follow-Up: Employment/Support Status (2of2) (ASF3)	
Employment/Support Status	
For questions E12-E17: How much money did you receive from the following sources in the past 30 days?	
1. E12 Employment?	(ctn0030cdd:t_frASF3.rcE12) [99] <input type="radio"/> \$ xxxxx (0 =< n <= 99999) (ctn0030cdd:t_frASF3.E12) OR [97] <input type="radio"/> 97 Not answered Net or "take home" pay, include any "under the table" money.
2. E13 Unemployment compensation:	(ctn0030cdd:t_frASF3.rcE13) [99] <input type="radio"/> \$ xxxxx (0 =< n <= 99999) (ctn0030cdd:t_frASF3.E13) OR [97] <input type="radio"/> 97 Not answered
3. E14 Welfare:	(ctn0030cdd:t_frASF3.rcE14) [99] <input type="radio"/> \$ xxxxx (0 =< n <= 99999) (ctn0030cdd:t_frASF3.E14) OR [97] <input type="radio"/> 97 Not answered Include food stamps, transportation money provided by an agency to go to and from treatment.
4. E15 Pensions, benefits, or Social Security:	(ctn0030cdd:t_frASF3.rcE15) [99] <input type="radio"/> \$ xxxxx (0 =< n <= 99999) (ctn0030cdd:t_frASF3.E15) OR [97] <input type="radio"/> 97 Not answered Include disability, pensions, retirement, veteran's benefits, SSI & workers' compensation.
5. E16 Mate, family or friends:	(ctn0030cdd:t_frASF3.rcE16) [99] <input type="radio"/> \$ xxxxx (0 =< n <= 99999) (ctn0030cdd:t_frASF3.E16) OR [97] <input type="radio"/> 97 Not answered Money for personal expenses, (i.e., clothing), include unreliable sources of income (e.g., gambling). Record cash payments only, include windfalls (unexpected), money from loans, gambling, inheritance, tax returns, etc.
6. E17 Illegal:	(ctn0030cdd:t_frASF3.rcE17) [99] <input type="radio"/> \$ xxxxx (0 =< n <= 99999) (ctn0030cdd:t_frASF3.E17) OR [97] <input type="radio"/> 97 Not answered Cash obtained from drug dealing, stealing, fencing stolen goods, gambling, prostitution, etc. Do not attempt to convert drugs exchanged to a dollar value.
7. E18 How many people depend on you for the majority of their food, shelter, etc.?	(ctn0030cdd:t_frASF3.rcE18) [99] <input type="radio"/> xx (0 =< n <= 99) max = 99 (ctn0030cdd:t_frASF3.E18) OR [97] <input type="radio"/> 97 Not answered Must be regularly depending on patient; do include alimony/child support; do not include the patient or self-supporting spouse, etc.
8. E19 How many days have you experienced employment problems in the past 30 days:	(ctn0030cdd:t_frASF3.rcE19) [99] <input type="radio"/> xx (0 =< n <= 30) days (ctn0030cdd:t_frASF3.E19) OR [97] <input type="radio"/> 97 Not answered Include inability to find work, if they are actively looking for work, or problems with present job in which that job is jeopardized.
For questions E20-E21: Please ask patient to use the Patient Rating Scale.	
The patient's ratings in questions E20 and E21 refer to question E19. Stress help in finding or preparing for a job, not giving them a job.	
9. E20 How troubled or bothered have you been by these employment problems in the past 30 days?	Pulldown List 1 <input type="button" value="v"/> (ctn0030cdd:t_frASF3.E20) If the patient has been incarcerated or detained during the past 30 days, they cannot have employment problems.
10. E21 How important to you now is counseling for these employment problems?	Pulldown List 2 <input type="button" value="v"/> (ctn0030cdd:t_frASF3.E21)

Confidence Ratings: Is the above information significantly distorted by:		
11.	E23 Patient's misrepresentation?	(ctn0030cdd:t_frASF3.E23) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes
12.	E24 Patient's inability to understand?	(ctn0030cdd:t_frASF3.E24) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes
13. *	Employment Comments	<input type="text" value="A200"/> (ctn0030cdd:t_frASF3.ECOM)
* Item is not required		

Form Design Note:
Shares items & controls with ASL3

Pulldown List 1:			
RefName	Display Text	Value	Design Note
ieNoAtAI	0 Not at all	0	
ieSlight	1 Slightly	1	
ieModrtly	2 Moderately	2	
ieConsid	3 Considerably	3	
ieExtrem	4 Extremely	4	
ieNotAns	97 Not answered	97	

Pulldown List 2:			
RefName	Display Text	Value	Design Note
ieNoAtAI	0 Not at all	0	
ieSlight	1 Slightly	1	
ieModrtly	2 Moderately	2	
ieConsid	3 Considerably	3	
ieExtrem	4 Extremely	4	
ieNotAns	97 Not answered	97	

CDD: ctn0030cdd Table: t_frASF3 Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
rcE12	NUMERIC	
E12	NUMERIC - N5	
rcE13	NUMERIC	

E13	NUMERIC - N5	
rcE14	NUMERIC	
E14	NUMERIC - N5	
rcE15	NUMERIC	
E15	NUMERIC - N5	
rcE16	NUMERIC	
E16	NUMERIC - N5	
rcE17	NUMERIC	
E17	NUMERIC - N5	
rcE18	NUMERIC	
E18	NUMERIC - N2	
rcE19	NUMERIC	
E19	NUMERIC - N2	
E20	STRING(255) - 0, 1, 2, 3, 4, 97	
E21	STRING(255) - 0, 1, 2, 3, 4, 97	
E23	NUMERIC	
E24	NUMERIC	
ECOM	STRING(200) - A200	

ctn0030 : ASI-Lite Follow-Up: Alcohol/Drugs (1of3) (ASF4)		
Route of Administration		
1 = Oral 2 = Nasal 3 = Smoking 4 = Non-IV injection 5 = IV Injection Note the usual or most recent route . For more than one route, choose the most severe. The routes are listed from least severe to most severe.		
1.	D1 Alcohol (any use at all)	A Past 30 (ctn0030cdd:t_frASF4.D1a) (Days) xx (0 =< n <= 30)
2.	D2 Alcohol (to intoxication)	A Past 30 (ctn0030cdd:t_frASF4.D2a) (Days) xx (0 =< n <= 30)
3.	D3 Heroin	A Past 30 (ctn0030cdd:t_frASF4.D3a) (Days) xx (0 =< n <= 30)
4.	D4 Methadone/LAAM (prescribed)	A Past 30 (ctn0030cdd:t_frASF4.D4a) (Days) xx (0 =< n <= 30)
5.	D4a Methadone/LAAM (illicit)	A Past 30 (ctn0030cdd:t_frASF4.D4a1) (Days) xx (0 =< n <= 30)
6.	D5 Other opiates/ analgesics:	A Past 30 (ctn0030cdd:t_frASF4.D5a) (Days) xx (0 =< n <= 30)
7.	D6 Barbiturates:	A Past 30 (ctn0030cdd:t_frASF4.D6a) (Days) xx (0 =< n <= 30)
8.	D7 Other sedatives/hypnotics/tranquilizers:	A Past 30 (ctn0030cdd:t_frASF4.D7a) (Days) xx (0 =< n <= 30)
9.	D8 Cocaine:	A Past 30 (ctn0030cdd:t_frASF4.D8a) (Days) xx (0 =< n <= 30)
10.	D9 Amphetamines:	A Past 30 (ctn0030cdd:t_frASF4.D9a) (Days) xx (0 =< n <= 30)
11.	D10 Cannabis:	A Past 30 (ctn0030cdd:t_frASF4.D10a) (Days) xx (0 =< n <= 30)
12.	D11 Hallucinogens:	A Past 30 (ctn0030cdd:t_frASF4.D11a) (Days) xx (0 =< n <= 30)

