

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):

1. Adverse event name: (A1DESCR1)

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

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

3. Severity of event: (A1SEVR2)

1-Grade 1 - Mild
2-Grade 2 - Moderate
3-Grade 3 - Severe

4. Is there a reasonable possibility that Buspirone caused the event? (A1RBUSPR)

0-No
1-Yes

Action taken with Buspirone: (A1ABUSPR)

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

5. If "Unrelated" to Buspirone, alternative etiology: (A1ALTSDG)

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: (A1AEPSP)

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: (A1ASSOC2)

0-None of the following
1-Hospitalization for a medical event
2-Death
3-Life-threatening event
4-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: (A1HOSPDC)

 (mm/dd/yyyy)

Comments:(A 1COMM)

MedDRA:

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

Preferred Term:(MEDRAPT)	Not Coded
System Organ Class:(MEDRASOC)	

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
-

If "Unrelated" to Buspirone, alternative etiology:

5-Concurrent illness/condition (not pre-existing)
9-Other

Was this event associated with:

5-Prolongation of hospitalization
6-Persistent or significant incapacity
7-Congenital anomaly or birth defect
8-Important medical event that required intervention to prevent any of the above

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 (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) <input type="text"/>	(A2_06DIN) <input type="text"/>
(A2_07DNM) <input type="text"/>	(A2_07DIN) <input type="text"/>
(A2_08DNM) <input type="text"/>	(A2_08DIN) <input type="text"/>
(A2_09DNM) <input type="text"/>	(A2_09DIN) <input type="text"/>
(A2_10DNM) <input type="text"/>	(A2_10DIN) <input type="text"/>

4. Treatments for the Event: (A2SAETR) ☐ No ☐ Yes ☐ Unknown

Treatment	Indication	Date Treated
(A2_1TNME) <input type="text"/>	(A2_1TIND) <input type="text"/>	(A2_1LTDT) <input type="text"/> (mm/dd/yyyy)
(A2_2TNME) <input type="text"/>	(A2_2TIND) <input type="text"/>	(A2_2LTDT) <input type="text"/> (mm/dd/yyyy)

(A2_3TNME)		(A2_3TIND)		(A2_3LTD T)		(mm/dd/yyyy)
(A2_4TNME)		(A2_4TIND)		(A2_4LTD T)		(mm/dd/yyyy)
(A2_5TNME)		(A2_5TIND)		(A2_5LTD T)		(mm/dd/yyyy)

5. Labs/T 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) ☐ No ☐ Yes
 2. Was this event considered associated with Buspirone? (A3BUSPR) ☐ No ☐ Yes
 3. Was this event expected? (A3EXPECT) ☐ No ☐ Yes
 4. Is this a standard expedited/reportable event? (i.e., is it serious, unexpected and related to therapy) (A3EXPFDA) ☐ No ☐ Yes
 5. Is this an expedited/reportable event for other reasons? (A3EXPOTH) ☐ No ☐ Yes
 6. Does the protocol need to be modified based on this event? (A3EXPDSM) ☐ No ☐ Yes
 7. Does the consent form need to be modified based on this event? (A3CONSEN) ☐ No ☐ Yes
 8. Is the review complete? (A3REVDNE) ☐ No ☐ Yes
- If "No", what additional information is required: (A3ADDINF)

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

☐ Robert Lindblad ☐ Radhika Kondapaka
☐ Robert Lindblad

Additional Selection Options for AD3

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
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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 (Days)	B Lifetime Use (Years)	C Age of First Use (onset)	C Age of First Use (onset) Not Applicable	D Route of Administration
D1 Alcohol (any use at all):	(ADALA30D) _____ (xx)	(ADALALFT) _____ (xx)	(ADALONST) _____ (xx)	Onset: (ADALONNA) <input type="checkbox"/> NA	-
D2 Alcohol (to intoxication):	(ADALI30D) _____ (xx)	(ADALILFT) _____ (xx)	(ADALIONS) _____ (xx)	Onset: (ADALIONA) <input type="checkbox"/> NA	-
D3 Heroin	(ADHER30D) _____ (xx)	(ADHERLFT) _____ (xx)	(ADHERONS) _____ (xx)	Onset: (ADHERONA) <input type="checkbox"/> NA	(ADHERRTE) 1-(1) Oral 2-(2) Nasal 3-(3) Smoking 4-(4) Non IV injection 5-(5) IV injection 96-(96) Not applicable 97-(97) Not answered
D4 Methadone/LAAM (prescribed):	(ADMDP30D) _____ (xx)	(ADMDPLFT) _____ (xx)	(ADMDPONS) _____ (xx)	Onset: (ADMDPONA) <input type="checkbox"/> NA	(ADMDP RTE) 1-(1) Oral 2-(2) Nasal 3-(3) Smoking 4-(4) Non IV injection 5-(5) IV injection 96-(96) Not applicable 97-(97) Not answered
D4a Methadone/LAAM (illicit):	(ADMLI30D) _____ (xx)	(ADMLILFT) _____ (xx)	(ADMLIONS) _____ (xx)	Onset: (ADMLIONA) <input type="checkbox"/> NA	(ADMLIRTE) 1-(1) Oral 2-(2) Nasal 3-(3) Smoking 4-(4) Non IV injection 5-(5) IV injection 96-(96) Not applicable 97-(97) Not answered
D5 Other Opiates/Analgesics:	(ADOPI30D) _____ (xx)	(ADOPI LFT) _____ (xx)	(ADOPIONS) _____ (xx)	Onset: (ADOPIONA) <input type="checkbox"/> NA	(ADOPI RTE) 1-(1) Oral 2-(2) Nasal 3-(3) Smoking 4-(4) Non IV injection 5-(5) IV injection 96-(96) Not applicable 97-(97) Not answered
D6 Barbiturates:	(ADBAR30D) _____ (xx)	(ADBARLFT) _____ (xx)	(ADBARONS) _____ (xx)	Onset: (ADBARONA) <input type="checkbox"/> NA	(ADBARRTE)

					<div> 1-(1) Oral 2-(2) Nasal 3-(3) Smoking 4-(4) Non IV injection 5-(5) IV injection 96-(96) Not applicable 97-(97) Not answered </div>
D7 Other Sedatives/ Hypnotics/Tranquilizers:	(ADSHT30D) <div>(xx)</div>	(ADSHTLFT) <div>(xx)</div>	(ADSHTONS) <div>(xx)</div>	Onset: (ADSHTONA) <input type="checkbox"/> NA	(ADSHT RTE) <div> 1-(1) Oral 2-(2) Nasal 3-(3) Smoking 4-(4) Non IV injection 5-(5) IV injection 96-(96) Not applicable 97-(97) Not answered </div>
D8 Cocaine:	(ADCOC30D) <div>(xx)</div>	(ADCOC LFT) <div>(xx)</div>	(ADCOC ONS) <div>(xx)</div>	Onset: (ADCOC ONA) <input type="checkbox"/> NA	(ADCOC RTE) <div> 1-(1) Oral 2-(2) Nasal 3-(3) Smoking 4-(4) Non IV injection 5-(5) IV injection 96-(96) Not applicable 97-(97) Not answered </div>
D9 Amphetamines:	(ADAMP30D) <div>(xx)</div>	(ADAMP LFT) <div>(xx)</div>	(ADAMP ONS) <div>(xx)</div>	Onset: (ADAMP ONA) <input type="checkbox"/> NA	(ADAMP RTE) <div> 1-(1) Oral 2-(2) Nasal 3-(3) Smoking 4-(4) Non IV injection 5-(5) IV injection 96-(96) Not applicable 97-(97) Not answered </div>
D10 Cannabis:	(ADTHC30D) <div>(xx)</div>	(ADTHC LFT) <div>(xx)</div>	(ADTHC ONS) <div>(xx)</div>	Onset: (ADTHC ONA) <input type="checkbox"/> NA	(ADTHC RTE) <div> 1-(1) Oral 2-(2) Nasal 3-(3) Smoking 4-(4) Non IV injection 5-(5) IV injection 96-(96) Not applicable 97-(97) Not answered </div>
D11 Hallucinogens:	(ADHAL30D) <div>(xx)</div>	(ADHAL LFT) <div>(xx)</div>	(ADHAL ONS) <div>(xx)</div>	Onset: (ADHAL ONA) <input type="checkbox"/> NA	(ADHAL RTE) <div> 1-(1) Oral 2-(2) Nasal 3-(3) Smoking 4-(4) Non IV injection 5-(5) IV injection 96-(96) Not applicable 97-(97) Not answered </div>
D12 Inhalants:	(ADINH30D) <div>(xx)</div>	(ADINH LFT) <div>(xx)</div>	(ADINH ONS) <div>(xx)</div>	Onset: (ADINH ONA) <input type="checkbox"/> NA	(ADINH RTE) <div> 1-(1) Oral 2-(2) Nasal 3-(3) Smoking 4-(4) Non IV injection 5-(5) IV injection 96-(96) Not applicable 97-(97) Not answered </div>
D36 Nicotine:	(ADNIC30D) <div>(xx)</div>	(ADNIC LFT) <div>(xx)</div>	(ADNIC ONS) <div>(xx)</div>	Onset: (ADNIC ONA) <input type="checkbox"/> NA	-
D13 More than 1 substance per day (including alcohol, excluding nicotine):	(ADGT130D) <div>(xx)</div>	(ADGT1 LFT) <div>(xx)</div>	(ADGT1 ONS) <div>(xx)</div>	Onset: (ADGT1 ONA) <input type="checkbox"/> NA	-

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/LAAM (prescribed or illicit)
5-05 - Other Opiates/Analgesics
6-06 - Barbiturates
7-07 - Other Sedatives/Hypnotics/Tranquilizers
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

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:

(ADALCIRT) (xx)

OR

(ADALRTNA) ☐ (97) Not Answered

D20 Drug abuse:

(ADDRGIRT) (xx)

OR

(ADDRRTNA) ☐ (97) Not Answered

How many of these were detox only:

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.

(ADDETOX) (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

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

(ADA130NA) ☐ (97) Not Answered

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

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

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

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.*

(AETECPT) (xx) months

OR

(AETECPTNA) ☐ (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.*

(AEAUTOAV)

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

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:

[illegible]

(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)

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) Notanswered

(AEUSEMPL)

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

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

(AEP AID) (xx) days

OR

(AEPAIDNA) ☐ (97) Not Answered

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

E13 Unemployment compensation:

(AEUNEMNY) \$ (xxxxx)

OR

(AEUMNYNA) ☐ (97) Not Answered

E14 Welfare:

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

(AEWLFMNY) \$ (xxxxx)

OR

(AEWMNYNA) ☐ (97) Not Answered

E15 Pensions, benefits, or Social Security:

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

(AEPENMNY) \$ (xxxxx)

OR

(AEPMNYNA) ☐ (97) Not Answered

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)

NIDA Clinical Trials Network

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)

Comments: (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)

Comments: (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)

Comments: (AFLVARCM)

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)

Comments: (AFLSATCM)

Do you live with anyone who:

F7 Has a current alcohol problem?

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

Comments: (AFLVALCM)

F8 Uses non-prescribed drugs?

(AFLIVDRG)

0-(0) No

1-(1) Yes

97-(97) Notanswered

Comments:(AFLVDGCM)

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."

(AFFREETM)

1-(1) Family

2-(2) Friends

3-(3) Alone

97-(97) Notanswered

Comments:(AFFREECM)

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.

(AFFTMSA T)

0-(0) No

1-(1) Indifferent

2-(2) Yes

97-(97) Notanswered

Comments:(AFSFRECM)

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
F18 Mother:	(AFMTR30D)	(AFMTRLFT)

	<input type="radio"/> (0) No <input type="radio"/> 1-(1) Yes <input type="radio"/> 96-(96) Not applicable <input type="radio"/> 97-(97) Not answered	<input type="radio"/> (0) No <input type="radio"/> 1-(1) Yes <input type="radio"/> 96-(96) Not applicable <input type="radio"/> 97-(97) Not answered
F19 Father:	<i>(AFFTR30D)</i> <input type="radio"/> (0) No <input type="radio"/> 1-(1) Yes <input type="radio"/> 96-(96) Not applicable <input type="radio"/> 97-(97) Not answered	<i>(AFFTRLFT)</i> <input type="radio"/> (0) No <input type="radio"/> 1-(1) Yes <input type="radio"/> 96-(96) Not applicable <input type="radio"/> 97-(97) Not answered
F20 Brothers/sisters:	<i>(AFSIB30D)</i> <input type="radio"/> (0) No <input type="radio"/> 1-(1) Yes <input type="radio"/> 96-(96) Not applicable <input type="radio"/> 97-(97) Not answered	<i>(AFSIBLFT)</i> <input type="radio"/> (0) No <input type="radio"/> 1-(1) Yes <input type="radio"/> 96-(96) Not applicable <input type="radio"/> 97-(97) Not answered
F21 Sexual partner/spouse:	<i>(AFSPS30D)</i> <input type="radio"/> (0) No <input type="radio"/> 1-(1) Yes <input type="radio"/> 96-(96) Not applicable <input type="radio"/> 97-(97) Not answered	<i>(AFSPSLFT)</i> <input type="radio"/> (0) No <input type="radio"/> 1-(1) Yes <input type="radio"/> 96-(96) Not applicable <input type="radio"/> 97-(97) Not answered
F22 Children:	<i>(AFCHD30D)</i> <input type="radio"/> (0) No <input type="radio"/> 1-(1) Yes <input type="radio"/> 96-(96) Not applicable <input type="radio"/> 97-(97) Not answered	<i>(AFCHDLFT)</i> <input type="radio"/> (0) No <input type="radio"/> 1-(1) Yes <input type="radio"/> 96-(96) Not applicable <input type="radio"/> 97-(97) Not answered
F23 Other significant family <i>(specify)</i> : <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 10px;"></div> <i>(AFOSFMSP)</i>	<i>(AFOSF30D)</i> <input type="radio"/> (0) No <input type="radio"/> 1-(1) Yes <input type="radio"/> 96-(96) Not applicable <input type="radio"/> 97-(97) Not answered	<i>(AFOSFLFT)</i> <input type="radio"/> (0) No <input type="radio"/> 1-(1) Yes <input type="radio"/> 96-(96) Not applicable <input type="radio"/> 97-(97) Not answered
F24 Close friends:	<i>(AFFRD30D)</i> <input type="radio"/> (0) No <input type="radio"/> 1-(1) Yes <input type="radio"/> 96-(96) Not applicable <input type="radio"/> 97-(97) Not answered	<i>(AFFRDLFT)</i> <input type="radio"/> (0) No <input type="radio"/> 1-(1) Yes <input type="radio"/> 96-(96) Not applicable <input type="radio"/> 97-(97) Not answered
F25 Neighbors:	<i>(AFNBR30D)</i> <input type="radio"/> (0) No <input type="radio"/> 1-(1) Yes <input type="radio"/> 96-(96) Not applicable <input type="radio"/> 97-(97) Not answered	<i>(AFNBRLFT)</i> <input type="radio"/> (0) No <input type="radio"/> 1-(1) Yes <input type="radio"/> 96-(96) Not applicable <input type="radio"/> 97-(97) Not answered
F26 Co-workers:	<i>(AFCWK30D)</i> <input type="radio"/> (0) No <input type="radio"/> 1-(1) Yes <input type="radio"/> 96-(96) Not applicable <input type="radio"/> 97-(97) Not answered	<i>(AFCWKLFT)</i> <input type="radio"/> (0) No <input type="radio"/> 1-(1) Yes <input type="radio"/> 96-(96) Not applicable <input type="radio"/> 97-(97) Not answered
Did anyone abuse you? <i>(F18-F26)</i>	A Past 30 Days	B Lifetime
F28 Physically <i>(caused you physical harm)?</i>	<i>(AFPAB30D)</i> <input type="radio"/> (0) No <input type="radio"/> 1-(1) Yes <input type="radio"/> 97-(97) Not answered	<i>(AFPABLFT)</i> <input type="radio"/> (0) No <input type="radio"/> 1-(1) Yes <input type="radio"/> 97-(97) Not answered

F29 Sexually (forced sexual advances/acts)?	(AFSAB30D) 0-(0) No 1-(1) Yes 97-(97) Not answered	(AFSABLFT) 0-(0) No 1-(1) Yes 97-(97) Not answered
Comments:(AFPRBLCM) <div></div>		

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

(AFFMC30D) (xx) days

OR

(AFFC30NA) ☐ (97) Not Answered

Comments:(AFFC30CM)

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

Comments:(AFFB30CM)

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

(AFFC30D)

OR

(AFF30NA) ☐ (97) Not Answered

Comments:(AFF30CM)

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

Comments:(AFSC30CM)

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

Comments:(AFSB30CM)

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) Slightly
2-(2) Moderately
3-(3) Considerably
4-(4) Extremely

(AFSP30D)

OR

(AFS30NA) ☐ (97) Not Answered

Comments:(AFS30CM)

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:(ASF COMM)

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

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

(AGCNTENV)

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:(ASGCOMM)

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](#)

Date of birth: (*ASIBTHDT*)

(mm/dd/yyyy)

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, Diluauudid, Demerol, Percocet, Darvon, Talwin, Codeine, Tylenol 2, 3, 4 Syrups = Robitussin, Fentanyl
Barbiturates:	Nembutal, Seconal, Tuinol, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinol
Sed/Hyp/Tranq:	Benzo diazepines = 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, Ulcer Meds = Zantac, Tagamet Asthma Meds = Ventoline Inhaler, Theodur 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....?"

