

## NIDA Clinical Trials Network

### Adverse Events (AD1)

Web Version: 1.0; 5.00; 07-26-12

**Adverse Event Onset Date (AEDATE):**  
**Select Sequence Number (AESEQNUM):**

*The following AEs do not require reporting in the data system: Grade 1 (mild) and Grade 2 (moderate) Unrelated Events.*

1. Adverse event name:(A1DESCR)

2. Date site became aware of the event:(A1AWARDT)

 (mm/dd/yyyy) [Click here to view calendar](#)

3. Severity of event:(A1SEVEVE)

|                              |
|------------------------------|
| 1-Grade 1 - Mild             |
| 2-Grade 2 - Moderate         |
| 3-Grade 3 - Severe           |
| 4-Grade 4 - Life-threatening |
| 5-Grade 5 - Death            |

4. Relationship to study intervention:(A1RELTB)

|                      |
|----------------------|
| 1-Unrelated          |
| 2-Possibly related   |
| 3-Probably related   |
| 4-Definitely related |

If "Unrelated" to study intervention, alternative etiology:(A1ALTEB)

|   |
|---|
| 0-None apparent                           |
| 1-Study disease                           |
| 2-Concomitant medication                  |
| 3-Other pre-existing disease or condition |
| 4-Accident, trauma, or external factors   |
| *Additional Options Listed Below          |

If "Other," specify:(A1AEBSP)

5. Action taken with study intervention:(A1ACTBI)

|                                    |
|------------------------------------|
| 0-None                             |
| 1-Decreased intervention           |
| 2-Increased intervention           |
| 3-Temporarily stopped intervention |
| 4-Permanently stopped intervention |
| *Additional Options Listed Below   |

6. Outcome of event: (A1OUTCM)

1-Ongoing  
2-Resolved without sequelae  
3-Resolved with sequelae  
4-Resolved by convention  
5-Death

7. Date of resolution or medically stable: (A1RESDT)

(mm/dd/yyyy)

**Except for "None of the following", all selections in the question below will designate this as a Serious Adverse Event (SAE). The Serious Adverse Event Summary (AD2) form should be completed for all Serious Adverse Events reported.**

8. Was this event associated with: (A1ASSOCI)

0-None of the following  
10-Hospitalization for a medical event  
1-Death  
2-Life-threatening event  
3-Inpatient admission to hospital  
\*Additional Options Listed Below

If "Death", date of death: (A1DTHDTE)

(mm/dd/yyyy)

9. If "Inpatient admission to hospital" or "Prolongation of hospitalization":

Date of hospital admission: (A1HOSPAD)

(mm/dd/yyyy)

Date of hospital discharge: (A1HOSPCD)

(mm/dd/yyyy)

Comments: (A1COMM)

**MedDRA:**

The following fields are auto-populated by the DSC2 based on MedDRA coding of the Adverse Event name.

Preferred Term: (MEDRAPT)

System Organ Class: (MEDRASOC)

Not Coded

**Additional Selection Options for AD1**

**Select Sequence Number (*AESQNUM*) (key field):**

- 01 -1st Adverse Event of the day
- 02 -2nd Adverse Event of the day
- 03 -3rd Adverse Event of the day
- 04 -4th Adverse Event of the day
- 05 -5th Adverse Event of the day
- 06 -6th Adverse Event of the day
- 07 -7th Adverse Event of the day
- 08 -8th Adverse Event of the day
- 09 -9th Adverse Event of the day
- 10 -10th Adverse Event of the day
- 

**Action taken with study intervention:**

- 5-Participant terminated from study

**Was this event associated with:**

- 4-Prolongation of hospitalization
- 5-Persistent or significant disability or incapacity
- 6-Congenital anomaly or birth defect
- 7-Required significant intervention to prevent permanent impairment or damage
- 9-Important medical event

## NIDA Clinical Trials Network

### Serious Adverse Event Summary (AD2)

Web Version: 1.0; 1.00; 03-09-12

Adverse Event Onset Date (AEDATE):

Select Sequence Number (AESEQNUM):

1. Initial narrative description of serious adverse event:

(A2SUMM)

2. Relevant Past Medical History: (A2SAEMHX) ☐ No ☐ Yes ☐ Unknown

Allergies, pregnancy, smoking and alcohol use, hypertension, diabetes, epilepsy, depression, etc.

(A2MEDHX)

3. Medications at the Time of the Event: (A2SAEMED) ☐ No ☐ Yes ☐ Unknown

| Medication<br>(Generic Name)    | Indication                      |
|---------------------------------|---------------------------------|
| (A2_01DNM) <input type="text"/> | (A2_01DIN) <input type="text"/> |
| (A2_02DNM) <input type="text"/> | (A2_02DIN) <input type="text"/> |
| (A2_03DNM) <input type="text"/> | (A2_03DIN) <input type="text"/> |
| (A2_04DNM) <input type="text"/> | (A2_04DIN) <input type="text"/> |
| (A2_05DNM) <input type="text"/> | (A2_05DIN) <input type="text"/> |

|            |  |            |  |
|------------|--|------------|--|
| (A2_06DNM) |  | (A2_06DIN) |  |
| (A2_07DNM) |  | (A2_07DIN) |  |
| (A2_08DNM) |  | (A2_08DIN) |  |
| (A2_09DNM) |  | (A2_09DIN) |  |
| (A2_10DNM) |  | (A2_10DIN) |  |

4. Treatments for the Event: (A2SAETRT) ☐ No ☐ Yes ☐ Unknown

| Treatment  | Indication | Date Treated            |
|------------|------------|-------------------------|
| (A2_1TNME) | (A2_1TIND) | (A2_1LTDT) (mm/dd/yyyy) |
| (A2_2TNME) | (A2_2TIND) | (A2_2LTDT) (mm/dd/yyyy) |
| (A2_3TNME) | (A2_3TIND) | (A2_3LTDT) (mm/dd/yyyy) |
| (A2_4TNME) | (A2_4TIND) | (A2_4LTDT) (mm/dd/yyyy) |
| (A2_5TNME) | (A2_5TIND) | (A2_5LTDT) (mm/dd/yyyy) |

5. Labs/Tests Performed in Conjunction with this Event: (A2SAELAB) ☐ No ☐ Yes ☐ Unknown

| Lab/Test   | Findings   | Date of Test            |
|------------|------------|-------------------------|
| (A2_1LBNM) | (A2_1LBIN) | (A2_1LBDT) (mm/dd/yyyy) |
| (A2_2LBNM) | (A2_2LBIN) | (A2_2LBDT) (mm/dd/yyyy) |
| (A2_3LBNM) | (A2_3LBIN) | (A2_3LBDT) (mm/dd/yyyy) |
| (A2_4LBNM) | (A2_4LBIN) | (A2_4LBDT) (mm/dd/yyyy) |
| (A2_5LBNM) | (A2_5LBIN) | (A2_5LBDT) (mm/dd/yyyy) |

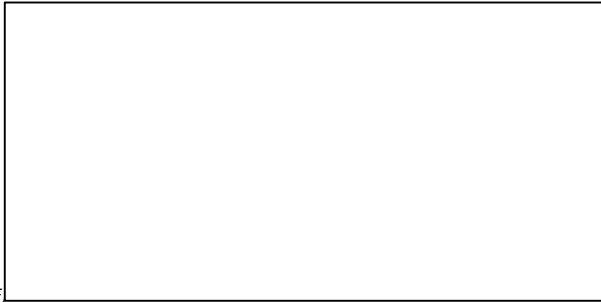
6. Follow-Up:

*Include labs/test results as they become available, clinical changes, consultant diagnosis, etc.*

(A2FOLLUP)

7. Additional information requested by the Medical Monitor:

(A2ADDINF)



Have all Medical Monitor requests been addressed?(A2RQADDR)

☐ Yes

**Additional Selection Options for AD2**

Select Sequence Number (*ASEQNUM*) (key field):

- 01 -1st Adverse Event of the day
- 02 -2nd Adverse Event of the day
- 03 -3rd Adverse Event of the day
- 04 -4th Adverse Event of the day
- 05 -5th Adverse Event of the day
- 06 -6th Adverse Event of the day
- 07 -7th Adverse Event of the day
- 08 -8th Adverse Event of the day
- 09 -9th Adverse Event of the day
- 10 -10th Adverse Event of the day
-

## NIDA Clinical Trials Network

### Serious Adverse Event Medical Reviewer (AD3)

Web Version: 1.0; 3.00; 03-09-12

Adverse Event Onset Date (AEDATE):  
Select Sequence Number (AESEQNUM):

1. Was this determined to be a serious adverse event? (A3DETER)
2. Was this event considered associated with the study's behavioral intervention? (A3BHINT)
3. Was this event expected? (A3EXPECT)
4. Is this a standard expedited/reportable event? (i.e., is it serious, unexpected and related to therapy) (A3EXPFDA)
5. Is this an expedited/reportable event for other reasons? (A3EXPOTH)
6. Does the protocol need to be modified based on this event? (A3EXPDSM)
7. Does the consent form need to be modified based on this event? (A3CONSEN)
8. Is the review complete? (A3REVDNE)  
If "No", what additional information is required: (A3ADDINF)

- |                             |                              |
|-----------------------------|------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes |

Assessed by: (A2ASRID)  
Reviewed by: (A3REVID)  
  
Comments: (A3COMM)

☐ Robert Lindblad   ☐ Radhika Kondapaka  
☐ Robert Lindblad



**Additional Selection Options for AD3**

Select Sequence Number (*ASEQNUM*) (key field):

- 01 -1st Adverse Event of the day
- 02 -2nd Adverse Event of the day
- 03 -3rd Adverse Event of the day
- 04 -4th Adverse Event of the day
- 05 -5th Adverse Event of the day
- 06 -6th Adverse Event of the day
- 07 -7th Adverse Event of the day
- 08 -8th Adverse Event of the day
- 09 -9th Adverse Event of the day
- 10 -10th Adverse Event of the day
-

# NIDA Clinical Trials Network

## CTN-ASI Lite v. 1: Drug/Alcohol Use (ASD)

Web Version: 1.0; 5.00; 06-18-12

Segment (*PROTSEG*):

Visit Number (*VISNO*):

### CTN-ASI Lite v. 1: Drug/Alcohol Use

#### 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. If Past 30 Days and Lifetime Use are zero, route should be "Not applicable".

| Substance  | A Past 30<br>(Days)                  | B Lifetime Use<br>(Years)            | C Route of Administration   |
|--|--------------------------------------|--------------------------------------|---|
| <b>D1 Alcohol</b> ( <i>any use at all</i> ):       | (ADALA30D) <input type="text"/> (xx) | (ADALALFT) <input type="text"/> (xx) | -   |
| <b>D2 Alcohol</b> ( <i>to intoxication</i> ):      | (ADALI30D) <input type="text"/> (xx) | (ADALILFT) <input type="text"/> (xx) | -   |
| <b>D3 Heroin</b>                                   | (ADHER30D) <input type="text"/> (xx) | (ADHERLFT) <input type="text"/> (xx) | <div>           1-(1) Oral<br/>           2-(2) Nasal<br/>           3-(3) Smoking<br/>           4-(4) Non IV injection<br/>           5-(5) IV injection<br/>           96-(96) Not applicable<br/>           97-(97) Not answered         </div> <div>(ADHERRTE)</div> |
| <b>D4 Methadone/LAAM</b><br>( <i>prescribed</i> ): | (ADMDP30D) <input type="text"/> (xx) | (ADMDDLFT) <input type="text"/> (xx) | <div>           1-(1) Oral<br/>           2-(2) Nasal<br/>           3-(3) Smoking<br/>           4-(4) Non IV injection<br/>           5-(5) IV injection<br/>           96-(96) Not applicable<br/>           97-(97) Not answered         </div> <div>(ADMDDRTE)</div> |
| <b>D4a Methadone/LAAM</b><br>( <i>illicit</i> ):   | (ADMLI30D) <input type="text"/> (xx) | (ADMLILFT) <input type="text"/> (xx) | <div>           1-(1) Oral<br/>           2-(2) Nasal<br/>           3-(3) Smoking<br/>           4-(4) Non IV injection<br/>           5-(5) IV injection<br/>           96-(96) Not applicable<br/>           97-(97) Not answered         </div> <div>(ADMLIRTE)</div> |

|   |                                      |                                      |  |
|---|--------------------------------------|--------------------------------------|--|
| <b>D5 Other Opiates/Analgesics:</b>                     | (ADOPI30D) <input type="text"/> (xx) | (ADOPILFT) <input type="text"/> (xx) | <div>(ADOPIRTE)</div> <div> 1-(1) Oral<br/> 2-(2) Nasal<br/> 3-(3) Smoking<br/> 4-(4) Non IV injection<br/> 5-(5) IV injection<br/> 96-(96) Not applicable<br/> 97-(97) Not answered </div>  |
| <b>D6 Barbiturates:</b>                                 | (ADBAR30D) <input type="text"/> (xx) | (ADBARLFT) <input type="text"/> (xx) | <div>(ADBARRTE)</div> <div> 1-(1) Oral<br/> 2-(2) Nasal<br/> 3-(3) Smoking<br/> 4-(4) Non IV injection<br/> 5-(5) IV injection<br/> 96-(96) Not applicable<br/> 97-(97) Not answered </div>  |
| <b>D7 Other Sedatives/<br/>Hypnotics/Tranquilizers:</b> | (ADSHT30D) <input type="text"/> (xx) | (ADSHTLFT) <input type="text"/> (xx) | <div>(ADSHTRTE)</div> <div> 1-(1) Oral<br/> 2-(2) Nasal<br/> 3-(3) Smoking<br/> 4-(4) Non IV injection<br/> 5-(5) IV injection<br/> 96-(96) Not applicable<br/> 97-(97) Not answered </div>  |
| <b>D8 Cocaine:</b>                                      | (ADCOC30D) <input type="text"/> (xx) | (ADCOCLFT) <input type="text"/> (xx) | <div>(ADCOCRTE)</div> <div> 1-(1) Oral<br/> 2-(2) Nasal<br/> 3-(3) Smoking<br/> 4-(4) Non IV injection<br/> 5-(5) IV injection<br/> 96-(96) Not applicable<br/> 97-(97) Not answered </div>  |
| <b>D9 Amphetamines:</b>                                 | (ADAMP30D) <input type="text"/> (xx) | (ADAMPLFT) <input type="text"/> (xx) | <div>(ADAMP RTE)</div> <div> 1-(1) Oral<br/> 2-(2) Nasal<br/> 3-(3) Smoking<br/> 4-(4) Non IV injection<br/> 5-(5) IV injection<br/> 96-(96) Not applicable<br/> 97-(97) Not answered </div> |
| <b>D9a Methamphetamine:</b>                             | (ADMET30D) <input type="text"/> (xx) | (ADMETLFT) <input type="text"/> (xx) | <div>(ADMET RTE)</div> <div> 1-(1) Oral<br/> 2-(2) Nasal<br/> 3-(3) Smoking<br/> 4-(4) Non IV injection<br/> 5-(5) IV injection<br/> 96-(96) Not applicable<br/> 97-(97) Not answered </div> |

|   |                                      |                                      |  |
|---|--------------------------------------|--------------------------------------|--|
| <b>D1 0 Cannabis:</b>   | (ADTHC30D) <input type="text"/> (xx) | (ADTHCLFT) <input type="text"/> (xx) | <div> 1-(1) Oral<br/> 2-(2) Nasal<br/> 3-(3) Smoking<br/> 4-(4) Non IV injection<br/> 5-(5) IV injection<br/> 96-(96) Not applicable<br/> 97-(97) Not answered </div> <div>(ADTHCRTE)</div>  |
| <b>D1 1 Hallucinogens:</b>  | (ADHAL30D) <input type="text"/> (xx) | (ADHALLFT) <input type="text"/> (xx) | <div> 1-(1) Oral<br/> 2-(2) Nasal<br/> 3-(3) Smoking<br/> 4-(4) Non IV injection<br/> 5-(5) IV injection<br/> 96-(96) Not applicable<br/> 97-(97) Not answered </div> <div>(ADHALRTE)</div>  |
| <b>D1 2 Inhalants:</b>  | (ADINH30D) <input type="text"/> (xx) | (ADINHLFT) <input type="text"/> (xx) | <div> 1-(1) Oral<br/> 2-(2) Nasal<br/> 3-(3) Smoking<br/> 4-(4) Non IV injection<br/> 5-(5) IV injection<br/> 96-(96) Not applicable<br/> 97-(97) Not answered </div> <div>(ADINH RTE)</div> |
| <b>D1 3 More than 1 substance per day</b><br>(including alcohol, excluding nicotine): | (ADGT130D) <input type="text"/> (xx) | (ADGT1LFT) <input type="text"/> (xx) | -  |

**D14** According to the interviewer, which substance(s) is/are the major problem?

- Interviewer should determine the major drug or drugs of abuse (excluding Nicotine use). Code the number next to the drug in 01-12 (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 participant when not clear.

0-00 - No problem  
1-01 - Alcohol (any use at all)  
2-02 - Alcohol (to intoxication)  
3-03 - Heroin  
4-04 - Methadone/LA AM (prescribed or illicit)  
5-05 - Other Opiates/Analgesics  
6-06 - Barbiturates  
7-07 - Other Sedatives/Hypnotics/Tranquillizers  
8-08 - Cocaine  
9-09 - Amphetamines  
9a-09a - Methamphetamine  
10-10 - Cannabis  
11-11 - Hallucinogens  
12-12 - Inhalants  
15-15 - Alcohol & one or more drugs  
16-16 - More than one drug, but no alcohol

(ADMAJDRG)

OR

(ADMJDGNA) ☐ (97) Not Answered

---

**D17** How many times have you had Alcohol DT's?

- Delirium Tremens (DT's): Occur 24-48 hours after last drink, or significant decrease in alcohol intake. Characterized by shaking, severe disorientation, fever, hallucinations; they usually require medical attention.

(ADALCDT) |  (xx)

**OR**

(ADALDTNA) ☐ (97) Not Answered

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

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

---

**D19** Alcohol abuse:

(ADALCTRT) |  (xx)

**OR**

(ADATRTNA) ☐ (97) Not Answered

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**D20** Drug abuse:

(ADDRGTRT) |  (xx)

**OR**

(ADDTRTNA) ☐ (97) Not Answered

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

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**D21** Alcohol:

- If D19 = 00, then question D21 is Not applicable.

(ADADETOX) |  (xx)

**OR**

(ADADTXNA) ☐ (96) Not applicable ☐ (97) Not answered

---

**D22** Drugs:

- If D20 = 00, then question D22 is Not applicable.

(ADDDETOX) |  (xx)

**OR**

(ADDDTXNA) ☐ (96) Not applicable ☐ (97) Not answered

---

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

Max. = \$99999

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D23 Alcohol:

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

(ADALCMNY) \$  (xxxxx)

OR

(ADAMNYNA) ☐ (97) Not Answered

D24 Drugs:

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

(ADDRGMNY) \$  (xxxxx)

OR

(ADDMNYNA) ☐ (97) Not Answered

D25 How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days?

- Include AA/NA

(ADOUTPAT)  (xx) days

OR

(ADOPTNA) ☐ (97) Not Answered

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

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

(ADAP30D)  (xx) days

OR

(ADAP30NA) ☐ (97) Not Answered

For questions D28-D31, please ask participant to use the Participant Rating Scale. The participant is rating the need for additional substance abuse treatment.

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

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

(ADAPB30D)

OR

(ADAB30NA) ☐ (97) Not Answered

---

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

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

(ADAPI30D)

OR

(ADAI30NA) ☐ (97) Not Answered

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**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.

(ADDP30D)  (xx) days

OR

(ADDP30NA) ☐ (97) Not Answered

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

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

(ADDPB30D)

OR

(ADDB30NA) ☐ (97) Not Answered

---

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

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

(ADDPI30D)

OR

(ADDI30NA) ☐ (97) Not Answered

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**Confidence Ratings:** Is the above information **significantly** distorted by:

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**D34** Participant's misrepresentation?

(ADMISREP) ☐ (0) No ☐ (1) Yes

D35 Participant's inability to understand?

(ADUNDRST) ☐ (0) No ☐ (1) Yes

Comments: (ASDCOMM)



## NIDA Clinical Trials Network

### CTN-ASI Lite v. 1: Employment/Support Status (ASE)

Web Version: 1.0; 4.01; 06-05-12

Segment (*PROTSEG*):

Visit Number (*VISNO*):

#### CTN-ASI Lite v. 1: Employment/Support Status

E1 Education completed:

- *GED = 12 years*
- *Include formal education only.*

(*AEEDCPYR*)  (xx) a. years

(*AEEDCPMT*)  (xx) b. months

OR

(*AEEDCPNA*) ☐ (97) Not Answered

E2 Training or technical education completed:

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

(*AETECPMT*)  (xx) months

OR

(*AETECPNA*) ☐ (97) Not Answered

E4 Do you have a valid driver's license?

- *Valid license; not suspended/revoked.*

(*AEDRVLSC*) 

|                      |
|----------------------|
| 0-(0) No             |
| 1-(1) Yes            |
| 97-(97) Not answered |

E5 Do you have an automobile available?