13.	D12 Inhalants:	A Past 30 (ctn0030cdd:t_frASF4.D12a) (Days) xx (0 =< n <= 30)	Route of Administration Pulldown List 11 (ctn0030cdd:t_frASF4.D12c)
14.	D36 Nicotine (<i>tobacco products</i>):	A Past 30 (ctn0030cdd:t_frASF4.D36a) (Days) xx (0 =< n <= 30)	
15.	D13 More than 1 substance per day (<i>Including alcohol, excluding nicotine</i>):	A Past 30 (ctn0030cdd:t_frASF4.D13a) (Days) xx (0 =< n <= 30)	
16.*	Drug & Alcohol Comments	A200 (ctn0030cdd:t_frASF4.DCOM)	

* Item is not required

Form Design Note:

Shares controls with ASL4

Pulldown List 1:

RefName	Display Text	Value	Design Note
ieOral	1 Oral	1	
ieNasal	2 Nasal	2	
ieSmokin	3 Smoking	3	
ieNonIVI	4 Non IV injection	4	
ieIVinje	5 IV injection	5	
ieNotAns	97 Not answered	97	
ieNotApp	96 Not applicable	96	

Pulldown List 2:

RefName	Display Text	Value	Design Note
ieOral	1 Oral	1	
ieNasal	2 Nasal	2	
ieSmokin	3 Smoking	3	
ieNonIVI	4 Non IV injection	4	
ieIVinje	5 IV injection	5	
ieNotAns	97 Not answered	97	
ieNotApp	96 Not applicable	96	

Pulldown List 3:			
RefName	Display Text	Value	Design Note
ieOral	1 Oral	1	
ieNasal	2 Nasal	2	
ieSmokin	3 Smoking	3	
ieNonIVI	4 Non IV injection	4	
ieIVinje	5 IV injection	5	
ieNotAns	97 Not answered	97	
ieNotApp	96 Not applicable	96	

Pulldown List 4:			
RefName	Display Text	Value	Design Note
ieOral	1 Oral	1	
ieNasal	2 Nasal	2	
ieSmokin	3 Smoking	3	
ieNonIVI	4 Non IV injection	4	
ieIVinje	5 IV injection	5	
ieNotAns	97 Not answered	97	
ieNotApp	96 Not applicable	96	

Pulldown List 5:			
RefName	Display Text	Value	Design Note
ieOral	1 Oral	1	
ieNasal	2 Nasal	2	
ieSmokin	3 Smoking	3	
ieNonIVI	4 Non IV injection	4	
ieIVinje	5 IV injection	5	
ieNotAns	97 Not answered	97	
ieNotApp	96 Not applicable	96	

Pulldown List 6:			
RefName	Display Text	Value	Design Note
ieOral	1 Oral	1	
ieNasal	2 Nasal	2	
ieSmokin	3 Smoking	3	
ieNonIVI	4 Non IV injection	4	
ieIVinje	5 IV injection	5	

ieNotAns	97 Not answered	97	
ieNotApp	96 Not applicable	96	

Pulldown List 7:			
RefName	Display Text	Value	Design Note
ieOral	1 Oral	1	
ieNasal	2 Nasal	2	
ieSmokin	3 Smoking	3	
ieNonIVI	4 Non IV injection	4	
ieIVinje	5 IV injection	5	
ieNotAns	97 Not answered	97	
ieNotApp	96 Not applicable	96	

Pulldown List 8:			
RefName	Display Text	Value	Design Note
ieOral	1 Oral	1	
ieNasal	2 Nasal	2	
ieSmokin	3 Smoking	3	
ieNonIVI	4 Non IV injection	4	
ieIVinje	5 IV injection	5	
ieNotAns	97 Not answered	97	
ieNotApp	96 Not applicable	96	

Pulldown List 9:			
RefName	Display Text	Value	Design Note
ieOral	1 Oral	1	
ieNasal	2 Nasal	2	
ieSmokin	3 Smoking	3	
ieNonIVI	4 Non IV injection	4	
ieIVinje	5 IV injection	5	
ieNotAns	97 Not answered	97	
ieNotApp	96 Not applicable	96	

Pulldown List 10:			
RefName	Display Text	Value	Design Note
ieOral	1 Oral	1	
ieNasal	2 Nasal	2	

ieSmokin	3 Smoking	3	
ieNonIVI	4 Non IV injection	4	
ieIVinje	5 IV injection	5	
ieNotAns	97 Not answered	97	
ieNotApp	96 Not applicable	96	

Pulldown List 11:			
RefName	Display Text	Value	Design Note
ieOral	1 Oral	1	
ieNasal	2 Nasal	2	
ieSmokin	3 Smoking	3	
ieNonIVI	4 Non IV injection	4	
ieIVinje	5 IV injection	5	
ieNotAns	97 Not answered	97	
ieNotApp	96 Not applicable	96	

CDD: ctn0030cdd Table: t_frASF4 Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
D1a	NUMERIC - N2	
D2a	NUMERIC - N2	
D3a	NUMERIC - N2	
D3c	STRING(255) - 1, 2, 3, 4, 5, 97, 96	
D4a	NUMERIC - N2	
D4c	STRING(255) - 1, 2, 3, 4, 5, 97, 96	
D4a1	NUMERIC - N2	
D4a1c	STRING(255) - 1, 2, 3, 4, 5, 97, 96	
D5a	NUMERIC - N2	
D5c	STRING(255) - 1, 2, 3, 4, 5, 97, 96	
D6a	NUMERIC - N2	
D6c	STRING(255) - 1, 2, 3, 4, 5, 97, 96	
D7a	NUMERIC - N2	
D7c	STRING(255) - 1, 2, 3, 4, 5, 97, 96	
D8a	NUMERIC - N2	
D8c	STRING(255) - 1, 2, 3, 4, 5, 97, 96	
D9a	NUMERIC - N2	
D9c	STRING(255) - 1, 2, 3, 4, 5, 97, 96	
D10a	NUMERIC - N2	