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 post release 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.

Comments:

L3 Shoplifting/vandalism: (ALSHPLFT)
(xx)

OR (ALSLFTNA) ☐ (97)
Not Answered

(ALSLFTCM)

L4 Parole/probation violations: (ALPPVIOL)
(xx)

OR (ALPPVLNA) ☐ (97)
Not Answered

(ALPPVLCM)

L5 Drug Charges: (ALDRGCHR)
(xx)

OR (ALDCHRNA) ☐ (97)
Not Answered

(ALDCHRCM)

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

(ALASLTCM)

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 (AL OARRNA) (97) Not Answered

If "Other", specify:(ALOTHASP)

Comments:(ALARSTCM)

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.*

(ALDRVIO) (xx)

OR

(ALDRVINA) ☐ (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.*

(ALINCRMT) (xx) months

OR

(ALINCRNA) ☐ (97) Not Answered

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

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

(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 E17 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) Slightly
2-(2) Moderately
3-(3) Considerably
4-(4) Extremely

(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) Slightly
2-(2) Moderately
3-(3) Considerably
4-(4) Extremely

(ALLC/30D)

OR

(ALL/30NA) ☐ (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)

[illegible]

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

Comments: (AMHOSPCM)

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.

O-(0) No

1-(1) Yes

97-(97) Notanswered

(AMCHRMPR)

If "Yes", specify: (AMCRMPSP)

Comments: (AMCRMPCM)

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

(AMRXPHYS)

If "Yes", specify: (AMRXPHSP)

Comments: (AMRXPHCM)

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)

Comments: (AMPNDCM)

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

Comments: (AMPR30CM)

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

Comments: (AMPB30CM)

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

(AMMT130D)

OR

(AMMI30NA) ☐ (97) Not Answered

Comments: (AMMI30CM)

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)

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

Comments:(APPIHCM)

P2 Outpatient/private patient?

(APPOHSPX) (xx)

OR

(APPOHPNA) ☐ (97) Not Answered

Comments:(APPOHCM)

P3 Do you receive a pension for a psychiatric disability?

(APPENPSY)

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

Comments:(APPENPCM)

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	B Lifetime	Comments
P4 Experienced serious depression-sadness, hopelessness, loss of interest, difficulty with daily function?	(APDEP30D) 0-(0) No 1-(1) Yes 97-(97) Not answered	(APDEPLFT) 0-(0) No 1-(1) Yes 97-(97) Not answered	(APDEPCM)
P5 Experienced serious anxiety/tension-uptight, unreasonably worried, inability to feel relaxed?	(APANX30D) 0-(0) No 1-(1) Yes 97-(97) Not answered	(APANXLFT) 0-(0) No 1-(1) Yes 97-(97) Not answered	(APANXCM)
P6 Experienced hallucinations-saw things or heard voices that other people did not see or hear?	(APHLC30D) 0-(0) No 1-(1) Yes 97-(97) Not answered	(APHLCLFT) 0-(0) No 1-(1) Yes 97-(97) Not answered	(APHLCCM)
P7 Experienced trouble understanding, concentrating, or remembering?	(APCNC30D) 0-(0) No 1-(1) Yes 97-(97) Not answered	(APCNCLFT) 0-(0) No 1-(1) Yes 97-(97) Not answered	(APCNCCM)

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

	A Past 30 Days	B Lifetime	Comments
P8 Experienced trouble controlling violent behavior including episodes of rage, or violence? <ul style="list-style-type: none"> Participant can be under the influence of alcohol/drugs. 	(APVLT30D) <input type="radio"/> (0) No <input type="radio"/> 1-(1) Yes <input type="radio"/> 97-(97) Not answered	(APVLTFLT) <input type="radio"/> (0) No <input type="radio"/> 1-(1) Yes <input type="radio"/> 97-(97) Not answered	
P9 Experienced serious thoughts of suicide? <ul style="list-style-type: none"> Participant seriously considered a plan for taking his/her life. 	(APTOS30D) <input type="radio"/> (0) No <input type="radio"/> 1-(1) Yes <input type="radio"/> 97-(97) Not answered	(APTOSFLT) <input type="radio"/> (0) No <input type="radio"/> 1-(1) Yes <input type="radio"/> 97-(97) Not answered	
P10 Attempted suicide? <ul style="list-style-type: none"> Include actual suicidal gestures or attempts. 	(APASU30D) <input type="radio"/> (0) No <input type="radio"/> 1-(1) Yes <input type="radio"/> 97-(97) Not answered	(APASULFT) <input type="radio"/> (0) No <input type="radio"/> 1-(1) Yes <input type="radio"/> 97-(97) Not answered	
P11 Been prescribed medications for any psychological/emotional problem? <ul style="list-style-type: none"> Prescribed for the participant by MD. Record "Yes" if a medication was prescribed even if the participant is not taking it. 	(APMED30D) <input type="radio"/> (0) No <input type="radio"/> 1-(1) Yes <input type="radio"/> 97-(97) Not answered	(APMEDFLT) <input type="radio"/> (0) No <input type="radio"/> 1-(1) Yes <input type="radio"/> 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

Comments: (APPR30CM)

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.

(APPBR30D)

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

OR

(APPB30NA) ☐ (97) Not Answered

Comments: (APPB30CM)

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

(APPTI30D)

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

OR

(APPI30NA) ☐ (97) Not Answered

Comments: (APPI30CM)

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

Blood Chemistry (BCM)

Web Version: 1.0; 1.00; 06-08-12

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Date of assessment:(*BCM ASMDT*)

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

Analyte	Value	
1. Glucose	(<i>BCGLUVAL</i>) <input type="text"/> (xxxx) mg/dL	<div> 1-1 - Normal 2-2 - Abnormal 3-3 - Abnormal /E xcludes 9-9 - NotDone </div> (<i>BCGLUNRM</i>)
2. Creatinine	(<i>BCCRTVAL</i>) <input type="text"/> (x.xx) mg/dL	<div> 1-1 - Normal 2-2 - Abnormal 3-3 - Abnormal /E xcludes 9-9 - NotDone </div> (<i>BCCRTNRM</i>)
3. Alanine Aminotransferase (ALT/SGPT)	(<i>BCALTVAL</i>) <input type="text"/> (xxxx) U/L	<div> 1-1 - Normal 2-2 - Abnormal 3-3 - Abnormal /E xcludes 9-9 - NotDone </div> (<i>BCALTNRM</i>)
4. Aspartate Aminotransferase (AST/SGOT)	(<i>BCASTVAL</i>) <input type="text"/> (xxxx) U/L	<div> 1-1 - Normal 2-2 - Abnormal 3-3 - Abnormal /E xcludes 9-9 - NotDone </div> (<i>BCASTNRM</i>)
5. Gamma Glutamyl- transpeptidase (GGT)	(<i>BCGGTVAL</i>) <input type="text"/> (xxxx) U/L	<div> 1-1 - Normal 2-2 - A bnormal 3-3 - A bnormal /E xcludes 9-9 - NotDone </div> (<i>BCGGTNRM</i>)
6. Blood Urea Nitrogen (BUN)	(<i>BCBUNVAL</i>) <input type="text"/> (xxx) mg/dL	<div> 1-1 - Normal 2-2 - Abnormal 3-3 - Abnormal /E xcludes 9-9 - NotDone </div> (<i>BCBUNNRM</i>)

Comments:(*BCM COMM*)

NIDA Clinical Trials Network

Cocaine Craving Questionnaire - Now Brief (CCQ)

Web Version: 1.0; 1.00; 06-18-12

Segment (PROTSEG):

Visit Number (VISNO):

Date of assessment:(CCQASMDT)

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

Indicate how much you agree or disagree with each of the following statements by clicking a single check mark along each line between STRONGLY DISAGREE and STRONGLY AGREE. The closer you place your check mark 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 so bad I can almost taste it.

STRONGLY DISAGREE (CCTASTE) ☐ ☐ ☐ ☐ ☐ ☐ ☐ STRONGLY AGREE

2. I have an urge for cocaine.

STRONGLY DISAGREE (CCURGE) ☐ ☐ ☐ ☐ ☐ ☐ ☐ STRONGLY AGREE

3. I am going to use cocaine as soon as possible.

STRONGLY DISAGREE (CCUSASAP) ☐ ☐ ☐ ☐ ☐ ☐ ☐ STRONGLY AGREE

4. I think that I could resist using "coke" now.

STRONGLY DISAGREE (CCRESIST) ☐ ☐ ☐ ☐ ☐ ☐ ☐ STRONGLY AGREE

5. I crave "coke" right now.

STRONGLY DISAGREE (CCCRAVE) ☐ ☐ ☐ ☐ ☐ ☐ ☐ STRONGLY AGREE

6. All I want to use now is cocaine.

STRONGLY DISAGREE (CCUSENOW) ☐ ☐ ☐ ☐ ☐ ☐ ☐ STRONGLY AGREE

7. I have no desire for cocaine right now.

STRONGLY DISAGREE (CCDESIRE) ☐ ☐ ☐ ☐ ☐ ☐ ☐ STRONGLY AGREE

8. Using cocaine now would make things seem just perfect.

STRONGLY DISAGREE (CCPERFCT) ☐ ☐ ☐ ☐ ☐ ☐ ☐ STRONGLY AGREE

9. I will use cocaine as soon as I get the chance.

STRONGLY DISAGREE (CCUSSOON) ☐ ☐ ☐ ☐ ☐ ☐ ☐ STRONGLY AGREE

10. Nothing would be better than using "coke" right now.

STRONGLY DISAGREE (CCBEST) ☐ ☐ ☐ ☐ ☐ ☐ ☐ STRONGLY AGREE

Comments:(CCQCOMM)

NIDA Clinical Trials Network

Concise Health Risk Tracking (CHRT) Participant Rated Module (CHP)

Web Version: 1.0; 1.00; 05-31-13

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 Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly 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 often feel irritable or easily angered.	(CHIRRITE) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I often overreact with anger or rage over minor things.	(CHOVRRCT) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I have been having thoughts of killing myself.	(CHKILLMS) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. 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"/>
16. I have a plan to kill myself.	(CHPLNKIL) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NIDA Clinical Trials Network

Concise Health Risk Tracking (CHRT) Clinician Rated Module (CHT)

Web Version: 1.0; 1.00; 08-09-12

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Date of assessment: (*CHTASMDT*)

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

1. **Suicidal Ideation** - Passive (i.e. wanting to be dead) and/or active (i.e. method, intent, plan) SI present. (*CHSCIDTN*) ☐ No ☐ Yes

This last week did you think you might be better off dead or wish you were dead?

Did you have any thoughts of harming or injuring yourself in any way?

If "Yes": **Have you thought about how you might do this?**

Have there been times when you seriously considered harming or injuring yourself?

Do you intend to kill yourself or harm yourself in any way? Do you have a plan?

How often have you had these thoughts? How long do they last?

2. **Suicide Attempt** - Patient made a suicide attempt (i.e. they engaged in a potentially self-injurious behavior associated with intent to die. Intent can be stated by patient or inferred by rater). (*CHSCA TMP*) ☐ No ☐ Yes

This last week did you attempt to harm or injure yourself in any way?

If "Yes": **Can you tell me what happened? Was this an accident or on purpose?**

If On Purpose: **Why did you _____? Were you trying to kill yourself when you _____?**

If "Yes", list method: (*CHMETHOD*)

3. **Self-injurious Behavior - No Intent to Die** - Purposeful self-injurious behavior with no intent to die. (*CHSIBDIE*) ☐ No ☐ Yes

This last week, have you done anything to prepare yourself for suicide or take any steps towards killing yourself?

If "Yes": **What did you do? Were you thinking about killing yourself when you _____?**

Did you stop yourself, or did someone else stop you before you harmed yourself?

4. **Preparatory Acts** - Making preparatory acts toward imminent suicidal behavior (Person takes steps to injure self but is stopped by self or others. Intent to die is either stated by patient or inferred by rater). (*CHPREPAT*) ☐ No ☐ Yes

5. **Completed Suicide** - Confirmed (i.e. Coroner's report, suicide note, other collateral information). (*CHSCCMPL*) ☐ No ☐ Yes

6. **Self-injurious Behavior - Unknown Intent** - Purposeful self-injurious behavior where associated intent to die is unknown and cannot be inferred. (*CHSIBUNK*) ☐ No ☐ Yes

7. **Death (not enough information to classify as suicide)** (*CHDEATH*) ☐ No ☐ Yes

8. **Other Injury** - Other not purposeful injury (accidental, psychiatric, medical), no deliberate self-harm. (*CHOTHINJ*) ☐ No ☐ Yes

9. **Nonfatal Injury (not enough information to classify)** (*CHINJURY*) ☐ No ☐ Yes

Comments: (*CHTCOMM*)

NIDA Clinical Trials Network

Cocaine Related Adverse Consequences (CRC)

Web Version: 1.0; 1.00; 05-11-12

Segment (PROTSEG):

Visit Number (VISNO):

Date of assessment:(CRCASMDT)

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

This survey asks about the impact that your cocaine/crack use has had on your life. All of your answers are confidential.

Some people who use cocaine/crack have times of regular use and times when they don't use. Think about your times of regular use in the past year and answer the following:

1. How do you usually use cocaine/crack?(CRROUTE)

1-Snort it (intranasal)
2-Smoke it (i.e. crack)
3-Shoot it up (intravenous)

2. During times of regular use do you usually use cocaine/crack at least once a week?(CR1XWEEK)

☐ No ☐ Yes

a. If "Yes", how many days a week do you usually use cocaine/crack?

[If your pattern of use has changed within the past few months, describe how many days a week you were using cocaine/crack before this change.](CRDYWEEK)

1-1 - 2 days
2-3 - 4 days
3-5 - 6 days
4-7 days

b. If "No", how many days a month do you usually use cocaine/crack?
(CRDYMNTN)

(xx) days/month

3. On a typical day of cocaine/crack use, how many hours **total** are you involved in obtaining cocaine/crack, using, and recovering from using?

[Include the time you start seeking cocaine/crack through the time the effect from the final amount used has worn off.](CRHRACTY)

1-1 hour
2-2 - 3 hours
3-4 - 5 hours
4-6 - 7 hours
5-8 - 9 hours
*Additional Options Listed Below

Recent Use

4. During the past 4 weeks (28 days), how many days did you use cocaine/crack?(CRDY4WK)

(xx) days

a. If you did not use in the last 28 days, when is the last time that you used?(CRLASTUS)

1-1 - 2 months ago
2-3 - 4 months ago
3-More than 4 months ago

Impact of Use

Think about the ways your use of cocaine/crack impacts your life now, even if you haven't used recently.