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

0-(0) No  
1-(1) Yes  
97-(97) Notanswered

(AEAUTOAV)

E6 How long was your longest full time job?

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

(AEJOBYR)  (xx) a. years

(AEJOBMT)  (xx) b. months

OR

(AEJOBNA) ☐ (97) Not Answered

E7 Usual (or last) occupation?

- Use Hollingshead Categories Reference Sheet.

1-(1) Higher Executive, Major Professionals, Owner of Large Business  
2-(2) Business Manager, Owner (medium sized business), Other Professional  
3-(3) Administrative Personnel, Manager, Owner/Proprietor of Small Business  
4-(4) Clerical and Sales, Technician, Owner of Small Business  
5-(5) Skilled Manual - usually having had training  
6-(6) Semi-skilled  
7-(7) Unskilled/Unemployed  
8-(8) Homemaker  
9-(9) Student/No Occupation/Disabled

(AEOCCUPT)

Specify:

(AEOCCPSP)

OR

(AEOCCPNA) ☐ (97) Not Answered

E9 Does someone contribute the majority of your support?

- Is participant receiving any regular support (i.e., cash, food, housing) from family/friend?
- Include spouse's contribution; exclude support by an institution.

0-(0) No  
1-(1) Yes  
96-(96) Not applicable  
97-(97) Not answered

(AESUPPRT)

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**E10** Usual employment pattern, past three years?

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

1-(1) Full time (35+ hrs/week)  
2-(2) Part time (reg. hrs)  
3-(3) Part time (irreg., day work)  
4-(4) Student  
5-(5) Military service  
6-(6) Retired/disability  
7-(7) Unemployed  
8-(8) In controlled environment  
97-(97) Not answered

(AEUSEMPL)

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**E11** How many days were you paid for working in the past 30 days?

- Include "under the table" work, paid sick days, and vacation.

(AEPAID)  (xx) days

OR

(AEPAIDNA) ☐ (97) Not Answered

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

**Max. = \$99999**

---

**E12** Employment (net income):

- Net or "take home" pay, include any "under the table" money.

(AEEMPMNY) \$  (xxxxx)

OR

(AEEMNYNA) ☐ (97) Not Answered

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**E13** Unemployment compensation:

(AEUNEMNY) \$  (xxxxx)

OR

(AEUMNYNA) ☐ (97) Not Answered

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**E14** Welfare:

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

(AEWLFMNY) \$  (xxxxx)

OR

(AEWMNYNA) ☐ (97) Not Answered

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**E15** Pensions, benefits, or Social Security:

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

(AEPENMNY) \$  (xxxxx)

OR

(AEPMNYNA) ☐ (97) Not Answered

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**E16** Mate, family or friends:

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

(AEMATMNY) \$  (xxxxx)

OR

(AEMMNYNA) ☐ (97) Not Answered

---

**E17** Illegal:

- **Cash** obtained from drug dealing, stealing, fencing stolen goods, gambling, prostitution, etc.
- **Do not** attempt to convert drugs exchanged to a dollar value.

(AEILLMNY) \$  (xxxxx)

OR

(AEIMNYNA) ☐ (97) Not Answered

---

**E18** How many people depend on you for the majority of their food, shelter, etc.?

- Must be regularly depending on participant; do include alimony/child support; do not include the participant or self-supporting spouse, etc.

(AEDEPEND)  (xx) max = 99

OR

(AEDPNDNA) ☐ (97) Not Answered

---

**E19** How many days have you experienced employment problems in the past 30 days?

- Include inability to find work, if they are actively looking for work, or problems with present job in which that job is jeopardized.

(AEEP30D)  (xx) days

OR

(AEEP30NA) ☐ (96) Not applicable ☐ (97) Not answered

---

**For questions E20-E21: Please ask participant to use the Participant Rating Scale.**

The participant'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.

---

**E20** How troubled or bothered have you been by these employment problems in the past 30 days?

- If the participant has been incarcerated or detained during the past 30 days, they cannot have employment problems.

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

(AEEBP30D)

OR

(AEEB30NA) ☐ (96) Not applicable ☐ (97) Not answered

---

**E21** How important to you **now** is counseling for these employment problems?

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

(AEECI30D)

OR

(AEEC30NA) ☐ (97) Not Answered

---

**Confidence Ratings:** Is the above information **significantly** distorted by:

---

**E23** Participant's misrepresentation?

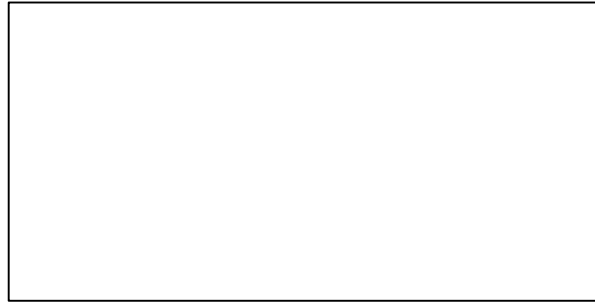
(AEMISREP) ☐ (0) No ☐ (1) Yes

**E24** Participant's inability to understand?

(AEUNDRST) ☐ (0) No ☐ (1) Yes

---

Comments: (ASECOMM)



CTN-ASI Lite v. 1: Family/Social Relationships (ASF)

Web Version: 1.0; 3.00; 03-09-12

Segment (PROTSEG):

Visit Number (VISNO):

CTN-ASI Lite v. 1: Family/Social Relationships

F1 Marital status:

- Common-law marriage = 1: Specify in Comments.

1-(1) Married  
2-(2) Remarried  
3-(3) Widowed  
4-(4) Separated  
5-(5) Divorced  
6-(6) Never married  
97-(97) Not answered

(AFMRTLST)

F3 Are you satisfied with this situation?

- Satisfied = Generally liking the situation. Refers to question F1.

0-(0) No  
1-(1) Indifferent  
2-(2) Yes  
97-(97) Not answered

(AFMSSAT)

F4 Usual living arrangements (past 3 yrs.):

- 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.

1-(1) With sexual partner and children  
2-(2) With sexual partner alone  
3-(3) With children alone  
4-(4) With parents  
5-(5) With family  
6-(6) With friends  
7-(7) Alone  
8-(8) Controlled environment  
9-(9) No stable arrangements  
97-(97) Not answered

(AFLIVARR)

---

**F6** Are you satisfied with these arrangements?

- Refers to response in question F4.

0-(0) No  
1-(1) Indifferent  
2-(2) Yes  
97-(97) Not answered

(AFLSSAT)

---

**Do you live with anyone who:**

---

**F7** Has a current alcohol problem?

0-(0) No  
1-(1) Yes  
97-(97) Not answered

(AFLIVALC)

---

**F8** Uses non-prescribed drugs?

0-(0) No  
1-(1) Yes  
97-(97) Not answered

(AFLIVDRG)

---

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

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

1-(1) Family  
2-(2) Friends  
3-(3) Alone  
97-(97) Not answered

(AFFREETM)

---

**F10** Are you satisfied with spending your free time this way?



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

0-(0) No  
1-(1) Indifferent  
2-(2) Yes  
97-(97) Notanswered

(AFFTM SAT)

**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. Indicate "Not applicable" if there was no contact.

|  | A Past 30 Days   | B Lifetime   |
|--|--|--|
| <b>F18</b> Mother:                             | <div>0-(0) No<br/>1-(1) Yes<br/>96-(96) Not applicable<br/>97-(97) Notanswered</div> <p>(AFM TR30D)</p>  | <div>0-(0) No<br/>1-(1) Yes<br/>96-(96) Not applicable<br/>97-(97) Not answered</div> <p>(AFM TRLFT)</p> |
| <b>F19</b> Father:                             | <div>0-(0) No<br/>1-(1) Yes<br/>96-(96) Not applicable<br/>97-(97) Not answered</div> <p>(AFFTR30D)</p>  | <div>0-(0) No<br/>1-(1) Yes<br/>96-(96) Not applicable<br/>97-(97) Notanswered</div> <p>(AFFTRLFT)</p>   |
| <b>F20</b> Brothers/sisters:                   | <div>0-(0) No<br/>1-(1) Yes<br/>96-(96) Not applicable<br/>97-(97) Not answered</div> <p>(AFSIB30D)</p>  | <div>0-(0) No<br/>1-(1) Yes<br/>96-(96) Not applicable<br/>97-(97) Notanswered</div> <p>(AFSIBLFT)</p>   |
| <b>F21</b> Sexual partner/spouse:              | <div>0-(0) No<br/>1-(1) Yes<br/>96-(96) Not applicable<br/>97-(97) Notanswered</div> <p>(AFSPS30D)</p>   | <div>0-(0) No<br/>1-(1) Yes<br/>96-(96) Not applicable<br/>97-(97) Not answered</div> <p>(AFSPSLFT)</p>  |
| <b>F22</b> Children:                           | <div>0-(0) No<br/>1-(1) Yes<br/>96-(96) Not applicable<br/>97-(97) Notanswered</div> <p>(AFCHD30D)</p>   | <div>0-(0) No<br/>1-(1) Yes<br/>96-(96) Not applicable<br/>97-(97) Notanswered</div> <p>(AFCHDLFT)</p>   |
| <b>F23</b> Other significant family (specify): | <div>0-(0) No<br/>1-(1) Yes<br/>96-(96) Not applicable<br/>97-(97) Not answered</div> <p>(AFO SF30D)</p> | <div>0-(0) No<br/>1-(1) Yes<br/>96-(96) Not applicable<br/>97-(97) Notanswered</div> <p>(AFO SFLFT)</p>  |

|  |                       |   |  |
|--|-----------------------|---|--|
| (AFOSFMSP)   |                       |   |  |
| <b>F24</b> Close friends:                          | (AFFRD30D)            | <input type="radio"/> (0) No<br><input type="radio"/> 1-(1) Yes<br><input type="radio"/> 96-(96) Not applicable<br><input type="radio"/> 97-(97) Not answered | (AFFRDLFT) <input type="radio"/> (0) No<br><input type="radio"/> 1-(1) Yes<br><input type="radio"/> 96-(96) Not applicable<br><input type="radio"/> 97-(97) Not answered |
| <b>F25</b> Neighbors:                              | (AFNBR30D)            | <input type="radio"/> (0) No<br><input type="radio"/> 1-(1) Yes<br><input type="radio"/> 96-(96) Not applicable<br><input type="radio"/> 97-(97) Not answered | (AFNBRLFT) <input type="radio"/> (0) No<br><input type="radio"/> 1-(1) Yes<br><input type="radio"/> 96-(96) Not applicable<br><input type="radio"/> 97-(97) Not answered |
| <b>F26</b> Co-workers:                             | (AFCWK30D)            | <input type="radio"/> (0) No<br><input type="radio"/> 1-(1) Yes<br><input type="radio"/> 96-(96) Not applicable<br><input type="radio"/> 97-(97) Not answered | (AFCWKLFT) <input type="radio"/> (0) No<br><input type="radio"/> 1-(1) Yes<br><input type="radio"/> 96-(96) Not applicable<br><input type="radio"/> 97-(97) Not answered |
| <b>Did anyone abuse you?</b><br>(F18-F26)          | <b>A Past 30 Days</b> |   | <b>B Lifetime</b>  |
| <b>F28</b> Physically (caused you physical harm)?  | (AFPAB30D)            | <input type="radio"/> (0) No<br><input type="radio"/> 1-(1) Yes<br><input type="radio"/> 97-(97) Not answered   | (AFPABLFT) <input type="radio"/> (0) No<br><input type="radio"/> 1-(1) Yes<br><input type="radio"/> 97-(97) Not answered   |
| <b>F29</b> Sexually (forced sexual advances/acts)? | (AFSAB30D)            | <input type="radio"/> (0) No<br><input type="radio"/> 1-(1) Yes<br><input type="radio"/> 97-(97) Not answered   | (AFSABLFT) <input type="radio"/> (0) No<br><input type="radio"/> 1-(1) Yes<br><input type="radio"/> 97-(97) Not answered   |

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

(AFFMC30D)  (xx) days

OR

(AFFC30NA) ☐ (97) Not Answered

For questions F32 and F34, please ask participant to use the Participant Rating Scale.

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

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

(AFFCB30D)

OR

(AFFB30NA) ☐ (97) Not Answered

---

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

*Participant is rating his/her need for counseling for family problems, not whether the family would be willing to attend.*

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

(AFFCI30D)

OR

(AFFI30NA) ☐ (97) Not Answered

---

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

(AFSCC30D)  (xx) days

OR

(AFSC30NA) ☐ (97) Not Answered

---

**For questions F33 and F35, please ask participant to use the Participant Rating Scale.**

---

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

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

(AFSPB30D)

OR

(AFSB30NA) ☐ (97) Not Answered

---

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

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

- 0-(0) Not at all  
1-(1) S lightly  
2-(2) Moderately  
3-(3) Considerably  
4-(4) Extremely

(AFSPI30D)

OR

(AFSI30NA) ☐ (97) Not Answered

---

**Confidence Ratings:** Is the above information **significantly** distorted by:

---

**F37** Participant's misrepresentation?

(AFMISREP) ☐ (0) No ☐ (1) Yes

**F38** Participant's inability to understand?

(AFUNDRST) ☐ (0) No ☐ (1) Yes

Comments: (ASFCOMM)

## NIDA Clinical Trials Network

### CTN-ASI Lite v. 1: General Information (ASG)

Web Version: 1.0; 3.00; 05-18-12

Segment (*PROTSEG*):

Visit Number (*VISNO*):

#### CTN-ASI Lite v. 1: General Information

**G9** Contact code:

1-(1) In person  
2-(2) Telephone (Intake ASI must be in person)  
3-(3) Mail  
97-(97) Not Answered

(AGCONTACT)

**G12** Special:

1-(1) Participant terminated  
2-(2) Participant refused  
3-(3) Participant unable to respond  
96-(96) Not Applicable

(AGSPECIAL)

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

(AGADDRYR)  (xx) a. years

(AGADDRMT)  (xx) b. months

OR

(AGADDRNA) ☐ (97) Not Answered

**G18** Do you have a religious preference?

1-(1) Protestant  
2-(2) Catholic  
3-(3) Jewish  
4-(4) Islamic  
5-(5) Other  
6-(6) None  
97-(97) Not answered

(AGRELIGN)

Other (specify): (AGRELGSP)

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

1-(1) No  
2-(2) Jail  
3-(3) Alcohol or drug treatment  
4-(4) Medical treatment  
5-(5) Psychiatric treatment  
6-(6) Other  
97-(97) Not answered

(AGCENTENV)

Other (specify): (AGCENVSP)

**G20** How many days? (Refers to total number of days detained in the past 30 days)

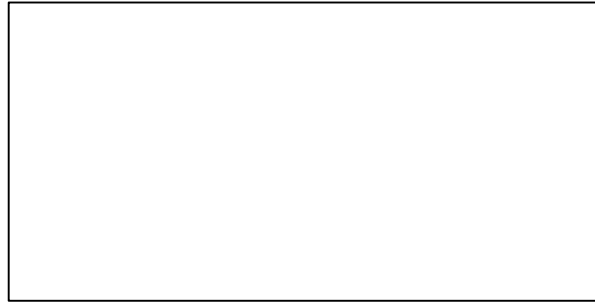
- Not applicable if question G19 is "No."

(AGCEDAYS)  (xx) days

OR

(AGCEDSNA) ☐ (96) Not applicable ☐ (97) Not answered

Comments: (ASG COMM)



## NIDA Clinical Trials Network

### CTN-ASI Lite v. 1 (ASI)

Web Version: 1.0; 3.00; 05-16-12

Segment (*PROTSEG*):

Visit Number (*VISNO*):

#### CTN-ASI Lite v. 1

Date of assessment: (*ASASMTDT*)

(mm/dd/yyyy) [Click here to view calendar](#)

#### Introducing the CTN-ASI Lite v. 1

Seven potential problem areas: Medical, Employment/Support Status, Alcohol, Drug, Legal, Family/Social, and Psychological.

All clients receive this same **standard** interview. All information gathered is **confidential**.

There are **two time periods** we will discuss:

1. The past 30 days
2. Lifetime Data

**Participant Rating Scale:** Participant input is important. For each area, I will ask you to use this scale to let me know how bothered you have been by any problems in each section. I will also ask you how important treatment is for you for the area being discussed.

Please refer to the Participant Rating Scale in the adjacent key.

If you are uncomfortable giving an answer, then don't answer.

**Please do not give inaccurate information!**

| Key: Participant Rating Scale |
|-------------------------------|
| 0=Not at all                  |
| 1=Slightly                    |
| 2=Moderately                  |
| 3=Considerably                |
| 4=Extremely                   |

#### Interviewer Instructions

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

#### HALF TIME RULE:

If a question asks the number of months, round up periods of 14 days or more to 1 month.

Round up 6 months or more to 1 year.

#### CONFIDENCE RATINGS:

Last two items in each section.

Do not over interpret.

Denial does not warrant misrepresentation.

Misrepresentation = overt contradiction in information.



*Probe and make plenty of comments!*

---

## CTN-ASI Lite v. 1: Hollingshead Categories

**1 = Higher Executive, Major Professionals, Owner of Large Business**

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

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

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

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

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

**7 = Unskilled** (*attendant, janitor, construction help, unspecified labor, porter*). **Include Unemployed.**

**8 = Homemaker**

**9 = Student/No Occupation/Disabled**

---

## List of Commonly Used Drugs

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

---

## Alcohol/Drug Section Instructions

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

30 day questions only require the number of days used.

Lifetime use is asked to determine extended periods of use.

Regular use = 3+ times per week, binges, or problematic irregular use in which normal activities are compromised.

Alcohol to intoxication does not necessarily mean "drunk;" use the words "felt the effects," "got a buzz," "high," etc., instead of intoxication. As a rule of thumb, 3+ drinks in one setting, or within a brief period of time, or 5+ drinks in one day defines "intoxication."

How to ask these questions:

"How many days in the past 30 have you used...?"

"How many years in your life have you regularly used...?"

Comments: (ASCOMM)



## NIDA Clinical Trials Network

### CTN-ASI Lite v. 1: Legal Status (ASL)

Web Version: 1.0; 4.01; 06-05-12

Segment (*PROTSEG*):

Visit Number (*VISNO*):

#### CTN-ASI Lite v. 1: Legal Status

L1 Was this admission prompted by the criminal justice system?

- Judge, probation/parole officer, etc.

0-(0) No  
1-(1) Yes  
97-(97) Not answered

(ALCJSADM)

L2 Are you on parole or probation?

- Note duration and level in comments.

0-(0) No, neither  
1-(1) Yes, parole or postrelease supervision  
2-(2) Yes, probation or pre-sentencing diversion  
97-(97) Not answered

(ALPROBAT)

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 [under age 18] crimes, unless they were charged as an adult. Include formal charges only.

L3 Shoplifting/vandalism:

(ALSHPLFT)  (xx)

OR (ALSLFTNA) ☐ (97) Not Answered

L4 Parole/probation violations:

(ALPPVIOL)  (xx)

OR (ALPPVLNA) ☐ (97) Not Answered

L5 Drug Charges:

(ALDRGCHR)  (xx)

OR (ALDCHRNA) ☐ (97) Not Answered

L6 Forgery:

(ALFORGER)  (xx)

OR (ALFORGNA) ☐ (97) Not Answered

L7 Weapons offense:

(ALWEAPON)  (xx)

OR (ALWEAPNA) ☐ (97) Not Answered

L8 Burglary/larceny/B & E:

(ALBURGLR)  (xx)

OR (ALBURGNA) ☐ (97) Not Answered

L9 Robbery:

(ALROBBRY)  (xx)

OR (ALROBBNA) ☐ (97) Not Answered

L10 Assault:

(ALASSLT)  (xx)

OR (ALASLTNA) ☐ (97) Not Answered

L11 Arson:

(ALARSON)  (xx)

OR (ALARSNNA) ☐ (97) Not Answered

L12 Rape:

(ALRAPE)  (xx)

OR (ALRAPENA) ☐ (97) Not Answered

L13 Homicide/manslaughter:

(ALMURDER)  (xx)

OR (ALMRDRNA) ☐ (97) Not Answered

L14 Prostitution:

(ALPROST)  (xx)

OR (ALPRSTNA) ☐ (97) Not Answered

L15 Contempt of court:

(ALCONTMP)  (xx)

OR (ALCNTPNA) ☐ (97) Not Answered

L16 Other (specify):

(ALOTHARR)  (xx)

OR (ALOARRNA) ☐ (97) Not Answered

(ALOTHASP)

L17 How many of these charges resulted in convictions?

- Do not include misdemeanor offenses from questions L18-L20 below. Convictions include fines, probation, incarcerations, suspended sentences, and guilty pleas.
- If L3-L16 = 00, then L17 = Not applicable

(ALCONVCT)  (xx)

OR

(ALCNVTNA) ☐ (96) Not applicable ☐ (97) Not answered

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

L18 Disorderly conduct, vagrancy, public intoxication:

(ALDISCND)  (xx)

OR

(ALDCNDNA) ☐ (97) Not Answered

L19 Driving while intoxicated (DWI):

(ALDWI)  (xx)

OR

(ALDWINA) ☐ (97) Not Answered

L20 Major driving violations:

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

(ALDRVIOL)  (xx)

OR

(ALDRVLNA) ☐ (97) Not Answered

L21 How many months were you incarcerated in your life?