D10c	STRING(255) - 1, 2, 3, 4, 5, 97, 96	
D11a	NUMERIC - N2	
D11c	STRING(255) - 1, 2, 3, 4, 5, 97, 96	
D12a	NUMERIC - N2	
D12c	STRING(255) - 1, 2, 3, 4, 5, 97, 96	
D36a	NUMERIC - N2	
D36b	NUMERIC	
D13a	NUMERIC - N2	
DCOM	STRING(200) - A200	

ctn0030 : ASI-Lite Follow-Up: Alcohol/Drugs (2of3) (ASF5)		
Alcohol/Drugs (continued)		
1.	D14 According to the interviewer, which substance(s) is/are the major problem?:	Pull-down List 1 <input type="button" value="v"/> (ctn0030cdd:t_frASF5.D14) Interviewer should determine the major drug or drugs of abuse (excluding Nicotine use). Code the number next to the drug in questions D14-12 (code prescribed or illicit methadone as 04). 00 = no problem, 15 = alcohol and one or more drugs; 16 = more than one drug but no alcohol. Ask patient when not clear.
2.	D17 How many times since your last ASI have you had Alcohol DT's?	(ctn0030cdd:t_frASF5.rcD17) [99] <input type="radio"/> xx (0 =< n <= 99) (ctn0030cdd:t_frASF5.D17) OR [97] <input type="radio"/> 97 Not answered Delirium Tremens (DTs): Occur 24-48 hours after last drink, or significant decrease in alcohol intake. Characterized by shaking, severe disorientation, fever, hallucinations; they usually require medical attention.
How many times in your life have you been treated for:		
3.	D19 Alcohol abuse:	(ctn0030cdd:t_frASF5.rcD19) [99] <input type="radio"/> xx (0 =< n <= 99) (ctn0030cdd:t_frASF5.D19) OR [97] <input type="radio"/> 97 Not answered Include detoxification, halfway houses, in/outpatient counseling and AA or NA (if 3+ meetings within one month period.)
4.	D20 Drug abuse:	(ctn0030cdd:t_frASF5.rcD20) [99] <input type="radio"/> xx (0 =< n <= 99) (ctn0030cdd:t_frASF5.D20) OR [97] <input type="radio"/> 97 Not answered Include detoxification, halfway houses, in/outpatient counseling and AA or NA (if 3+ meetings within one month period.)
How many of these were detox only:		
5.	D21 Alcohol:	(ctn0030cdd:t_frASF5.rcD21) [99] <input type="radio"/> xx (0 =< n <= 99) (ctn0030cdd:t_frASF5.D21) OR [97] <input type="radio"/> 97 Not answered If D19 = "00," then question D21 is "Not answered"
6.	D22 Drugs:	(ctn0030cdd:t_frASF5.rcD22) [99] <input type="radio"/> xx (0 =< n <= 99) (ctn0030cdd:t_frASF5.D22) OR [97] <input type="radio"/> 97 Not answered If D20 = "00," then question D22 is "Not answered"
How much money would you say you spent during the past 30 days on:		
7.	D23 Alcohol	(ctn0030cdd:t_frASF5.rcD23) [99] <input type="radio"/> \$ xxxxx (0 =< n <= 99999) (ctn0030cdd:t_frASF5.D23) OR [97] <input type="radio"/> 97 Not answered Only count actual money spent. What is the financial burden caused by alcohol?
8.	D24 Drugs	(ctn0030cdd:t_frASF5.rcD24) [99] <input type="radio"/> \$ xxxxx (0 =< n <= 99999) (ctn0030cdd:t_frASF5.D24) OR [97] <input type="radio"/> 97 Not answered Only count actual money spent. What is the financial burden caused by drugs?
9.	D25 How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days?	(ctn0030cdd:t_frASF5.rcD25) [99] <input type="radio"/> xx (0 =< n <= 30) days (ctn0030cdd:t_frASF5.D25) OR [97] <input type="radio"/> 97 Not answered Include AA/NA

10.	D26 How many days in the past 30 have you experienced alcohol problems?	(ctn0030cdd:t_frASF5.rcD26) [99] <input type="radio"/> xx (0 =< n <= 30) days (ctn0030cdd:t_frASF5.D26) OR [97] <input type="radio"/> 97 Not answered
11.*	Drug & Alcohol Comments	A200 (ctn0030cdd:t_frASF5.DCOM)

* Item is not required

Form Design Note:

Shares sections, items & controls with frASL5

Pulldown List 1:

RefName	Display Text	Value	Design Note
ieNoProb	00 No Problem	0	
ieAlcAny	01 Alcohol (any use at all)	1	
ieAlcToI	02 Alcohol (to intoxicification)	2	
ieHeroin	03 Heroin	3	
ieMethad	04 Methadone	4	
ieOthOpi	05 Other Opiates/Analgesics	5	
ieBarbit	06 Barbiturates	6	
ieOthSed	07 Other Sedatives/Hypnotics/Tranquilizers	7	
ieCocain	08 Cocaine	8	
ieAmphet	09 Amphetamines	9	
ieCannab	10 Cannabis	9	
ieHalluc	11 Hallucinogens	11	
ieInhalants	12 Inhalants	12	
ieAlcDru	15 Alcohol and one or more drugs	15	
ieDrNoAl	16 More than one drug but no alcohol	16	
ieNotAns	97 Not answered	97	

CDD: ctn0030cdd Table: t_frASF5 Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
D14	STRING(255) - 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 9, 11, 12, 15, 16, 97	
rcD17	NUMERIC	
D17	NUMERIC - N2	
rcD19	NUMERIC	
D19	NUMERIC - N2	

rcD20	NUMERIC	
D20	NUMERIC - N2	
rcD21	NUMERIC	
D21	NUMERIC - N2	
rcD22	NUMERIC	
D22	NUMERIC - N2	
rcD23	NUMERIC	
D23	NUMERIC - N5	
rcD24	NUMERIC	
D24	NUMERIC - N5	
rcD25	NUMERIC	
D25	NUMERIC - N2	
rcD26	NUMERIC	
D26	NUMERIC - N2	
DCOM	STRING(200) - A200	