In the past 28 days:

5. How much has your cocaine/crack use interfered with your ability to carry out your responsibilities at home, work, and/or school?(CRRESPBL)

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

a. Did your use of cocaine/crack cause you to get in trouble or do a bad job at work (or school)?(CRTBLE)

☐ No ☐ Yes

☐ NA - Not working or attending school

b. Did your use of cocaine/crack interfere with taking care of your children or elderly relatives?(CRCLDCRE)

☐ No ☐ Yes

☐ NA - No dependent children or elderly relatives

c. Did your use of cocaine/crack interfere with you taking care of yourself or your home?(CRSELCR)

☐ No ☐ Yes

6. How much has your cocaine/crack use put you in situations where you could get hurt?(CRHURT)

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

a. Did you drive when you were high on cocaine/crack, even if you weren't caught?(CRDRVEHI)

☐ No ☐ Yes

☐ NA - Do not drive

b. Did you go to a dangerous place to buy or use cocaine/crack? ☐ No ☐ Yes
(CRDANGPL)

c. When walking, did you take risks to get where you were going faster (such as walking in front of traffic, taking dangerous short cuts, etc.) while you were high on cocaine/crack? (CRRISKWK) ☐ No ☐ Yes

7. How much has your cocaine/crack use caused social or relationship problems? (CRSOCIAL)	0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely
---	---

a. Did your use of cocaine/crack cause you to get in to arguments/fights with other people? (CRFIGHT) ☐ No ☐ Yes

b. Besides using an illegal drug or carrying paraphernalia, did your use of cocaine/crack cause you to do other things that could have gotten you in trouble with the law? (CRLAWTBL) ☐ No ☐ Yes

c. Did you go hungry or not have a place to stay because you used your money for cocaine/crack rather than for groceries or rent? (CRSPEND) ☐ No ☐ Yes

8. How much have you had trouble controlling the amount of cocaine/crack or the length of time you use? (CRCTRAMT)

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

a. Did you buy cocaine/crack with money you had set aside for bills or other important purchases? (CRUSBILL) ☐ No ☐ Yes

b. Did you miss important appointments or events because you didn't stop using cocaine/crack in time? (CRAPPTS) ☐ No ☐ Yes

c. Did you find that you used up your cocaine/crack purchases faster than you planned? (CRPURFST) ☐ No ☐ Yes

9. How much have you wanted to stop or cut down on your cocaine/crack use? (CRSTPWNT)	0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely
---	---

a. Did you try to stop or cut down on your cocaine/crack use but found that you went back to using within a month or less? (CRS TPM TH) ☐ No ☐ Yes

b. Did you want to stop or cut down, but were unable to even try? (CRSTPTRY) ☐ No ☐ Yes

c. Did you spend time on three or more days thinking about reasons to stop or cut down?(CR3DYRSN) ☐ No ☐ Yes

10. To what degree was your time spent in activities necessary to obtain, use, or recover from cocaine/crack? <i>(CRTMAC VY)</i>	0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely
--	---

a. Did you spend a lot of time doing what was needed to get money and buy your cocaine/crack? (CRTMMONY) ☐ No ☐ Yes

b. Did you spend a lot of time getting and staying high (such as smoking several rocks over a period of several hours)? (CRTMHIGH) ☐ No ☐ Yes

c. Did you spend a lot of time getting over your high, including time sleeping it off or time feeling blue?(CRTMRCVR) ☐ No ☐ Yes

1 1. How much did using cocaine/crack interfere with or replace other important activities? <i>(CRINACTY)</i>	0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely
---	---

a. Did your use of cocaine/crack interfere with activities to improve your job situation such as training, job-seeking, or clearing up issues related to employment? (CRINJOB)

b. Did your use of cocaine/crack interfere with spending time with your family/spouse/children or non-using friends? (CR/IN/SOCL) ☐ No ☐ Yes

c. Did your use of cocaine/crack cause you to reduce time spent in activities you usually enjoy, such as hobbies, sports, or spiritual activities? ☐ No ☐ Yes
(CRINHOB Y)

12. How much did using cocaine/crack cause you physical or emotional problems or make them worse?(CRWSPRBM)

0-Not at all

1-Slightly

2-Moderately

3-Considerably

4-Extremely

a. Did your use of cocaine/crack cause you to feel depressed, anxious, or paranoid or make those feelings worse?(CRWSSAD)

☐ No

☐ Yes

b. Did your use of cocaine/crack cause you any medical problems or make any medical problems worse, like asthma, high blood pressure, seizures, or heart problems?(CRWSMED)

☐ No

☐ Yes

c. Did your use of cocaine/crack negatively impact your sexual desire or performance?(CRWSSEX)

☐ No

☐ Yes

13. How much have you been bothered by craving or urges to use cocaine/crack?(CRCRAVE)

0-Not at all

1-Slightly

2-Moderately

3-Considerably

4-Extremely

a. Did you think about or want cocaine/crack so much that it interfered with your ability to concentrate?(CRCNC RTE)

☐ No

☐ Yes

b. Did you think about or want cocaine/crack so much that it made you irritable (easily upset or aggravated) ?(CRRRTBL)

☐ No

☐ Yes

c. Did you want cocaine/crack so much you couldn't stop thinking about it until you used?(C RTHINK)

☐ No

☐ Yes

Overall Quality of Life

14. In general, would you say your physical health now is:(CRPHYSCL)

1-Excellent

2-Very good

3-Good

4-Fair

5-Poor

15. In general, would you say your mental health now is:(CRMENTAL)

1-Excellent

2-Very good

3-Good

4-Fair

5-Poor

In the past 4 weeks (28 days):

16. On average, about how many hours did you usually work for pay each week?(CR4WORK)

5-32 - 40 hours per week ; or more

4-19 - 31 hours per week

3-9 - 18 hours per week

2-1 - 8 hours per week

1-0; did not work at all

17. Have you had enough money to provide yourself with food, shelter, and basic needs?(CR4WNEED)

☐ No

☐ Yes

18. How many times have you gone to an emergency room for treatment?(CR4WER)

(xxx) ER visits

19. Has your appetite been significantly different from usual?(CR4WAPTE)

☐ No

☐ Yes

If "Yes", has your appetite been significantly more or less than usual?(CRAPTEDF)

☐ More

☐ Less

20. Has your sleep pattern been significantly different from usual?(CR4WSLEP)

☐ No

☐ Yes

If "Yes", have you been sleeping significantly more or less than usual?(CRSLEPDF)

☐ More

☐ Less

Comments:(CRCCOMM)

Additional Selection Options for CRC

On a typical day of cocaine/crack use, how many hours total are you involved in obtaining cocaine/crack, using, and recovering from using?
[Include the time you start seeking cocaine/crack through the time the effect from the final amount used has worn off.]

6-10 - 12 hours

7-More than 12 hours

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)

☐ No

☐ Yes

Asian(DEASIAN)

☐ No

☐ Yes

Black or African American(DEBLACK)

☐ No

☐ Yes

Native Hawaiian or Pacific Islander(DEHAWAII)

☐ No

☐ Yes

White(DEWHITE)

☐ No

☐ Yes

Other(DEOTHER)

☐ No

☐ Yes

If "Yes", specify:(DEOTHRSP)

OR

Unknown(DEUNKNOWN)

☐ Yes

Participant chooses not to provide their race(DENORACE)

☐ Yes

Comments:(DEMMCOMM)

NIDA Clinical Trials Network

Drop-Out Risk Assessment (DRA)

Web Version: 1.0; 1.00; 04-09-12

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Date of assessment:(*DRAASMDT*)

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

Drop-Out Risks:	Participant Response	Risk Level
1. Does the participant live more than 30 minutes away from the study site?	<div>(<i>DRPTLIV</i>)<div>O-No1-Yes</div></div>	<div>(<i>DRRSLIV</i>)<div>1-High2-Med3-Low</div></div>
2. Does the participant have any impending legal issues that may result in incarceration?	<div>(<i>DRPTIMP</i>)<div>O-No1-Yes</div></div>	<div>(<i>DRRKIMP</i>)<div>1-High2-Med3-Low</div></div>
3. Does the participant have any plans for moving from the area within the next 4 months?	<div>(<i>DRPTMOV</i>)<div>O-No1-Yes</div></div>	<div>(<i>DRRKMOV</i>)<div>1-High2-Med3-Low</div></div>
4. Does the participant have any instability in his/her housing arrangements?	<div>(<i>DRPTINS</i>)<div>O-No1-Yes</div></div>	<div>(<i>DRRKINS</i>)<div>1-High2-Med3-Low</div></div>
5. Does the participant have any ongoing responsibilities that would cause scheduling conflicts with study hours?	<div>(<i>DRPTRSP</i>)<div>O-No1-Yes</div></div>	<div>(<i>DRRKRSP</i>)<div>1-High2-Med3-Low</div></div>
6. Does the participant have any chronic health conditions or upcoming health procedures that pose a risk to study completion?	<div>(<i>DRPTCHR</i>)<div>O-No1-Yes</div></div>	<div>(<i>DRRKCHR</i>)<div>1-High2-Med3-Low</div></div>
7. Does the participant have any other potential risks to study completion? If "Yes", specify in comments.	<div>(<i>DRPTRSK</i>)<div>O-No1-Yes</div></div>	<div>(<i>DRRKRSK</i>)<div>1-High2-Med3-Low</div></div>

Comments:(*DRACOMM*)

NIDA Clinical Trials Network

Drug Stroop Summary (DSS)

Web Version: 1.0; 1.00; 05-23-12

Segment (PROTSEG):
Visit Number (VISNO):

Date of assessment:(DSSASMDT) (mm/dd/yyyy) [Click here to view calendar](#)

Word Category	Average Response Time	
1. Marijuana	(DSMARIJU) <input type="text"/>	(xxx) Milliseconds
2. Heroin	(DSHEROIN) <input type="text"/>	(xxx) Milliseconds
3. Mixed	(DSMIXED) <input type="text"/>	(xxx) Milliseconds
4. Neutral	(DSNEUTRL) <input type="text"/>	(xxx) Milliseconds
5. Cocaine	(DSCOCAIN) <input type="text"/>	(xxx) Milliseconds
6. Cocaine interference score	(DSCOCNIS) <input type="text"/>	(xxxx) Milliseconds
7. Marijuana interference score	(DSMARJIS) <input type="text"/>	(xxxx) Milliseconds
8. Heroin interference score	(DSHERNIS) <input type="text"/>	(xxxx) Milliseconds
9. Mixed interference score	(DSMIXDIS) <input type="text"/>	(xxxx) Milliseconds

Comments(DSSCOMM)

NIDA Clinical Trials Network

0052A (ENR)

Web Version: 1.0; 1.00; 01-16-13

Date of assessment:(S7ASMDT)

(mm/dd/yyyy)

[Click here for calendar](#)

Pre-screen ID (from Pre-Screen Form):(S7SCRNID)

(xxxx)

Date informed consent signed:(S7CS TDT)

(mm/dd/yyyy)

[Click here for calendar](#)

Comments:(S7COMM)

NIDA Clinical Trials Network

Fagerstrom Test for Nicotine Dependence (FNA)

Web Version: 1.0; 1.00; 05-16-12

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Date of assessment: (*FNASMTDT*)

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

Do you currently smoke cigarettes? (*FNASMOKE*)

☐ No ☐ Yes

If "Yes", 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? (*FNAFSTCG*)

3-(3) Within 5 minutes
2-(2) 6 - 30 minutes
1-(1) 31 - 60 minutes
0-(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.? (*FNAFORBI*)

1-(1) Yes
0-(0) No

3. Which cigarette would you hate most to give up? (*FNAGIVEU*)

1-(1) The first one in the morning
0-(0) All others

4. How many cigarettes/day do you smoke? (*FNAPERDY*)

0-(0) 10 or less
1-(1) 11-20
2-(2) 21-30
3-(3) 31 or more

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

1-(1) Yes
0-(0) No

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

1-(1) Yes
0-(0) No

Comments: (*FNACOMM*)

NIDA Clinical Trials Network

FrSBe - Frontal Systems Behavior Assessment (FSB)

Web Version: 1.0; 1.00; 06-18-12

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Date of assessment: (*FSBASMDT*)

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

Inside this form is a list of phrases that can be used to describe a person's behavior. Please read each phrase carefully. Using the rating scale below, circle the number under each column that corresponds to how often you have engaged in the behavior described. Rate your behavior for each point in time - **Before the illness or injury, which refers to the time before you started using crack/cocaine and At the present time.** Please try to provide a rating for all the statements.

1	2	3	4	5
Almost never	Seldom	Sometimes	Frequently	Almost Always

Example

If during the time before your illness or injury you almost never felt confused, then you would click the **1** in the column labeled **Before illness or injury**. If at the present time you frequently feel confused, then you would click the **4** in the column labeled **At the present time**. See the example below showing how these answers would be checked on the form.

	Before Illness or Injury	At the Present Time
1. I feel confused.	(<i>FSEXAMPB</i>) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(<i>FSEXAMPP</i>) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

a. How old were you when you first started using crack/cocaine? (*FSAGECOC*)

(xx)

b. How old were you when you began having problems with crack/cocaine? (*FSPROBCC*)

(xx)

1	2	3	4	5
Almost never	Seldom	Sometimes	Frequently	Almost Always

Before the illness or injury refers to the time before you started using crack/cocaine.

	Before Illness or Injury	At the Present Time
1. I speak only when spoken to.	(<i>FSSPOKNB</i>) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(<i>FSSPOKNP</i>) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
2. I am easily angered or irritated; I have emotional outbursts without good reason.	(<i>FSANGRYB</i>) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(<i>FSANGRYP</i>) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
3. Repeat certain actions or get stuck on certain ideas.	(<i>FSSTUCKB</i>) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(<i>FSSTUCKP</i>) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
4. I do things impulsively.	(<i>FSIMPLSB</i>) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(<i>FSIMPLSP</i>) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
5. Mix up a sequence, get confused when doing several things in a row.	(<i>FSCONFSB</i>) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(<i>FSCONFSP</i>) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
6. Laugh or cry too easily.	(<i>FSCRYB</i>) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(<i>FSCRYP</i>) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
7. Make the same mistakes over and over, do not learn from past experience.	(<i>FSMISTKB</i>) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(<i>FSMISTKP</i>) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
8. Have difficulty starting an activity, lack initiative, motivation.	(<i>FSMOTIVB</i>) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(<i>FSMOTIVP</i>) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
9. Make inappropriate sexual comments and advances, am too flirtatious.	(<i>FSSEXB</i>) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(<i>FSSEXP</i>) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
10. Do or say embarrassing things.	(<i>FSEMBRSB</i>) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(<i>FSEMBRSP</i>) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

	Before Illness or Injury	At the Present Time
11. Neglect my personal hygiene.	(FSHYGENB) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(FSHYGENP) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
12. Can't sit still, am hyperactive.	(FSHYPERB) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(FSHYPERP) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
13. Am unaware of my problems or when I make mistakes.	(FSUNAWRB) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(FSUNAWRP) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
14. Sit around doing nothing.	(FSLAZYB) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(FSLAZYP) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
15. Am disorganized.	(FSDISORB) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(FSDISORP) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
16. Lose control of my urine or bowels and it doesn't seem to bother me.	(FSPEEB) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(FSPEEP) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
17. Cannot do two things at once (for example, talk and prepare a meal).	(FS2THGB) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(FS2THGP) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
18. Talk out of turn, interrupt others in conversations.	(FSINTRPB) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(FSINTRPP) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
19. Show poor judgment, poor problem solver.	(FSJUDGB) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(FSJUDGP) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
20. Make up fantastic stories when unable to remember something.	(FSLIEB) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(FSLIEP) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
21. Have lost interest in things that used to be fun or important to me.	(FSFUNB) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(FSFUNP) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

1	2	3	4	5
Almost never	Seldom	Sometimes	Frequently	Almost Always

Before the illness or injury refers to the time before you started using crack/cocaine.

	Before Illness or Injury	At the Present Time
22. Say one thing, then do another thing.	(FSSAYB) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(FSSAYP) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
23. Start things but fail to finish them, "peter out."	(FSFINSHB) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(FSFINSHP) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
24. Show little emotion, am unconcerned and unresponsive.	(FSEMOTNB) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(FSEMOTNP) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
25. Forget to do things but then remember when prompted or when it is too late.	(FSFORGTB) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(FSFORGTP) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
26. Am inflexible, unable to change routines.	(FSSTUBNB) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(FSSTUBNP) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
27. Get in trouble with the law or authorities.	(FSLAWB) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(FSLAWP) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
28. Do risky things just for the heck of it.	(FSRISKB) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(FSRISKP) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
29. Am slow moving, lack energy, inactive.	(FSINATVB) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(FSINATVP) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
30. Am overly silly, have a childish sense of humor.	(FSSILLYB) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(FSSILLYP) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
31. Find that food has no taste or smell.	(FSFOODB) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(FSFOODP) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
32. Swear.	(FSSWEARB) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(FSSWEARP) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

Read each of the following items carefully before responding.		
	Before Illness or Injury	At the Present Time
33. Apologize for misbehavior (for example, apologize for swearing).	(FSAPOLGB) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(FSAPOLGP) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
34. Pay attention, concentrate even when there are distractions.	(FSCONCTB) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(FSCONCTP) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
35. Think things through before acting (for example, consider finances before spending money).	(FSTHINKB) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(FSTHINKP) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
36. Use strategies to remember important things (for example, write notes to myself).	(FSNOTESB) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(FSNOTESP) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
37. Am able to plan ahead.	(FSPLANB) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(FSPLANP) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
38. Am interested in sex.	(FSLKSEXB) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(FSLKSEXP) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
39. Care about my appearance (for example, daily grooming).	(FSLOOKSB) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(FSLOOKSP) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
40. Benefit from feedback, accept constructive criticism from others.	(FSFDBCKB) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(FSFDBCKP) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

1	2	3	4	5
Almost never	Seldom	Sometimes	Frequently	Almost Always

Before the illness or injury refers to the time before you started using crack/cocaine.