- 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 comments.

(ALINCRM T)  (xx) months

OR

(ALINCRNA) ☐ (97) Not Answered

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

0-(0) No  
1-(1) Yes  
97-(97) Notanswered

(ALCHTRSE)

L25 What for (refers to L24)?

- Use code 03-16, 18-20. If more than one, choose most severe. Don't include civil cases, unless a criminal offense is involved.

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

(ALCTSSP)

OR

(ALCTSPNA) ☐ (96) Not applicable ☐ (97) Not answered

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

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

(ALIN30D)  (xx) days

OR

(ALIN30NA) ☐ (97) Not Answered

---

**L27** How many days in the past 30 have you engaged in illegal activities for profit?

- *Exclude simple drug possession. Include drug dealing, prostitution, selling stolen goods, etc. May be cross checked with question E 17 under Employment/Family Support section.*

(ALIP30D)  (xx) days

OR

(ALIP30NA) ☐ (97) Not Answered

---

**For questions L28-29: Please ask participant to use the Participant Rating Scale.**

---

**L28** How serious do you feel your present legal problems are?

- *Exclude civil problems*

0-(0) Not at all  
1-(1) S lightly  
2-(2) Moderately  
3-(3) C onsiderably  
4-(4) E xtremely

(ALLPS30D)

OR

(ALLP30NA) ☐ (97) Not Answered

---

**L29** How important to you **now** is counseling or referral for these legal problems?

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

0-(0) Not at all  
1-(1) S lightly  
2-(2) Moderately  
3-(3) C onsiderably  
4-(4) E xtremely

(ALLCI30D)

OR

(ALLI30NA) ☐ (97) Not Answered

---

**Confidence Ratings:** Is the above information **significantly** distorted by:

---

**L31** Participant's misrepresentation?

(ALMISREP) ☐ (0) No ☐ (1) Yes

---

**L32** Participant's inability to understand?

(ALUNDRST) ☐ (0) No ☐ (1) Yes

---

Comments: (ALCOMM)

CTN-ASI Lite v. 1: Medical Status (ASM)

Web Version: 1.0; 3.00; 05-29-12

Segment (PROTSEG):

Visit Number (VISNO):

CTN-ASI Lite v. 1: Medical Status

**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.

(AMHOSPTM)  (xx) times

OR

(AMHOSPNA) ☐ (97) Not Answered

**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.

0-(0) No  
1-(1) Yes  
97-(97) Not answered

(AMCHRMPR)

If "Yes", specify: (AMCRMPSP)

**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 participant is currently taking them.
- The intent is to verify chronic medical problems.

0-(0) No  
1-(1) Yes  
97-(97) Notanswered

(AMRXPYS)

If "Yes", specify:(AMRXPSP)

**M5** Do you receive a pension for a physical disability?

- Include Workers' Compensation, exclude psychiatric disability.

0-(0) No  
1-(1) Yes  
97-(97) Notanswered

(AMPENSPD)

If "Yes", specify:(AMPNPDSP)

**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 participant were abstinent (e.g., cirrhosis of liver, abscesses from needles, etc.).

(AMPRB30D)  (xx) days

OR

(AMPR30NA) ☐ (97) Not Answered

For questions M7 & M8, please ask participant to use the Participant 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.

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

(AMPBR30D)

OR

(AMPB30NA) ☐ (97) Not Answered

M8 How important to you *now* is treatment for these medical problems?

- Refers to the need for new or additional medical treatment by the participant.

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

(AMMTI30D)

OR

(AMMI30NA) ☐ (97) Not Answered

Confidence Ratings: Is the above information **significantly** distorted by:

M10 Participant's misrepresentation?

(AMMISREP) ☐ (0) No ☐ (1) Yes

M11 Participant's inability to understand?

(AMUNDRST) ☐ (0) No ☐ (1) Yes

Comments: (AMCOMM)

A large, empty rectangular box with a thin black border, likely intended for a signature or stamp.

## NIDA Clinical Trials Network

### CTN-ASI Lite v. 1: Psychiatric Status (ASP)

Web Version: 1.0; 3.00; 04-09-12

Segment (*PROTSEG*):

Visit Number (*VISNO*):

#### CTN-ASI Lite v. 1: Psychiatric Status

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

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

P1 In a hospital or inpatient setting?

(APPIHSPX)  (xx)

OR

(APPIHPNA) ☐ (97) Not Answered

P2 Outpatient/private patient?

(APPOHSPX)  (xx)

OR

(APPOHPNA) ☐ (97) Not Answered

P3 Do you receive a pension for a psychiatric disability?

(APPENPSY)   
0-(0) No  
1-(1) Yes  
97-(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:

A Past 30 Days

0-(0) No  
1-(1) Yes  
97-(97) Not answered

(APDEP30D)

B Lifetime

0-(0) No  
1-(1) Yes  
97-(97) Not answered

(APDEPLFT)

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

**P5** Experienced serious anxiety/tension-up tight, unreasonably worried, inability to feel relaxed?

(APANX30D)

O-(0) No  
1-(1) Yes  
97-(97) Not answered

(APANXLFT)

O-(0) No  
1-(1) Yes  
97-(97) Not answered

**P6** Experienced hallucinations-saw things or heard voices that other people did not see or hear?

(APHLC30D)

O-(0) No  
1-(1) Yes  
97-(97) Not answered

(APHLCLFT)

O-(0) No  
1-(1) Yes  
97-(97) Not answered

**P7** Experienced trouble understanding, concentrating, or remembering?

(APCNC30D)

O-(0) No  
1-(1) Yes  
97-(97) Not answered

(APCNCLFT)

O-(0) No  
1-(1) Yes  
97-(97) Not answered

---

For questions P8-P10, participant could have been under the influence of alcohol/drugs

---

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

- Participant can be under the influence of alcohol/drugs.

(APVLT30D)

O-(0) No  
1-(1) Yes  
97-(97) Not answered

(APVLTLFT)

O-(0) No  
1-(1) Yes  
97-(97) Not answered

**P9** Experienced serious thoughts of suicide?

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

(APTOS30D)

O-(0) No  
1-(1) Yes  
97-(97) Not answered

(APTOSLFT)

O-(0) No  
1-(1) Yes  
97-(97) Not answered

**P10** Attempted suicide?

- Include actual suicidal gestures or attempts.

(APASU30D)

O-(0) No  
1-(1) Yes  
97-(97) Not answered

(APASULFT)

O-(0) No  
1-(1) Yes  
97-(97) Not answered

**P11** Been prescribed medications for any psychological/emotional problem?

- Prescribed for the participant by MD.  
Record "Yes" if a medication was prescribed **even if** the participant is not taking it.

(APMED30D)

O-(0) No  
1-(1) Yes  
97-(97) Not answered

(APMEDLFT)

O-(0) No  
1-(1) Yes  
97-(97) Not answered

---

**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.

(APPRB30D)  (xx) days

OR

(APPR30NA) ☐ (97) Not Answered

---

For questions P13-P14, please ask participant to use the Participant Rating Scale.

---

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

- Participant should be rating the problem days from question P12.

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

(APBR30D)

OR

(APB30NA) ☐ (97) Not Answered

---

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

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

(APPTI30D)

OR

(APPI30NA) ☐ (97) Not Answered

---

**Confidence Ratings:** Is the above information **significantly** distorted by:

**P22** Participant's misrepresentation?

(APMISREP) ☐ (0) No ☐ (1) Yes

**P23** Participant's inability to understand?

(APUNDRST) ☐ (0) No ☐ (1) Yes

---

Comments: (APCOMM)

## NIDA Clinical Trials Network

### Concise Associated Symptoms Tracking - Self-Report (CAST-SR) (CAS)

Web Version: 1.0; 1.00; 05-06-10

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Date of assessment: (*CAASM TDT*)

(mm/dd/yyyy) (*CATODAY*) ☐ [Click here for today's date](#)

**Please read this series of statements and rate the extent to which each of the statements describes how you have been feeling or acting in the past week.**

*For example, if you feel the statement very accurately describes how you have been feeling in the past week, you would give a rating of "Strongly Agree." If you feel the statement is not at all how you have been feeling in the past week, you would give a rating of "Strongly Disagree."*

|  | Strongly<br>Disagree                         | Disagree                 | Neither<br>Agree nor<br>Disagree | Agree                    | Strongly<br>Agree        |
|--|--|--------------------------|----------------------------------|--------------------------|--------------------------|
| 1. I feel anxious all the time.                            | ( <i>CAANXTM</i> ) <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have been feeling really good lately.                 | ( <i>CAFLGOOD</i> ) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I feel as if I am going to have a heart attack.         | ( <i>CAHEARTA</i> ) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I wish people would just leave me alone.                | ( <i>CALVEALN</i> ) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I have been having more trouble sleeping than usual.    | ( <i>CATRBSLP</i> ) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I am feeling restless, as if I have to move constantly. | ( <i>CARESTLS</i> ) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I suddenly feel very confident.                         | ( <i>CACONDNT</i> ) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am more talkative than normal.                        | ( <i>CATALKNM</i> ) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I feel very uptight.                                    | ( <i>CAUPTTE</i> ) <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. I find myself saying or doing things without thinking. | ( <i>CATHINK</i> ) <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. I feel very tense and I cannot relax.                  | ( <i>CANOTRLX</i> ) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. I can feel my heart racing.                            | ( <i>CAHRTRAC</i> ) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Lately everything seems to be annoying me.             | ( <i>CAANOYME</i> ) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. I slept very little last night.                        | ( <i>CASLPLTL</i> ) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. I cannot sit still.                                    | ( <i>CACNTSIT</i> ) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. I find people get on my nerves easily.                 | ( <i>CANERVES</i> ) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. I have been having lots of great ideas.                | ( <i>CAIDEAS</i> ) <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |

## NIDA Clinical Trials Network

### Concise Health Risk Tracking (CHRT) Participant Rated Module (CHR)

Web Version: 1.0; 3.00; 06-27-13

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Date of assessment: (*CHASMTDT*)

(mm/dd/yyyy) [Click here for calendar](#)

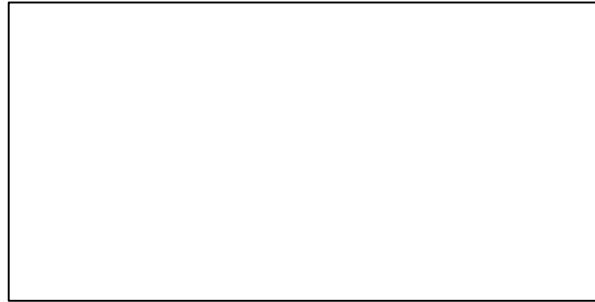
Please rate the extent to which each of the following statements describes how you have been feeling or acting in the past week.

*For example, if you feel the statement very accurately describes how you have been feeling in the past week, you would give a rating of "Strongly Agree." If you feel the statement is not at all how you have been feeling in the past week, you would give a rating of "Strongly Disagree."*

|  | Strongly<br>Disagree                | Disagree                 | Neither<br>Agree nor<br>Disagree | Agree                    | Strongly<br>Agree        |
|--|-------------------------------------|--------------------------|----------------------------------|--------------------------|--------------------------|
| 1. I feel as if things are never going to get better.      | (CHNVRBTR) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have no future.                                       | (CHNOFUTR) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. It seems as if I can do nothing right.                  | (CHNOTHRT) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Everything I do turns out wrong.                        | (CHWRONG) <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. There is no one I can depend on.                        | (CHDPNDON) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. The people I care the most for are gone.                | (CHPPLGNE) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I wish my suffering could just all be over.             | (CHSUFOVR) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I feel that there is no reason to live.                 | (CHRSLIVE) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I wish I could just go to sleep and not wake up.        | (CHSLPNTW) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. I find myself saying or doing things without thinking. | (CHNOTHNK) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. I often make decisions quickly or "on impulse."        | (CHIMPULS) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. I have been having thoughts of killing myself.         | (CHKILLMS) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. I have thoughts about how I might kill myself.         | (CHHOWKIL) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. I have a plan to kill myself.                          | (CHPLNKIL) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |



Comments: (CHRCOMM)



# NIDA Clinical Trials Network

## Massachusetts General Hospital Cognitive and Physical Functioning Questionnaire (CPFQ) (CPF)

Web Version: 1.0; 1.00; 05-06-10

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Date of assessment: (*CPASM TDT*)

(mm/dd/yyyy) (*CPTODAY*) ☐ Click here for today's date

Please answer all questions by **selecting** the **correct answer** or the answer which seems the most **appropriate** to you (consider "Normal" the time in your life prior to the past month when you were most satisfied with your cognitive and physical functioning).

a. How has your motivation/interest/enthusiasm been over the past month?

(*CPINTMTH*) ☐

☐

☐

☐

☐

☐

**1**

**2**

**3**

**4**

**5**

**6**

Greater  
Than Normal

Normal

Minimally  
Diminished

Moderately  
Diminished

Markedly  
Diminished

Totally  
Absent

b. How has your wakefulness/alertness been over the past month?

(*CPWKEMTH*) ☐

☐

☐

☐

☐

☐

**1**

**2**

**3**

**4**

**5**

**6**

Greater  
Than Normal

Normal

Minimally  
Diminished

Moderately  
Diminished

Markedly  
Diminished

Totally  
Absent

c. How has your energy been over the past month?

(*CPENGMTH*) ☐

☐

☐

☐

☐

☐

**1**

**2**

**3**

**4**

**5**

**6**

Greater  
Than Normal

Normal

Minimally  
Diminished

Moderately  
Diminished

Markedly  
Diminished

Totally  
Absent

d. How has your ability to focus/sustain attention been over the past month?

(*CPFCSMTH*) ☐

☐

☐

☐

☐

☐

**1**

**2**

**3**

**4**

**5**

**6**

Greater  
Than Normal

Normal

Minimally  
Diminished

Moderately  
Diminished

Markedly  
Diminished

Totally  
Absent

e. How has your ability to remember/recall information been over the past month?

(*CPREMMTH*) ☐

☐

☐

☐

☐

☐

**1**

**2**

**3**

**4**

**5**

**6**

| Greater<br>Than Normal  | Normal                   | Minimally<br>Diminished  | Moderately<br>Diminished | Markedly<br>Diminished   | Totally<br>Absent        |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| f. How has your ability to find words been over the past month? |                          |                          |                          |                          |                          |
| (CPWDSMTH) <input type="checkbox"/>                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1   | 2                        | 3                        | 4                        | 5                        | 6                        |
| Greater<br>Than Normal  | Normal                   | Minimally<br>Diminished  | Moderately<br>Diminished | Markedly<br>Diminished   | Totally<br>Absent        |

|   |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 9. How has your sharpness/mental acuity been over the past month? |                          |                          |                          |                          |                          |
| (CPATYMTTH) <input type="checkbox"/>                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1   | 2                        | 3                        | 4                        | 5                        | 6                        |
| Greater<br>Than Normal  | Normal                   | Minimally<br>Diminished  | Moderately<br>Diminished | Markedly<br>Diminished   | Totally<br>Absent        |

NIDA Clinical Trials Network

Demographics (DEM)

Web Version: 1.0; 1.00; 06-03-11

1. Date of birth:(DEBRTHDT)

(mm/dd/yyyy)

2. Sex:(DEGENDER)

☐ Male

☐ Female

☐ Participant chooses not to answer

3. Ethnicity:(DEETHNIC)

☐ Hispanic or Latino

☐ Not Hispanic or Latino

☐ Participant chooses not to answer

4. Race:

American Indian or Alaska Native(DEAMEIND)

Asian(DEASIAN)

Black or African American(DEBLACK)

Native Hawaiian or Pacific Islander(DEHAWAII)

White(DEWHITE)

Other(DEOTHER)

If "Yes", specify:(DEOTHRSP)

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

OR

Unknown(DEUNKNOWN)

Participant chooses not to provide their race(DENORACE)

☐ Yes

☐ Yes

Comments:(DEMCOMM)

Screening

1. Date of admission to RTP:(S2ARTPDT)

(mm/dd/yyyy)

2. Date informed consent signed:(S2CNSTDT)

(mm/dd/yyyy)

Comments:(S2COMM)

NIDA Clinical Trials Network

Fagerstrom Test for Nicotine Dependence (FND)

Web Version: 1.0; 1.00; 08-30-11

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Date of assessment: (*FNDATE*)

(mm/dd/yyyy) (*FNTODAY*) ☐ Click here for today's date

Do you currently smoke cigarettes? (*FNSMOKE*)

☐ No ☐ Yes

If "Yes", please complete the rest of this form.

If "No", this form is complete. Please click "Save" on the bottom of the form.

Please read each question below. For each question enter the answer choice which best describes your responses.

1. How soon after you wake up do you smoke your first cigarette?

(*FN1STCIG*) ☐ (3) Within 5 minutes

☐ (2) Within 6 - 30 minutes

☐ (1) Within 31 - 60 minutes

☐ (0) After 60 minutes

2. Do you find it difficult to refrain from smoking in places where it is forbidden, e.g., in church, at the library, in cinema, etc.?

(*FNFORBID*) ☐ (1) Yes

☐ (0) No

3. Which cigarette would you hate most to give up?

(*FNGIVEUP*) ☐ (1) The first one in the morning

☐ (0) All others

4. How many cigarettes/day do you smoke?

(*FNPERDAY*) ☐ (0) 10 or less

☐ (1) 11-20

☐ (2) 21-30

☐ (3) 31 or more

5. Do you smoke more frequently during the first hours after waking than during the rest of the day?

(*FNFREQ*) ☐ (1) Yes

☐ (0) No

6. Do you smoke if you are so ill that you are in bed most of the day?

(*FNILL*) ☐ (1) Yes

☐ (0) No

## NIDA Clinical Trials Network

### Maximal Exercise Test (MET)

Web Version: 1.0; 2.05; 02-27-12

Segment (*PROTSEG*):

Visit Number (*VISNO*):

- Date of assessment: (*MEASMTDT*)  (mm/dd/yyyy)
1. Weight: (*MEWGHTLB*)  (xxx.x) lbs (*MEWGHTKG*)  (xxx.x) kgs
2. Height: (*MEHGHTIN*)  (xx) in (*MEHGHTM*)  (x.xx) m
3. BMI: (*MEBMI*)  (xx.x)
4. Resting heart rate: (*MERSTBPM*)  (xxx) beats per minute
5. Resting blood pressure: (*MERSTSYS*)  (xxx) / (*MERSTDIA*)  (xxx) mmHg
6. Test duration: (*MEDURMIN*)  (xx) : (*MEDURSEC*)  (xx) mm:ss
7. Max speed: (*MEMAXMPH*)  (x.x) mph
8. Max grade: (*MEMAXGRD*)  (xx.x) %
9. Max heart rate: (*MEMAXBPM*)  (xxx) beats per minute
10. Max blood pressure: (*MEMAXSYS*)  (xxx) / (*MEMAXDIA*)  (xxx) mmHg
11. METs calculation: (*MEMETS*)  (xx.x)
12. Heart rate at 2 minute recovery: (*ME2MNBPM*)  (xxx) beats per minute
13. Blood pressure at 2 minute recovery: (*ME2MNSYS*)  (xxx) / (*ME2MNDIA*)  (xxx) mmHg
14. Heart rate at 6 minute recovery: (*ME6MNBPM*)  (xxx) beats per minute
15. Blood pressure at 6 minute recovery: (*ME6MNSYS*)  (xxx) / (*ME6MNDIA*)  (xxx) mmHg
16. Signs of ischemia: (*MEISCHEM*) ☐ No ☐ Yes If "Yes":
- a. ST depression: (*MESTDEPR*) ☐ No ☐ Yes
- b. ST elevation: (*MESTLEV*) ☐ No ☐ Yes

17. Clinically significant symptoms:(MECLNSIG)

If "Yes", describe:(MECLSGSP)

☐ No ☐ Yes

18. Clinically significant arrhythmia:(MEARRHYT)

If "Yes", describe:(MEARRHSP)

☐ No ☐ Yes

Comments:(MECOMM)



## NIDA Clinical Trials Network

### MINI International Neuropsychiatric Interview (MIN)

Web Version: 1.0; 2.01; 04-09-12

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Date of assessment: (*MINASMDT*)

(mm/dd/yyyy) [Click here for calendar](#)

#### MODULES

#### TIME FRAME

#### MEETS CRITERIA

A MAJOR DEPRESSIVE EPISODE

Current (2 weeks)

(*MIMDPCUR*) ☐ No ☐ Yes

Chronic

(*MIMDPCHR*) ☐ No ☐ Yes

Recurrent

(*MIMDPREC*) ☐ No ☐ Yes

Full Interepisodic Recovery

(*MIMDPFIR*) ☐ No ☐ Yes

Number of MDEs

(*MIMDENUM*)  (xx)

Age of Onset of First MDE

(*MIMDEAGE*)  (xx)

B DYSTHYMIA

Current (Past 2 years)

(*MIDYSTHM*) ☐ No ☐ Yes

C SUICIDALITY

Current (Past Month)