ctn0030 : ASI-Lite Follow-Up: Alcohol/Drugs (3of3) (ASF6)	
For questions D28-D31, please ask patient to use the Patient Rating Scale. The patient is rating the need for additional substance abuse treatment.	
1. D28 How troubled or bothered have you been in the past 30 days by alcohol problems?	Pulldown List 1 <input type="button" value="v"/> (ctn0030cdd:t_frASF6.D28)
2. D30 How important to you now is treatment for alcohol problems?	Pulldown List 2 <input type="button" value="v"/> (ctn0030cdd:t_frASF6.D30)
3. D27 How many days in the past 30 have you experienced drug problems? (Include: craving, withdrawal symptoms, disturbing effects of use, or wanting to stop being unable to)	(ctn0030cdd:t_frASF6.rcD27) [99] <input type="radio"/> xx (0 =< n <= 30) days (ctn0030cdd:t_frASF6.D27) OR [97] <input type="radio"/> 97 Not answered
4. D29 How troubled or bothered have you been in the past 30 days by drug problems?	Pulldown List 3 <input type="button" value="v"/> (ctn0030cdd:t_frASF6.D29)
5. D31 How important to you now is treatment for these drug problems?	Pulldown List 4 <input type="button" value="v"/> (ctn0030cdd:t_frASF6.D31)
Confidence Ratings: Is the above information significantly distorted by:	
6. D34 Patient's misrepresentation?	(ctn0030cdd:t_frASF6.D34) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes
7. D35 Patient's inability to understand?	(ctn0030cdd:t_frASF6.D35) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes
8.* Drug & Alcohol Comments	<input type="text" value="A200"/> (ctn0030cdd:t_frASF6.DCOM)
* Item is not required	

Pulldown List 1:			
RefName	Display Text	Value	Design Note
ieNoAtAl	0 Not at all	0	
ieSlight	1 Slightly	1	
ieModrtly	2 Moderately	2	
ieConsid	3 Considerably	3	
ieExtrem	4 Extremely	4	
ieNotAns	97 Not answered	97	

Pulldown List 2:			
RefName	Display Text	Value	Design Note
ieNoAtAl	0 Not at all	0	
ieSlight	1 Slightly	1	
ieModrtly	2 Moderately	2	
ieConsid	3 Considerably	3	
ieExtrem	4 Extremely	4	
ieNotAns	97 Not answered	97	

Pulldown List 3:			
RefName	Display Text	Value	Design Note
ieNoAtAI	0 Not at all	0	
ieSlight	1 Slightly	1	
ieModrtly	2 Moderately	2	
ieConsid	3 Considerably	3	
ieExtrem	4 Extremely	4	
ieNotAns	97 Not answered	97	

Pulldown List 4:			
RefName	Display Text	Value	Design Note
ieNoAtAI	0 Not at all	0	
ieSlight	1 Slightly	1	
ieModrtly	2 Moderately	2	
ieConsid	3 Considerably	3	
ieExtrem	4 Extremely	4	
ieNotAns	97 Not answered	97	

CDD: ctn0030cdd Table: t_frASF6 Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
D28	STRING(255) - 0, 1, 2, 3, 4, 97	
D30	STRING(255) - 0, 1, 2, 3, 4, 97	
rcD27	NUMERIC	
D27	NUMERIC - N2	
D29	STRING(255) - 0, 1, 2, 3, 4, 97	
D31	STRING(255) - 0, 1, 2, 3, 4, 97	
D34	NUMERIC	
D35	NUMERIC	
DCOM	STRING(200) - A200	

ctn0030 : ASI-Lite Follow-up: Legal Status (1of2) (ASF7)		
Legal Status		
1.	L2 Are you on probation or parole?	(ctn0030cdd:t_frASF7.L2) [0] <input type="radio"/> 0 No, neither [2] <input type="radio"/> 2 Yes, parole or post release supervision [3] <input type="radio"/> 3 Yes, probation or pre-sentencing diversion [97] <input type="radio"/> 97 Not answered Note duration and level in comments.
How many times in your life have you been arrested and charged with the following		
(include total numbers of counts, not just convictions. Do not include juvenile [pre-age, 18] crimes, unless they were charged as an adult. Include formal charges only):		
2.	L3 Shoplifting/vandalism:	(ctn0030cdd:t_frASF7.rcL3) [99] <input type="radio"/> xx (0 =< n <= 99) (ctn0030cdd:t_frASF7.L3) OR [97] <input type="radio"/> 97 Not answered
3.	L4 Parole/probation violations:	(ctn0030cdd:t_frASF7.rcL4) [99] <input type="radio"/> xx (0 =< n <= 99) (ctn0030cdd:t_frASF7.L4) OR [97] <input type="radio"/> 97 Not answered
4.	L5 Drug Charges:	(ctn0030cdd:t_frASF7.rcL5) [99] <input type="radio"/> xx (0 =< n <= 99) (ctn0030cdd:t_frASF7.L5) OR [97] <input type="radio"/> 97 Not answered
5.	L6 Forgery Charges:	(ctn0030cdd:t_frASF7.rcL6) [99] <input type="radio"/> xx (0 =< n <= 99) (ctn0030cdd:t_frASF7.L6) OR [97] <input type="radio"/> 97 Not answered
6.	L7 Weapons offense:	(ctn0030cdd:t_frASF7.rcL7) [99] <input type="radio"/> xx (0 =< n <= 99) (ctn0030cdd:t_frASF7.L7) OR [97] <input type="radio"/> 97 Not answered
7.	L8 Burglary/larceny/B&E:	(ctn0030cdd:t_frASF7.rcL8) [99] <input type="radio"/> xx (0 =< n <= 99) (ctn0030cdd:t_frASF7.L8) OR [97] <input type="radio"/> 97 Not answered
8.	L9 Robbery:	(ctn0030cdd:t_frASF7.rcL9) [99] <input type="radio"/> xx (0 =< n <= 99) (ctn0030cdd:t_frASF7.L9) OR [97] <input type="radio"/> 97 Not answered
9.	L10 Assault:	(ctn0030cdd:t_frASF7.rcL10) [99] <input type="radio"/> xx (0 =< n <= 99) (ctn0030cdd:t_frASF7.L10) OR [97] <input type="radio"/> 97 Not answered
10.	L11 Arson:	(ctn0030cdd:t_frASF7.rcL11) [99] <input type="radio"/> xx (0 =< n <= 99) (ctn0030cdd:t_frASF7.L11) OR [97] <input type="radio"/> 97 Not answered
11.	L12 Rape:	(ctn0030cdd:t_frASF7.rcL12) [99] <input type="radio"/> xx (0 =< n <= 99) (ctn0030cdd:t_frASF7.L12) OR [97] <input type="radio"/> 97 Not answered
12.	L13 Homicide/manslaughter:	(ctn0030cdd:t_frASF7.rcL13) [99] <input type="radio"/> xx (0 =< n <= 99) (ctn0030cdd:t_frASF7.L13) OR [97] <input type="radio"/> 97 Not answered
13.	L14 Prostitution:	(ctn0030cdd:t_frASF7.rcL14) [99] <input type="radio"/> xx (0 =< n <= 99) (ctn0030cdd:t_frASF7.L14) OR [97] <input type="radio"/> 97 Not answered
14.	L15 Contempt of court:	(ctn0030cdd:t_frASF7.rcL15)