	Before Illness or Injury	At the Present Time
41. Get involved with activities spontaneously (such as hobbies).	(FSSPORTB) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(FSSPORTP) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
42. Do things without being requested to do so.	(FSINTATB) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(FSINTATP) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
43. Am sensitive to the needs of other people.	(FSEMPTHB) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(FSEMPTHP) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
44. Get along well with others.	(FSALONGB) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(FSALONGP) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
45. Act appropriately for my age.	(FSAGEB) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(FSAGEP) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
46. Can start conversations easily.	(FSCONVSB) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(FSCONVSP) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

Comments:(FSBCOMM)

NIDA Clinical Trials Network

Hospital Anxiety Depression Scale (HAD)

Web Version: 1.0; 1.00; 04-09-12

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Date of assessment:(HADASMDT)

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

*This questionnaire will help your physician to know how you are feeling. Read every sentence. Pick an answer that best describes how you have been feeling during the **LAST WEEK**. You do not have to think too much to answer. In this questionnaire, spontaneous answers are more important.*

1. I feel tense or wound up:(*HATENSE*)

3-Most of the time
2-A lot of the time
1-From time to time
0-Not at all

2. I still enjoy the things I used to enjoy:(*HAENJOY*)

3-Definitely as much
2-Not quite so much
1-Only a little
0-Hardly at all

3. I get a sort of frightened feeling as if something awful is about to happen:
(*HAAWFUL*)

3-Very definitely and quite badly
2-Yes, but not too badly
1-A little, but it doesn't worry me
0-Not at all

4. I can laugh and see the funny side of things:(*HALAUGH*)

3-As much as I always could
2-Not quite as much now
1-Definitely not so much
0-Not at all

5. Worrying thoughts go through my mind:(*HAWORRY*)

3-A great deal of the time
2-A lot of the time
1-From time to time but not too often
0-Only occasionally

6. I feel cheerful:(*HACHERFL*)

0-Not at all
1-Not often
2-Sometimes
3-Most of the time

7. I can sit at ease and feel relaxed:(*HARELXD*)

3-Definitely
2-Usually
1-Not often
0-Not at all

8. I feel as if I am slowed down:(*HASLOWDN*)

3-Nearly all the time
2-Very often
1-Sometimes
0-Not at all

9. I get a sort of frightened feeling like "butterflies" in the stomach:(*HABTRFLY*)

0-Not at all
1-Occasionally
2-Quite often
3-Very often

10. I have lost interest in my appearance:(HALOOKS)

3-Definitely

2-I don't take so much care as I should

1-I may not take quite as much care

0-I take just as much care as ever

11. I feel restless, as if I have to be on the move:(HARSTLS)

3-Very much indeed

2-Quite a lot

1-Not very much

0-Not at all

12. I look forward with enjoyment to things:(HAFORWRD)

3-As much as I ever did

2-Rather less than I used to

1-Definitely less than I used to

0-Hardly at all

13. I get sudden feelings of panic:(HAPANIC)

3-Very often indeed

2-Quite often

1-Not very often

0-Not at all

14. I can enjoy a good book or radio or TV program:(HALIKETV)

3-Often

2-Sometimes

1-Not often

0-Very seldom

Comments:(HADCOMM)

NIDA Clinical Trials Network

Medication / Supply Inventory (INV)

Web Version: 1.0; 4.01; 06-07-12

Date of Inventory (INVTRYDT):

	Current Inventory Level	Expiration Date <i>Earliest Date</i> (mm/dd/yyyy)
<u>MEMS Supplies</u>		
1. MEMS Caps	(INMEMCAP) <input style="width: 50px;" type="text"/> (xxx) Each	N/A
2. Rexum Vials for MEMS Cap	(INREXUM) <input style="width: 50px;" type="text"/> (xxx) Each	N/A
<u>Biological Assessments</u>		
3. QuickToxUrine Drug Screen	(INUDSEA) <input style="width: 50px;" type="text"/> (xxx) Full Case(s)	(INUDSEX) <input style="width: 50px;" type="text"/> Calendar
4. Urine Adulterant Test Strips	(INADLTEA) <input style="width: 50px;" type="text"/> (xxx) Full Bottle(s)	(INADLTEX) <input style="width: 50px;" type="text"/> Calendar
5. Pregnancy Tests	(INPREGEA) <input style="width: 50px;" type="text"/> (xxx) Each	(INPREGEX) <input style="width: 50px;" type="text"/> Calendar
6. Urine Cups with Temp Strips	(INTEMPEA) <input style="width: 50px;" type="text"/> (xxx) Each	N/A
7. 1-pp Urine Kits	(INUR1PP) <input style="width: 50px;" type="text"/> (xxx) Each	N/A
8. Frozen Cryo Boxes	(INCRYOFZ) <input style="width: 50px;" type="text"/> (xxx) Each	N/A
<u>Lab Supplies</u>		
1. Screening Kit	(INSCRNKT) <input style="width: 50px;" type="text"/> (xx) Kit(s)	(INSCRNEX) <input style="width: 50px;" type="text"/> Calendar
2. Unscheduled/Retest Kit	(INRETTKT) <input style="width: 50px;" type="text"/> (xx) Kit(s)	(INRETTEX) <input style="width: 50px;" type="text"/> Calendar
3. Ambient Shippers	(INAMBSHP) <input style="width: 50px;" type="text"/> (xxx) Each	N/A
4. Frozen Shippers	(INFRZSHP) <input style="width: 50px;" type="text"/> (xxx) Each	N/A
5. Butterfly Needles	(INBFLYEA) <input style="width: 50px;" type="text"/> (xxx) Each	N/A

This form must be submitted by the last business day of each week.

Comments:(INVCOMM)

NIDA Clinical Trials Network

Medical History (MHT)

Web Version: 1.0; 1.00; 06-05-12

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Date of assessment: (*MHTASMDT*)

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

Complete Medical and Surgical History Below. Indicate medical history for each condition listed below by completing the bubble next to the appropriate response ("Yes", "No", the response is "Yes" for any of the conditions specify the medical problem and indicate if the condition is present currently by completing the bubble in the present currently c

Medical History

Condition	History of the Condition?	If "Yes", specify:	Condition Present Currently?
1. Asthma	(<i>MTASMAHX</i>) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(<i>MTASMASP</i>) <input type="text"/>	(<i>MTASMAPC</i>) <input type="checkbox"/> No <input type="checkbox"/> Yes
2. Cardiovascular	(<i>MTCARDHX</i>) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(<i>MTCARDSP</i>) <input type="text"/>	(<i>MTCARDPC</i>) <input type="checkbox"/> No <input type="checkbox"/> Yes
3. Dermatologic	(<i>MTDERMHX</i>) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(<i>MTDERMSP</i>) <input type="text"/>	(<i>MTDERMPC</i>) <input type="checkbox"/> No <input type="checkbox"/> Yes
4. Drug Allergies	(<i>MTDALGHX</i>) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(<i>MTDALGSP</i>) <input type="text"/>	(<i>MTDALGPC</i>) <input type="checkbox"/> No <input type="checkbox"/> Yes
5. Endocrine	(<i>MTENDOHX</i>) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(<i>MTENDOSP</i>) <input type="text"/>	(<i>MTENDOPC</i>) <input type="checkbox"/> No <input type="checkbox"/> Yes
6. Gastrointestinal	(<i>MTGIHX</i>) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(<i>MTGISP</i>) <input type="text"/>	(<i>MTGIPC</i>) <input type="checkbox"/> No <input type="checkbox"/> Yes
7. Genitourinary	(<i>MTGENTHX</i>) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(<i>MTGENTSP</i>) <input type="text"/>	(<i>MTGENTPC</i>) <input type="checkbox"/> No <input type="checkbox"/> Yes
8. Head injury	(<i>MTHEADHX</i>) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(<i>MTHEADSP</i>) <input type="text"/>	(<i>MTHEADPC</i>) <input type="checkbox"/> No <input type="checkbox"/> Yes
9. HEENT	(<i>MTHENTHX</i>) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(<i>MTHENTSP</i>) <input type="text"/>	(<i>MTHENTPC</i>) <input type="checkbox"/> No <input type="checkbox"/> Yes
10. Hematologic	(<i>MTHEMAHX</i>) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(<i>MTHEMASP</i>) <input type="text"/>	(<i>MTHEMAPC</i>) <input type="checkbox"/> No <input type="checkbox"/> Yes
11. Hepatic	(<i>MTHEPTHX</i>) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>	(<i>MTHEPTSP</i>) <input type="text"/>	(<i>MTHEPTPC</i>) <input type="checkbox"/> No <input type="checkbox"/> Yes

	Unknown		
12. Infectious Disease	(MTINFCHX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTINFCSP) <input type="text"/>	(MTINFCPC) <input type="checkbox"/> No <input type="checkbox"/> Yes
13. Metabolic	(MTMETAHX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTMETASP) <input type="text"/>	(MTMETAPC) <input type="checkbox"/> No <input type="checkbox"/> Yes
14. Musculoskeletal	(MTMUSCHX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTMUSCSP) <input type="text"/>	(MTMUSCPC) <input type="checkbox"/> No <input type="checkbox"/> Yes
15. Other Allergies	(MTOALGHX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTOALGSP) <input type="text"/>	(MTOALGPC) <input type="checkbox"/> No <input type="checkbox"/> Yes
16. Pulmonary	(MTPULMHX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTPULMSP) <input type="text"/>	(MTPULMPC) <input type="checkbox"/> No <input type="checkbox"/> Yes
17. Renal	(MTRENLHX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTRENLSP) <input type="text"/>	(MTRENLPC) <input type="checkbox"/> No <input type="checkbox"/> Yes
18. Reproductive system	(MTREPOHX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTREPOSP) <input type="text"/>	(MTREPOPC) <input type="checkbox"/> No <input type="checkbox"/> Yes

Medical History - other study eligibility criteria

19. Does the participant have AIDS according to the current CDC criteria for AIDS? (MTAIDS) ☐ No ☐ Yes
20. Does the participant have a known or suspected hypersensitivity to Buspirone? (MTBUSPSN) ☐ No ☐ Yes

Psychiatric/neurological History (Indicate History of Disorders Listed Below)

Condition	History of the Condition?	If "Yes", specify:	Condition Present Currently?
21. Anxiety or Panic Disorder	(MTANXTHX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTANXTSP) <input type="text"/>	(MTANXTPC) <input type="checkbox"/> No <input type="checkbox"/> Yes
22. Attention Deficit Hyperactivity Disorder	(MTADHDHX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTADHDSP) <input type="text"/>	(MTADHDPC) <input type="checkbox"/> No <input type="checkbox"/> Yes
23. Bipolar Disorder	(MTBPLRHX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTBPLRSP) <input type="text"/>	(MTBPLRPC) <input type="checkbox"/> No <input type="checkbox"/> Yes
24. Clinically Significant Neurological Damage	(MTNEURHX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTNEURSP) <input type="text"/>	(MTNEURPC) <input type="checkbox"/> No <input type="checkbox"/> Yes
25. Epilepsy or Seizure Disorder	(MTELPYHX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTELPYSP) <input type="text"/>	(MTELPYPC) <input type="checkbox"/> No <input type="checkbox"/> Yes
26. Major Depressive Disorder	(MTMDDHX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTMDDSP) <input type="text"/>	(MTMDDPC) <input type="checkbox"/> No <input type="checkbox"/> Yes

27. Schizophrenia	(MTSCHZHX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTSCHZSP) <input type="text"/>	(MTSCHZPC) <input type="checkbox"/> No <input type="checkbox"/> Yes
28. Tourette's Syndrome	(MTTOURHX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTTOURSP) <input type="text"/>	(MTTOURPC) <input type="checkbox"/> No <input type="checkbox"/> Yes
29. Suicidal Ideation	(MTSIDTHX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTSIDTSP) <input type="text"/>	(MTSIDTPC) <input type="checkbox"/> No <input type="checkbox"/> Yes
30. Suicidal Behavior	(MTSBEHXX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTSBEHSP) <input type="text"/>	(MTSBEHPC) <input type="checkbox"/> No <input type="checkbox"/> Yes
31. Homicidal Ideation	(MTHIDTHX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTHIDTSP) <input type="text"/>	(MTHIDTPC) <input type="checkbox"/> No <input type="checkbox"/> Yes
32. Homicidal Behavior	(MTHBEHXX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTHBEHSP) <input type="text"/>	(MTHBEHPC) <input type="checkbox"/> No <input type="checkbox"/> Yes
33. Violent Behavior	(MTVBEHXX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTVBEHSP) <input type="text"/>	(MTVBEHPC) <input type="checkbox"/> No <input type="checkbox"/> Yes
34. Psychotic Episodes	(MTPYEPHX) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	(MTPYEPSP) <input type="text"/>	(MTPYEPPC) <input type="checkbox"/> No <input type="checkbox"/> Yes

Indicate other relevant medical history below. Complete data for condition, provide specific details in the specify section.

Condition	Specific Details	Condition Present Currently?	
35. (MTOTH1CD) <input type="text"/>	(MTOTH1SP) <input type="text"/>	(MTOTH1CP) <input type="checkbox"/> No <input type="checkbox"/> Yes	(MTOTH1PC) <input type="checkbox"/> No <input type="checkbox"/> Yes
36. (MTOTH2CD) <input type="text"/>	(MTOTH2SP) <input type="text"/>	(MTOTH2CP) <input type="checkbox"/> No <input type="checkbox"/> Yes	(MTOTH2PC) <input type="checkbox"/> No <input type="checkbox"/> Yes
37. (MTOTH3CD) <input type="text"/>	(MTOTH3SP) <input type="text"/>	(MTOTH3CP) <input type="checkbox"/> No <input type="checkbox"/> Yes	(MTOTH3PC) <input type="checkbox"/> No <input type="checkbox"/> Yes

Surgical History

38. Has the subject had any major surgery?(MTSURGRY) ☐ No ☐ Yes ☐ Unknown

If the subject has had major surgery, provide surgery data below, including date of surgery (partial dates allowable). If the participant remembers only the year, then record "06 and "15" for the day. If year is unknown, indicate by completing the check box in the right hand column.

Type of Surgery	Surgery Date (mm/dd/yyyy)	OR Date Unknown
39. (MTSG Y1SP) <input type="text"/>	(MTSGY1DT) <input type="text"/> Click here for calendar	(MTSG Y1UK) <input type="checkbox"/>
40. (MTSG Y2SP) <input type="text"/>	(MTSGY2DT) <input type="text"/> Click here for calendar	(MTSG Y2UK) <input type="checkbox"/>
41. (MTSG Y3SP) <input type="text"/>	(MTSGY3DT) <input type="text"/> Click here for calendar	(MTSG Y3UK) <input type="checkbox"/>
42. (MTSG Y4SP) <input type="text"/>	(MTSGY4DT) <input type="text"/> Click here for calendar	(MTSG Y4UK) <input type="checkbox"/>
43. (MTSG Y5SP) <input type="text"/>	(MTSGY5DT) <input type="text"/> Click here for calendar	(MTSG Y5UK) <input type="checkbox"/>

Comments:(MHTCOMM)

NIDA Clinical Trials Network

Obsessive Compulsive Drug Use Scale (OCDUS) (OCD)

Web Version: 1.0; 1.00; 06-18-12

Segment (PROTSEG):

Visit Number (VISNO):

Date of assessment:(OCDASMDT)

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

The questions below ask you about your cocaine use and your attempts to control your use. For each question, indicate the statement that best applies to you.

1. How much of your time when you are not using is occupied by ideas, thoughts, impulses, or images related to the use of cocaine?

- 0-(0) None
- 1-(1) Less than 1 hour a day
- 2-(2) 1-3 hours a day
- 3-(3) 4-8 hours a day
- 4-(4) Greater than 8 hours a day

(OCTKTIME)

2. How frequently do these thoughts related to cocaine occur?

(OCTKFREQ)

- 0-(0) Never
- 1-(1) Less than 8 times a day and most hours of the day are free of these thoughts.
- 2-(2) 8 or more times a day but most hours of the day are free of these thoughts.
- 3-(3) 8 or more times a day and during most hours of the day.
- 4-(4) Thoughts are too numerous to count and an hour rarely passes without several such thoughts occur

3. How much do these thoughts related to cocaine interfere with your social or work functioning?

(OCTKSOCL)

- 0-(0) Thoughts of cocaine never interfere - I can function normally.
- 1-(1) Thoughts of cocaine slightly interfere with my social activities and work performance, but my ov
- 2-(2) Thoughts of cocaine definitely interfere with my social activities and work performance, but I c
- 3-(3) Thoughts of cocaine cause substantial impairment in my social activities or work performance.
- 4-(4) Thoughts of cocaine interfere completely with my social activities or work performance.

4. How much distress or disturbances do these ideas, thoughts, impulses or images related to cocaine cause you when you are not taking cocaine?

- 0-(0) None
- 1-(1) Mild, infrequent, and not too disturbing.
- 2-(2) Moderate, frequent, and disturbing, but still manageable.
- 3-(3) Severe, very frequent and very disturbing.
- 4-(4) Extreme, nearly constant, and disabling distress.

(OCDISTR)

5. How much of an effort do you make to resist these thoughts related to cocaine or try to disregard or turn your attention away from these thoughts?

(OCRESIST)

- 0-(0) My thoughts are so minimal, I don't need to actively resist. If I have thoughts, I make an effort
- 1-(1) I try to resist most of the time.
- 2-(2) I make some effort to resist.
- 3-(3) I give in to all such thoughts without attempting to control them, but I do so with some relucta
- 4-(4) I completely and willingly give in to all such thoughts.

(Rate your efforts to resist these thoughts, not your success in controlling them)

6. How successful are you in stopping or diverting these thoughts related to cocaine?

(OCDIVERT)

- 0-(0) I am completely successful in stopping or diverting such thoughts.
- 1-(1) I am usually able to stop or divert such thoughts with some effort and concentration.
- 2-(2) I am sometimes able to stop or divert such thoughts.
- 3-(3) I am rarely successful in stopping such thoughts and can only divert such thoughts with difficul
- 4-(4) I completely and willingly give in to all such thoughts.

7. If you do not use, how often do you feel the urge or drive to use cocaine?

- 0-(0) Never
1-(1) Less than once per day.
2-(2) Once or twice per day.
3-(3) 3-7 times per day.
4-(4) 8 or more times per day.