(*MISUICID*) ☐ No ☐ Yes

Risk

(*MISURISK*) ☐ Low ☐ Moderate ☐ High

D MANIC EPISODE

Current

(*MIMANICC*) ☐ No ☐ Yes

Past

(*MIMANICP*) ☐ No ☐ Yes

HYPOMANIC EPISODE

Current

(*MIHYPOMC*) ☐ No ☐ Yes

Past

(*MIHYPOMP*) ☐ No ☐ Yes

E PANIC DISORDER

Current (Past Month)

(*MIPANICC*) ☐ No ☐ Yes

Lifetime

(*MIPANICL*) ☐ No ☐ Yes

G SOCIAL PHOBIA (Social Anxiety Disorder)

Current (Past Month)

(*MISOCPHB*) ☐ No ☐ Yes

H OBSESSIVE-COMPULSIVE DISORDER

Current (Past Month)

(*MIOCD*) ☐ No ☐ Yes

|   |   |                         |   |
|---|---|-------------------------|---|
| I | POSTTRAUMATIC STRESS DISORDER               | Current (Past Month)    | (MIPTSD) <input type="checkbox"/> No <input type="checkbox"/> Yes   |
| L | PSYCHOTIC DISORDERS                         | Current                 | (MIPSYCCR) <input type="checkbox"/> No <input type="checkbox"/> Yes |
|   |   | Lifetime                | (MIPSYCLT) <input type="checkbox"/> No <input type="checkbox"/> Yes |
| M | ANOREXIA NERVOSA                            | Current (Past 3 Months) | (MIANOREX) <input type="checkbox"/> No <input type="checkbox"/> Yes |
| N | BULIMIA NERVOSA                             | Current (Past 3 Months) | (MIBULIMI) <input type="checkbox"/> No <input type="checkbox"/> Yes |
|   | ANOREXIA NERVOSA, BINGE EATING/PURGING TYPE | Current                 | (MIANXBEP) <input type="checkbox"/> No <input type="checkbox"/> Yes |
| O | GENERALIZED ANXIETY DISORDER                | Current (Past 6 Months) | (MIANXIET) <input type="checkbox"/> No <input type="checkbox"/> Yes |

# NIDA Clinical Trials Network

## Prior and Concomitant Medications (PCM)

Web Version: 1.0; 2.03; 01-18-12

Is the participant currently taking any prescribed medications or has the participant taken any prescribed medications within the past 7 days?(CMMEDNY) ☐ No ☐ Yes

In addition to prescription medications, please also record over the counter Zantac, ranitidine, Wal-zan, or Tritec, or anything that is intended to substitute for these. If you are unsure about a medication, please make note of it and find out if it is in fact a substitute for these; if not, you can correct later. If you are asked why we are interested in these medications, please explain that we have found that they are a category of medication that we are interested in tracking for the study, just as we are tracking prescription medications.

|    | Medication Name                    | Indication   | Medication Start Date                            | Ongoing?  | Medication Stop Date                            | Used to Treat an AE         |
|----|------------------------------------|--|--|---|---|-----------------------------|
| 1. | (CM_01DNM)<br><input type="text"/> | (CM_01DIN)<br>1-Analgesic/NSAID/Antipyretic<br>2-Anesthetic<br>3-Antacid<br>4-Ant-asthma/Bronchodilator<br>5-Antibiotic/Anti-infective/Anti-parasite/Anti-fungal/Anti-inflammatory/Ant-microbial<br>*Additional Options Listed Below | (CM_01SDT) <input type="text"/><br>(m m/dd/yyyy) | (CM_01ONG)<br>0-No<br>1-Yes<br>2-Yes (continuing at protocol completion or study termination) | (CM_01PDT) <input type="text"/><br>(mm/dd/yyyy) | (CM_01TAE)<br>0-No<br>1-Yes |
| 2. | (CM_02DNM)<br><input type="text"/> | (CM_02DIN)<br>1-Analgesic/NSAID/Antipyretic<br>2-Anesthetic<br>3-Antacid<br>4-Ant-asthma/Bronchodilator<br>5-Antibiotic/Anti-infective/Anti-parasite/Anti-fungal/Anti-inflammatory/Ant-microbial<br>*Additional Options Listed Below | (CM_02SDT) <input type="text"/><br>(m m/dd/yyyy) | (CM_02ONG)<br>0-No<br>1-Yes<br>2-Yes (continuing at protocol completion or study termination) | (CM_02PDT) <input type="text"/><br>(mm/dd/yyyy) | (CM_02TAE)<br>0-No<br>1-Yes |
| 3. | (CM_03DNM)<br><input type="text"/> | (CM_03DIN)<br>1-Analgesic/NSAID/Antipyretic<br>2-Anesthetic<br>3-Antacid<br>4-Ant-asthma/Bronchodilator<br>5-Antibiotic/Anti-infective/Anti-parasite/Anti-fungal/Anti-inflammatory/Ant-microbial<br>*Additional Options Listed Below | (CM_03SDT) <input type="text"/><br>(m m/dd/yyyy) | (CM_03ONG)<br>0-No<br>1-Yes<br>2-Yes (continuing at protocol completion or study termination) | (CM_03PDT) <input type="text"/><br>(mm/dd/yyyy) | (CM_03TAE)<br>0-No<br>1-Yes |
| 4. | (CM_04DNM)<br><input type="text"/> | (CM_04DIN)<br>1-Analgesic/NSAID/Antipyretic<br>2-Anesthetic<br>3-Antacid<br>4-Ant-asthma/Bronchodilator<br>5-Antibiotic/Anti-infective/Anti-parasite/Anti-fungal/Anti-inflammatory/Ant-microbial<br>*Additional Options Listed Below | (CM_04SDT) <input type="text"/><br>(m m/dd/yyyy) | (CM_04ONG)<br>0-No<br>1-Yes<br>2-Yes (continuing at protocol completion or study termination) | (CM_04PDT) <input type="text"/><br>(mm/dd/yyyy) | (CM_04TAE)<br>0-No<br>1-Yes |
| 5. | (CM_05DNM)<br><input type="text"/> | (CM_05DIN)<br>1-Analgesic/NSAID/Antipyretic<br>2-Anesthetic<br>3-Antacid<br>4-Ant-asthma/Bronchodilator<br>5-Antibiotic/Anti-infective/Anti-parasite/Anti-fungal/Anti-inflammatory/Ant-microbial<br>*Additional Options Listed Below | (CM_05SDT) <input type="text"/><br>(m m/dd/yyyy) | (CM_05ONG)<br>0-No<br>1-Yes<br>2-Yes (continuing at protocol completion or study termination) | (CM_05PDT) <input type="text"/><br>(mm/dd/yyyy) | (CM_05TAE)<br>0-No<br>1-Yes |
| 6. | (CM_06DNM)<br><input type="text"/> | (CM_06DIN)<br>1-Analgesic/NSAID/Antipyretic<br>2-Anesthetic<br>3-Antacid<br>4-Ant-asthma/Bronchodilator<br>5-Antibiotic/Anti-infective/Anti-parasite/Anti-fungal/Anti-inflammatory/Ant-microbial<br>*Additional Options Listed Below | (CM_06SDT) <input type="text"/><br>(m m/dd/yyyy) | (CM_06ONG)<br>0-No<br>1-Yes<br>2-Yes (continuing at protocol completion or study termination) | (CM_06PDT) <input type="text"/><br>(mm/dd/yyyy) | (CM_06TAE)<br>0-No<br>1-Yes |
| 7. | (CM_07DNM)<br><input type="text"/> | (CM_07DIN)<br>1-Analgesic/NSAID/Antipyretic<br>2-Anesthetic<br>3-Antacid<br>4-Ant-asthma/Bronchodilator<br>5-Antibiotic/Anti-infective/Anti-parasite/Anti-fungal/Anti-inflammatory/Ant-microbial<br>*Additional Options Listed Below | (CM_07SDT) <input type="text"/><br>(m m/dd/yyyy) | (CM_07ONG)<br>0-No<br>1-Yes<br>2-Yes (continuing at protocol completion or study termination) | (CM_07PDT) <input type="text"/><br>(mm/dd/yyyy) | (CM_07TAE)<br>0-No<br>1-Yes |

|     |                                    |  |  |   |   |                             |
|-----|------------------------------------|--|--|---|---|-----------------------------|
| 8.  | (CM_08DNM)<br><input type="text"/> | (CM_08DIN)<br>1-Analgesic/NSAID/Antipyretic<br>2-Anesthetic<br>3-Antacid<br>4-Ant-asthma/Bronchodilator<br>5-Antibiotic/Anti-infective/Anti-parasite/Anti-fungal/Anti-inflammatory/Ant-microbial<br>*Additional Options Listed Below | (CM_08SDT) <input type="text"/><br>(m m/dd/yyyy) | (CM_08ONG)<br>0-No<br>1-Yes<br>2-Yes (continuing at protocol completion or study termination) | (CM_08PDT) <input type="text"/><br>(mm/dd/yyyy) | (CM_08TAE)<br>0-No<br>1-Yes |
| 9.  | (CM_09DNM)<br><input type="text"/> | (CM_09DIN)<br>1-Analgesic/NSAID/Antipyretic<br>2-Anesthetic<br>3-Antacid<br>4-Ant-asthma/Bronchodilator<br>5-Antibiotic/Anti-infective/Anti-parasite/Anti-fungal/Anti-inflammatory/Ant-microbial<br>*Additional Options Listed Below | (CM_09SDT) <input type="text"/><br>(m m/dd/yyyy) | (CM_09ONG)<br>0-No<br>1-Yes<br>2-Yes (continuing at protocol completion or study termination) | (CM_09PDT) <input type="text"/><br>(mm/dd/yyyy) | (CM_09TAE)<br>0-No<br>1-Yes |
| 10. | (CM_10DNM)<br><input type="text"/> | (CM_10DIN)<br>1-Analgesic/NSAID/Antipyretic<br>2-Anesthetic<br>3-Antacid<br>4-Ant-asthma/Bronchodilator<br>5-Antibiotic/Anti-infective/Anti-parasite/Anti-fungal/Anti-inflammatory/Ant-microbial<br>*Additional Options Listed Below | (CM_10SDT) <input type="text"/><br>(m m/dd/yyyy) | (CM_10ONG)<br>0-No<br>1-Yes<br>2-Yes (continuing at protocol completion or study termination) | (CM_10PDT) <input type="text"/><br>(mm/dd/yyyy) | (CM_10TAE)<br>0-No<br>1-Yes |
| 11. | (CM_11DNM)<br><input type="text"/> | (CM_11DIN)<br>1-Analgesic/NSAID/Antipyretic<br>2-Anesthetic<br>3-Antacid<br>4-Ant-asthma/Bronchodilator<br>5-Antibiotic/Anti-infective/Anti-parasite/Anti-fungal/Anti-inflammatory/Ant-microbial<br>*Additional Options Listed Below | (CM_11SDT) <input type="text"/><br>(m m/dd/yyyy) | (CM_11ONG)<br>0-No<br>1-Yes<br>2-Yes (continuing at protocol completion or study termination) | (CM_11PDT) <input type="text"/><br>(mm/dd/yyyy) | (CM_11TAE)<br>0-No<br>1-Yes |
| 12. | (CM_12DNM)<br><input type="text"/> | (CM_12DIN)<br>1-Analgesic/NSAID/Antipyretic<br>2-Anesthetic<br>3-Antacid<br>4-Ant-asthma/Bronchodilator<br>5-Antibiotic/Anti-infective/Anti-parasite/Anti-fungal/Anti-inflammatory/Ant-microbial<br>*Additional Options Listed Below | (CM_12SDT) <input type="text"/><br>(m m/dd/yyyy) | (CM_12ONG)<br>0-No<br>1-Yes<br>2-Yes (continuing at protocol completion or study termination) | (CM_12PDT) <input type="text"/><br>(mm/dd/yyyy) | (CM_12TAE)<br>0-No<br>1-Yes |
| 13. | (CM_13DNM)<br><input type="text"/> | (CM_13DIN)<br>1-Analgesic/NSAID/Antipyretic<br>2-Anesthetic<br>3-Antacid<br>4-Ant-asthma/Bronchodilator<br>5-Antibiotic/Anti-infective/Anti-parasite/Anti-fungal/Anti-inflammatory/Ant-microbial<br>*Additional Options Listed Below | (CM_13SDT) <input type="text"/><br>(m m/dd/yyyy) | (CM_13ONG)<br>0-No<br>1-Yes<br>2-Yes (continuing at protocol completion or study termination) | (CM_13PDT) <input type="text"/><br>(mm/dd/yyyy) | (CM_13TAE)<br>0-No<br>1-Yes |
| 14. | (CM_14DNM)<br><input type="text"/> | (CM_14DIN)<br>1-Analgesic/NSAID/Antipyretic<br>2-Anesthetic<br>3-Antacid<br>4-Ant-asthma/Bronchodilator<br>5-Antibiotic/Anti-infective/Anti-parasite/Anti-fungal/Anti-inflammatory/Ant-microbial<br>*Additional Options Listed Below | (CM_14SDT) <input type="text"/><br>(m m/dd/yyyy) | (CM_14ONG)<br>0-No<br>1-Yes<br>2-Yes (continuing at protocol completion or study termination) | (CM_14PDT) <input type="text"/><br>(mm/dd/yyyy) | (CM_14TAE)<br>0-No<br>1-Yes |
| 15. | (CM_15DNM)<br><input type="text"/> | (CM_15DIN)<br>1-Analgesic/NSAID/Antipyretic<br>2-Anesthetic<br>3-Antacid<br>4-Ant-asthma/Bronchodilator<br>5-Antibiotic/Anti-infective/Anti-parasite/Anti-fungal/Anti-inflammatory/Ant-microbial<br>*Additional Options Listed Below | (CM_15SDT) <input type="text"/><br>(m m/dd/yyyy) | (CM_15ONG)<br>0-No<br>1-Yes<br>2-Yes (continuing at protocol completion or study termination) | (CM_15PDT) <input type="text"/><br>(mm/dd/yyyy) | (CM_15TAE)<br>0-No<br>1-Yes |
| 16. | (CM_16DNM)<br><input type="text"/> | (CM_16DIN)<br>1-Analgesic/NSAID/Antipyretic<br>2-Anesthetic<br>3-Antacid<br>4-Ant-asthma/Bronchodilator<br>5-Antibiotic/Anti-infective/Anti-parasite/Anti-fungal/Anti-inflammatory/Ant-microbial<br>*Additional Options Listed Below | (CM_16SDT) <input type="text"/><br>(m m/dd/yyyy) | (CM_16ONG)<br>0-No<br>1-Yes<br>2-Yes (continuing at protocol completion or study termination) | (CM_16PDT) <input type="text"/><br>(mm/dd/yyyy) | (CM_16TAE)<br>0-No<br>1-Yes |
| 17. | (CM_17DNM)<br><input type="text"/> | (CM_17DIN)   | (CM_17SDT) <input type="text"/><br>(m m/dd/yyyy) | (CM_17ONG)<br>0-No<br>1-Yes<br>2-Yes (continuing at protocol completion or study termination) | (CM_17PDT) <input type="text"/><br>(mm/dd/yyyy) | (CM_17TAE)<br>0-No<br>1-Yes |

|     |            |  |                             |   |                            |                             |
|-----|------------|--|-----------------------------|---|----------------------------|-----------------------------|
|     |            | 1-Analgesic/NSAID/Antipyretic<br>2-Anesthetic<br>3-Antacid<br>4-Ant-asthma/Bronchodilator<br>5-Antibiotic/Anti-infective/Anti-parasite/Anti-fungal/Anti-inflammatory/Ant-microbial<br>*Additional Options Listed Below               |                             |   |                            |                             |
| 18. | (CM_18DNM) | (CM_18DIN)<br>1-Analgesic/NSAID/Antipyretic<br>2-Anesthetic<br>3-Antacid<br>4-Ant-asthma/Bronchodilator<br>5-Antibiotic/Anti-infective/Anti-parasite/Anti-fungal/Anti-inflammatory/Ant-microbial<br>*Additional Options Listed Below | (CM_18SDT)<br>(m m/dd/yyyy) | (CM_18ONG)<br>0-No<br>1-Yes<br>2-Yes (continuing at protocol completion or study termination) | (CM_18PDT)<br>(mm/dd/yyyy) | (CM_18TAE)<br>0-No<br>1-Yes |
| 19. | (CM_19DNM) | (CM_19DIN)<br>1-Analgesic/NSAID/Antipyretic<br>2-Anesthetic<br>3-Antacid<br>4-Ant-asthma/Bronchodilator<br>5-Antibiotic/Anti-infective/Anti-parasite/Anti-fungal/Anti-inflammatory/Ant-microbial<br>*Additional Options Listed Below | (CM_19SDT)<br>(m m/dd/yyyy) | (CM_19ONG)<br>0-No<br>1-Yes<br>2-Yes (continuing at protocol completion or study termination) | (CM_19PDT)<br>(mm/dd/yyyy) | (CM_19TAE)<br>0-No<br>1-Yes |
| 20. | (CM_20DNM) | (CM_20DIN)<br>1-Analgesic/NSAID/Antipyretic<br>2-Anesthetic<br>3-Antacid<br>4-Ant-asthma/Bronchodilator<br>5-Antibiotic/Anti-infective/Anti-parasite/Anti-fungal/Anti-inflammatory/Ant-microbial<br>*Additional Options Listed Below | (CM_20SDT)<br>(m m/dd/yyyy) | (CM_20ONG)<br>0-No<br>1-Yes<br>2-Yes (continuing at protocol completion or study termination) | (CM_20PDT)<br>(mm/dd/yyyy) | (CM_20TAE)<br>0-No<br>1-Yes |
| 21. | (CM_21DNM) | (CM_21DIN)<br>1-Analgesic/NSAID/Antipyretic<br>2-Anesthetic<br>3-Antacid<br>4-Ant-asthma/Bronchodilator<br>5-Antibiotic/Anti-infective/Anti-parasite/Anti-fungal/Anti-inflammatory/Ant-microbial<br>*Additional Options Listed Below | (CM_21SDT)<br>(m m/dd/yyyy) | (CM_21ONG)<br>0-No<br>1-Yes<br>2-Yes (continuing at protocol completion or study termination) | (CM_21PDT)<br>(mm/dd/yyyy) | (CM_21TAE)<br>0-No<br>1-Yes |
| 22. | (CM_22DNM) | (CM_22DIN)<br>1-Analgesic/NSAID/Antipyretic<br>2-Anesthetic<br>3-Antacid<br>4-Ant-asthma/Bronchodilator<br>5-Antibiotic/Anti-infective/Anti-parasite/Anti-fungal/Anti-inflammatory/Ant-microbial<br>*Additional Options Listed Below | (CM_22SDT)<br>(m m/dd/yyyy) | (CM_22ONG)<br>0-No<br>1-Yes<br>2-Yes (continuing at protocol completion or study termination) | (CM_22PDT)<br>(mm/dd/yyyy) | (CM_22TAE)<br>0-No<br>1-Yes |
| 23. | (CM_23DNM) | (CM_23DIN)<br>1-Analgesic/NSAID/Antipyretic<br>2-Anesthetic<br>3-Antacid<br>4-Ant-asthma/Bronchodilator<br>5-Antibiotic/Anti-infective/Anti-parasite/Anti-fungal/Anti-inflammatory/Ant-microbial<br>*Additional Options Listed Below | (CM_23SDT)<br>(m m/dd/yyyy) | (CM_23ONG)<br>0-No<br>1-Yes<br>2-Yes (continuing at protocol completion or study termination) | (CM_23PDT)<br>(mm/dd/yyyy) | (CM_23TAE)<br>0-No<br>1-Yes |
| 24. | (CM_24DNM) | (CM_24DIN)<br>1-Analgesic/NSAID/Antipyretic<br>2-Anesthetic<br>3-Antacid<br>4-Ant-asthma/Bronchodilator<br>5-Antibiotic/Anti-infective/Anti-parasite/Anti-fungal/Anti-inflammatory/Ant-microbial<br>*Additional Options Listed Below | (CM_24SDT)<br>(m m/dd/yyyy) | (CM_24ONG)<br>0-No<br>1-Yes<br>2-Yes (continuing at protocol completion or study termination) | (CM_24PDT)<br>(mm/dd/yyyy) | (CM_24TAE)<br>0-No<br>1-Yes |
| 25. | (CM_25DNM) | (CM_25DIN)<br>1-Analgesic/NSAID/Antipyretic<br>2-Anesthetic<br>3-Antacid<br>4-Ant-asthma/Bronchodilator<br>5-Antibiotic/Anti-infective/Anti-parasite/Anti-fungal/Anti-inflammatory/Ant-microbial<br>*Additional Options Listed Below | (CM_25SDT)<br>(m m/dd/yyyy) | (CM_25ONG)<br>0-No<br>1-Yes<br>2-Yes (continuing at protocol completion or study termination) | (CM_25PDT)<br>(mm/dd/yyyy) | (CM_25TAE)<br>0-No<br>1-Yes |
| 26. | (CM_26DNM) | (CM_26DIN)<br>1-Analgesic/NSAID/Antipyretic<br>2-Anesthetic<br>3-Antacid<br>4-Ant-asthma/Bronchodilator<br>5-Antibiotic/Anti-infective/Anti-parasite/Anti-fungal/Anti-inflammatory/Ant-microbial<br>*Additional Options Listed Below | (CM_26SDT)<br>(m m/dd/yyyy) | (CM_26ONG)<br>0-No<br>1-Yes<br>2-Yes (continuing at protocol completion or study termination) | (CM_26PDT)<br>(mm/dd/yyyy) | (CM_26TAE)<br>0-No<br>1-Yes |