		[99] <input type="radio"/> xx (0 =< n <= 99) (ctn0030cdd:t_frASF7.L15) OR [97] <input type="radio"/> 97 Not answered
15.*	L16 Other	(ctn0030cdd:t_frASF7.rcL16) [99] <input type="radio"/> xx (0 =< n <= 99) (ctn0030cdd:t_frASF7.L16) OR [97] <input type="radio"/> 97 Not answered (Other specify): (ctn0030cdd:t_frASF7.L16s) A30
16.	L17 How many of these charges resulted in convictions?	(ctn0030cdd:t_frASF7.rcL17) [99] <input type="radio"/> xx (0 =< n <= 99) (ctn0030cdd:t_frASF7.L17) OR [97] <input type="radio"/> 97 Not answered If L3-L16 = "00", then L17 = "Not Answered." Do not include misdemeanor offenses from questions L18-L20 below. Convictions include fines, probation, incarcerations, suspended sentences, and guilty pleas.
How many times in your life have you been charged with the following:		
17.	L18 Disorderly conduct, vagrancy, public intoxication:	(ctn0030cdd:t_frASF7.rcL18) [99] <input type="radio"/> xx (0 =< n <= 99) (ctn0030cdd:t_frASF7.L18) OR [97] <input type="radio"/> 97 Not answered
18.	L19 Driving while intoxicated (DWI):	(ctn0030cdd:t_frASF7.rcL19) [99] <input type="radio"/> xx (0 =< n <= 99) (ctn0030cdd:t_frASF7.L19) OR [97] <input type="radio"/> 97 Not answered
19.	L20 Major driving violations:	(ctn0030cdd:t_frASF7.rcL20) [99] <input type="radio"/> xx (0 =< n <= 99) (ctn0030cdd:t_frASF7.L20) OR [97] <input type="radio"/> 97 Not answered Moving violations: speeding, reckless driving, no license, etc
20.*	Legal Comments	A200 (ctn0030cdd:t_frASF7.LCOM)
* Item is not required		

CDD: ctn0030cdd Table: t_frASF7 Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
L2	NUMERIC	
rcL3	NUMERIC	
L3	NUMERIC - N2	
rcL4	NUMERIC	
L4	NUMERIC - N2	
rcL5	NUMERIC	
L5	NUMERIC - N2	
rcL6	NUMERIC	

L6	NUMERIC - N2	
rcL7	NUMERIC	
L7	NUMERIC - N2	
rcL8	NUMERIC	
L8	NUMERIC - N2	
rcL9	NUMERIC	
L9	NUMERIC - N2	
rcL10	NUMERIC	
L10	NUMERIC - N2	
rcL11	NUMERIC	
L11	NUMERIC - N2	
rcL12	NUMERIC	
L12	NUMERIC - N2	
rcL13	NUMERIC	
L13	NUMERIC - N2	
rcL14	NUMERIC	
L14	NUMERIC - N2	
rcL15	NUMERIC	
L15	NUMERIC - N2	
rcL16	NUMERIC	
L16	NUMERIC - N2	
L16s	STRING(30) - A30	
rcL17	NUMERIC	
L17	NUMERIC - N2	
rcL18	NUMERIC	
L18	NUMERIC - N2	
rcL19	NUMERIC	
L19	NUMERIC - N2	
rcL20	NUMERIC	
L20	NUMERIC - N2	
LCOM	STRING(200) - A200	

ctn0030 : ASI-Lite Follow-up: Legal Status (2of2) (ASF8)	
Legal Status (continued)	
1.	<p>L21 How many months were you incarcerated since your last ASI?</p> <p>(ctn0030cdd:t_frASF8.rcL21) <input type="radio"/> [99] <input type="radio"/> xx (0 =< n <= 99) (ctn0030cdd:t_frASF8.L21) OR <input type="radio"/> [97] <input type="radio"/> 97 Not answered If incarcerated 2 weeks or more, round this up to 1 month. List total number of months incarcerated.</p>
2.	<p>L24 Are you presently awaiting charges, trial or sentence?</p> <p>(ctn0030cdd:t_frASF8.L24) <input type="radio"/> [0] <input type="radio"/> 0 No <input type="radio"/> [1] <input type="radio"/> 1 Yes <input type="radio"/> [97] <input type="radio"/> 97 Not answered</p>
3.	<p>L25 What for (refers to L24)?</p> <p>Pulldown List 1 <input type="button" value="v"/> (ctn0030cdd:t_frASF8.L25) Use code 03-16, 18-20. If more than one, choose most severe. Don't include civil cases, unless a criminal offense is involved.</p>
4.	<p>L26 How many days in the past 30, were you detained or incarcerated?</p> <p>(ctn0030cdd:t_frASF8.rcL26) <input type="radio"/> [99] <input type="radio"/> xx (0 =< n <= 30) (ctn0030cdd:t_frASF8.L26) OR <input type="radio"/> [97] <input type="radio"/> 97 Not answered Include being arrested and released on the same day.</p>
5.	<p>L27 How many days in the past 30, have you engaged in illegal activities for profit?</p> <p>(ctn0030cdd:t_frASF8.rcL27) <input type="radio"/> [99] <input type="radio"/> xx (0 =< n <= 30) (ctn0030cdd:t_frASF8.L27) OR <input type="radio"/> [97] <input type="radio"/> 97 Not answered Exclude simple drug possession. Include drug dealing, prostitution, selling stolen goods, etc. May be cross-checked with quesiton E17 under Employment/Family Support section.</p>
For questions L28-29: Please ask patient to use the Patient Rating Scale.	
6.	<p>L28 How serious do you feel your present legal problems are?</p> <p>Pulldown List 2 <input type="button" value="v"/> (ctn0030cdd:t_frASF8.L28) Exclude civil problems.</p>
7.	<p>L29 How important to you now is counseling or referral for these legal problems?</p> <p>Pulldown List 3 <input type="button" value="v"/> (ctn0030cdd:t_frASF8.L29) Patient is rating a need for additional referral to legal counsel for defense against criminal charges.</p>
Confidence Ratings: Is the above information significantly distorted by:	
8.	<p>L31 Patient's misrepresentation?</p> <p>(ctn0030cdd:t_frASF8.L31) <input type="radio"/> [0] <input type="radio"/> 0 No <input type="radio"/> [1] <input type="radio"/> 1 Yes</p>
9.	<p>L32 Patient's inability to understand?</p> <p>(ctn0030cdd:t_frASF8.L32) <input type="radio"/> [0] <input type="radio"/> 0 No <input type="radio"/> [1] <input type="radio"/> 1 Yes</p>
10.*	<p>Legal Comments</p> <p>A200 (ctn0030cdd:t_frASF8.LCOM)</p>
* Item is not required	