(OCURGEOF)

8. If you do not use, how much time of the day do you feel the urge or drive to use cocaine?

- 0-(0) None
1-(1) Less than 1 hour a day
2-(2) 1-3 hours a day
3-(3) 4-8 hours a day
4-(4) Greater than 8 hours a day

(OCURGETM)

9. How much does the urge to use cocaine interfere with your social life or your occupational activities?

(O C U R G E S C)

- 0-(0) Urges to use cocaine never interfere - I can function normally.
1-(1) Urges to use cocaine slightly interfere with social activities and work performance, but my over
2-(2) Urges to use cocaine definitely interfere with social activities and work performance, but I can
3-(3) Urges to use cocaine cause substantial impairment in social activities and work performance.
4-(4) Urges to use cocaine interfere completely with my social or work performance.

10. If you were prevented from using cocaine when you desired to use it, how anxious or upset would you become?

(O C U P S E T)

- 0-(0) I would not experience any anxiety or irritation.
1-(1) I would become only slightly anxious or irritated.
2-(2) The anxiety or irritation would mount, but remain manageable.
3-(3) I would experience a prominent and very disturbing increase in anxiety or irritation.
4-(4) I would experience incapacitating anxiety or irritation.

11. How much of an effort do you make to resist the use of cocaine?

(OCEFFORT)

- 0-(0) My thoughts are so minimal, I don't need to actively resist. If I have thoughts, I make an effort.
 1-(1) I try to resist most of the time.
 2-(2) I make some effort to resist.
 3-(3) I give in to all such thoughts without attempting to control them, but I do so with some reluctance.
 4-(4) I completely and willingly give in to all such thoughts.

12. How strong was the drive to use cocaine in the past week?

- 0-(0) No drive.
1-(1) Some pressure to take cocaine.
2-(2) Strong pressure to take cocaine.
3-(3) Very strong drive to take cocaine.
4-(4) The drive to take cocaine is completely involuntary and overpowering.

(OCSTRONG)

13. How much control do you have over your cocaine use?

- 0-(0) I have complete control.
1-(1) I am usually able to exercise voluntary control over it.
2-(2) I can control it only with difficulty.
3-(3) I must use and can only delay using with difficulty.
4-(4) I am rarely able to delay using even momentarily.

(OCCONTRL)

Comments:(O CDCOMM)

[illegible]

NIDA Clinical Trials Network

Pregnancy and Birth Control Assessment (PBC)

Web Version: 1.0; 3.00; 06-13-12

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Complete this form only for females.

Date of assessment: (*PBASMDT*)

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

1. Is the participant breastfeeding? (*PBBSTFED*)

☐ No ☐ Yes

2. Does the participant agree to use an acceptable method of birth control? (*PBBCUSE*)

☐ No ☐ Yes

a. Abstinence: (*PBABS TIN*)

☐ No ☐ Yes

b. Barrier: (*PBBARRIR*)

☐ No ☐ Yes

c. IUD: (*PBIUD*)

☐ No ☐ Yes

d. Levonorgestrel implant: (*PBLE VIMP*)

☐ No ☐ Yes

e. Medroxyprogesterone acetate injection: (*PBMEDINJ*)

☐ No ☐ Yes

f. Oral contraceptives: (*PBORALCN*)

☐ No ☐ Yes

g. Hormonal vaginal contraceptive ring: (*PBRING*)

☐ No ☐ Yes

h. Contraceptive transdermal patch (*PBPATCH*)

☐ No ☐ Yes

i. Surgical sterilization: (*PBSURGSZ*)

☐ No ☐ Yes

j. Other (*PBBCOTH*)

☐ No ☐ Yes

If "Other", specify: (*PBBCOSP*)

3. Was a pregnancy test performed? (*PBPRGTST*)

☐ No ☐ Yes

a. Date of pregnancy test: (*PBPTS TDT*)

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

b. Result of pregnancy test: (*PBRESULT*)

☐ Negative ☐ Positive

c. If pregnancy test was not performed, does the female participant have a documented hysterectomy? (*PBHYS TMY*)

☐ No ☐ Yes

Comments: (*PBCCOMM*)

NIDA Clinical Trials Network

Prior and Concomitant Medications (PCM)

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

Is the participant taking any medications, or has the participant taken any medications in the 30 days prior to screening? (CMMEDNY)

☐ No ☐ Yes

#	Medication Name	Indication	Medication Start Date	
1.	(CM_01DNM)	<div style="border: 1px solid black; padding: 5px;"> (CM_01DIN) 1-A nalgescic/NSAID/A ntipyretic 2-A nesthetic 3-A ntacid 4-A nt-asthma/Bronchodilator 5-A ntibiotic/Anti-infective/A nt-parasite/Anti-fungal/Anti-inflammatory/A nt-microbial *A dditional Options Listed Below </div>	<div style="border: 1px solid black; padding: 5px;"> (CM_01SDT) (mm/dd/yyyy) </div>	<div style="border: 1px solid black; padding: 5px;"> (CM_01ONG) 0-No 1-Yes 2-Yes (contin) </div>
2.	(CM_02DNM)	<div style="border: 1px solid black; padding: 5px;"> (CM_02DIN) 1-A nalgescic/NSAID/A ntipyretic 2-A nesthetic 3-A ntacid 4-A nt-asthma/Bronchodilator 5-A ntibiotic/Anti-infective/A nt-parasite/Anti-fungal/Anti-inflammatory/A nt-microbial *A dditional Options Listed Below </div>	<div style="border: 1px solid black; padding: 5px;"> (CM_02SDT) (mm/dd/yyyy) </div>	<div style="border: 1px solid black; padding: 5px;"> (CM_02ONG) 0-No 1-Yes 2-Yes (contin) </div>
3.	(CM_03DNM)	<div style="border: 1px solid black; padding: 5px;"> (CM_03DIN) 1-A nalgescic/NSAID/A ntipyretic 2-A nesthetic 3-A ntacid 4-A nt-asthma/Bronchodilator 5-A ntibiotic/Anti-infective/A nt-parasite/Anti-fungal/Anti-inflammatory/A nt-microbial *A dditional Options Listed Below </div>	<div style="border: 1px solid black; padding: 5px;"> (CM_03SDT) (mm/dd/yyyy) </div>	<div style="border: 1px solid black; padding: 5px;"> (CM_03ONG) 0-No 1-Yes 2-Yes (contin) </div>
4.	(CM_04DNM)	<div style="border: 1px solid black; padding: 5px;"> (CM_04DIN) 1-A nalgescic/NSAID/A ntipyretic 2-A nesthetic 3-A ntacid 4-A nt-asthma/Bronchodilator 5-A ntibiotic/Anti-infective/A nt-parasite/Anti-fungal/Anti-inflammatory/A nt-microbial *A dditional Options Listed Below </div>	<div style="border: 1px solid black; padding: 5px;"> (CM_04SDT) (mm/dd/yyyy) </div>	<div style="border: 1px solid black; padding: 5px;"> (CM_04ONG) 0-No 1-Yes 2-Yes (contin) </div>
5.	(CM_05DNM)	<div style="border: 1px solid black; padding: 5px;"> (CM_05DIN) 1-A nalgescic/NSAID/A ntipyretic 2-A nesthetic 3-A ntacid 4-A nt-asthma/Bronchodilator 5-A ntibiotic/Anti-infective/A nt-parasite/Anti-fungal/Anti-inflammatory/A nt-microbial *A dditional Options Listed Below </div>	<div style="border: 1px solid black; padding: 5px;"> (CM_05SDT) (mm/dd/yyyy) </div>	<div style="border: 1px solid black; padding: 5px;"> (CM_05ONG) 0-No 1-Yes 2-Yes (contin) </div>
6.	(CM_06DNM)	<div style="border: 1px solid black; padding: 5px;"> (CM_06DIN) 1-A nalgescic/NSAID/A ntipyretic 2-A nesthetic 3-A ntacid 4-A nt-asthma/Bronchodilator 5-A ntibiotic/Anti-infective/A nt-parasite/Anti-fungal/Anti-inflammatory/A nt-microbial *A dditional Options Listed Below </div>	<div style="border: 1px solid black; padding: 5px;"> (CM_06SDT) (mm/dd/yyyy) </div>	<div style="border: 1px solid black; padding: 5px;"> (CM_06ONG) 0-No 1-Yes 2-Yes (contin) </div>
7.	(CM_07DNM)	<div style="border: 1px solid black; padding: 5px;"> (CM_07DIN) </div>	<div style="border: 1px solid black; padding: 5px;"> (CM_07SDT) (mm/dd/yyyy) </div>	<div style="border: 1px solid black; padding: 5px;"> (CM_07ONG) </div>

		1-A nalgescic/NSAID/A ntipyre tic 2-A nesthe tic 3-A ntacid 4-A nti-asthma/Bronchodila tor 5-A ntibiotic/Anti-infective/A nti-parasite/Anti-fungal/Anti-inflamma tory/A nti-microbial *A dditional Options Listed Below		O-No 1-Yes 2-Yes (contin
8.	(CM_08DNM)	(CM_08DIN) 1-A nalgescic/NSAID/A ntipyre tic 2-A nesthe tic 3-A ntacid 4-A nti-asthma/Bronchodila tor 5-A ntibiotic/Anti-infective/A nti-parasite/Anti-fungal/Anti-inflamma tory/A nti-microbial *A dditional Options Listed Below	(CM_08SDT) (mm/dd/yyyy)	(CM_08ONG) O-No 1-Yes 2-Yes (contin
9.	(CM_09DNM)	(CM_09DIN) 1-A nalgescic/NSAID/A ntipyre tic 2-A nesthe tic 3-A ntacid 4-A nti-asthma/Bronchodila tor 5-A ntibiotic/Anti-infective/A nti-parasite/Anti-fungal/Anti-inflamma tory/A nti-microbial *A dditional Options Listed Below	(CM_09SDT) (mm/dd/yyyy)	(CM_09ONG) O-No 1-Yes 2-Yes (contin
10.	(CM_10DNM)	(CM_10DIN) 1-A nalgescic/NSAID/A ntipyre tic 2-A nesthe tic 3-A ntacid 4-A nti-asthma/Bronchodila tor 5-A ntibiotic/Anti-infective/A nti-parasite/Anti-fungal/Anti-inflamma tory/A nti-microbial *A dditional Options Listed Below	(CM_10SDT) (mm/dd/yyyy)	(CM_10ONG) O-No 1-Yes 2-Yes (contin
11.	(CM_11DNM)	(CM_11DIN) 1-A nalgescic/NSAID/A ntipyre tic 2-A nesthe tic 3-A ntacid 4-A nti-asthma/Bronchodila tor 5-A ntibiotic/Anti-infective/A nti-parasite/Anti-fungal/Anti-inflamma tory/A nti-microbial *A dditional Options Listed Below	(CM_11SDT) (mm/dd/yyyy)	(CM_11ONG) O-No 1-Yes 2-Yes (contin
12.	(CM_12DNM)	(CM_12DIN) 1-A nalgescic/NSAID/A ntipyre tic 2-A nesthe tic 3-A ntacid 4-A nti-asthma/Bronchodila tor 5-A ntibiotic/Anti-infective/A nti-parasite/Anti-fungal/Anti-inflamma tory/A nti-microbial *A dditional Options Listed Below	(CM_12SDT) (mm/dd/yyyy)	(CM_12ONG) O-No 1-Yes 2-Yes (contin
13.	(CM_13DNM)	(CM_13DIN) 1-A nalgescic/NSAID/A ntipyre tic 2-A nesthe tic 3-A ntacid 4-A nti-asthma/Bronchodila tor 5-A ntibiotic/Anti-infective/A nti-parasite/Anti-fungal/Anti-inflamma tory/A nti-microbial *A dditional Options Listed Below	(CM_13SDT) (mm/dd/yyyy)	(CM_13ONG) O-No 1-Yes 2-Yes (contin
14.	(CM_14DNM)	(CM_14DIN) 1-A nalgescic/NSAID/A ntipyre tic 2-A nesthe tic 3-A ntacid 4-A nti-asthma/Bronchodila tor 5-A ntibiotic/Anti-infective/A nti-parasite/Anti-fungal/Anti-inflamma tory/A nti-microbial *A dditional Options Listed Below	(CM_14SDT) (mm/dd/yyyy)	(CM_14ONG) O-No 1-Yes 2-Yes (contin
15.	(CM_15DNM)	(CM_15DIN)	(CM_15SDT) (mm/dd/yyyy)	(CM_15ONG) O-No 1-Yes 2-Yes (contin

		1-A nalgescic/NSAID/A ntipyretic 2-A nesthetic 3-A ntacid 4-A nti-asthma/Bronchodilator 5-A ntibiotic/Anti-infective/A nti-parasite/Anti-fungal/Anti-inflammatory/A nti-microbial *A dditional Options Listed Below		
16.	(CM_16DNM)	(CM_16DIN) 1-A nalgescic/NSAID/A ntipyretic 2-A nesthetic 3-A ntacid 4-A nti-asthma/Bronchodilator 5-A ntibiotic/Anti-infective/A nti-parasite/Anti-fungal/Anti-inflammatory/A nti-microbial *A dditional Options Listed Below	(CM_16SDT) (mm/dd/yyyy)	(CM_16ONG) 0-No 1-Yes 2-Yes (contin
17.	(CM_17DNM)	(CM_17DIN) 1-A nalgescic/NSAID/A ntipyretic 2-A nesthetic 3-A ntacid 4-A nti-asthma/Bronchodilator 5-A ntibiotic/Anti-infective/A nti-parasite/Anti-fungal/Anti-inflammatory/A nti-microbial *A dditional Options Listed Below	(CM_17SDT) (mm/dd/yyyy)	(CM_17ONG) 0-No 1-Yes 2-Yes (contin
18.	(CM_18DNM)	(CM_18DIN) 1-A nalgescic/NSAID/A ntipyretic 2-A nesthetic 3-A ntacid 4-A nti-asthma/Bronchodilator 5-A ntibiotic/Anti-infective/A nti-parasite/Anti-fungal/Anti-inflammatory/A nti-microbial *A dditional Options Listed Below	(CM_18SDT) (mm/dd/yyyy)	(CM_18ONG) 0-No 1-Yes 2-Yes (contin
19.	(CM_19DNM)	(CM_19DIN) 1-A nalgescic/NSAID/A ntipyretic 2-A nesthetic 3-A ntacid 4-A nti-asthma/Bronchodilator 5-A ntibiotic/Anti-infective/A nti-parasite/Anti-fungal/Anti-inflammatory/A nti-microbial *A dditional Options Listed Below	(CM_19SDT) (mm/dd/yyyy)	(CM_19ONG) 0-No 1-Yes 2-Yes (contin
20.	(CM_20DNM)	(CM_20DIN) 1-A nalgescic/NSAID/A ntipyretic 2-A nesthetic 3-A ntacid 4-A nti-asthma/Bronchodilator 5-A ntibiotic/Anti-infective/A nti-parasite/Anti-fungal/Anti-inflammatory/A nti-microbial *A dditional Options Listed Below	(CM_20SDT) (mm/dd/yyyy)	(CM_20ONG) 0-No 1-Yes 2-Yes (contin
21.	(CM_21DNM)	(CM_21DIN) 1-A nalgescic/NSAID/A ntipyretic 2-A nesthetic 3-A ntacid 4-A nti-asthma/Bronchodilator 5-A ntibiotic/Anti-infective/A nti-parasite/Anti-fungal/Anti-inflammatory/A nti-microbial *A dditional Options Listed Below	(CM_21SDT) (mm/dd/yyyy)	(CM_21ONG) 0-No 1-Yes 2-Yes (contin
22.	(CM_22DNM)	(CM_22DIN) 1-A nalgescic/NSAID/A ntipyretic 2-A nesthetic 3-A ntacid 4-A nti-asthma/Bronchodilator 5-A ntibiotic/Anti-infective/A nti-parasite/Anti-fungal/Anti-inflammatory/A nti-microbial *A dditional Options Listed Below	(CM_22SDT) (mm/dd/yyyy)	(CM_22ONG) 0-No 1-Yes 2-Yes (contin
23.	(CM_23DNM)	(CM_23DIN)	(CM_23SDT) (mm/dd/yyyy)	(CM_23ONG) 0-No 1-Yes 2-Yes (contin