|     |            |  |                             |   |                            |                             |
|-----|------------|--|-----------------------------|---|----------------------------|-----------------------------|
|     |            | 1-Analgesic/NSAID/Antipyretic<br>2-Anesthetic<br>3-Antacid<br>4-Ant-asthma/Bronchodilator<br>5-Antibiotic/Anti-infective/Anti-parasite/Anti-fungal/Anti-inflammatory/Ant-microbial<br>*Additional Options Listed Below               |                             |   |                            |                             |
| 27. | (CM_27DNM) | (CM_27DIN)<br>1-Analgesic/NSAID/Antipyretic<br>2-Anesthetic<br>3-Antacid<br>4-Ant-asthma/Bronchodilator<br>5-Antibiotic/Anti-infective/Anti-parasite/Anti-fungal/Anti-inflammatory/Ant-microbial<br>*Additional Options Listed Below | (CM_27SDT)<br>(m m/dd/yyyy) | (CM_27ONG)<br>0-No<br>1-Yes<br>2-Yes (continuing at protocol completion or study termination) | (CM_27PDT)<br>(mm/dd/yyyy) | (CM_27TAE)<br>0-No<br>1-Yes |
| 28. | (CM_28DNM) | (CM_28DIN)<br>1-Analgesic/NSAID/Antipyretic<br>2-Anesthetic<br>3-Antacid<br>4-Ant-asthma/Bronchodilator<br>5-Antibiotic/Anti-infective/Anti-parasite/Anti-fungal/Anti-inflammatory/Ant-microbial<br>*Additional Options Listed Below | (CM_28SDT)<br>(m m/dd/yyyy) | (CM_28ONG)<br>0-No<br>1-Yes<br>2-Yes (continuing at protocol completion or study termination) | (CM_28PDT)<br>(mm/dd/yyyy) | (CM_28TAE)<br>0-No<br>1-Yes |
| 29. | (CM_29DNM) | (CM_29DIN)<br>1-Analgesic/NSAID/Antipyretic<br>2-Anesthetic<br>3-Antacid<br>4-Ant-asthma/Bronchodilator<br>5-Antibiotic/Anti-infective/Anti-parasite/Anti-fungal/Anti-inflammatory/Ant-microbial<br>*Additional Options Listed Below | (CM_29SDT)<br>(m m/dd/yyyy) | (CM_29ONG)<br>0-No<br>1-Yes<br>2-Yes (continuing at protocol completion or study termination) | (CM_29PDT)<br>(mm/dd/yyyy) | (CM_29TAE)<br>0-No<br>1-Yes |
| 30. | (CM_30DNM) | (CM_30DIN)<br>1-Analgesic/NSAID/Antipyretic<br>2-Anesthetic<br>3-Antacid<br>4-Ant-asthma/Bronchodilator<br>5-Antibiotic/Anti-infective/Anti-parasite/Anti-fungal/Anti-inflammatory/Ant-microbial<br>*Additional Options Listed Below | (CM_30SDT)<br>(m m/dd/yyyy) | (CM_30ONG)<br>0-No<br>1-Yes<br>2-Yes (continuing at protocol completion or study termination) | (CM_30PDT)<br>(mm/dd/yyyy) | (CM_30TAE)<br>0-No<br>1-Yes |
| 31. | (CM_31DNM) | (CM_31DIN)<br>1-Analgesic/NSAID/Antipyretic<br>2-Anesthetic<br>3-Antacid<br>4-Ant-asthma/Bronchodilator<br>5-Antibiotic/Anti-infective/Anti-parasite/Anti-fungal/Anti-inflammatory/Ant-microbial<br>*Additional Options Listed Below | (CM_31SDT)<br>(m m/dd/yyyy) | (CM_31ONG)<br>0-No<br>1-Yes<br>2-Yes (continuing at protocol completion or study termination) | (CM_31PDT)<br>(mm/dd/yyyy) | (CM_31TAE)<br>0-No<br>1-Yes |
| 32. | (CM_32DNM) | (CM_32DIN)<br>1-Analgesic/NSAID/Antipyretic<br>2-Anesthetic<br>3-Antacid<br>4-Ant-asthma/Bronchodilator<br>5-Antibiotic/Anti-infective/Anti-parasite/Anti-fungal/Anti-inflammatory/Ant-microbial<br>*Additional Options Listed Below | (CM_32SDT)<br>(m m/dd/yyyy) | (CM_32ONG)<br>0-No<br>1-Yes<br>2-Yes (continuing at protocol completion or study termination) | (CM_32PDT)<br>(mm/dd/yyyy) | (CM_32TAE)<br>0-No<br>1-Yes |
| 33. | (CM_33DNM) | (CM_33DIN)<br>1-Analgesic/NSAID/Antipyretic<br>2-Anesthetic<br>3-Antacid<br>4-Ant-asthma/Bronchodilator<br>5-Antibiotic/Anti-infective/Anti-parasite/Anti-fungal/Anti-inflammatory/Ant-microbial<br>*Additional Options Listed Below | (CM_33SDT)<br>(m m/dd/yyyy) | (CM_33ONG)<br>0-No<br>1-Yes<br>2-Yes (continuing at protocol completion or study termination) | (CM_33PDT)<br>(mm/dd/yyyy) | (CM_33TAE)<br>0-No<br>1-Yes |
| 34. | (CM_34DNM) | (CM_34DIN)<br>1-Analgesic/NSAID/Antipyretic<br>2-Anesthetic<br>3-Antacid<br>4-Ant-asthma/Bronchodilator<br>5-Antibiotic/Anti-infective/Anti-parasite/Anti-fungal/Anti-inflammatory/Ant-microbial<br>*Additional Options Listed Below | (CM_34SDT)<br>(m m/dd/yyyy) | (CM_34ONG)<br>0-No<br>1-Yes<br>2-Yes (continuing at protocol completion or study termination) | (CM_34PDT)<br>(mm/dd/yyyy) | (CM_34TAE)<br>0-No<br>1-Yes |
| 35. | (CM_35DNM) | (CM_35DIN)   | (CM_35SDT)<br>(m m/dd/yyyy) | (CM_35ONG)<br>0-No<br>1-Yes<br>2-Yes (continuing at protocol completion or study termination) | (CM_35PDT)<br>(mm/dd/yyyy) | (CM_35TAE)<br>0-No<br>1-Yes |

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  | 1-Analgesic/NSAID/Antipyretic<br>2-Anesthetic<br>3-Antacid<br>4-Ant-asthma/Bronchodilator<br>5-Antibiotic/Anti-infective/Anti-parasite/Anti-fungal/Anti-inflammatory/Ant-microbial<br>*Additional Options Listed Below |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

Comments: (CM COMM)

Additional Selection Options for PCM

- Medication purpose/ind 01
- 6-Anticoagulant/Haemostatic/Anti-hemorrhagic
  - 7-Anti-co nvulsant
  - 8-Antidepressant
  - 9-Antidiabetic
  - 33-Antifungal
  - 10-Antihistamine
  - 11-Antihypertensive
  - 32-Antiretroviral
  - 12-Cardiovascular Agent, Other Than Hyperlipidemic/HTN
  - 13-Contraceptive
  - 14-Dermatologic Agent
  - 15-Emergency/Support Agent
  - 16-Endocrine/Metabolic Agent
  - 17-GI Agent/Antidiarrheal/Antiemetic/Antispasmodic/Laxative
  - 18-Growth Factor
  - 19-Herbal/Homeopathic Product
  - 20-Hormone/Steroid/Anti-inflammatory Steroid/Corticosteroid
  - 21-Immunomodulatory Agent
  - 22-OTC Cold and Flu/Sleep Aid
  - 23-Sedative
  - 24-Skeletal Muscle Relaxant
  - 25-Therapeutic Agent/Remedy for Eyes
  - 26-Therapeutic Agent/Remedy for Mouth/Teeth
  - 27-Vaccine/Prophylaxis
  - 28-Vitamin/Mineral/Food Supplement/Electrolyte Replacement
  - 29-Antipsychotic
  - 30-Mood Stabilizer
  - 31-Other CNS-acting Agent
  - 99-Other, Specify



**Pain Frequency, Intensity and Burden Scale (P-FIBS) (PFI)**

Web Version: 1.0; 1.00; 05-06-10

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Date of assessment: (*PFASSMDT*)

(mm/dd/yyyy) (*PFTODAY*) ☐ Click here for today's date

**Indicate how you feel by choosing one number on the scale for each question (items 1-4).**

1. How frequently have you experienced pain in the past week?

| Never  |                          | Some of the Days         |                          | About Half of the Days   |                          | Most of the Days         |                          | Everyday                 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| ( <i>PFFRPAIN</i> ) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0  | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        |

2. How would you rate the intensity of your pain in the past week?

| No Pain                                      |                          | Mild Pain                |                          | Moderate Pain            |                          | Severe Pain              |                          | Unbearable Pain          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| ( <i>PFINPAIN</i> ) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0  | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        |

3. How much did pain interfere with your daily life in the past week?

| Never  |                          | Some of the Days         |                          | About Half of the Days   |                          | Most of the Days         |                          | Everyday                 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| ( <i>PFDYPAIN</i> ) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0  | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        |

4. How often did you use medication or other treatment to manage your pain in the past week?

| Never  |                          | Some of the Days         |                          | About Half of the Days   |                          | Most of the Days         |                          | Everyday                 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| ( <i>PFMDPAIN</i> ) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0  | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        |

## NIDA Clinical Trials Network

### Physiological Measures (PME)

Web Version: 1.0; 1.03; 10-11-12

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Date of assessment: (*PMDATE*)

(mm/dd/yyyy)

1. Height: (*PMHGHTIN*)

(xx) in (*PMHGHTCM*)  (xxx) cm

2. Height (*PMHGHTIN*)

(xx) in (*PMHGHTCM*)  (xxx) cm

3. Weight: (*PMWGHTLB*)

(xxx.x) lbs (*PMWGHTKG*)  (xxx.x) kgs

4. BMI: (*PMBMI*)

(xx.x)

5. Waist circumference: (*PMWSTCIN*)

(xx) in (*PMWSTCCM*)  (xxx) cm

Comments: (*PMCOMM*)

## NIDA Clinical Trials Network

### Pregnancy Outcome 1 (PO1)

Web Version: 1.0; 1.01; 01-29-13

Pregnancy Number (*PREGNO*):

#### Newborn Information

1. Gender: (*PO1GENDR*)

☐ Male ☐ Female ☐ Unknown

2. Gestational age at delivery: (*PO1GESWK*)

(*xx*) Weeks (*PO1GESDY*),  (*x*) Days (*PO1GESUN*) **OR** ☐ Unknown

3. Weight at delivery: (*PO1WTLBS*)

(*xx*) Lbs (*PO1WTOZ*),  (*xx*) Oz (*PO1WTUNK*) **OR** ☐ Unknown

4. Apgar score at 1 minute: (*PO1APG1M*)

(*xx*) (*PO11APUK*) **OR** ☐ Unknown

5. Apgar score at 5 minutes: (*PO1APG5M*)

(*xx*) (*PO15APUK*) **OR** ☐ Unknown

6. Normal infant? (*PO1NORML*)

☐ No ☐ Yes

If "No", is there a congenital anomaly? (*PO1CONAN*)

☐ No ☐ Yes ☐ Unknown

If "Yes", specify abnormality and contributing factors: (*PO1ABNSP*)

Comments: (*PO1COMM*)

**Additional Selection Options for PO1**

Pregnancy Number (*PREGNO*) (key field):

- 1-1
- 2-2
- 3-3

## NIDA Clinical Trials Network

### Pregnancy Outcome 2 (PO2)

Web Version: 1.0; 2.01; 01-29-13

Pregnancy Number (PREGNO):

#### Newborn Information

1. Gender: (PO2GENDR)

☐ Male ☐ Female ☐ Unknown

2. Gestational age at delivery: (PO2GESWK)

(xx) Weeks (PO2GESDY)  (x) Days (PO2GESUN) OR ☐ Unknown

3. Weight at delivery: (PO2WTLBS)

(xx) Lbs (PO2WTOZ)  (xx) Oz (PO2WTUNK) OR ☐ Unknown

4. Apgar score at 1 minute: (PO2APG1M)

(xx) (PO21APUK) OR ☐ Unknown

5. Apgar score at 5 minutes: (PO2APG5M)

(xx) (PO25APUK) OR ☐ Unknown

6. Normal infant? (PO2NORML)

☐ No ☐ Yes

If "No", is there a congenital anomaly? (PO2CONAN)

☐ No ☐ Yes ☐ Unknown

If "Yes", specify abnormality and contributing factors: (PO2ABNSP)

Comments: (PO2COMM)

**Additional Selection Options for PO2**

Pregnancy Number (*PREGNO*) (key field):

- 1-1
- 2-2
- 3-3

## NIDA Clinical Trials Network

### Pregnancy Outcome 3 (PO3)

Web Version: 1.0; 2.01; 01-29-13

Pregnancy Number (*PREGNO*):

#### Newborn Information

1. Gender: (*PO3GENDR*)

☐ Male ☐ Female ☐ Unknown

2. Gestational age at delivery: (*PO3GESWK*)

(*xx*) Weeks (*PO3GESDY*),  (*x*) Days (*PO3GESUN*) **OR** ☐ Unknown

3. Weight at delivery: (*PO3WTLBS*)

(*xx*) Lbs (*PO3WTOZ*),  (*xx*) Oz (*PO3WTUNK*) **OR** ☐ Unknown

4. Apgar score at 1 minute: (*PO3APG1M*)

(*xx*) (*PO31APUK*) **OR** ☐ Unknown

5. Apgar score at 5 minutes: (*PO3APG5M*)

(*xx*) (*PO35APUK*) **OR** ☐ Unknown

6. Normal infant? (*PO3NORML*)

☐ No ☐ Yes

If "No", is there a congenital anomaly? (*PO3CONAN*)

☐ No ☐ Yes ☐ Unknown

If "Yes", specify abnormality and contributing factors: (*PO3ABNSP*)

Comments: (*PO3COMM*)

**Additional Selection Options for PO3**

Pregnancy Number (*PREGNO*) (key field):

- 1-1
- 2-2
- 3-3



## NIDA Clinical Trials Network

### Pregnancy Outcome 4 (PO4)

Web Version: 1.0; 2.01; 01-29-13

Pregnancy Number (PREGNO):

#### Newborn Information

1. Gender: (PO4GENDR)

☐ Male ☐ Female ☐ Unknown

2. Gestational age at delivery: (PO4GESWK)

(xx) Weeks (PO4GESDY)  (x) Days (PO4GESUN) OR ☐ Unknown

3. Weight at delivery: (PO4WTLBS)

(xx) Lbs (PO4WTOZ)  (xx) Oz (PO4WTUNK) OR ☐ Unknown

4. Apgar score at 1 minute: (PO4APG1M)

(xx) (PO41APUK) OR ☐ Unknown

5. Apgar score at 5 minutes: (PO4APG5M)

(xx) (PO45APUK) OR ☐ Unknown

6. Normal infant? (PO4NORML)

☐ No ☐ Yes

If "No", is there a congenital anomaly? (PO4CONAN)

☐ No ☐ Yes ☐ Unknown

If "Yes", specify abnormality and contributing factors: (PO4ABNSP)

Comments: (PO4COMM)

**Additional Selection Options for PO4**

Pregnancy Number (*PREGNO*) (key field):

- 1-1
- 2-2
- 3-3

## NIDA Clinical Trials Network

### Confirmed Pregnancy and Outcome (PRG)

Web Version: 1.0; 3.00; 01-29-13

Pregnancy Number (PREGNO):

#### Information About Pregnancy

Date of assessment: (PRASMTDT)

(mm/dd/yyyy) [Click here for calendar](#)

1. Date on which study staff became aware of pregnancy: (PRAWARDT)

(mm/dd/yyyy) [Click here for calendar](#)

2. How was the pregnancy confirmed (select all that apply)?

a. Urine pregnancy test result: (PRURICNF)

☐ No ☐ Yes

b. Serum pregnancy test result: (PRSERCNF)

☐ No ☐ Yes

c. Ultrasound result: (PRULTCNF)

☐ No ☐ Yes

d. Other: (PROTHCNF)

☐ No ☐ Yes

If "Other", specify: (PROTCNSP)

(mm/dd/yyyy) [Click here for calendar](#)

3. Date on which the pregnancy was confirmed: (PRCNFMDT)

(mm/dd/yyyy) [Click here for calendar](#)

4. Action taken with study intervention: (PRACTIND)

1-None  
2-Temporarily stopped intervention  
3-Permanently stopped intervention  
4-Participant terminated from study

5. Approximate due date: (PRADUEDT)

(mm/dd/yyyy) (PRDDTUNK)OR ☐ Unknown

6. Outcome of pregnancy: (PROUTCME)

1-Vaginal delivery  
2-Cesarean delivery  
3-Miscarriage  
4-Termination  
98-Other  
\*Additional Options Listed Below

If "Other", specify: (PROTCMSP)

7. Date of pregnancy outcome: (PROTCMDT)

(mm/dd/yyyy) (PRODTUNK)OR ☐ Unknown

8. Number of live births: (PRNMLIVB)

0-0  
1-1  
2-2  
3-3  
4-4  
\*Additional Options Listed Below

If "0" live births, please indicate reason: *(PRRS0BSP)*

Comments: *(PRGCOMM)*

**Additional Selection Options for PRG**

**Pregnancy Number (*PREGNO*) (key field):**

- 1-1
- 2-2
- 3-3

**Outcome of pregnancy:**

99-Unknown

**Number of live births:**

- 99-Other
- 98-Unknown

## NIDA Clinical Trials Network

### Participant Self-Report Measures (PSR)

Web Version: 1.0; 1.00; 03-25-11

Segment (*PROTSEG*):

Visit Number (*VISNO*):

#### Welcome!

You are about to answer some questions using this computer by clicking on checkboxes like this: (*PSBOX1*) ☐

When you're done, click on the "Save" button at the top or bottom of the screen.

*Try it out!*

Click this checkbox and then click on the "Save" button: (*PSBOX2*) ☐

## NIDA Clinical Trials Network

### Protocol Violation Log (PVL)

Web Version: 1.0; 3.04; 10-04-12

Date of Violation (PVDATE):

Protocol Violation Number (PVSEQNUM):

To be filled in by person(s) reporting this protocol violation:

1. Violation type: (PVTYPE37)

Z01-INFORMED CONSENT PROCEDURES

O1A - No consent/assent obtained

O1C - Invalid/incomplete informed consent

O1D - Unauthorized assessments and/or procedures conducted prior to obtaining informed consent

O1Z - Other (specify)

\*Additional Options Listed Below

If "Other" is indicated, provide the specification: (PVTPSP37)

2. Description of violation: (PVDESC)

3. Has this protocol violation been resolved? (PVRESOL)

☐ No ☐ Yes

Protocol violation resolution and corrective action:(PVRSCASP)

4. Does this protocol violation require IRB reporting?(PVIRB)

☐ No ☐ Yes

If "Yes", provide date reported:(PVIRBDT)

 (mm/dd/yyyy) [Click here for calendar](#)

Comments:(PVLCOMM)



## Additional Selection Options for PVL

### Protocol Violation Number (*PVSEQNUM*) (key field):

01 -1st Protocol Violation of the day  
02 -2nd Protocol Violation of the day  
03 -3rd Protocol Violation of the day  
04 -4th Protocol Violation of the day  
05 -5th Protocol Violation of the day  
06 -6th Protocol Violation of the day  
07 -7th Protocol Violation of the day  
08 -8th Protocol Violation of the day  
09 -9th Protocol Violation of the day  
10 -10th Protocol Violation of the day

### Violation type:

02-INCLUSION/EXCLUSION CRITERIA  
03-CONCOMITANT MEDICATION/THERAPY  
Z04-LABORATORY ASSESSMENTS/PROCEDURES  
04A- Required testing not obtained  
04B- Testing completed outside window  
04D- Unauthorized test/procedure obtained  
04Z- Other (specify)  
Z05-STUDY PROCEDURES/ASSESSMENTS  
05A- Protocol required procedures not obtained  
05C- Procedures/Assessments obtained outside the visit timeframes  
05Z- Other (specify)  
Z06-ADVERSE EVENT  
06A- SAE not reported  
06B- SAE reported out of time window  
06Z- Other (specify)  
Z07-RANDOMIZATION PROCEDURES  
07A- Randomization procedures not followed (e.g., outside window, out of sequence, etc.)  
07B- Ineligible participant randomized  
07E- Incorrect treatment assignment  
07Z- Other (specify)  
Z09-BEHAVORAL INTERVENTION  
09A- Intervention not provided per protocol schedule or visit window timeframe  
09Z- Other (specify)  
Z99-OTHER SIGNIFICANT VIOLATIONS  
99C- Using advertising materials or brochures without prior IRB approval  
99Z- Other (specify)

## Quick Inventory of Depressive Symptomatology (Clinician Rated) (QDS)

Web Version: 1.0; 1.00; 09-03-10

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Date of assessment: (*QDDATE*)

(mm/dd/yyyy)

*I would like to ask you some questions about how you have been feeling over the past 7 days. When answering these questions, I would like you to compare the last week to a time when you were feeling okay, more like your normal self.*

**NOTE.** Patients with chronic symptoms may not be able to identify a period of normalcy or may report that "depressed" is their usual state. However, depression should not be rated as "normal" (i.e., a rating of "0") in these cases. In making each rating, consider the frequency, duration, and intensity/severity of the symptom. The degree of functional impairment caused by the symptom may be important in the ratings of some, but not all symptoms.