Pulldown List 1:			
RefName	Display Text	Value	Design Note
ieShopli	3 Shoplift	3	
ieProVio	4 Probation Violation	4	
ieDrug	5 Drug	5	
ieForger	6 Forgery	6	
ieWeapon	7 Weapons	7	

ieBurgla	8 Burglary	8	
ieRobber	9 Robbery	9	
ieAssaul	10 Assault	10	
ieArson	11 Arson	11	
ieRape	12 Rape	12	
ieHomici	13 Homicide	13	
ieProsti	14 Prostitution	14	
ieContem	15 Contempt	15	
ie16Othe	16 Other	16	
ieDisCon	18 Disorderly Conduct	18	
ieDWI	19 DWI	19	
ieDriVio	20 Major Driving Violation	20	
ieNotApp	96 Not applicable	96	
ieNotAns	97 Not answered	97	

Pulldown List 2:			
RefName	Display Text	Value	Design Note
ieNoAtAl	0 Not at all	0	
ieSlight	1 Slightly	1	
ieModrtly	2 Moderately	2	
ieConsid	3 Considerably	3	
ieExtrem	4 Extremely	4	
ieNotAns	97 Not answered	97	

Pulldown List 3:			
RefName	Display Text	Value	Design Note
ieNoAtAl	0 Not at all	0	
ieSlight	1 Slightly	1	
ieModrtly	2 Moderately	2	
ieConsid	3 Considerably	3	
ieExtrem	4 Extremely	4	
ieNotAns	97 Not answered	97	

CDD: ctn0030cdd Table: t_frASF8 Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
rcL21	NUMERIC	
L21	NUMERIC - N2	

L24	NUMERIC	
L25	STRING(255) - 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 18, 19, 20, 96, 97	
rcL26	NUMERIC	
L26	NUMERIC - N2	
rcL27	NUMERIC	
L27	NUMERIC - N2	
L28	STRING(255) - 0, 1, 2, 3, 4, 97	
L29	STRING(255) - 0, 1, 2, 3, 4, 97	
L31	NUMERIC	
L32	NUMERIC	
LCOM	STRING(200) - A200	

ctn0030 : ASI-Lite Follow-up: Family/Social Relationships (ASF9)	
Family/Social Relationships	
1.	F1 Marital status: Pulldown List 1 <input type="button" value="v"/> (ctn0030cdd:t_frASF9.F1) Common-law marriage = 1: Specify in comments.
2.	F3 Are you satisfied with this situation? (ctn0030cdd:t_frASF9.F3) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [2] <input type="radio"/> 2 Indifferent [97] <input type="radio"/> 97 Not answered Satisfied = Generally liking the situation. Refers to question F1
3.	F4 Usual living arrangements (past 3 yrs.): Pulldown List 2 <input type="button" value="v"/> (ctn0030cdd:t_frASF9.F4) Choose arrangements most representative of the past 3 years. If there is an even split in time between these arrangements, choose the most recent arrangement.
4.	F6 Are you satisfied with these arrangements? (ctn0030cdd:t_frASF9.F6) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [2] <input type="radio"/> 2 Indifferent [97] <input type="radio"/> 97 Not answered Refers to response in question F4.
Do you live with anyone who:	
5.	F7 Has a current alcohol problem? (ctn0030cdd:t_frASF9.F7) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [97] <input type="radio"/> 97 Not answered
6.	F8 Uses non-prescribed drugs? (ctn0030cdd:t_frASF9.F8) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [97] <input type="radio"/> 97 Not answered
7.	F9 With whom do you spend most of your free time? (ctn0030cdd:t_frASF9.F9) [1] <input type="radio"/> 1 Family [2] <input type="radio"/> 2 Friends [3] <input type="radio"/> 3 Alone [97] <input type="radio"/> 97 Not answered If a girlfriend/boyfriend is considered as family by patient, then they must refer to them as family throughout this section, not as a friend. Family is not to be referred to as "friend".
8.	F10 Are you satisfied with spending your free time this way? (ctn0030cdd:t_frASF9.F10) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [2] <input type="radio"/> 2 Indifferent [97] <input type="radio"/> 97 Not answered A satisfied response must indicate that the person generally likes the situation. Refers to question F9.
9.*	Family Comments A200 (ctn0030cdd:t_frASF9.FCOM)
* Item is not required	

Pulldown List 1:			
RefName	Display Text	Value	Design Note
ieMarrie	1 Married	1	
ieRemarr	2 Remarried	2	
ieWidowe	3 Widowed	3	
ieSepara	4 Separated	4	
ieDivorc	5 Divorced	5	
ieNevMar	6 Never married	6	
ieNotAns	97 Not answered	97	

Pulldown List 2:			
RefName	Display Text	Value	Design Note
ieSParCh	1 With sexual partner and children	1	
ieSParAl	2 With sexual partner alone	2	
ieChilAl	3 With children alone	3	
ieWParen	4 With parent	4	
ieWFamil	5 With family	5	
ieWFrien	6 With friends	6	
ieAlone	7 Alone	7	
ieContEn	8 Controlled environment	8	
ieNoStAr	9 No stable arrangements	9	
ieNotAns	97 Not answered	97	

CDD: ctn0030cdd Table: t_frASF9 Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
F1	STRING(255) - 1, 2, 3, 4, 5, 6, 97	
F3	NUMERIC	
F4	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9, 97	
F6	NUMERIC	
F7	NUMERIC	
F8	NUMERIC	
F9	NUMERIC	
F10	NUMERIC	
FCOM	STRING(200) - A200	