		1-A nalgescic/NSAID/A ntipyre tic 2-A nesthe tic 3-A ntacid 4-A nt i-asthma/Bronchodila tor 5-A ntibiotic/A nt i-infective/A nt i-parasite/A nt i-fungal/A nt i-inflamma tory/A nt i-microbial *A dditional Options Listed Below		
24.	(CM_24DNM)	(CM_24DIN) 1-A nalgescic/NSAID/A ntipyre tic 2-A nesthe tic 3-A ntacid 4-A nt i-asthma/Bronchodila tor 5-A ntibiotic/A nt i-infective/A nt i-parasite/A nt i-fungal/A nt i-inflamma tory/A nt i-microbial *A dditional Options Listed Below	(CM_24SDT) (mm/dd/yyyy)	(CM_24ONG) 0-No 1-Yes 2-Yes (contin
25.	(CM_25DNM)	(CM_25DIN) 1-A nalgescic/NSAID/A ntipyre tic 2-A nesthe tic 3-A ntacid 4-A nt i-asthma/Bronchodila tor 5-A ntibiotic/A nt i-infective/A nt i-parasite/A nt i-fungal/A nt i-inflamma tory/A nt i-microbial *A dditional Options Listed Below	(CM_25SDT) (mm/dd/yyyy)	(CM_25ONG) 0-No 1-Yes 2-Yes (contin
26.	(CM_26DNM)	(CM_26DIN) 1-A nalgescic/NSAID/A ntipyre tic 2-A nesthe tic 3-A ntacid 4-A nt i-asthma/Bronchodila tor 5-A ntibiotic/A nt i-infective/A nt i-parasite/A nt i-fungal/A nt i-inflamma tory/A nt i-microbial *A dditional Options Listed Below	(CM_26SDT) (mm/dd/yyyy)	(CM_26ONG) 0-No 1-Yes 2-Yes (contin
27.	(CM_27DNM)	(CM_27DIN) 1-A nalgescic/NSAID/A ntipyre tic 2-A nesthe tic 3-A ntacid 4-A nt i-asthma/Bronchodila tor 5-A ntibiotic/A nt i-infective/A nt i-parasite/A nt i-fungal/A nt i-inflamma tory/A nt i-microbial *A dditional Options Listed Below	(CM_27SDT) (mm/dd/yyyy)	(CM_27ONG) 0-No 1-Yes 2-Yes (contin
28.	(CM_28DNM)	(CM_28DIN) 1-A nalgescic/NSAID/A ntipyre tic 2-A nesthe tic 3-A ntacid 4-A nt i-asthma/Bronchodila tor 5-A ntibiotic/A nt i-infective/A nt i-parasite/A nt i-fungal/A nt i-inflamma tory/A nt i-microbial *A dditional Options Listed Below	(CM_28SDT) (mm/dd/yyyy)	(CM_28ONG) 0-No 1-Yes 2-Yes (contin
29.	(CM_29DNM)	(CM_29DIN) 1-A nalgescic/NSAID/A ntipyre tic 2-A nesthe tic 3-A ntacid 4-A nt i-asthma/Bronchodila tor 5-A ntibiotic/A nt i-infective/A nt i-parasite/A nt i-fungal/A nt i-inflamma tory/A nt i-microbial *A dditional Options Listed Below	(CM_29SDT) (mm/dd/yyyy)	(CM_29ONG) 0-No 1-Yes 2-Yes (contin
30.	(CM_30DNM)	(CM_30DIN) 1-A nalgescic/NSAID/A ntipyre tic 2-A nesthe tic 3-A ntacid 4-A nt i-asthma/Bronchodila tor 5-A ntibiotic/A nt i-infective/A nt i-parasite/A nt i-fungal/A nt i-inflamma tory/A nt i-microbial *A dditional Options Listed Below	(CM_30SDT) (mm/dd/yyyy)	(CM_30ONG) 0-No 1-Yes 2-Yes (contin
31.	(CM_31DNM)	(CM_31DIN)	(CM_31SDT) (mm/dd/yyyy)	(CM_31ONG) 0-No 1-Yes 2-Yes (contin

		1-A nalgesic/NSAID/A ntipyretic 2-A nesthetic 3-A ntacid 4-A nt-asthma/Bronchodilator 5-A ntibiotic/Anti-infective/A nt-parasite/Anti-fungal/Anti-inflammatory/A nt-microbial *Additional Options Listed Below		
32.	(CM_32DNM)	(CM_32DIN) 1-A nalgesic/NSAID/A ntipyretic 2-A nesthetic 3-A ntacid 4-A nt-asthma/Bronchodilator 5-A ntibiotic/Anti-infective/A nt-parasite/Anti-fungal/Anti-inflammatory/A nt-microbial *Additional Options Listed Below	(CM_32SDT) (mm/dd/yyyy)	(CM_32ONG) 0-No 1-Yes 2-Yes (contin
33.	(CM_33DNM)	(CM_33DIN) 1-A nalgesic/NSAID/A ntipyretic 2-A nesthetic 3-A ntacid 4-A nt-asthma/Bronchodilator 5-A ntibiotic/Anti-infective/A nt-parasite/Anti-fungal/Anti-inflammatory/A nt-microbial *Additional Options Listed Below	(CM_33SDT) (mm/dd/yyyy)	(CM_33ONG) 0-No 1-Yes 2-Yes (contin
34.	(CM_34DNM)	(CM_34DIN) 1-A nalgesic/NSAID/A ntipyretic 2-A nesthetic 3-A ntacid 4-A nt-asthma/Bronchodilator 5-A ntibiotic/Anti-infective/A nt-parasite/Anti-fungal/Anti-inflammatory/A nt-microbial *Additional Options Listed Below	(CM_34SDT) (mm/dd/yyyy)	(CM_34ONG) 0-No 1-Yes 2-Yes (contin
35.	(CM_35DNM)	(CM_35DIN) 1-A nalgesic/NSAID/A ntipyretic 2-A nesthetic 3-A ntacid 4-A nt-asthma/Bronchodilator 5-A ntibiotic/Anti-infective/A nt-parasite/Anti-fungal/Anti-inflammatory/A nt-microbial *Additional Options Listed Below	(CM_35SDT) (mm/dd/yyyy)	(CM_35ONG) 0-No 1-Yes 2-Yes (contin

Comments:(CM COMM)

Additional Selection Options for PCM

Medication purpose/ind 01

- 6-Anticoagulant/Haemostatic/Anti-hemorrhagic
- 7-Anti-convulsant
- 8-Antidepressant
- 9-Anti-diabetic
- 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

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

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)

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: (PRG COMM)



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 (PRM)

Web Version: 1.0; 1.00; 04-26-12

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

PRISM Suicidal and Homicidal Intent (PSM)

Web Version: 1.0; 1.02; 06-14-12

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Date of assessment: (*PSMASMDT*)

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

1. Recurrent Thoughts of Death

Assessment Questions

Did you ever find yourself thinking about death or dying?

Do you think you would be better off dead?

Did you feel as though you wanted to die (did you wish you wouldn't wake up in the morning when you went to bed at night)?

UNCLEAR: Can you describe these thoughts/feelings? How often were you thinking about these things?

If YES: Do you still have these thoughts/feelings at the present time?

How often?

For how long have you been having these thoughts/feelings?

Qualifications for Rating

Must have spent some time thinking about death at least three times in a week (not necessarily all day).

Include recurrent thoughts that s/he would be better off dead.

Include thoughts of death attributed to health problem or HIV status that occur without a change in health status.

Exclude if preoccupied with death when someone close is ill or dying, as long as preoccupation is at expected level.

Exclude normal fear of death.

a. Rating Scale: (*PSDTHTH*)

0-Absent
1-Sub Threshold
2-Present
9-Not Answered

b. Most recent occurrence: (*PSDTHTHO*)

☐ Prior to the past 6 months ☐ In the past 6 months

2. Recurrent Suicidal Ideation

Assessment Questions

Did you ever think about suicide or killing yourself? (What did you think of? How often did you have that thought?)

If YES: Do you still think about killing yourself at the present time?

How often?

For how long have you been having these thoughts?

Qualifications for Rating

Must have a thought about this at least three times in a week.

Must think actively of killing oneself, even if ambivalent.

Can have suicidal ideation without having a suicidal plan.

a. Rating Scale: (*PSSDIDEA*)

0-Absent
1-Sub Threshold
2-Present
9-Not Answered

b. Most recent occurrence: (*PSSDIDA O*)

☐ Prior to the past 6 months ☐ In the past 6 months

3. Specific Suicide Plan

Assessment Questions

Did you ever think of any specific plan for committing suicide?

What did you think of doing?

If YES: When was that?

For how long did you think of this plan?

How often would you think about this plan?

IF YES: Do you think of any specific plan for committing suicide at the present time?

What do you think of doing?

How often do you think about it?

For how long have you been thinking about this plan?

Qualifications for Rating

Must be thinking of actual method of suicide.

Intent to carry out the plan is not required; formulation of a specific plan is enough.

Include even if fleeting plan.

Need not have been recurrent or feasible.

a. Rating Scale: (PSSDPLN)

0-Absent
1-Sub Threshold
2-Present
9-Not Answered

b. Most recent occurrence: (PSSDPNO)

☐ Prior to the past 6 months ☐ In the past 6 months

(5228-Study Eligibility and Randomization, Q15)

4. Suicide Gesture

Assessment Questions

Did you start to do something in order to kill yourself, even if you changed your mind and stopped, or if someone else stopped you?

What did you do?

What happened then?

What were you thinking of when you did that?

IF YES: When was that?

How many times did this happen?

Qualifications for Rating

Must be thinking about suicide at the time of act but believe that the extent of action taken would not actually result in death.

Include apparent suicide gesture even if subject claims intent was only attention-seeking.

Exclude self-mutilation for tension relief.

Exclude preparation for attempt.

a. Rating Scale: (PSSDGEST)

0-Absent
1-Sub Threshold
2-Present
9-Not Answered

b. Most recent occurrence: (PSSDGSTO)

☐ Prior to the past 6 months ☐ In the past 6 months

5. Suicide Attempt

Assessment Questions

Did you ever do anything to hurt or kill yourself?

Did you do anything on purpose that you knew could have killed you? (What did you do? What happened then? Did you think you could die as a result?)

IF YES: When was that?

How many times did you do anything to kill yourself?

Qualifications for Rating

Need not have been planned or pre-meditated; include totally impulsive attempts.

Very impulsive suicidal behavior can occur even when other death/suicide items are negative.

Include if completed act was believed to be lethal but subject was discovered and saved.

Must have believed that the act was lethal, regardless of objective reality.

a. Rating Scale: (PSSDTRY)

0-Absent
1-Present
9-Not Answered

b. Most recent occurrence: (PSSDTRYO)

☐ Prior to the past 6 months ☐ In the past 6 months

(5228-Study Eligibility and Randomization, Q15)

6. Recurrent Homicidal Ideation

Assessment Questions

Did you ever think about harming or killing someone? (What did you think of? How often did you have that thought?)

IF YES: Do you still think about harming or killing someone at the present time?

How often?

For how long have you been having these thoughts?

Qualifications for Rating

*Must think actively of harming or killing someone, even if ambivalent.
Can have homicidal ideation without having homicidal plan.*

a. Rating Scale: (PSHMIDEA)

0-Absent
1-Sub Threshold
2-Present
9-Not Answered

b. Most recent occurrence: (PSHMIDA O)

☐ Prior to the past 6 months ☐ In the past 6 months

7. **Specific Homicide Plan**

Assessment Questions

Have you taken any steps toward carrying out this plan?

IF YES: What have you done?

Qualifications for Rating

*Must be thinking about actual method of harming or killing someone.
Intent to carry out the plan is not required; formulation of a specific plan is enough.
Include even if fleeting plan.
Need not have been recurrent or feasible.*

a. Rating Scale: (PSHMPPLAN)

0-Absent
1-Present
9-Not Answered

(5228-Study Eligibility and Randomization, Q15)

Comments: (PSMCOMM)

NIDA Clinical Trials Network

Pre-Screen Summary (PSS)

Web Version: 1.0; 1.02; 08-20-12

Pre Screen ID (SCR52ID):

Date of data entry: (PSENTDT)

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

1. Referral Source: (PSREFSOU)

1-Clinic Staff (1)
2-Poster/Flyer (2)
3-Friend/Family (3)
4-Radio Ad (4)
5-Newspaper Ad (5)
*Additional Options Listed Below

If "Other", specify: (PSRSOTSP)

2. Was the participant eligible from Pre-Screen?
(PSELIGPS)

☐ No ☐ Yes

If "No", reason not eligible? (PSNOELIG)

1-Q3 - Less than 18 years of age
2-Q6 - Time remaining in inpatient/residential < 14 days or > 28 days
3-Q7 - Unwilling/unable to enroll in local outpatient/continuing care following inpatient/residential
4-Q8 - Will not be in the local area for the next four months
5-Q9 - No crack use in the past month
*Additional Options Listed Below

3. Was the participant consented? (PSPTPCON)

☐ No ☐ Yes

If "No", reason not consented? (PSNOCONS)

1-No longer interested
2-Failed to come to clinic / could not be reached
9-Other

If "Other", specify: (PSNCO TSP)

Comments: (PS52COMM)

Additional Selection Options for PSS

Referral Source:

6-Internet (e.g., Craigslist, Clinicaltrials.gov) (6)

7-Other (7)

If "No", reason not eligible?

6-Q10 - Crack use less than 4X in the past month

7-Q11 - Uses cocaine less than 1X/week

8-Q19 - Does not appear to meet criteria for cocaine dependence

9-Q23 - Would require medical detoxification for opioids

10-Q31 - Appears to meet criteria for Opioid Dependence

11-Q32 - Pregnant or Breastfeeding

12-Q33 - Unwilling to use birth control

13-Q34 - Has AIDS

14-Q35 - Hypersensitivity to buspirone

15-Q36 - Has potentially life-threatening or progressive medical illness that would compromise safety

16-Q37 - Taking medications with potential for dangerous interaction with buspirone

17-Q38 - Has other health issues that would exclude them from eligibility

18-Q40 - Being treated with psychotropic medication for an ongoing mental health issue

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: (PVTYPE52)

Z01-INFORMED CONSENT PROCEDURES
01A- 01A - No consent/assent obtained
01C- 01C - Invalid/incomplete informed decision
01D- 01D - Unauthorized assessments and/or procedures conducted prior to obtaining informed consent
01Z- 01E - Other
*Additional Options Listed Below

If "Other" is indicated, provide the specification:
(PVTPSP52)

2. Description of violation: (PVDESC)

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

☐ No ☐ Yes

Protocol violation resolution and corrective action:
(PVRSCASP)

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:

02-02 - INCLUSION/EXCLUSION CRITERIA
03-03 - CONCOMITANT MEDICATION / THERAPY
Z04-LABORATORY ASSESSMENTS / PROCEDURES
04A- 04A - Required testing not obtained
04B- 04B - Testing completed outside window
04D- 04D - Unauthorized test/procedure obtained
04Z- 04E - Other
Z05-STUDY PROCEDURES/ASSESSMENTS
05A- 05A - Protocol required procedures not obtained
05C- 05C - Procedures/Assessments obtained outside the visit timeframes
05Z- 05D - Other
Z06-ADVERSE EVENT
06A- 06A - SAE not reported
06B- 06B - SAE reported out of time window
06Z- 06C - Other
Z07-RANDOMIZATION PROCEDURES
07A- 07A - Randomization procedures not followed (e.g., outside window, out of sequence, etc.)
07B- 07B - Ineligible participant randomized
07C- 07C - Improper un-blinding procedures
07Z- 07D - Other
07E- 07E - Incorrect treatment assignment
Z08-STUDY DRUG DOSING
08A- 08A - Ineligible participant dispensed medication
08B- 08B - Incorrect medication dispensed
08C- 08C - Incorrect medication dosage or amount of medication dispensed
08Z- 08D - Other
Z09-BEHAVORAL INTERVENTION
09A- 09A - Intervention not provided per protocol schedule or visit window timeframe
09Z- 09C - Other
Z99-OTHER SIGNIFICANT VIOLATIONS
99C- 99C - Using advertising materials or brochures without prior IRB approval
99Z- 99D - Other

NIDA Clinical Trials Network

Protocol Violation Review (PVR)

Web Version: 1.0; 1.02; 01-18-13

Date of Violation (PVDATE):

Protocol Violation Number (PVSEQNUM):

1. Is this event considered to be: (PVSEVER)

☐ Major ☐ Minor

2. What section of the protocol does this event refer to? (PVSECTN)

3. Does this event require retraining? (*PVTRAIN*)

☐ No ☐ Yes

4. Does the protocol need to be modified based on this event? (*PVPRTMOD*)

☐ No ☐ Yes

5. Does the consent need to be modified based on this event? (PVCNTMOD)

☐ No ☐ Yes

6. Is the review of this event complete? (PVREVCMP)

☐ No ☐ Yes

If "No", what additional information is requested?
(PVADTINF)

A large, empty rectangular box with a thin black border, occupying most of the page below the header information. It appears to be a placeholder for a drawing or additional notes related to the assignment above it.

Assessed by: (PVREVBVY)

2-Ro S hauna Rothwell
3-Dikla (Dee) Blumberg
5-Maria Campanella
6-Matthew Wright

Comments:(PVCOMM)

[illegible]

Additional Selection Options for PVR

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

NIDA Clinical Trials Network

Risk Assessment Battery (RIS)

Web Version: 1.0; 1.00; 04-23-12

Segment (PROTSEG):

Visit Number (VISNO):

Date of assessment: (RISASMDT)

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

Please read each of the following questions very carefully. As you will see, many of these questions are very personal. We understand this and have taken great care to protect the privacy of your answers. It is very important that you answer EVERY question honestly. In fact, it's better not to answer a question at all than to tell us something that is not accurate or true. Some questions may not seem to have an answer that is true for you. When this happens, you should simply choose the answer that is most right. Don't spend too much time on any one question. Remember, always ask for help if you're unsure about what to do. Thank you for your time and cooperation.