### 1. Sleep Onset Insomnia

*How have you been sleeping in the past week?*

*Have you had any trouble falling asleep when you go to bed?*

*Right after you go to bed, how long does it take you to fall asleep?*

*How many days in the past week have you had trouble falling asleep?*

0-0 Never takes longer than 30 minutes to fall asleep.

1-1 Takes at least 30 minutes to fall asleep, less than half the time.

2-2 Takes at least 30 minutes to fall asleep, more than half the time.

3-3 Takes more than 60 minutes to fall asleep, more than half the time.

(QDSLEEP)

### 2. Mid-Nocturnal Insomnia

*During the past week, have you been waking in the middle of the night?*

*How long do you stay awake?*

*Do you get out of bed?*

*Has your sleep been restless or disturbed some nights?*

0-0 Does not wake up at night

1-1 Restless, light sleep with few awakenings.

2-2 Wakes up at least once a night but goes back to sleep.

3-3 Awakens more than once a night and stays awake for 20 minutes or more, more than half the time.

(QDNOCT)

### 3. Early Morning Insomnia

*What time have you been waking up in the past week?*

*With or without an alarm?*

*Is this earlier than is normal for you?*

*How many days in the past week?*

*Are you able to go back to sleep?*

0-0 Less than half the time, awakens no more than 30 minutes before necessary.

1-1 More than half the time, awakens more than 30 minutes before need be.

2-2 Awakens at least one hour before need be, more than half the time.

3-3 Awakens at least two hours before need be, more than half the time.

(QDEARLY)

4. Hypersomnia

*How many hours on average have you been sleeping in a 24-hour period in the past week, including naps?*

*What is the longest you've slept in a 24-hour period last week?*

0-0 Sleeps no longer than 7-8 hours/night, without naps.  
1-1 Sleeps no longer than 10 hours in a 24 hour period (including naps).  
2-2 Sleeps no longer than 12 hours in a 24 hour period (including naps).  
3-3 Sleeps longer than 12 hours in a 24 hour period (including naps).

(QDHYPER)

5. Mood (Sad)

*How would you describe your mood in the past week?*

*Have you been feeling down, blue, sad, or depressed?*

*In the past week, how much of the time have you felt \_\_\_\_\_?*

*All day? Everyday?*

0-0 Does not feel sad.  
1-1 Feels sad less than half the time.  
2-2 Feels sad more than half the time.  
3-3 Feels intensely sad virtually all the time.

(QDMOOD)

COMPLETE EITHER 6 OR 7 (NOT BOTH)

6. Appetite (Decreased)

*How has your appetite been this past week?*

*Have you had to force yourself to eat?*

*Have others urged or reminded you to eat?*

0-0 No change from usual appetite.  
1-1 Eats somewhat less often and/or lesser amounts than usual.  
2-2 Eats much less than usual and only with personal effort  
3-3 Eats rarely within a 24-hour period, and only with extreme personal effort or with persuasion.

(QDDNAPP)

7. Appetite (Increased)

*Have you found yourself eating more than usual?*

*Have you felt driven to eat?*

*Have you had eating binges?*

0-0 No change from usual appetite.  
1-1 More frequently feels a need to eat than usual.  
2-2 Regularly eats more often and/or greater amounts than usual.  
3-3 Feels driven to overeat at and between meals.

(QDUPAPP)

COMPLETE EITHER 8 OR 9 (NOT BOTH)

8. Weight (Decreased) Within The Last Two Weeks

*Have you noticed any change in your weight?*

*Are your clothes fitting differently than usual?*

*How much has your weight changed in the past 2 weeks?*

0-0 Has experienced no weight change.  
 1-1 Feels as if some slight weight loss has occurred.  
 2-2 Has lost 2 pounds or more.  
 3-3 Has lost 5 pounds or more.

(QDDNWEIG)

**9. Weight (Increased) Within The Last Two Weeks**

0-0 Has experienced no weight change.  
 1-1 Feels as if some slight weight gain has occurred.  
 2-2 Has gained 2 pounds or more.  
 3-3 Has gained 5 pounds or more.

(QDUPWEIG)

**10. Concentration/Decision Making**

*How has your concentration been in the past week?*

*Were you able to focus on what you were doing (like reading or watching TV)?*

*Did you notice that minor decisions were more difficult to make than usual (what to wear, eat, what to watch on TV)?*

0-0 No change in usual capacity to concentrate and decide.  
 1-1 Occasionally feels indecisive or notes that attention often wanders.  
 2-2 Most of the time struggles to focus attention or make decisions  
 3-3 Cannot concentrate well enough to read or cannot make even minor decisions.

(QDDECISN)

**11. Outlook (Self)**

*In the past week, how have you felt about yourself?*

*Have you been down on yourself in the past week?*

*More than is normal for you?*

*Have you been feeling guilty?*

*Do you feel like you're being punished?*

*Have you noticed your self-esteem has been down in the past week?*

*How would you rate your worth as a person compared to others?*

0-0 Sees self as equally worthwhile and deserving as others.  
 1-1 Is more self-blaming than usual.  
 2-2 Largely believes that he/she causes problems for others.  
 3-3 Ruminate over major and minor defects in self.

(QDSELF)

**12. Suicidal Ideation**

*In the past week, have you felt that life was not worth living?*

*Do you have thoughts of death or suicide?*

*How often do these thoughts come?*

*How long do they stay?*

*What have you thought about?*

*Have you thought of a plan in the last week?*

*Have you done anything to hurt yourself?*

0-0 Does not think of suicide or death.  
 1-1 Feels life is empty or is not worth living.  
 2-2 Thinks of suicide/death several times a week for several minutes.  
 3-3 Thinks of suicide/death several times a day in depth, or has made specific plans, or attempted.

(QDIDEA)

13. Involvement

*How have you been spending your time this last week (when not at home)?*

*Is that normal for you?*

*Have you stopped doing anything you used to do?*

*How would you describe your level of interest and motivation to complete daily activities?*

*Do you feel you have to push yourself?*

*Is there anything you look forward to or still enjoy?*

0-0 No change from usual level of interest in other people and activities.  
1-1 Notices a reduction in former interests/activities.  
2-2 Finds only one or two former interests remain.  
3-3 Has virtually no interest in formerly pursued activities.

(QDINVOLV)

14. Energy/Fatiguability

*How has your energy been this past week?*

*Have you noticed that you tire more easily than you used to?*

*Have you been tired all the time?*

0-0 No change in usual level of energy.  
1-1 Tires more easily than usual.  
2-2 Makes significant personal effort to initiate or maintain usual daily activities.  
3-3 Unable to carry out most of usual daily activities due to lack of energy.

(QDENRGY)

15. Psychomotor Slowing

*Have you felt slowed down in your thinking, speaking, or movement in the past week?*

*Have others commented on this?*

(RATING BASED ON OBSERVATION DURING INTERVIEW AND PATIENT SELF-REPORT.)

0-0 Normal speed of thinking, gesturing, and speaking.  
1-1 Patient notes slowed thinking, and voice modulation is reduced.  
2-2 Takes several seconds to respond to most questions; reports slowed thinking.  
3-3 Is largely unresponsive to most questions without strong encouragement.

(QDSLOW)

16. Psychomotor Agitation

*Have you noticed feeling restless or fidgety in the past week?*

*Have you found yourself unable to stay seated or needing to move around?*

(RATING BASED ON OBSERVATION DURING INTERVIEW AND PATIENT SELF-REPORT.)

0-0 No increased speed or disorganization in thinking or gesturing.  
1-1 Fidgets, wrings hands and shifts positions often.  
2-2 Describes impulse to move about and displays motor restlessness.  
3-3 Unable to stay seated. Paces about with or without permission.

(QDAGIT)

Total score: (QDTOTAL)

(xx)

# NIDA Clinical Trials Network

## Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q) (QLS)

Web Version: 1.0; 1.00; 05-06-10

Segment (PROTSEG):

Visit Number (VISNO):

Date of assessment: (GLASSDT)

(mm/dd/yyyy) (QLTODAY) ☐ Click here for today's date

### GENERAL ACTIVITIES

### OVERALL LEVEL OF SATISFACTION

***Taking everything into consideration, during the past week how satisfied have you been with your...***

Very Poor      Poor      Fair      Good      Very Good

|   |            |                            |                            |                            |                            |                            |
|---|------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| ...physical health?   | (QLPHYSIC) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| ...mood?  | (QLMOOD)   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| ...work?  | (QLWORK)   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| ...household activities?  | (QLHOUSE)  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| ...social relationships?  | (QLSOCIAL) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| ...family relationships?  | (QLFAMILY) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| ...leisure time activities?   | (QLLEISUR) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| ...ability to function in daily life?   | (QLFXN)    | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| ...sexual drive, interest, and/or performance?  | (QLSEXDRV) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| ...economic status?   | (QLECON)   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| ...living/housing situation?  | (QLLIVE)   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| ...ability to get around physically without feeling dizzy or unsteady or falling?       | (QLFALL)   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| ...your vision in terms of ability to do work or hobbies?                               | (QLVISION) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| ...overall sense of well-being?   | (QLBEING)  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| ...medication? (If not taking any, check here (QLNOMED) and leave item blank)           | (QLMED)    | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| How would you rate your overall life satisfaction and contentment during the past week? | (QLSATISF) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

# NIDA Clinical Trials Network

## Self-Administered Comorbidity Questionnaire (SCQ)

Web Version: 1.0; 1.01; 01-18-13

Segment (PROTSEG):

Visit Number (VISNO):

Date of assessment: (CQEVALDT)

(mm/dd/yyyy) (CQTODAY) ☐ Click here for today's date

Please respond to each item:

| PROBLEM   | Do you have the problem?  | Do you receive treatment for it?                                    | Does it limit your activities?                                      |
|---|---|---|---|
| 1. Heart disease:   | (CQHEART) <input type="checkbox"/> No <input type="checkbox"/> Yes  | (CQHRTTR) <input type="checkbox"/> No <input type="checkbox"/> Yes  | (CQHRTLA) <input type="checkbox"/> No <input type="checkbox"/> Yes  |
| 2. High blood pressure:                                   | (CQHIBP) <input type="checkbox"/> No <input type="checkbox"/> Yes   | (CQHIBPTR) <input type="checkbox"/> No <input type="checkbox"/> Yes | (CQHIBPLA) <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 3. Lung disease:  | (CQLUNG) <input type="checkbox"/> No <input type="checkbox"/> Yes   | (CQLUNGTR) <input type="checkbox"/> No <input type="checkbox"/> Yes | (CQLUNGLA) <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 4. Diabetes:  | (CQDIAB) <input type="checkbox"/> No <input type="checkbox"/> Yes   | (CQDIABTR) <input type="checkbox"/> No <input type="checkbox"/> Yes | (CQDIABLA) <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 5. Ulcer or stomach disease:                              | (CQGI) <input type="checkbox"/> No <input type="checkbox"/> Yes     | (CQGITR) <input type="checkbox"/> No <input type="checkbox"/> Yes   | (CQGILA) <input type="checkbox"/> No <input type="checkbox"/> Yes   |
| 6. Kidney disease:  | (CQRENAL) <input type="checkbox"/> No <input type="checkbox"/> Yes  | (CQRENLTR) <input type="checkbox"/> No <input type="checkbox"/> Yes | (CQRENLLA) <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 7. Liver disease:   | (CQLIVER) <input type="checkbox"/> No <input type="checkbox"/> Yes  | (CQLIVRTR) <input type="checkbox"/> No <input type="checkbox"/> Yes | (CQLIVRLA) <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 8. Anemia or other blood disease:                         | (CQBLOOD) <input type="checkbox"/> No <input type="checkbox"/> Yes  | (CQBLDTR) <input type="checkbox"/> No <input type="checkbox"/> Yes  | (CQBLDLA) <input type="checkbox"/> No <input type="checkbox"/> Yes  |
| 9. Cancer:  | (CQCANCER) <input type="checkbox"/> No <input type="checkbox"/> Yes | (CQCANCTR) <input type="checkbox"/> No <input type="checkbox"/> Yes | (CQCANCLA) <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 10. Seizure disorder (epilepsy):                          | (CQSEIZR) <input type="checkbox"/> No <input type="checkbox"/> Yes  | (CQSEIZTR) <input type="checkbox"/> No <input type="checkbox"/> Yes | (CQSEIZLA) <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 11. Other neurological disease:                           | (CQNEURO) <input type="checkbox"/> No <input type="checkbox"/> Yes  | (CQNEURTR) <input type="checkbox"/> No <input type="checkbox"/> Yes | (CQNEURLA) <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 12. Thyroid disease:                                      | (CQTHYRD) <input type="checkbox"/> No <input type="checkbox"/> Yes  | (CQTHYRTR) <input type="checkbox"/> No <input type="checkbox"/> Yes | (CQTHYRLA) <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 13. Osteoarthritis, degenerative arthritis:               | (CQOSTEO) <input type="checkbox"/> No <input type="checkbox"/> Yes  | (CQOSTTR) <input type="checkbox"/> No <input type="checkbox"/> Yes  | (CQOSTLA) <input type="checkbox"/> No <input type="checkbox"/> Yes  |
| 14. Back pain:  | (CQBACK) <input type="checkbox"/> No <input type="checkbox"/> Yes   | (CQBACKTR) <input type="checkbox"/> No <input type="checkbox"/> Yes | (CQBACKLA) <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 15. Rheumatoid arthritis:                                 | (CQRHEUM) <input type="checkbox"/> No <input type="checkbox"/> Yes  | (CQRHMTR) <input type="checkbox"/> No <input type="checkbox"/> Yes  | (CQRHMLA) <input type="checkbox"/> No <input type="checkbox"/> Yes  |
| <b>Other medical problems<br/>(Please specify below):</b> | <b>Do you have the problem?</b>                                     | <b>Do you receive treatment for it?</b>                             | <b>Does it limit your activities?</b>                               |
| 16. (CQOTH1SP) <input type="text"/>                       | (CQOTHER1) <input type="checkbox"/> No <input type="checkbox"/> Yes | (CQOT1RTR) <input type="checkbox"/> No <input type="checkbox"/> Yes | (CQOT1RLA) <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 17. (CQOTH2SP) <input type="text"/>                       | (CQOTHER2) <input type="checkbox"/> No <input type="checkbox"/> Yes | (CQOT2RTR) <input type="checkbox"/> No <input type="checkbox"/> Yes | (CQOT2RLA) <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 18. (CQOTH3SP) <input type="text"/>                       | (CQOTHER3) <input type="checkbox"/> No <input type="checkbox"/> Yes | (CQOT3RTR) <input type="checkbox"/> No <input type="checkbox"/> Yes | (CQOT3RLA) <input type="checkbox"/> No <input type="checkbox"/> Yes |

# NIDA Clinical Trials Network

## SF-36 (SFF)

Web Version: 1.0; 1.00; 07-26-11

Segment (PROTSEG):

Visit Number (VISNO):

Date of assessment: (SFDATE)

(mm/dd/yyyy) (SFTODAY) ☐ Click here for today's date

*This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. Thank you for completing this survey!*

*For each of the following questions, please check the box that best describes your answer.*

1. In general, would you say your health is:

| Excellent                           | Very good                | Good                     | Fair                     | Poor                     |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                                     |                          |                          |                          |                          |
| (SFHEALTH) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Compared to one year ago, how would you rate your health in general now?

| Much better now than one year ago   | Somewhat better now than one year ago | About the same as one year ago | Somewhat worse now than one year ago | Much worse now than one year ago |
|-------------------------------------|---------------------------------------|--------------------------------|--------------------------------------|----------------------------------|
|                                     |                                       |                                |                                      |                                  |
| (SFHLT1YR) <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>       | <input type="checkbox"/>             | <input type="checkbox"/>         |

3. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

|   | Yes, limited a lot                  | Yes, limited a little    | No, not limited at all   |
|---|-------------------------------------|--------------------------|--------------------------|
|   |                                     |                          |                          |
| a. <u>Vigorous activities</u> , such as running, lifting heavy objects, participating in strenuous sports:  | (SFVIGACT) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. <u>Moderate activities</u> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf: | (SFMODACT) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Lifting or carrying groceries:   | (SFGROCER) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Climbing <u>several</u> flights of stairs:   | (SFSEVFLS) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Climbing <u>one</u> flight of stairs:  | (SF1FLS) <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Bending, kneeling, or stooping:  | (SFBEND) <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |



|   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| g. Walking <u>more than a mile</u> :      | (SFWMILE) <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Walking <u>several hundred yards</u> : | (SFSEVHYD) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Walking <u>one hundred yards</u> :     | (SF1HYD) <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Bathing or dressing yourself:          | (SFBATH) <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

4. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

|   | All of the time                      | Most of the time         | Some of the time         | A little of the time     | None of the time         |
|---|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Cut down on the <u>amount of time</u> you spent on work or other activities:                       | (SFPTMWRK) <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. <u>Accomplished less</u> than you would like:  | (SFPACCOMP) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Were limited in the <u>kind</u> of work or other activities:                                       | (SFPKDWRK) <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Had <u>difficulty</u> performing the work or other activities (for example, it took extra effort): | (SFPDFWRK) <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

|   | All of the time                      | Most of the time         | Some of the time         | A little of the time     | None of the time         |
|---|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Cut down on the <u>amount of time</u> you spent on work or other activities: | (SFETMWRK) <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. <u>Accomplished less</u> than you would like:                                | (SFEACCOMP) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Did work or other activities <u>less carefully than usual</u> :              | (SFECARE) <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

| Not at all                          | Slightly                 | Moderately               | Quite a bit              | Extremely                |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (SFNRMSOC) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. How much bodily pain have you had during the past 4 weeks?

| None                                | Very mild                | Mild                     | Moderate                 | Severe                   | Very severe              |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (SFBDPAIN) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

| Not at all | A little bit | Moderately | Quite a bit | Extremely |
|------------|--------------|------------|-------------|-----------|
|            |              |            |             |           |

|                                      |                          |                          |                          |                          |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (SFNRM WRK) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

9. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks...

|  | All of the time                     | Most of the time         | Some of the time         | A little of the time     | None of the time         |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Did you feel full of life?  | (SFLLIFE) <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Have you been very nervous?   | (SFVNERVS) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Have you felt so down in the dumps that nothing could cheer you up? | (SFNCHEER) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Have you felt calm and peaceful?                                    | (SFCALM) <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Did you have a lot of energy?                                       | (SFENERGY) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Have you felt downhearted and depressed?                            | (SFDEPRES) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Did you feel worn out?  | (SFWORN) <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Have you been happy?  | (SFHAPPY) <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Did you feel tired?   | (SFTIRED) <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

10. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

| All of the time                     | Most of the time         | Some of the time         | A little of the time     | None of the time         |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (SFVISSOC) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

11. How TRUE or FALSE is each of the following statements for you?

|  | Definitely true                     | Mostly true              | Don't know               | Mostly false             | Definitely false         |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. I seem to get sick a little easier than other people: | (SFSICKLY) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I am as healthy as anybody I know:                    | (SFASHLTY) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I expect my health to get worse:                      | (SFWRSHLT) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My health is excellent:                               | (SFEXCHLT) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

THANK YOU FOR COMPLETING THESE QUESTIONS!