ctn0030 : ASI-Lite Follow-up: Family/Social Relationships (2of3) (ASF10)		
Have you had significant periods in which you have experienced serious problems getting along with:		
Serious problems mean those that endangered the relationship. A "problem" requires contact of some sort, either by telephone or in person.		
1.	F18 Mother:	(ctn0030cdd:t_frASF10.F18a) A Past 30 Days [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [97] <input type="radio"/> 97 Not answered [96] <input type="radio"/> 96 Not applicable
2.	F19 Father:	(ctn0030cdd:t_frASF10.F19a) A Past 30 Days [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [97] <input type="radio"/> 97 Not answered [96] <input type="radio"/> 96 Not applicable
3.	F20 Brother/ sisters:	(ctn0030cdd:t_frASF10.F20a) A Past 30 Days [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [97] <input type="radio"/> 97 Not answered [96] <input type="radio"/> 96 Not applicable
4.	F21 Sexual partner/ spouse:	(ctn0030cdd:t_frASF10.F21a) A Past 30 Days [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [97] <input type="radio"/> 97 Not answered [96] <input type="radio"/> 96 Not applicable
5.	F22 Children:	(ctn0030cdd:t_frASF10.F22a) A Past 30 Days [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [97] <input type="radio"/> 97 Not answered [96] <input type="radio"/> 96 Not applicable
6.	F23 Other significant family:	(specify): A30 (ctn0030cdd:t_frASF10.F23s) (ctn0030cdd:t_frASF10.F23a) A Past 30 Days [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [97] <input type="radio"/> 97 Not answered [96] <input type="radio"/> 96 Not applicable
7.	F24 Close friends:	(ctn0030cdd:t_frASF10.F24a) A Past 30 Days [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [97] <input type="radio"/> 97 Not answered [96] <input type="radio"/> 96 Not applicable
8.	F25 Neighbors:	(ctn0030cdd:t_frASF10.F25a) A Past 30 Days [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [97] <input type="radio"/> 97 Not answered [96] <input type="radio"/> 96 Not applicable
9.	F26 Co-workers:	(ctn0030cdd:t_frASF10.F26a) A Past 30 Days [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [97] <input type="radio"/> 97 Not answered [96] <input type="radio"/> 96 Not applicable
Did anyone abuse you?		
10.	F28 Physically (cause you physical harm)?	(ctn0030cdd:t_frASF10.F28a) A Past 30 Days [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [97] <input type="radio"/> 97 Not answered
11.	F29 Sexually (force sexual advances/acts)?	(ctn0030cdd:t_frASF10.F29a) A Past 30 Days [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [97] <input type="radio"/> 97 Not answered
12.*	Family Comments	A200 (ctn0030cdd:t_frASF10.FCOM)

* Item is not required	

CDD: ctn0030cdd Table: t_frASF10 Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
F18a	NUMERIC	
F19a	NUMERIC	
F20a	NUMERIC	
F21a	NUMERIC	
F22a	NUMERIC	
F23a	NUMERIC	
F23s	STRING(30) - A30	
F24a	NUMERIC	
F25a	NUMERIC	
F26a	NUMERIC	
F28a	NUMERIC	
F29a	NUMERIC	
FCOM	STRING(200) - A200	

ctn0030 : ASI-Lite Follow-up: Family/Social Relationships (3of3) (ASF11)	
1.	F30 How many days in the past 30 have you had serious conflicts with your family? (ctn0030cdd:t_frASF11.rcF30) [1] <input type="radio"/> xx (0 =< n <= 30) days (ctn0030cdd:t_frASF11.F30) OR [97] <input type="radio"/> 97 Not answered
For questions F32 and F34, please ask patient to use the Patient Rating Scale.	
2.	F32 How troubled or bothered have you been in the past 30 days by these family problems? Pulldown List 1 <input type="button" value="v"/> (ctn0030cdd:t_frASF11.F32)
3.	F34 How important to you now is treatment or counseling for these family problems? Pulldown List 2 <input type="button" value="v"/> (ctn0030cdd:t_frASF11.F34)
4.	F31 How many days in the past 30 have you had serious conflicts with other people (excluding family)? (ctn0030cdd:t_frASF11.rcF31) [1] <input type="radio"/> xx (0 =< n <= 30) days (ctn0030cdd:t_frASF11.F31) OR [97] <input type="radio"/> 97 Not answered
For questions F33 and F35, please ask patient to use the Patient Rating Scale.	
5.	F33 How troubled or bothered have you been in the past 30 days by these social problems? Pulldown List 3 <input type="button" value="v"/> (ctn0030cdd:t_frASF11.F33)
6.	F35 How important to you now is treatment or counseling for these social problems? Pulldown List 4 <input type="button" value="v"/> (ctn0030cdd:t_frASF11.F35) Include patient's need to seek treatment for such social problems as loneliness, inability to socialize, and dissatisfaction with friends. Patient rating should refer to dissatisfaction, conflicts, or other serious problems. Exclude problems that would be eliminated if patient had no substance abuse.
Confidence Ratings: Is the above information significantly distorted by:	
7.	F37 Patient's misrepresentation? (ctn0030cdd:t_frASF11.F37) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes
8.	F38 Patient's inability to understand? (ctn0030cdd:t_frASF11.F38) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes
9.*	Family Comments <input type="text" value="A200"/> (ctn0030cdd:t_frASF11.FCOM)
* Item is not required	

Pulldown List 1:			
RefName	Display Text	Value	Design Note
ieNoAtAl	0 Not at all	0	
ieSlight	1 Slightly	1	
ieModrtly	2 Moderately	2	
ieConsid	3 Considerably	3	
ieExtrem	4 Extremely	4	
ieNotAns	97 Not answered	97	

Pulldown List 2:			
RefName	Display Text	Value	Design Note

ieNoAtAI	0 Not at all	0	
ieSlight	1 Slightly	1	
ieModrtly	2 Moderately	2	
ieConsid	3 Considerably	3	
ieExtrem	4 Extremely	4	
ieNotAns	97 Not answered	97	

Pulldown List 3:			
RefName	Display Text	Value	Design Note
ieNoAtAI	0 Not at all	0	
ieSlight	1 Slightly	1	
ieModrtly	2 Moderately	2	
ieConsid	3 Considerably	3	
ieExtrem	4 Extremely	4	
ieNotAns	97 Not answered	97	

Pulldown List 4:			
RefName	Display Text	Value	Design Note
ieNoAtAI	0 Not at all	0	
ieSlight	1 Slightly	1	
ieModrtly	2 Moderately	2	
ieConsid	3 Considerably	3	
ieExtrem	4 Extremely	4	
ieNotAns	97 Not answered	97	

CDD: ctn0030cdd Table: t_frASF11 Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
rcF30	NUMERIC	
F30	NUMERIC - N2	
F32	STRING(255) - 0, 1, 2, 3, 4, 97	
F34	STRING(255) - 0, 1, 2, 3, 4, 97	
rcF31	NUMERIC	
F31	NUMERIC - N2	
F33	STRING(255) - 0, 1, 2, 3, 4, 97	
F35	STRING(255) - 0, 1, 2, 3, 4, 97	
F37	NUMERIC	
F38	NUMERIC	