A. Past Month Drug and Alcohol Use

	Not At All	A Few Times	A Few Times Each Week	Everyday
1. In the past month, how often have you <u>Injected</u> cocaine and heroin together (Speedball)?	(RASPEDBL) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In the past month, how often have you <u>Injected</u> heroin (not mixed)?	(RAHERINJ) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. In the past month, how often have you <u>Snorted</u> heroin (not mixed)?	(RASNRTHR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. In the past month, how often have you <u>Smoked</u> heroin (not mixed)?	(RASMOKHR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. In the past month, how often have you <u>Injected</u> cocaine (not mixed)?	(RACOCINJ) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. In the past month, how often have you <u>Snorted</u> cocaine (not mixed)?	(RASNRTCO) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. In the past month, how often have you <u>Smoked</u> crack, rock, or freebase cocaine?	(RASMOKCO) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. In the past month, how often have you <u>Injected</u> amphetamines, methamphetamine, speed, crank, or crystal?	(RASPDINJ) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. In the past month, how often have you <u>Snorted</u> amphetamines, methamphetamine, speed, crank, or crystal?	(RASNRTSP) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. In the past month, how often have you <u>Smoked</u> amphetamines, methamphetamine, speed, crank, or crystal?	(RASMOKSP) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. In the past month, how often have you used benzodiazepines (benzos, benziez) such as Xanax, Valium, Klonopin, or Ativan?	(RAUSEDDBZ) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. In the past month, how often have you taken painkillers [pills such as Percodan, Percocet, Vicodin, Demerol, Dilaudid, Darvon, Darvocet, or syrup (Codeine)]?	(RAUSEDPK) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Which types of painkillers did you use? (RAPKSP) <input type="text"/>				
13. In the past month, how often have you injected Dilaudid?	(RADILINJ) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. In the past month, how often have you used acid, LSD, or other hallucinogens?	(RAUSDLSD) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. In the past month, how often have you used marijuana?	(RAUSDCAN) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. In the past month, how often have you used beer, wine, or liquor?	(RADRANK) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Needle Use

17. In the past month, have you injected drugs? (RADRGINJ)

☐ No ☐ Yes

18. In the past month, have you shared needles or works? (RASHNDLE)

☐ No or I have not shot up in the past month ☐ Yes

19. With how many different people did you share needles in the past month?
(RANDLWNO)

0-Zero or I have not shot up in the past month
1-1 other person
2-2 or 3 different people
3-4 or more different people

20. In the past month, how often have you used a needle after someone (with or without cleaning)? (RAUSOTND)

0-Never or I have not shot up or shared in the past month
1-A few times (1 or 2 times)
2-A bout once a week (3 or 4 times)
3-More than once a week (5 or more times)

21. In the past month, how often have others used after you (with or without cleaning)? (RANDLEOT)

0-Never or I have not shot up or shared in the past month
1-A few times (1 or 2 times)
2-A bout once a week (3 or 4 times)
3-More than once a week (5 or more times)

22. In the past month, how often have you shared needles with someone you knew (or later found out) had AIDS or was positive for HIV, the AIDS virus?
(RAAIDSND)

0-Never or I have not shot up or shared in the past month
1-A few times (1 or 2 times)
2-A bout once a week (3 or 4 times)
3-More than once a week (5 or more times)

23. In the past month, did you get your needles from any of the following:

- a. I have not shot up in the past month (RANDLNOT) ☐ No ☐ Yes
- b. From a diabetic (RANDLDBT) ☐ No ☐ Yes
- c. On the street (RANDLSRT) ☐ No ☐ Yes
- d. Drugstore (RANDLDST) ☐ No ☐ Yes
- e. Shooting gallery or other place where users go to shoot up (RANDLSGY) ☐ No ☐ Yes
- f. Needle Exchange Program (RANLDEXC) ☐ No ☐ Yes
- g. Other (RANLOTH) ☐ No ☐ Yes

If "Other", specify:

(RANLOSP)

24. In the past month, how often have you been to a shooting gallery/house or other place where users go to shoot up? (RASHTGLY)

0-Never
1-A few times (1 or 2 times)
2-A bout once a week (3 or 4 times)
3-More than once a week (5 or more times)

25. In the past month, how often have you been to a Crack House or other place where people go to smoke crack? (RACRCKHS)

0-Never
1-A few times (1 or 2 times)
2-A bout once a week (3 or 4 times)
3-More than once a week (5 or more times)

26. Which statement best describes the way you cleaned your needles during the past month? (RANDLCLN)

0-I have not shot up in the past month
1-I ALWAYS use new needles
2-I ALWAYS clean my needle just BEFORE I shoot up
3-After I shoot up, I ALWAYS clean my needle
4-SOMETIMES I clean my needle, sometimes I don't
*Additional Options Listed Below

27. If you cleaned your needles and works in the past month, how did you clean them?

- a. I have not shot up in the past month (RANLNOT) ☐ No ☐ Yes
- b. Soap and water only (RANLSOAP) ☐ No ☐ Yes
- c. Alcohol (RANLALCH) ☐ No ☐ Yes
- d. Bleach (RANLBLCH) ☐ No ☐ Yes
- e. Boiling water (RANDLWTR) ☐ No ☐ Yes
- f. Other (RANLOTHC) ☐ No ☐ Yes

If "Other", specify

(RANLCOSP)

- g. I did not clean my needles in the past month (RISNOTCL) ☐ No ☐ Yes
- h. I ALWAYS used new needles in the past month (RISALWAY) ☐ No ☐ Yes

	Never or I have not shot up or shared in the past month.	A Few Times (1 or 2 Times)	About Once a Week (3 or 4 Times)	More Than Once a Week (5 or More Times)
28. In the past month, how often have you shared rinse-water?	(RARH20SH) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. In the past month, how often have you shared a cooker?	(RACOKRSH) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. In the past month, how often have you shared cotton?	(RACTNSH) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. In the past month, how often have you divided or shared drugs with others by using one syringe (yours or someone else's) to squirt or load the drugs into the other syringe(s) (backloading, for example)?	(RISCKLD) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Sexual Practices

32. How would you describe yourself?(RASEXPRF) ☐ Straight or Heterosexual ☐ Gay or Homosexual ☐ Bisexual

PLEASE NOTE: For the following questions, sex means any vaginal intercourse, anal intercourse (in the butt) or oral sex (blowjobs, for example).

33. With how many men have you had sex in the past month?(RASEXMEN)

0-0 men
1-1 man
2-2 or 3 men
3-4 or more men

34. With how many women have you had sex in the past month?(RASEXWMN)

0-0 women
1-1 woman
2-2 or 3 women
3-4 or more women

	Never	A Few Times (1 or 2 Times)	About Once a Week (3 or 4 Times)	More Than Once a Week (5 or More Times)
35. In the past month, how often have you had sex so you could get drugs?	(RASEX4DG) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. In the past month, how often have you given drugs to someone so you could have sex with them?	(RADG4SEX) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. In the past month, how often were you paid money to have sex with someone?	(RAPOSTUT) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. In the past month, how often did you give money to someone so you could have sex with them?	(RAPD4SEX) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. In the past month, how often have you had sex with someone you knew (or later found out) had AIDS or was positive for HIV, the AIDS virus?	(RASEXHIV) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. In the past month, how often did you use condoms when you had sex?(RASEXSFE)

0-I have not had sex in the past month
1-All the time
2-Most of the time
3-Some of the time
4-None of the time

D. Concerns About HIV and Testing

If you know that you are HIV positive, skip to question 44.

41. How worried are you about getting HIV or AIDS?(RAGETHIV)

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

42. How worried are you that you may have already been exposed to the HIV or AIDS virus?*(RAEXPHIV)*

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

43. How many times have you had a blood test for the AIDS virus (HIV)?*(RATSTHIV)*

- 0-Never
- 1-1
- 2-2
- 3-3
- 4-4
- *Additional Options Listed Below

44. When were you last tested for HIV?*(RALTMHIV)*

(mm) / *(RALTYHIV)*

(yyyy)

45. Were you ever told that you had HIV, the AIDS virus?*(RAHIVYES)*

☐ No

☐ Yes

☐ I never got the results

Comments:*(RISCOMM)*

Additional Selection Options for RIS

Which statement best describes the way you cleaned your needles during the past month?

5-I NEVER clean my needle

How many times have you had a blood test for the AIDS virus (HIV)?

5-5

6-6

7-7

8-8

9-9

10-10 or more times

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Substance Abuse Treatment Status (SAT)

Web Version: 1.0; 1.00; 05-11-12

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Date of assessment:(*SATASMDT*)

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

Questions 1-6 assess inclusion eligibility based on Study Eligibility Criterion 5 (ENRB - Study Eligibility and Randomization, Q5)

1. Are you currently enrolled in an inpatient/residential substance abuse treatment program?(*SASATENR*)

1-Inpatient
2-Residential
0-Not Enrolled

If the participant is enrolled in inpatient/residential, continue to question 2, otherwise the participant is not eligible.

2. When did you enroll in your present inpatient/residential treatment program? (*SAENRDT*)

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

3. How many days is your inpatient/residential treatment estimated to last?(*SAPRGDYS*)

(xx)

If the participant is scheduled to be in inpatient/residential for a sufficient amount of time to allow for Screening/ Baseline and extend 12-19 days post randomization, continue to question 4, otherwise the participant is not eligible.

4. Do you plan to attend local outpatient treatment upon inpatient/residential discharge?(*SAOUTENR*)

☐ No ☐ Yes

If "Yes", continue to question 5, otherwise participant is not eligible.

5. How many weeks will you be scheduled to attend outpatient treatment? (*SAOUTWKS*)

(xx) weeks

To be eligible, the participant needs to be in outpatient treatment through the end of study week 15. The # of outpatient weeks depends on the # of inpatient/residential weeks. For example, a pt with 12 days of inpatient/residential treatment post-randomization needs 14 weeks of outpatient; a pt with 19 days of inpatient/residential treatment post-randomization needs 13 weeks of outpatient treatment.

6. Will you be scheduled to attend at least one treatment session per week for, at least, the first [# outpatient weeks required] weeks of your outpatient treatment? (*SA1WKOUT*)

☐ No ☐ Yes

If no, the participant is not eligible.

7. Comments regarding inpatient/residential and/or outpatient treatment: (*SATCOMM*)

8. Potential Pressure to Attend Treatment

a. Are you currently on probation?(*SAPROBTN*)

☐ No ☐ Yes

b. Are you court ordered to substance abuse treatment?(*SACOURT*)

☐ No ☐ Yes

If "Yes", the participant is not eligible.

c. Have you been formally notified that you will go to jail if you fail to attend treatment?(*SAJAIL*)

☐ No ☐ Yes

If "Yes", the participant is not eligible.

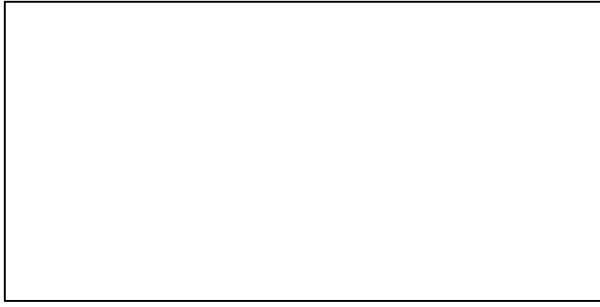
d. Have you been formally notified that a child will be removed from you if you fail to attend treatment?(*SACHILD*)

☐ No ☐ Yes

e. Have you been formally notified that the housing that you are living in will be taken away if you fail to attend treatment?(*SAHOUSE*)

☐ No ☐ Yes

9. Comments regarding questions 8a - 8e: (SA8COMM)

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NIDA Clinical Trials Network

Short Index of Problems - Drug (SIP)

Web Version: 1.0; 1.00; 04-16-12

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Date of assessment: (*SIPASMDT*)

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

Here are a number of events that people sometimes experience. Read each one carefully, and indicate how often each one of them has happened to you DURING THE PAST 3 MONTHS. If an item does not apply to you, check *Never*.

DURING THE PAST 3 MONTHS (Never, Once or a Few times, etc.), about how often has this happened to you?

	Never	Once or a few times	Once or twice a week	Daily or almost daily
1. I have been unhappy because of my drug use.	(<i>SIUNHAPY</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Because of my drug use, I have not eaten properly.	(<i>SIFOOD</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have failed to do what is expected of me because of my drug use.	(<i>SIDOEXPD</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I have felt guilty or ashamed because of my drug use.	(<i>SIGUILTY</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I have taken foolish risks when I have been using drugs.	(<i>SIRISKS</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. When using drugs, I have done impulsive things that I regretted later.	(<i>SIMPULS</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My physical health has been harmed because of my drug use.	(<i>SIHEALTH</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I have had money problems because of my drug use.	(<i>SIMONEY</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. My physical appearance has been harmed because of my drug use.	(<i>SILOOKS</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My family has been hurt because of my drug use.	(<i>SIFAMILY</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. A friendship or a close relationship has been damaged because of my drug use.	(<i>SIFRIEND</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. My drug use has gotten in the way of my growth as a person.	(<i>SIGROWTH</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. My drug use has damaged my social life, popularity, or reputation.	(<i>SISOCIAL</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I have spent too much or lost a lot of money because of my drug use.	(<i>SISPEND</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I have had an accident while using drugs or intoxicated.	(<i>SIACCDNT</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: (*SIPCOMM*)

NIDA Clinical Trials Network

Thoughts About Abstinence - Alcohol (TAA)

Web Version: 1.0; 1.00; 05-10-12

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Date of assessment:(*TAAASMDT*)

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

Section I

This section asks about how you feel about **stopping all alcohol use** at this time in your life. On the scales below, check the number that best represents how you feel about **stopping**, how **successful** you will be, and **how you will do** after you quit.

1. Have you consumed alcohol in the past 90 days?(*TAUSAL90*) ☐ No ☐ Yes

2. Using the scale below, how would you describe your **desire to quit using alcohol** at this time in your life?

No Desire to Quit									Greatest Desire to Quit
0	1	2	3	4	5	6	7	8	9
(<i>TADESRQT</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"/>	<input type="checkbox"/>

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

Very Low Chance of Success									Very High Chance of Success
0	1	2	3	4	5	6	7	8	9
(<i>TASUFLQT</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"/>	<input type="checkbox"/>

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

Very EASY									Very DIFFICULT
0	1	2	3	4	5	6	7	8	9
(<i>TADFCLQT</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"/>	<input type="checkbox"/>

Section II

Please read the goals listed below, and choose which goal represents your own goal at this time. Please read all of them before you pick one. What is the **GOAL** you have chosen for yourself about using alcohol at this time?

(*TAAUB1*) **No clear goal** I really don't have a clear goal in mind.
☐

(*TAAUB2*) **Controlled use** I want to use in a controlled manner - to be able to be in control of how often I use and how much I use.
☐

(*TAAUB3*) **New decision** I want to be totally abstinent from all use for a period of time, after which I will make a new decision about whether or not I will use again in any way.
☐

(*TAAUB4*) **Occasional use** I don't want using to be a habit for me, but I would like to be able to occasionally use when I really have the urge.
☐

(*TAAUB5*) **I may slip** I want to quit using once and for all, even though I realize I may slip and use once in a while.
☐

(*TAAUB6*) **Quit completely** I want to quit using once and for all, to be totally abstinent, and never use ever again for the rest of my life.
☐

(*TAAUB7*) **None of the above** None of the above applies exactly to me. My own goal is:(*TAG OALSP*)
☐

Comments(TAACOMM)

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. Assessment period: (*TATFSTDT*)

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

(*TATFENDT*)

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

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

☐ No ☐ Yes

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

☐ No ☐ Yes

NIDA Clinical Trials Network

Thoughts About Abstinence - Drugs (TDR)

Web Version: 1.0; 1.00; 05-11-12

Segment (PROTSEG):

Visit Number (VISNO):

Date of assessment:(TDRASMDT)

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

Section I

This section asks about how you feel about **stopping all drug use** at this time in your life. On the scales below, check the number that best represents how you feel about **stopping**, how **successful** you will be, and **how you will do** after you quit.

1. Have you used drugs in the past 90 days?(TDUSDR90) ☐ No ☐ Yes

2. Using the scale below, how would you describe your **desire to quit using drugs** at this time in your life?

No Desire to Quit									Greatest Desire to Quit
0	1	2	3	4	5	6	7	8	9
(TDESRQT) <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"/>	<input type="checkbox"/>

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

Very Low Chance of Success									Very High Chance of Success
0	1	2	3	4	5	6	7	8	9
(TDSUFLQT) <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"/>	<input type="checkbox"/>

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

Very EASY									Very DIFFICULT
0	1	2	3	4	5	6	7	8	9
(TDDFCLQT) <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"/>	<input type="checkbox"/>

Section II

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

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

(TDUB1) **No clear goal** I really don't have a clear goal in mind.

☐

(TDUB2) **Controlled use** I want to use in a controlled manner - to be able to be in control of how often I use and how much I use.