NIDA Clinical Trials Network

Snaith-Hamilton Pleasure Scale (SPS)

Web Version: 1.0; 1.00; 05-06-10

Segment (PROTSEG):

Visit Number (VISNO):

Date of assessment:(SPASMTDT)

(mm/dd/yyyy) (SPTODAY) ☐ Click here for today's date

*This questionnaire is designed to measure your ability to experience pleasure in the last few days. It is important to read each statement very carefully. Choose one of the answers to indicate how much you agree or disagree with each statement.*

1. I would enjoy my favorite television or radio program:

(SPTELEV) ☐ Strongly disagree

☐ Disagree

☐ Agree

☐ Strongly agree

2. I would enjoy being with my family or close friends:

(SPFAMILY) ☐ Definitely agree

☐ Agree

☐ Disagree

☐ Strongly disagree

3. I would find pleasure in my hobbies and pastimes:

(SPHOBBY) ☐ Strongly disagree

☐ Disagree

☐ Agree

☐ Strongly agree

4. I would be able to enjoy my favorite meal:

(SPMEAL) ☐ Definitely agree

☐ Agree

☐ Disagree

☐ Strongly disagree

5. I would enjoy a warm bath or refreshing shower:

(SPSHOWER) ☐ Definitely agree

☐ Agree

☐ Disagree

☐ Strongly disagree

6. I would find pleasure in the scent of flowers or the smell of fresh sea breeze or freshly baked bread:

(SPSCENT) ☐ Strongly disagree

☐ Disagree

☐ Agree

☐ Strongly agree

7. I would enjoy seeing other people's smiling faces:

(SPFACE) ☐ Definitely agree

☐ Agree

☐ Disagree

☐ Strongly disagree

8. I would enjoy looking smart when I have made an effort with my appearance:

(SPSMART) ☐ Strongly disagree

☐ Disagree

☐ Agree

☐ Strongly agree

9. I would enjoy reading a book, magazine, or newspaper:

(SPREAD) ☐ Definitely agree

☐ Agree

☐ Disagree

☐ Strongly disagree

10. I would enjoy a cup of tea or coffee or my favorite drink:

(SPTEA) ☐ Strongly disagree

☐ Disagree

☐ Agree

☐ Strongly agree

11. I would find pleasure in small things, e.g., bright sunny day, a telephone call from a friend:

(SPCALL) ☐ Strongly disagree

☐ Disagree

☐ Agree

☐ Strongly agree

12. I would be able to enjoy the beautiful landscape or view:

(SPVIEW) ☐ Definitely agree

☐ Agree

☐ Disagree

☐ Strongly disagree

13. I would get pleasure from helping others:

(SPHELP) ☐ Strongly disagree

☐ Disagree

☐ Agree

☐ Strongly agree

14. I would feel pleasure when I receive praise from other people:

(SPPRAISE) ☐ Definitely agree

☐ Agree

☐ Disagree

☐ Strongly disagree

Snaith RP; Hamilton M; Morley S; Humayan A; Hargreaves D and Trigwell P. *British Journal of Psychiatry* (1995), 167, 199-103.

# NIDA Clinical Trials Network

## Stimulant Selective Severity Assessment (SSA)

Web Version: 1.0; 1.02; 10-18-11

Segment (PROTSEG):

Visit Number (VISNO):

Date of assessment: (SSASDT)

Date of last use: (SSLUSEDT)

(mm/dd/yyyy)

(mm/dd/yyyy)

|  |                                      |
|--|--------------------------------------|
| 1. Hyperphagia:<br><i>0 = normal appetite</i><br><i>3-4 = eats a lot more than usual</i><br><i>7 = eats more than twice usual amount of food</i>                                   | (SSHYP RPH) <input type="text"/> (x) |
| 2. Hypophagia:<br><i>0 = normal appetite</i><br><i>3-4 = eats less than half of normal amount of food</i><br><i>7 = no appetite at all</i>   | (SSHYP OPH) <input type="text"/> (x) |
| 3. Carbohydrate craving:<br><i>0 = no craving</i><br><i>3-4 = strong craving for sweets half the time</i><br><i>7 = strong craving for sweets all the time</i>                     | (SSCARBCR) <input type="text"/> (x)  |
| <b>Please have the participant rate the intensity and frequency of cravings on paper and record the results in Questions 4-9 below.</b>  |                                      |
| 4. Cocaine craving:  | (SSCOKECR) <input type="text"/> (x)  |
| 5. Cocaine craving frequency:  | (SSCOKEFR) <input type="text"/> (x)  |
| 6. Methamphetamine craving:  | (SSMETHCR) <input type="text"/> (x)  |
| 7. Methamphetamine craving frequency:  | (SSMETHFR) <input type="text"/> (x)  |
| 8. Other stimulant craving:  | (SSO TSTCR) <input type="text"/> (x) |
| 9. Other stimulant craving frequency:  | (SSO TSTFR) <input type="text"/> (x) |
| 10. Bradycardia:<br><i>0 = &gt;64</i><br><i>1 = 64-63</i><br><i>2 = 62-61</i><br><i>3 = 60-59</i><br><i>4 = 58-57</i><br><i>5 = 56-55</i><br><i>6 = 54-53</i><br><i>7 = &lt;53</i> | (SSBRADYC) <input type="text"/> (x)  |
| 11. Sleep I:   | (SSSLEEP1) <input type="text"/> (x)  |

|   |                                     |
|---|-------------------------------------|
| <i>0 = normal amount of sleep</i><br><i>3-4 = half of normal amount of sleep</i><br><i>7 = no sleep at all</i>  |                                     |
| 12. Sleep II:<br><br><i>0 = normal amount of sleep</i><br><i>3-4 = could sleep or do sleep half the day</i><br><i>7 = sleep or could sleep all the time</i>   | (SSSLEEP2) <input type="text"/> (x) |
| 13. Anxiety:<br><br><i>0 = usually does not feel anxious</i><br><i>3-4 = feels anxious half the time</i><br><i>7 = feels anxious all the time</i>   | (SSANXIET) <input type="text"/> (x) |
| 14. Energy level:<br><br><i>0 = feels alert and has usual amount of energy</i><br><i>3-4 = feels tired half the time</i><br><i>7 = feels tired all the time</i>   | (SSENERGY) <input type="text"/> (x) |
| 15. Activity level:<br><br><i>0 = no change in usual activities</i><br><i>3-4 = participates in half of usual activities</i><br><i>7 = no participation in usual activities</i>   | (SSACTVTY) <input type="text"/> (x) |
| 16. Tension:<br><br><i>0 = rarely feels tense</i><br><i>3-4 = feels tense half the time</i><br><i>7 = feels tense most or all of the time</i>   | (SSTENSN) <input type="text"/> (x)  |
| 17. Attention:<br><br><i>0 = able to concentrate on reading, conversation, tasks, and make plans without difficulty</i><br><i>3-4 = has difficulty with the above half the time</i><br><i>7 = has difficulty with the above all of the time</i> | (SSATTN) <input type="text"/> (x)   |
| 18. Paranoid ideation:<br><br><i>0 = no evidence of paranoid thoughts</i><br><i>3-4 = unable to trust anyone</i><br><i>7 = feels people are out to get him/her</i><br><i>8 = feels a specific person/group is plotting against him/her</i>      | (SSPARAND) <input type="text"/> (x) |
| 19. Anhedonia:<br><br><i>0 = ability to enjoy themselves remains unchanged</i><br><i>3-4 = able to enjoy themselves half the time</i><br><i>7 = unable to enjoy themselves at all</i>   | (SSANHEDN) <input type="text"/> (x) |
| 20. Depression:<br><br><i>0 = no feelings related to sadness or depression</i><br><i>3-4 = feels sad or depressed half the time</i><br><i>7 = feels depressed all the time</i>  | (SSDEPRES) <input type="text"/> (x) |
| 21. Suicidality:<br><br><i>0 = does not think about being dead</i><br><i>3-4 = feels like life is not worth living</i><br><i>7 = feels like actually ending life</i>  | (SSSUICID) <input type="text"/> (x) |

22. Irritability:

- 0 = feels that most things are not irritating
- 3-4 = feels that many things are irritating
- 7 = feels that mostly everything is irritating and upsetting

(SSIRRTBL)  (x)



NIDA Clinical Trials Network

Stimulant Craving Questionnaire (STC)

Web Version: 1.0; 1.00; 05-06-10

Segment (PROTSEG):

Visit Number (VISNO):

Date of assessment:(STASDT)

(mm/dd/yyyy) (STTODAY) ☐ Click here for today's date

Indicate how much you agree or disagree with each of the following statements by checking a box between "Strongly Agree" and "Strongly Disagree." The closer you check a box to one end or the other indicates the strength of your disagreement or agreement. Please complete every item. We are interested in how you are thinking or feeling **right now** as you are filling out the questionnaire.

1. I want cocaine, methamphetamine, or other stimulants so bad I can almost taste it.

**STRONGLY AGREE** (STTASTE) ☐ ☐ ☐ ☐ ☐ ☐ ☐ **STRONGLY DISAGREE**

2. I have an urge for cocaine, methamphetamine, or other stimulants.

**STRONGLY AGREE** (STURGE) ☐ ☐ ☐ ☐ ☐ ☐ ☐ **STRONGLY DISAGREE**

3. I am going to use cocaine, methamphetamine, or other stimulants as soon as possible.

**STRONGLY AGREE** (STUSE) ☐ ☐ ☐ ☐ ☐ ☐ ☐ **STRONGLY DISAGREE**

4. I think that I could resist using cocaine, methamphetamine, or other stimulants now.

**STRONGLY AGREE** (STRESIST) ☐ ☐ ☐ ☐ ☐ ☐ ☐ **STRONGLY DISAGREE**

5. I crave cocaine, methamphetamine, or other stimulants right now.

**STRONGLY AGREE** (STCRAVE) ☐ ☐ ☐ ☐ ☐ ☐ ☐ **STRONGLY DISAGREE**

6. All I want to use now are cocaine, methamphetamine, or other stimulants.

**STRONGLY AGREE** (STUSENOW) ☐ ☐ ☐ ☐ ☐ ☐ ☐ **STRONGLY DISAGREE**

7. I have no desire for cocaine, methamphetamine, or other stimulants right now.

**STRONGLY AGREE** (STNODESI) ☐ ☐ ☐ ☐ ☐ ☐ ☐ **STRONGLY DISAGREE**

8. Using cocaine, methamphetamine, or other stimulants now would make things seem just perfect.

**STRONGLY AGREE** (STPRFECT) ☐ ☐ ☐ ☐ ☐ ☐ ☐ **STRONGLY DISAGREE**

9. I will use cocaine, methamphetamines, or other stimulants as soon as I get the chance.

**STRONGLY AGREE** (STCHANCE) ☐ ☐ ☐ ☐ ☐ ☐ ☐ **STRONGLY DISAGREE**

10. Nothing would be better than using cocaine, methamphetamines, or other stimulants right now.

**STRONGLY AGREE** (*STNOBETR*) ☐ ☐ ☐ ☐ ☐ ☐ ☐ **STRONGLY DISAGREE**

\*\*from: Sussner et al. Drug and Alcohol Dependence 83 (2006) 233-237

## NIDA Clinical Trials Network

### Stroop Color and Word Test - Adult Version (STR)

Web Version: 1.0; 1.00; 03-23-10

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Date of assessment: (*SRDATE*)

(mm/dd/yyyy)

1. Is the participant color-blind? (*SRCLRBLD*)

☐ No ☐ Yes

If "Yes", leave the rest of this form blank.

2. Please record the time of day at which the administration of the Stroop Color Word Task began (24 hour clock): (*SRTOD*)

(hh:mm)

3. Please complete the following fields based on the results of the Stroop Task:

|                       | Raw Score                                     |
|-----------------------|---|
| Word Score (W)        | ( <i>SRWRAW</i> ) <input type="text"/> (xxx)  |
| Color Score (C)       | ( <i>SRCRAW</i> ) <input type="text"/> (xxx)  |
| Color-Word Score (CW) | ( <i>SRCWRAW</i> ) <input type="text"/> (xxx) |

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## NIDA Clinical Trials Network

### Study Termination (STZ)

Web Version: 1.0; 2.00; 01-29-13

1. Date of study completion or last assessment: (TZTRMDT)

(mm/dd/yyyy) [Click here for calendar](#)

2. Did the participant complete Week 37 or have the opportunity to complete Week 37? (TZCOMPLT)

☐ No ☐ Yes

a. If "No", select the primary reason for study termination: (TZPRMRES)

1-Death due to suicide  
2-Death not due to suicide  
3-Participant withdrew consent  
4-Participant administratively withdrawn (e.g., behavioral issues, drugs on unit danger to others)

3. Did the participant complete the **Week 13** assessment? (TZW13VIS)

☐ No ☐ Yes

a. If "No", select the primary reason for non-completion: (TZW13NO)

1-Incarcerated and unavailable for phone or off-site assessments  
2-Lost to follow-up  
3-Transferred to another 24-hour treatment setting and unavailable for phone or off-site assessments  
4-Transferred to another treatment program (not 24-hour) and unavailable for phone or off-site assessment  
5-Developed medical/surgical condition disallowing continuation (includes AEs/SAEs) related to study  
\*Additional Options Listed Below

If "Other", specify: (TZ13OTHR)

4. Did the participant attend more than 80% of **acute** intervention visits? (TZ80ACUT)

☐ No ☐ Yes

a. If "No", select the primary reason for non-completion: (TZACUTNO)

1-Incarcerated  
2-Lost to follow-up  
3-Transferred to another 24-hour treatment setting  
4-Transferred to another treatment program (not 24-hour)  
5-Began an excluded medication or treatment  
\*Additional Options Listed Below

If "Burden" or "Other", specify: (TZACUTSP)

5. Did the participant complete the **Week 37** assessment? (TZW37VIS)

☐ No ☐ Yes

a. If "No", select the primary reason for non-completion: (TZW37NO)

1-Incarcerated and unavailable for phone or off-site assessments  
2-Lost to follow-up  
3-Transferred to another 24-hour treatment setting and unavailable for phone or off-site assessments  
4-Transferred to another treatment program (not 24-hour) and unavailable for phone or off-site assessment  
5-Developed medical/surgical condition disallowing continuation (includes AEs/SAEs) related to study  
\*Additional Options Listed Below

If "Other", specify: (TZ37OTHR)

6. Did the participant attend more than 80% of **continuation supervised** intervention visits? (TZ80CONT)

☐ No ☐ Yes

a. If "No", select the primary reason for non-completion: (TZCONTNO)

1-Incarcerated  
2-Lost to follow-up  
3-Transferred to another 24-hour treatment setting  
4-Transferred to another treatment program (not 24-hour)  
5-Began an excluded medication or treatment  
\*Additional Options Listed Below

If "Burden" or "Other", specify: (TZCONTSP)

Comments: (TZTCOMM)

---

## Investigator's Signature

I have reviewed all the data recorded on all CRF pages and certify that they are accurate and complete to the best of my knowledge.

Principal Investigator or designee: (TZPISIGN)

Date: (TZPISGDT)

(mm/dd/yyyy) [Click here for calendar](#)

## Additional Selection Options for STZ

### If "No", select the primary reason for non-completion:

- 6-Developed medical/surgical condition disallowing continuation (includes AEs/SAEs) not related to stu
- 7-Became pregnant and unavailable for phone or off-site assessments
- 8-Moved from the area and unavailable for phone or off-site assessments
- 9-Found research assessments too burdensome
- 10-Protocol violation (e.g., staff error)
- 11-Death due to suicide
- 12-Death not due to suicide
- 13-Participant withdrew consent
- 14-Participant administratively withdrawn (e.g., behavioral issues, drugs on unit, danger to others)
- 99-Other

### If "No", select the primary reason for non-completion:

- 6-Developed medical/surgical condition disallowing continuation (includes AEs/SAEs) related to study i
- 7-Developed medical/surgical condition disallowing continuation (includes AEs/SAEs) not related to stu
- 8-Staff judgment or evidence from protocol-defined safety assessment that warranted restriction of int
- 9-Became pregnant
- 10-Moved from the area
- 11-Protocol violation (e.g., staff error)
- 12-No primary reason identified
- Z13-DID NOT WANT TO CONTINUE WITH EXERCISE INTERVENTION
- 13A- Believes substance use is sufficiently improved
- 13B- Believes intervention not effective
- 13C- Burden
- 13D- Other
- Z14-DID NOT WANT TO CONTINUE WITH HEALTH EDUCATION INTERVENTION
- 14A- Believes substance use is sufficiently improved
- 14B- Believes intervention not effective
- 14C- Burden
- 14D- Other
- 15-Death due to suicide
- 16-Death not due to suicide
- 17-Participant withdrew consent
- 18-Participant administratively withdrawn (e.g., behavioral issues, drugs on unit, danger to others)
- 99-Other

## NIDA Clinical Trials Network

### Supervised Setting (SVS)

Web Version: 1.0; 1.00; 04-29-11

Start Date of Superv Set (SVSTDT):

1. What is the type of supervised setting that the participant was admitted to or entered? (SVTYPE)

1-Residential/rehab treatment for alcohol/drug  
2-Hospital detoxification/detoxification unit for alcohol/drug  
3-Hospital for other medical disorder  
4-Hospital/residential for psychiatric disorder  
5-Jail/prison  
\*Additional Options Listed Below

If "Other", specify: (SVTYPEESP)

2. End date of stay in supervised setting (the date the participant left the setting): (SVSPDT)

(mm/dd/yyyy) [Click here for calendar](#)

3. Both start and end dates confirmed by RA? (SVCONFRM)

☐ No ☐ Yes

Comments: (SVCOMM)

**Additional Selection Options for SVS**

What is the type of supervised setting that the participant was admitted to or entered?  
6-Other



## NIDA Clinical Trials Network

### TLFB Assessment Period (TAP)

Web Version: 1.0; 1.04; 08-20-12

Segment (*PROTSEG*):

Visit Number (*VISNO*):

1. Date of assessment: (*TAASMTDT*)

(mm/dd/yyyy) [Click here to view calendar](#)

2. Was the Substance Use Diary used during the interview? (*TASUDINT*)

☐ No ☐ Yes

3. Assessment period: (*TATFSTDT*)

From:  (mm/dd/yyyy) [Click here to view calendar](#)

(*TATFENDT*)

To:  (mm/dd/yyyy) [Click here to view calendar](#)

4. Was this assessment period reconstructed due to a missed visit? (*TARECON*)

☐ No ☐ Yes

5. Have any illicit substances or alcohol been taken during this assessment period? (*TASUBALC*)

☐ No ☐ Yes

6. Have any nicotine products been used during this assessment period? (*TANICOTN*)

☐ No ☐ Yes

# NIDA Clinical Trials Network

## Treatment as Usual Tracking Form (TAU)

Web Version: 1.0; 3.00; 12-12-11

Segment (PROTSEG):

Visit Number (VISNO):

Please record the type and quantity of treatment that the participant completed (in the past week).

Week Start Date: (TUWKSTDT)

(mm/dd/yyyy) [Click here to view calendar](#)

Week Stop Date (i.e., the day before the completion of this form): (TUWKSPDT)

(mm/dd/yyyy) [Click here to view calendar](#)

1. In the past week, what was the main type of treatment you were supposed to be receiving (select one)? (Note: If participant transitioned from 1 treatment to another, choose the treatment where the majority of the days being assessed were spent, e.g. 4 out of 7.)

- 1-Residential (24 hr) drug treatment (not including group homes, halfway or three quarter way houses)
- 2-Intensive outpatient drug treatment or day treatment (several days a week for several hours a day)
- 3-Weekly outpatient group or individual drug treatment (one time a week)
- 4-Less than weekly outpatient group or individual drug treatment
- 5-12-step/self-help groups only
- 6-Inpatient/residential detoxification
- 7-No treatment

(TUWHERE)

For questions 2-7: check yes or no. If yes is checked, enter number of hours. Round to the nearest half hour.

|   | Any Treatment?  | # of Hours<br>(Round to Nearest Half-Hour) |
|---|---|--|
| 2. In the past week, were you <u>supposed</u> to receive any substance use treatment sessions of 30 minutes or longer (This includes group, individual, couples/family therapy/counseling or any other therapy/counseling. It does not include educational sessions or 12-step/self-help group meetings like AA, NA, CA)? | (TUSUBTRP) <input type="checkbox"/> No <input type="checkbox"/> Yes | (TUSTSHR) <input type="text"/> (xx.x)      |
| 3. In the past week, did you <u>attend</u> any group therapy/counseling sessions for substance use of 30 minutes or longer (not including 12-step/self-help group meetings like AA, NA, CA)?  | (TUGRPTRP) <input type="checkbox"/> No <input type="checkbox"/> Yes | (TUGTSHR) <input type="text"/> (xx.x)      |
| 4. In the past week, did you <u>attend</u> any individual therapy/counseling sessions for substance use of 30 minutes or longer?  | (TUINDTRP) <input type="checkbox"/> No <input type="checkbox"/> Yes | (TUITSHR) <input type="text"/> (xx.x)      |
| 5. In the past week, did you <u>attend</u> any couples/family therapy/counseling sessions for substance use of 30 minutes or longer?  | (TUFAMTRP) <input type="checkbox"/> No <input type="checkbox"/> Yes | (TUFTSHR) <input type="text"/> (xx.x)      |
| 6. In the past week, did you <u>attend</u> any other therapy sessions for substance use not listed above?   | (TUOTHTRP) <input type="checkbox"/> No <input type="checkbox"/> Yes | -  |
| a. If "Yes", specify: (TUOTP1SP) <input type="text"/>   | -   | (TUOTP1HR) <input type="text"/> (xx.x)     |
| b. If "Yes", specify: (TUOTP2SP) <input type="text"/>   | -   | (TUOTP2HR) <input type="text"/> (xx.x)     |
| c. If "Yes", specify: (TUOTP3SP) <input type="text"/>   | -   | (TUOTP3HR) <input type="text"/> (xx.x)     |
| 7. In the past week did you <u>attend</u> any instructor led educational sessions that were part of your substance abuse treatment program (e.g. parenting classes)?  | (TUDIDACT) <input type="checkbox"/> No <input type="checkbox"/> Yes | (TUDDCTHR) <input type="text"/> (xx.x)     |
| 8. In the past week, did you <u>attend</u> any 12-step/self-help group meetings for substance use (AA, NA, CA)?   | (TU12STEP) <input type="checkbox"/> No <input type="checkbox"/> Yes | (TU12STHR) <input type="text"/> (xx.x)     |

9. In the past week, were you discharged from or did you leave residential treatment? (Note: only choose "yes" if the participant's discharge/leave is from the residential treatment being received at study entry.)