FCOM	STRING(200) - A200	
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ctn0030 : ASI-Lite Follow-up: Psychiatric Status (1of2) (ASF12)		
Psychiatric Status		
<p>How many times have you been treated for any psychological or emotional problems? Do not include substance abuse, employment, or family counseling. Treatment episode = a series of more or less continuous visits or treatment days, not the number of visits or treatment days. Enter diagnosis in Comments if known.</p>		
1.	P1 In a hospital or inpatient setting?	(ctn0030cdd:t_frASF12.P1na) [1] <input type="radio"/> xx (0 =< n <= 99) OR (ctn0030cdd:t_frASF12.P1) [97] <input type="radio"/> 97 Not answered
2.	P2 As an outpatient or private patient?	(ctn0030cdd:t_frASF12.P2na) [1] <input type="radio"/> xx (0 =< n <= 99) OR (ctn0030cdd:t_frASF12.P2) [97] <input type="radio"/> 97 Not answered
3.	P3 Do you receive a pension for a psychiatric disability?	(ctn0030cdd:t_frASF12.P3) [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [97] <input type="radio"/> 97 Not answered
Have you had a significant period of time (that was not a direct result of drug/alcohol use) in which you have:		
4.	P4 Experienced serious depression-sadness, hopelessness, loss of interest, difficulty with daily function?	(ctn0030cdd:t_frASF12.P4a) A Past 30 days [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [97] <input type="radio"/> 97 Not answered
5.	P5 Experienced serious anxiety/tension - uptight, unreasonably worried, inability to feel relaxed?	(ctn0030cdd:t_frASF12.P5a) A Past 30 days [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [97] <input type="radio"/> 97 Not answered
6.	P6 Experienced hallucinations - saw things or heard voices that other people did not hear or see?	(ctn0030cdd:t_frASF12.P6a) A Past 30 days [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [97] <input type="radio"/> 97 Not answered
7.	P7 Experienced trouble understanding, concentrating, or remembering?	(ctn0030cdd:t_frASF12.P7a) A Past 30 days [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [97] <input type="radio"/> 97 Not answered
For questions P8;P10, patient could have been under the influence of alcohol/drugs		
8.	P8 Experienced trouble controlling violent behavior including episodes of rage, or violence?	(ctn0030cdd:t_frASF12.P8a) A Past 30 days [0] <input type="radio"/> 0 No [1] <input type="radio"/> 1 Yes [97] <input type="radio"/> 97 Not answered
9.	P9 Experienced serious thoughts of suicide? Patient seriously considered a plan for taking his/her life.	(ctn0030cdd:t_frASF12.P9a) A Past 30 days 0 No

		<input type="radio"/> [0] <input type="radio"/> [1] 1 Yes <input type="radio"/> [97] 97 Not answered
10.	P10 Attempted suicide? Include actual suicidal gestures or attempts.	(ctn0030cdd:t_frASF12.P10a) A Past 30 days <input type="radio"/> [0] 0 No <input type="radio"/> [1] 1 Yes <input type="radio"/> [97] 97 Not answered
11.	P11 Been prescribed medication for any psychological/emotional problem? Prescribed for the patient by MD. Record "Yes" if a medication was prescribed even if the patient is not taking it.	(ctn0030cdd:t_frASF12.P11a) A Past 30 days <input type="radio"/> [0] 0 No <input type="radio"/> [1] 1 Yes <input type="radio"/> [97] 97 Not answered
12.*	Psychiatric Comments	<input type="text" value="A200"/> (ctn0030cdd:t_frASF12.PCOM)
* Item is not required		

CDD: ctn0030cdd Table: t_frASF12 Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
P1	NUMERIC - N2	
P1na	NUMERIC	
P2	NUMERIC - N2	
P2na	NUMERIC	
P3	NUMERIC	
P4a	NUMERIC	
P5a	NUMERIC	
P6a	NUMERIC	
P7a	NUMERIC	
P8a	NUMERIC	
P9a	NUMERIC	
P10a	NUMERIC	
P11a	NUMERIC	
PCOM	STRING(200) - A200	

ctn0030 : ASI-Lite Follow-up: Psychiatric Status (2of2) (ASF13)	
1.	<p>P12 How many days in the past 30 have you experienced these psychological or emotional problems? This refers to problems noted in questions P4 & P10.</p> <p>(ctn0030cdd:t_frASF13.P12na) <input type="radio"/> [1] xx (0 =< n <= 30) OR (ctn0030cdd:t_frASF13.P12) [97] <input type="radio"/> 97 Not answered</p>
For questions P13 & P14, please ask patient to use the Patient Rating Scale.	
2.	<p>P13 How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?</p> <p>Pulldown List 1 <input type="button" value="v"/> (ctn0030cdd:t_frASF13.P13)</p>
3.	<p>P14 How important to you now is treatment for these psychological or emotional problems?</p> <p>Pulldown List 2 <input type="button" value="v"/> (ctn0030cdd:t_frASF13.P14)</p>
Confidence Ratings: Is the above information significantly distorted by:	
4.	<p>P22 Patient's misrepresentation?</p> <p>(ctn0030cdd:t_frASF13.P22) <input type="radio"/> [0] 0 No <input type="radio"/> [1] 1 Yes</p>
5.	<p>P23 Patient's inability to understand?</p> <p>(ctn0030cdd:t_frASF13.P23) <input type="radio"/> [0] 0 No <input type="radio"/> [1] 1 Yes</p>
6.*	<p>Psychiatric Comments</p> <p>A200 (ctn0030cdd:t_frASF13.PCOM)</p>
* Item is not required	

Item Design Notes:	
Item No.	Design Note
3.	ASFP14 is the same as itP14 except that ASFP14 lacks a caption.

Pulldown List 1:			
RefName	Display Text	Value	Design Note
ieNoAtAl	0 Not at all	0	
ieSlight	1 Slightly	1	
ieModrtly	2 Moderately	2	
ieConsid	3 Considerably	3	
ieExtrem	4 Extremely	4	
ieNotAns	97 Not answered	97	

Pulldown List 2:			
RefName	Display Text	Value	Design Note
ieNoAtAl	0 Not at all	0	
ieSlight	1 Slightly	1	
ieModrtly	2 Moderately	2	
ieConsid	3 Considerably	3	

ieExtrem	4 Extremely	4	
ieNotAns	97 Not answered	97	

CDD: ctn0030cdd Table: t_frASF13 Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
P12	NUMERIC - N2	
P12na	NUMERIC	
P13	STRING(255) - 0, 1, 2, 3, 4, 97	
P14	STRING(255) - 0, 1, 2, 3, 4, 97	
P22	NUMERIC	
P23	NUMERIC	
PCOM	STRING(200) - A200	

RND204	STRING(255) - 1, 2	
RND205	NUMERIC - N4	

CRB Electronic Signature Affidavit

By my dated signature below, I, [**First Name**] [**Last Name**], verify that all case report form pages accurately display the results of the examinations, tests, evaluations and treatments performed on this patient.

Pursuant to Section 11.100 of Title 21 of the Code of Federal Regulations, this is to certify that I intend that this electronic signature is to be the legally binding equivalent of my handwritten signature.

To this I do attest by supplying my user name and password and clicking the button marked **Submit** below.

CRF Electronic Signature Affidavit

By my dated signature below, I, [**First Name**] [**Last Name**], verify that this case report form accurately displays the results of the examinations, tests, evaluations and treatments noted within.

Pursuant to Section 11.100 of Title 21 of the Code of Federal Regulations, this is to certify that I intend that this electronic signature is to be the legally binding equivalent of my handwritten signature.

To this I do attest by supplying my user name and password and clicking the button marked **Submit** below.