☐

(TDUB3) **New decision** I want to be totally abstinent from all use for a period of time, after which I will make a new decision about whether or not I will use again in any way.

☐

(TDUB4) **Occasional use** I don't want using to be a habit for me, but I would like to be able to occasionally use when I really have the urge.

☐

(TDUB5) **I may slip** I want to quit using once and for all, even though I realize I may slip and use once in a while.

☐

(TDUB6) **Quit completely** I want to quit using once and for all, to be totally abstinent, and never use ever again for the rest of my life.

☐

(TDUB7) **None of the above** None of the above applies exactly to me. My own goal is:(TDGOALSP)

☐

Comments(TDRCOMM)

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: (*TFCLGRTS*)

☐ No ☐ Yes

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

(xx)

3. Other Tobacco: (*TFOTHTOB*)

☐ No ☐ Yes

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

☐ No ☐ Yes

5. Alcohol: (*TFALCOHL*)

☐ No ☐ Yes

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

(xx)

6. Cannabinoids/Marijuana: (*TFCANNAB*)

☐ No ☐ Yes

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

(xx)

7. Cocaine: (*TFCOCAIN*)

☐ No ☐ Yes

a. Route 1: (*TFCOCROU*)

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

b. Amount used 1: (*TFCOCUS1*)

(xxxx) Units: (*TFCOCUNT*)

1-01- 1 hour
2-02- 2-3 hours
3-03- 4-5 hours
4-04- 6-7 hours
5-05- 8-9 hours
*Additional Options Listed Below

1-01-Rocks (\$10)
2-02-Grams
3-03-Milligrams

Length: (*TFCOCLN1*)

c. Route 2: (*TFCOCRO2*)

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

d. Amount used 2: (*TFCOCUS2*)

(xxxx) Units: (*TFCOCUN2*)

1-01- 1 hour
2-02- 2-3 hours
3-03- 4-5 hours
4-04- 6-7 hours
5-05- 8-9 hours
*Additional Options Listed Below

1-01-Rocks (\$10)
2-02-Grams
3-03-Milligrams

Length: (*TFCOCLN2*)

8. Amphetamines: (*TFAMPHET*)

☐ No ☐ Yes

a. Route: (TFAMPROU)

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

9. Methamphetamine: (TFMETAMP)

a. Route: (TFMETROU)

☐ No ☐ Yes

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

10. 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

11. Methadone: (TFMETHAD)

a. Route: (TFMTHROU)

☐ No ☐ Yes

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

12. Opiates: (TFOPIATE)

a. Route: (TFOPIROU)

☐ No ☐ Yes

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

13. Ecstasy (MDMA): (TFECSTAS)

a. Route: (TFECSROU)

☐ No ☐ Yes

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

14. Barbiturates: (TFBARBIT)

a. Route: (TFBARROU)

☐ No ☐ Yes

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

15. Benzodiazepines: (TFBENZOD)

a. Route: (TFBENROU)

☐ No ☐ Yes

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

16. Other drugs: (TFOTHDRG)

☐ No ☐ Yes

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

(x)

1-01-O ral

2-02-Nasal

3-03-Smoking

4-04-Non-IV Injection

5-05-IV Injection

*Additional Options Listed Below

Other Drug 1

b. Specify Other Drug 1:(TFOTH1SP)

c. Route Other Drug 1:(TFOTH1RT)

Other Drug 2

d. Specify Other Drug 2:(TFOTH2SP)

e. Route Other Drug 2:(TFOTH2RT)

Other Drug 3

f. Specify Other Drug 3:(TFOTH3SP)

g. Route Other Drug 3:(TFOTH3RT)

Other Drug 4

h. Specify Other Drug 4:(TFOTH4SP)

i. Route Other Drug 4:(TFOTH4RT)

Other Drug 5

j. Specify Other Drug 5:(TFOTH5SP)

k. Route Other Drug 5:(TFOTH5RT)

Other Drug 6

l. Specify Other Drug 6:(TFOTH6SP)

m. Route Other Drug 6:(TFOTH6RT)

Other Drug 7

n. Specify Other Drug 7:(TFOTH7SP)

o. Route Other Drug 7:(TFOTH7RT)

Other Drug 8

p. Specify Other Drug 8:(TFOTH8SP)

q. Route Other Drug 8:(TFOTH8RT)

1-01-Oral

2-02-Nasal

3-03-Smoking

4-04-Non-IV Injection

5-05-IV Injection

*Additional Options Listed Below

Other Drug 9

r. Specify Other Drug 9:(TFOTH9SP)

s. Route Other Drug 9:(TFOTH9RT)

1-01-Oral

2-02-Nasal

3-03-Smoking

4-04-Non-IV Injection

5-05-IV Injection

*Additional Options Listed Below

Comments:(TFBCOMM)

Additional Selection Options for TFB

Length:

6-06- 10-12 hours

7-07- more than 12 hours

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)

☐ No ☐ Yes

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

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

1st Urine Drug Screen

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

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

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

☐ No ☐ Yes

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

☐ No ☐ Yes

1st Urine Drug Screen Results

5.	Drug Name (Abbreviation)	Negative	Positive	Invalid	TLFB Agreement Status
	Benzodiazepines (BZO):	(UD1BZO) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(UD1BZOAG) 1-UDS agrees with initial TLFB data 2-UDS disagrees with initial TLFB data; pptchallenged; pptchanged TLFB 3-UDS disagrees with initial TLFB data; pptchallenged; pptdid notchange TLFB 4-UDS disagrees with initial TLFB data; pptwas NOT challenged
	Amphetamine (AMP):	(UD1AMP) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(UD1AMPAG) 1-UDS agrees with initial TLFB data 2-UDS disagrees with initial TLFB data; pptchallenged; pptchanged TLFB 3-UDS disagrees with initial TLFB data; pptchallenged; pptdid notchange TLFB 4-UDS disagrees with initial TLFB data; pptwas NOT challenged
	Marijuana (THC):	(UD1THC) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(UD1THCAG) 1-UDS agrees with initial TLFB data 2-UDS disagrees with initial TLFB data; pptchallenged; pptchanged TLFB 3-UDS disagrees with initial TLFB data; pptchallenged; pptdid notchange TLFB 4-UDS disagrees with initial TLFB data; pptwas NOT challenged
	Methamphetamine (MET):	(UD1MET) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(UD1METAG) 1-UDS agrees with initial TLFB data 2-UDS disagrees with initial TLFB data; pptchallenged; pptchanged TLFB 3-UDS disagrees with initial TLFB data; pptchallenged; pptdid notchange TLFB 4-UDS disagrees with initial TLFB data; pptwas NOT challenged
	Opiates (2000 ng) (OPI):	(UD1OPI) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(UD1OPIAG) 1-UDS agrees with initial TLFB data 2-UDS disagrees with initial TLFB data; pptchallenged; pptchanged TLFB 3-UDS disagrees with initial TLFB data; pptchallenged; pptdid notchange TLFB 4-UDS disagrees with initial TLFB data; pptwas NOT challenged
	Cocaine (COC):	(UD1COC) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(UD1COCAG)

				<div>1-UDS agrees with initial T L F B data 2-UDS disagrees with initial T L F B data; pptchallenged; pptchanged T L F B 3-UDS disagrees with initial T L F B data; pptchallenged; pptdid notchange T L F B 4-UDS disagrees with initial T L F B data; pptwas NOT challenged</div>
Ecstasy (MDMA):	(UD1MDMA) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div>(UD1MDMAG) 1-UDS agrees with initial T L F B data 2-UDS disagrees with initial T L F B data; pptchallenged; pptchanged T L F B 3-UDS disagrees with initial T L F B data; pptchallenged; pptdid notchange T L F B 4-UDS disagrees with initial T L F B data; pptwas NOT challenged</div>
Oxycodone (OXY):	(UD1OXY) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div>(UD1OXYAG) 1-UDS agrees with initial T L F B data 2-UDS disagrees with initial T L F B data; pptchallenged; pptchanged T L F B 3-UDS disagrees with initial T L F B data; pptchallenged; pptdid notchange T L F B 4-UDS disagrees with initial T L F B data; pptwas NOT challenged</div>
Methadone (MTD):	(UD1MTD) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div>(UD1MTDAG) 1-UDS agrees with initial T L F B data 2-UDS disagrees with initial T L F B data; pptchallenged; pptchanged T L F B 3-UDS disagrees with initial T L F B data; pptchallenged; pptdid notchange T L F B 4-UDS disagrees with initial T L F B data; pptwas NOT challenged</div>
Barbiturate (BAR):	(UD1BAR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div>(UD1BARAG) 1-UDS agrees with initial T L F B data 2-UDS disagrees with initial T L F B data; pptchallenged; pptchanged T L F B 3-UDS disagrees with initial T L F B data; pptchallenged; pptdid notchange T L F B 4-UDS disagrees with initial T L F B data; pptwas NOT challenged</div>

2nd Urine Drug Screen

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

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

☐ No ☐ Yes

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

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

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

☐ No ☐ Yes

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

☐ No ☐ Yes

2nd Urine Drug Screen Results

9.	Drug Name (Abbreviation)	Negative	Positive	Invalid	TLFB Agreement Status
	Benzodiazepines (BZO):	(UD2BZO) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div>(UD2BZOAG) 1-UDS agrees with initial T L F B data 2-UDS disagrees with initial T L F B data; pptchallenged; pptchanged T L F B 3-UDS disagrees with initial T L F B data; pptchallenged; pptdid notchange T L F B 4-UDS disagrees with initial T L F B data; pptwas NOT challenged</div>
	Amphetamine (AMP):	(UD2AMP) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div>(UD2AMPAG) 1-UDS agrees with initial T L F B data 2-UDS disagrees with initial T L F B data; pptchallenged; pptchanged T L F B 3-UDS disagrees with initial T L F B data; pptchallenged; pptdid notchange T L F B 4-UDS disagrees with initial T L F B data; pptwas NOT challenged</div>
	Marijuana (THC):	(UD2THC) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div>(UD2THCAG) 1-UDS agrees with initial T L F B data 2-UDS disagrees with initial T L F B data; pptchallenged; pptchanged T L F B 3-UDS disagrees with initial T L F B data; pptchallenged; pptdid notchange T L F B 4-UDS disagrees with initial T L F B data; pptwas NOT challenged</div>

Methamphetamine (MET):	(UD2MET) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(UD2METAG) 1-UDS agrees with initial T L F B data 2-UDS disagrees with initial T L F B data; pptchallenged; pptchanged T L F B 3-UDS disagrees with initial T L F B data; pptchallenged; pptdid notchange T L F B 4-UDS disagrees with initial T L F B data; pptwas NOT challenged
Opiates (2000 ng) (OPI):	(UD2OPI) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(UD2OPIAG) 1-UDS agrees with initial T L F B data 2-UDS disagrees with initial T L F B data; pptchallenged; pptchanged T L F B 3-UDS disagrees with initial T L F B data; pptchallenged; pptdid notchange T L F B 4-UDS disagrees with initial T L F B data; pptwas NOT challenged
Cocaine (COC):	(UD2COC) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(UD2COCAG) 1-UDS agrees with initial T L F B data 2-UDS disagrees with initial T L F B data; pptchallenged; pptchanged T L F B 3-UDS disagrees with initial T L F B data; pptchallenged; pptdid notchange T L F B 4-UDS disagrees with initial T L F B data; pptwas NOT challenged
Ecstasy (MDMA):	(UD2MDMA) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(UD2MDMAG) 1-UDS agrees with initial T L F B data 2-UDS disagrees with initial T L F B data; pptchallenged; pptchanged T L F B 3-UDS disagrees with initial T L F B data; pptchallenged; pptdid notchange T L F B 4-UDS disagrees with initial T L F B data; pptwas NOT challenged
Oxycodone (OXY):	(UD2OXY) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(UD2OXYAG) 1-UDS agrees with initial T L F B data 2-UDS disagrees with initial T L F B data; pptchallenged; pptchanged T L F B 3-UDS disagrees with initial T L F B data; pptchallenged; pptdid notchange T L F B 4-UDS disagrees with initial T L F B data; pptwas NOT challenged
Methadone (MTD):	(UD2MTD) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(UD2MTDAG) 1-UDS agrees with initial T L F B data 2-UDS disagrees with initial T L F B data; pptchallenged; pptchanged T L F B 3-UDS disagrees with initial T L F B data; pptchallenged; pptdid notchange T L F B 4-UDS disagrees with initial T L F B data; pptwas NOT challenged
Barbiturate (BAR):	(UD2BAR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(UD2BARAG) 1-UDS agrees with initial T L F B data 2-UDS disagrees with initial T L F B data; pptchallenged; pptchanged T L F B 3-UDS disagrees with initial T L F B data; pptchallenged; pptdid notchange T L F B 4-UDS disagrees with initial T L F B data; pptwas NOT challenged

Comments:(UDSCOMM)

NIDA Clinical Trials Network

Vital Signs (VIS)

Web Version: 1.0; 3.01; 03-12-13

Segment (PROTSEG):

Visit Number (VISNO):

Date of assessment:(VISASMDT)

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

1. Blood pressure (reading 1):(VIBPSYS1)

Systolic / (VIBPDIS1) Diastolic mmHg

2. Heart rate:(VIHEART)

(xxx) BPM

3. Weight:(VIWTLBS)

(xxx) lbs:

4. Height:(VIHIINCH)

in: (xx)

**If the systolic blood pressure for the first reading is ≥ 140 or <90 OR
the diastolic blood pressure for the first reading is ≥ 90 or <65
then wait for five minutes and then repeat the assessment.**

5. Blood pressure (reading 2):(VIBPSYS2)

Systolic / (VIBPDIS2) Diastolic mmHg

If two blood pressure readings were completed then average the systolic readings and average the diastolic readings and record the averages in the appropriate fields below.

6. Average blood pressure:(VIBPSYAV)

Systolic / (VIBPDSAV) Diastolic mmHg

Comments:(VISCOMM)

NIDA Clinical Trials Network

WHO Quality of Life - BREF (WQB)

Web Version: 1.0; 1.00; 06-29-12

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Date of assessment: (*WQBASMDT*)

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

The following questions ask how you feel about your quality of life, health, or other areas of your life. Please choose the answer that appears most appropriate. If you are unsure about which response to give to a question, the first response you think of is often the best one.

Please keep in mind your standards, hopes, pleasures, and concerns. We ask that you think about your life in the last four weeks.

	Very Poor	Poor	Neither Poor Nor Good	Good	Very Good
1. How would you rate your quality of life?	(<i>WQQUALLF</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Very Dissatisfied	Dissatisfied	Neither Satisfied Nor Dissatisfied	Satisfied	Very Satisfied
2. How satisfied are you with your health?	(<i>WQHEALTH</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions ask about **how much** you have experienced certain things in the last four weeks.

	Not At All	A Little	A Moderate Amount	Very Much	An Extreme Amount
3. To what extent do you feel that physical pain prevents you from doing what you needed to do?	(<i>WQPAINPV</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How much do you need medical treatment to function in your daily life?	(<i>WQMEDFCT</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How much do you enjoy your life?	(<i>WQENJYLF</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. To what extent do you feel your life to be meaningful?	(<i>WQMEANLF</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not At All	A Little	A Moderate Amount	Very Much	Extremely
7. How well are you able to concentrate?	(<i>WQCONCEN</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. How safe do you feel in your daily life?	(<i>WQSAFE</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. How healthy is your physical environment?	(<i>WQENVIRO</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions ask about how completely you experience or were able to do certain things in the last four weeks.

	Not At All	A Little	Moderately	Mostly	Completely
10. Do you have enough energy for everyday life?	(<i>WQENERGY</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you able to accept your bodily appearance?	(<i>WQBODYOK</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you enough money to meet your needs?	(<i>WQMONEYK</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. How available to you is the information that you need in your day-to-day life?	(<i>WQINFOAV</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. To what extent do you have the opportunity for leisure activities?	(<i>WQBEISUR</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Very Poor	Poor	Neither Poor Nor Good	Good	Very Good
15. How well are you able to get around?	(<i>WQGETARN</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Very Dissatisfied	Dissatisfied	Neither Satisfied Nor Dissatisfied	Satisfied	Very Satisfied
16. How satisfied are you with your sleep?	(WQSLEEPK) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. How satisfied are you with your ability to perform your daily living activities?	(WQACTVOK) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. How satisfied are you with your capacity to work?	(WQWORKOK) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. How satisfied are you with yourself?	(WQSELFOK) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. How satisfied are you with your personal relationships?	(WQRELATK) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. How satisfied are you with your sex life?	(WQSEXOK) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. How satisfied are you with the support you get from your friends?	(WQFRIEND) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. How satisfied are you with the conditions of your living place?	(WQHOMEOK) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. How satisfied are you with your access to health services?	(WQAXSMED) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. How satisfied are you with your transport?	(WQTRANSK) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following question refers to how often you have felt or experienced certain things in the last four weeks.

	Never	Seldom	Quite Often	Very Often	Always
26. How often do you have negative feelings such as blue mood, despair, anxiety, depression?	(WQNGTFEL) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:(WQBCOMM)