(TUTRANSN) ☐ No ☐ Yes

If "Yes", record the date the participant left the facility:

(\*date must be verified with the facility)(TUTRNSDT)

(mm/dd/yyyy) [Click here to view calendar](#)

10. In the past week, did you change from receiving outpatient treatment or no treatment to a 24-hour substance abuse treatment setting (e.g. group home to residential, outpatient treatment to inpatient detoxification)?

(TU24HR) ☐ No ☐ Yes

11. Since you were last here were you admitted to a 24-hour hospital or residential treatment/rehabilitation center for any reason or have you been in jail/prison?

(TUSVSADM) ☐ No ☐ Yes

**If "Yes", complete the Supervised Setting (SVS) Form.**

12. Were any prior or concomitant medications updated?(TUCMUPDT)

☐ No ☐ Yes

Comments:(TUCOMM)

## NIDA Clinical Trials Network

### Time Line Follow Back (TFB)

Web Version: 1.0; 2.00; 08-20-12

Segment (*PROTSEG*):

TLFB Date (*TFASMTDT*):

1. Have any nicotine products been used on this day? (*TFNICOTN*)

☐ No ☐ Yes

2. Cigarettes: (*TFCIGRTS*)

☐ No ☐ Yes

a. Number of cigarettes per day: (*TFNMCIGS*)

(xx)

3. Other Tobacco: (*TFOTHTOB*)

☐ No ☐ Yes

a. Other tobacco type: (*TFOTBTYP*)

1-1 - Cigar  
2-2 - Pipe  
3-3 - Water pipe (e.g., hookah)  
4-4 - Smokeless tobacco (e.g., dip, snuff, snuss)  
5-5 - Smokeless cigarette (e.g., e-cigarette)  
\*Additional Options Listed Below

b. If "Other", specify: (*TFOTOBSP*)

4. Have any illicit substances or alcohol been taken on this day? (*TFSUBALC*)

☐ No ☐ Yes

#### Route Codes:

01=oral  
02=nasal  
03=smoking  
04=non IV injection  
05=IV injection  
09=Other

5. Alcohol: (*TFALCOHL*)

☐ No ☐ Yes

a. Number of standard drinks: (*TFNMDRNK*)

(xx)

6. Cannabinoids/Marijuana: (*TFCANNAB*)

☐ No ☐ Yes

a. Number of joints or joint equivalents smoked: (*TFNMJNTS*)

(xx)

b. Rx: (*TFCANRX*)

☐ No, taken illicitly ☐ Yes, but more taken than prescribed

7. Cocaine: (*TFCOCAIN*)

☐ No ☐ Yes

a. Quantity: (*TFCCQTY*)

\$  (xxxx)

b. Route: (TFCOCROU)

1-01-Oral  
2-02-Nasal  
3-03-Smoking  
4-04-Non-IV Injection  
5-05-IV Injection  
\*Additional Options Listed Below

8. Amphetamines: (TFAMPHET)

a. Quantity: (TFAMPQTY)

b. Route: (TFAMPROU)

☐ No ☐ Yes  

(xxx) pills

1-01-Oral  
2-02-Nasal  
3-03-Smoking  
4-04-Non-IV Injection  
5-05-IV Injection  
\*Additional Options Listed Below

c. Rx: (TFAMPRX)

☐ No, taken illicitly ☐ Yes, but more taken than prescribed

9. Methamphetamine: (FMETAMP)

a. Quantity: (FMETQTY)

b. Route: (FMETROU)

☐ No ☐ Yes  
\$ 

(xxx)

1-01-Oral  
2-02-Nasal  
3-03-Smoking  
4-04-Non-IV Injection  
5-05-IV Injection  
\*Additional Options Listed Below

10. Other Stimulants: (TFSTIMUL)

a. Specify Other Stimulants: (TFSTMSP)

b. Quantity: (TFSTMQTY)

c. Route: (TFSTMROU)

☐ No ☐ Yes  

(xxx) pills

1-01-Oral  
2-02-Nasal  
3-03-Smoking  
4-04-Non-IV Injection  
5-05-IV Injection  
\*Additional Options Listed Below

d. Rx: (TFSTMRX)

☐ No, taken illicitly ☐ Yes, but more taken than prescribed

11. Oxycodone/Oxycontin: (TFOXYCOD)

a. Route: (TFOXYROU)

☐ No ☐ Yes

1-01-Oral  
2-02-Nasal  
3-03-Smoking  
4-04-Non-IV Injection  
5-05-IV Injection  
\*Additional Options Listed Below

b. Rx: (TFOXYRX)

☐ No, taken illicitly ☐ Yes, but more taken than prescribed

12. Methadone: (FMETHAD)

☐ No ☐ Yes

a. Route: (TFMTHROU)

1-01-Oral  
2-02-Nasal  
3-03-Smoking  
4-04-Non-IV Injection  
5-05-IV Injection  
\*Additional Options Listed Below

b. Rx: (TFMTHRXX)

☐ No, taken illicitly ☐ Yes, but more taken than prescribed

13. Opiates: (TFOPIATE)

a. Specify Opiates: (TFOPISP)

☐ No ☐ Yes

b. Route: (TFOPIROU)

1-01-Oral  
2-02-Nasal  
3-03-Smoking  
4-04-Non-IV Injection  
5-05-IV Injection  
\*Additional Options Listed Below

c. Rx: (TFOPIRX)

☐ No, taken illicitly ☐ Yes, but more taken than prescribed

14. Ecstasy (MDMA): (TFECSTAS)

a. Quantity: (TFECSQTY)

☐ No ☐ Yes

b. Route: (TFECSROU)

(xx) pills

1-01-Oral  
2-02-Nasal  
3-03-Smoking  
4-04-Non-IV Injection  
5-05-IV Injection  
\*Additional Options Listed Below

15. Barbiturates: (TFBARBIT)

a. Rx: (TFBARRX)

☐ No ☐ Yes

☐ No, taken illicitly ☐ Yes, but more taken than prescribed

16. Benzodiazepines: (TFBENZOD)

a. Rx: (TFBENRX)

☐ No ☐ Yes

☐ No, taken illicitly ☐ Yes, but more taken than prescribed

17. Sedatives: (TFSEDATV)

a. Rx: (TFSEDRX)

☐ No ☐ Yes

☐ No, taken illicitly ☐ Yes, but more taken than prescribed

18. Prescription Drugs (not captured above): (TFPRESRX)

a. Specify Prescription Drugs: (TFPRESPP)

☐ No ☐ Yes

b. Rx: (TFPRESRX)

☐ No, taken illicitly ☐ Yes, but more taken than prescribed

19. Other drugs: (TFOTHDRG)

a. Number of other drugs (up to 9): (TFNMO TH)

☐ No ☐ Yes

(x)

**Other Drug 1**

b. Specify Other Drug 1: (TFOTH1SP)

c. Route Other Drug 1: *(TFOTH1RT)*

1-01-Oral  
2-02-Nasal  
3-03-Smoking  
4-04-Non-IV Injection  
5-05-IV Injection  
\*Additional Options Listed Below

**Other Drug 2**

d. Specify Other Drug 2: *(TFOTH2SP)*

e. Route Other Drug 2: *(TFOTH2RT)*

1-01-Oral  
2-02-Nasal  
3-03-Smoking  
4-04-Non-IV Injection  
5-05-IV Injection  
\*Additional Options Listed Below

**Other Drug 3**

f. Specify Other Drug 3: *(TFOTH3SP)*

g. Route Other Drug 3: *(TFOTH3RT)*

1-01-Oral  
2-02-Nasal  
3-03-Smoking  
4-04-Non-IV Injection  
5-05-IV Injection  
\*Additional Options Listed Below

**Other Drug 4**

h. Specify Other Drug 4: *(TFOTH4SP)*

i. Route Other Drug 4: *(TFOTH4RT)*

1-01-Oral  
2-02-Nasal  
3-03-Smoking  
4-04-Non-IV Injection  
5-05-IV Injection  
\*Additional Options Listed Below

**Other Drug 5**

j. Specify Other Drug 5: *(TFOTH5SP)*

k. Route Other Drug 5: *(TFOTH5RT)*

1-01-Oral  
2-02-Nasal  
3-03-Smoking  
4-04-Non-IV Injection  
5-05-IV Injection  
\*Additional Options Listed Below

**Other Drug 6**

l. Specify Other Drug 6: *(TFOTH6SP)*

m. Route Other Drug 6: *(TFOTH6RT)*

1-01-Oral  
2-02-Nasal  
3-03-Smoking  
4-04-Non-IV Injection  
5-05-IV Injection  
\*Additional Options Listed Below

**Other Drug 7**

n. Specify Other Drug 7: (TFOTH7SP)  
o. Route Other Drug 7: (TFO TH7RT)

**Other Drug 8**  
p. Specify Other Drug 8: (TFOTH8SP)  
q. Route Other Drug 8: (TFO TH8RT)

**Other Drug 9**  
r. Specify Other Drug 9: (TFOTH9SP)  
s. Route Other Drug 9: (TFO TH9RT)

Comments: (TFBCOMM)

1-01-Oral  
2-02-Nasal  
3-03-Smoking  
4-04-Non-IV Injection  
5-05-IV Injection  
\*Additional Options Listed Below

1-01-Oral  
2-02-Nasal  
3-03-Smoking  
4-04-Non-IV Injection  
5-05-IV Injection  
\*Additional Options Listed Below

1-01-Oral  
2-02-Nasal  
3-03-Smoking  
4-04-Non-IV Injection  
5-05-IV Injection  
\*Additional Options Listed Below



**Additional Selection Options for TFB**

Other tobacco type:

9-9 - Other

NIDA Clinical Trials Network

Treatment Participation Questionnaire (TPQ)

Web Version: 1.0; 1.00; 05-06-10

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Date of assessment: (*TPASMTDT*)

(mm/dd/yyyy) (*TPTODAY*) ☐ Click here for today's date

How much do you agree or disagree with these statements?

1. Even if I relapse, I am likely to keep participating in some form of treatment for substance abuse, such as residential treatment, outpatient treatment, counseling and/or 12-step meetings.

(*TPRELAPA*) ☐ Strongly Disagree ☐ Disagree ☐ Unsure ☐ Agree ☐ Strongly Agree

2. Even if I relapse, I am likely to continue coming to study exercise or health education visits.

(*TPRELAPB*) ☐ Strongly Disagree ☐ Disagree ☐ Unsure ☐ Agree ☐ Strongly Agree

3. Even if I am having cravings or urges to use, I am likely to keep participating in some form of treatment for substance abuse, such as residential treatment, outpatient treatment, counseling and/or 12-step meetings.

(*TPCRAVEA*) ☐ Strongly Disagree ☐ Disagree ☐ Unsure ☐ Agree ☐ Strongly Agree

4. Even if I am having cravings or urges to use, I am likely to continue coming to study exercise or health education visits.

(*TPCRAVEB*) ☐ Strongly Disagree ☐ Disagree ☐ Unsure ☐ Agree ☐ Strongly Agree

5. Even if I find participating in this study burdensome, I am likely to continue coming to study exercise or health education visits.

(*TPBURDEN*) ☐ Strongly Disagree ☐ Disagree ☐ Unsure ☐ Agree ☐ Strongly Agree

## NIDA Clinical Trials Network

### Urine Drug Screen (UDS)

Web Version: 1.0; 5.00; 05-10-12

Segment (*PROTSEG*):

Visit Number (*VISNO*):

1. Was a urine drug screen performed? (*UDTSTPRF*)

a. If "No", provide reason: (*UD1NCLRS*)

b. If "Other", specify: (*UD1NOCSP*)

☐ No ☐ Yes

1-Participant reported being unable to provide sample  
2-Participant refused to provide sample  
3-Study staff error  
9-Other

### 1st Urine Drug Screen

2. Date 1st urine specimen collected: (*UDCOLDT*)

(mm/dd/yyyy) [Click here for calendar](#)

3. Time 1st urine specimen collected (24 hour format): (*UD1COLTM*)

(hh:mm)

4. Was the 1st urine temperature within range? (90 - 100 °F) (*UD1TMP*)

☐ No ☐ Yes

5. Was the 1st urine specimen determined to be adulterated? (*UD1ADULT*)

☐ No ☐ Yes

#### 1st Urine Drug Screen Results

| 6. | Drug Name (Abbreviation) | Negative                                    | Positive                 | Invalid                  |
|----|--------------------------|---|--------------------------|--------------------------|
|    | Benzodiazepines (BZO):   | ( <i>UD1BZO</i> ) <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
|    | Amphetamine (AMP):       | ( <i>UD1AMP</i> ) <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
|    | Marijuana (THC):         | ( <i>UD1THC</i> ) <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
|    | Methamphetamine (MET):   | ( <i>UD1MET</i> ) <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
|    | Opiates (2000 ng) (OPI): | ( <i>UD1OPI</i> ) <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
|    | Cocaine (COC):           | ( <i>UD1COC</i> ) <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
|    | Ecstasy (MDMA):          | ( <i>UD1MDMA</i> ) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|    | Oxycodone (OXY):         | ( <i>UD1OXY</i> ) <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
|    | Methadone (MTD):         | ( <i>UD1MTD</i> ) <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
|    | Barbiturate (BAR):       | ( <i>UD1BAR</i> ) <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |

2nd Urine Drug Screen

7. If the 1st urine specimen was determined to be adulterated, was a second specimen collected?  
(UD2COLNY)

a. If "No", provide reason:(UD2NCLRS)

b. If "Other", specify:(UD2NOCSP)

8. Time 2nd urine specimen collected (24 hour format):(UD2COLTM)

9. Was the 2nd urine temperature within range? (90 - 100 °F)(UD2TMP)

10. Was the 2nd urine specimen determined to be adulterated?(UD2ADULT)

2nd Urine Drug Screen Results

11.

| Drug Name (Abbreviation) | Negative                           | Positive                 | Invalid                  |
|--------------------------|------------------------------------|--------------------------|--------------------------|
| Benzodiazepines (BZO):   | (UD2BZO) <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Amphetamine (AMP):       | (UD2AMP) <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Marijuana (THC):         | (UD2THC) <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Methamphetamine (MET):   | (UD2MET) <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Opiates (2000 ng) (OPI): | (UD2OPI) <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Cocaine (COC):           | (UD2COC) <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Ecstasy (MDMA):          | (UD2MDMA) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oxycodone (OXY):         | (UD2OXY) <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Methadone (MTD):         | (UD2MTD) <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Barbiturate (BAR):       | (UD2BAR) <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:(UDSCOMM)

☐ No ☐ Yes

1-Participant reported being unable to provide sample  
2-Participant refused to provide sample  
3-Study staff error  
9-Other

(hh:mm)

☐ No ☐ Yes

☐ No ☐ Yes

# NIDA Clinical Trials Network

## Wechsler Test of Adult Reading (WTAR) (WTA)

Web Version: 1.0; 2.00; 09-13-10

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Date of assessment: (*WTASMDT*)

(mm/dd/yyyy)

### WTAR Word List

Say, **I will show you some words that I will ask you to pronounce.** Place the WTAR Word Card in front of the examinee. As you point to the card, say, **Beginning with the first word on the list, pronounce each word aloud. Start with this word** (point to Item 1), **and go down this column, one right after the other, without skipping any. When you finish this column, go to the next column** (point to the second column). **Pronounce each word even if you are unsure. Do you understand?** When you are sure that the examinee understands the task, say, **Ready? Begin.**

|     | Item       | Pronunciation                       | Score (0,1)  |
|-----|------------|-------------------------------------|--|
| 1.  | again      | uh-GEHN<br>or<br>uh-GAIN            | ( <i>WTWORD01</i> ) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |
| 2.  | address    | uh-DRESS<br>or<br>AD-dress          | ( <i>WTWORD02</i> ) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |
| 3.  | cough      | kawf<br>or<br>kof                   | ( <i>WTWORD03</i> ) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |
| 4.  | preview    | PREE-vyue                           | ( <i>WTWORD04</i> ) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |
| 5.  | although   | awl-THO                             | ( <i>WTWORD05</i> ) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |
| 6.  | most       | mohst                               | ( <i>WTWORD06</i> ) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |
| 7.  | excitement | eck-SITE-munt<br>or<br>ik-SITE-munt | ( <i>WTWORD07</i> ) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |
| 8.  | know       | noh<br>or<br>no                     | ( <i>WTWORD08</i> ) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |
| 9.  | plumb      | plum                                | ( <i>WTWORD09</i> ) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |
| 10. | decorate   | DEK-uh-rate                         | ( <i>WTWORD10</i> ) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |
| 11. | fierce     | firhrss                             | ( <i>WTWORD11</i> ) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |

|     |               |  |   |
|-----|---------------|--|---|
| 12. | knead         | need                                       | (WTWORD12) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |
| 13. | aisle         | EYE-I                                      | (WTWORD13) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |
| 14. | vengeance     | VEN-junts<br>or<br>VIN-junts               | (WTWORD14) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |
| 15. | prestigious   | pre-STIJ-us<br>or<br>pre-STEEJ-us          | (WTWORD15) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |
| 16. | wreathe       | reeTH                                      | (WTWORD16) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |
| 17. | gnat          | nat  | (WTWORD17) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |
| 18. | amphitheater  | AM(p)-fuh-the-uh-ter                       | (WTWORD18) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |
| 19. | lieu          | loo  | (WTWORD19) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |
| 20. | grotesque     | gro-TESK                                   | (WTWORD20) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |
| 21. | iridescent    | ihr-uh-DESS-unt                            | (WTWORD21) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |
| 22. | ballet        | BA-lay<br>or<br>ba-LAY                     | (WTWORD22) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |
| 23. | equestrian    | ih-KWESS-tree-un                           | (WTWORD23) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |
| 24. | porpoise      | POR-pus                                    | (WTWORD24) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |
| 25. | aesthetic     | ess-THE T-ik<br>or<br>ees-THET-ik          | (WTWORD25) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |
| 26. | conscientious | kon-chee-EN-shus<br>or<br>kon-chee-INCH-us | (WTWORD26) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |
| 27. | homily        | HAHM-uh-lee                                | (WTWORD27) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |
| 28. | malady        | MAL-uh-dee                                 | (WTWORD28) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |
| 29. | subtle        | SUH-tl                                     | (WTWORD29) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |

|     |             |  |   |
|-----|-------------|--|---|
| 30. | fecund      | FE -cund<br>or<br>FEE -cund  | (WTWORD30) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |
| 31. | palatable   | PAL-uh-tuh-bul   | (WTWORD31) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |
| 32. | menagerie   | muh-NAJ-uh-ree   | (WTWORD32) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |
| 33. | obfuscate   | OB-fuh-skate<br>or<br>ob-FUH-skate                                 | (WTWORD33) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |
| 34. | liaison     | lee-A-zahn<br>or<br>LAY-a-zahn<br>or<br>LEE-ah-zahn                | (WTWORD34) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |
| 35. | exigency    | EKS-eh-jen-see<br>or<br>ek-ZEE-jen-see                             | (WTWORD35) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |
| 36. | xenophobia  | zen-uh-FO-bee-uh<br>or<br>zeen-uh-FO-bee-uh                        | (WTWORD36) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |
| 37. | ogre        | OH-gur   | (WTWORD37) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |
| 38. | scurrilous  | SKUR-uh-lus<br>or<br>SKUH-ruh-lus                                  | (WTWORD38) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |
| 39. | ethereal    | ih-THEER-ee-uhl<br>or<br>ih-THIR-ee-uhl                            | (WTWORD39) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |
| 40. | paradigm    | PAIR-uh-dime<br>or<br>PAIR-uh-dim                                  | (WTWORD40) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |
| 41. | perspicuity | pur-spuh-KYEW-uh-tee   | (WTWORD41) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |
| 42. | plethora    | PLETH-er-aa h  | (WTWORD42) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |
| 43. | lugubrious  | loo-GOO-bree-us<br>or<br>luh-GOO-bree-us<br>or<br>loo-GYEW-bree-us | (WTWORD43) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |
| 44. | treatise    | TREET -us  | (WTWORD44) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |
| 45. | dilettante  | DILL-uh-tahnt  | (WTWORD45) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |
| 46. | vertiginous | vur-T l-jin-us<br>or   | (WTWORD46) <input type="checkbox"/> (0) Incorrect   |

|     |            |   |  |
|-----|------------|---|--|
|     |            | vur-TIJ-uh-nus                            | <input type="checkbox"/> (1) Correct   |
| 47. | ubiquitous | you-BIC-wuh-tus<br>or<br>you-BIH-kwah-tus | ( <i>WTWORD47</i> ) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |
| 48. | hyperbole  | hi-PUR-buh-lee                            | ( <i>WTWORD48</i> ) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |
| 49. | insouciant | in-SOO-see-yunt                           | ( <i>WTWORD49</i> ) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |
| 50. | hegemony   | heh-JEM-o-nee<br>or<br>he-je-MO-nee       | ( <i>WTWORD50</i> ) <input type="checkbox"/> (0) Incorrect<br><input type="checkbox"/> (1) Correct |