

Protocol Number: NIDA-MDS-BupropionMeth-0001

Phase II Low Bup Meth

Visit: SCRNBASE

Site ID : 982103

Subject ID : 0226

Date: VISITDT
(mm/dd/yyyy)

ACDS

Adult ADHD Clinical Diagnostic Scale (ACDS)

FORMND Form Not Done

Childhood ADHD Symptoms Summary

Instructions: Mark with an 'X' either yes or no to symptoms that respondent has indicated he/she experienced in childhood and enter the score for each question in the appropriate box.

I. Inattention		Yes	No	Score	
CCAREMYN	23. <u>Careless/Sloppy</u> (score from Q.1)	<input type="checkbox"/> 1	<input type="checkbox"/> 2		CCAREMIS
CDIFFAYN	24. <u>Difficulty sustaining attention</u> (score from Q.2)	<input type="checkbox"/> 1	<input type="checkbox"/> 2		CDIFFATT
CLISTEYN	25. <u>Doesn't listen</u> (score from Q.3)	<input type="checkbox"/> 1	<input type="checkbox"/> 2		CLISTEN
CINSTRYN	26. <u>Difficulty following instructions (finishing)</u> (score from Q.4)	<input type="checkbox"/> 1	<input type="checkbox"/> 2		CINSTRUC
CORGANYN	27. <u>Difficulty organizing tasks/activities</u> (score from Q.5)	<input type="checkbox"/> 1	<input type="checkbox"/> 2		CORGANIZ
CAVOIDYN	28. <u>Avoidance of tasks with sustained mental effort</u> (score from Q.6)	<input type="checkbox"/> 1	<input type="checkbox"/> 2		CAVOID
CLOSESYN	29. <u>Loses things</u> (score from Q.7)	<input type="checkbox"/> 1	<input type="checkbox"/> 2		CLOSES
CDISTRYN	30. <u>Easily distracted</u> (score from Q.8)	<input type="checkbox"/> 1	<input type="checkbox"/> 2		CDISTRAC
CFORGEYN	31. <u>Forgetful in daily activities</u> (score from Q.9)	<input type="checkbox"/> 1	<input type="checkbox"/> 2		CFORGET
II. Hyperactivity/Impulsivity		Yes	No	Score	
CFIDGEYN	32. <u>Fidgets/Squirms</u> (score from Q.10)	<input type="checkbox"/> 1	<input type="checkbox"/> 2		CFIDGET
CSEATEYN	33. <u>Difficulty remaining seated</u> (score from Q.11)	<input type="checkbox"/> 1	<input type="checkbox"/> 2		CSEATED
CRUNEXYN	34. <u>Runs/Climbs excessively/inappropriately</u> (score from Q.12)	<input type="checkbox"/> 1	<input type="checkbox"/> 2		CRUNEXC
CQUIETYN	35. <u>Difficulty playing quietly</u> (score from Q.13)	<input type="checkbox"/> 1	<input type="checkbox"/> 2		CQUIET
CMOTORYN	36. <u>On the go/Driven by a motor</u> (score from Q.14)	<input type="checkbox"/> 1	<input type="checkbox"/> 2		CMOTOR
CTALKSYN	37. <u>Talks excessively</u> (score from Q.15)	<input type="checkbox"/> 1	<input type="checkbox"/> 2		CTALKS
CBLURTYN	38. <u>Blurts out answers</u> (score from Q.16)	<input type="checkbox"/> 1	<input type="checkbox"/> 2		CBLURT
CWAITYN	39. <u>Difficulty waiting turn</u> (score from Q.17)	<input type="checkbox"/> 1	<input type="checkbox"/> 2		CWAIT
CINTERYN	40. <u>Interrupts or intrudes</u> (score from Q.18)	<input type="checkbox"/> 1	<input type="checkbox"/> 2		CINTERR

CRPSYMYN	41. Did respondent report ADHD symptoms <i>prior</i> to age 7?.....	Yes	No	
		<input type="checkbox"/> 1	<input type="checkbox"/> 2	

Adult ADHD Symptoms Summary

Instructions: Mark with an 'X' either yes or no to symptoms that respondent has indicated he/she experienced in adulthood and enter the score for each questions in the appropriate box.

I. Inattention		Yes	No	Score	
ACAREMYN	63. Careless/Sloppy (score from Q.42)	<input type="checkbox"/> 1	<input type="checkbox"/> 2		ACAREMIS
ADIFFAYN	64. Difficulty sustaining attention (score from Q.43)	<input type="checkbox"/> 1	<input type="checkbox"/> 2		ADIFFATT
ALISTEYN	65. Doesn't listen (score from Q.44)	<input type="checkbox"/> 1	<input type="checkbox"/> 2		ALISTEN
AINSTRYN	66. Difficulty following instructions (finishing) (score from Q.45)	<input type="checkbox"/> 1	<input type="checkbox"/> 2		AINSTRUC
AORGANYN	67. Difficulty organizing tasks/activities (score from Q.46)	<input type="checkbox"/> 1	<input type="checkbox"/> 2		AORGANIZ
AAVOIDYN	68. Avoidance of tasks with sustained mental effort (score from Q.47)	<input type="checkbox"/> 1	<input type="checkbox"/> 2		AAVOID
ALOSESYN	69. Loses things (score from Q.48)	<input type="checkbox"/> 1	<input type="checkbox"/> 2		ALLOSES
ADISTRYN	70. Easily distracted (score from Q.49)	<input type="checkbox"/> 1	<input type="checkbox"/> 2		ADISTRAC
AFORGEYN	71. Forgetful in daily activities (score from Q.50)	<input type="checkbox"/> 1	<input type="checkbox"/> 2		AFORGET
II. Hyperactivity/Impulsivity		Yes	No	Score	
AFIDGEYN	72. Fidgets/Squirms (score from Q.51)	<input type="checkbox"/> 1	<input type="checkbox"/> 2		AFIDGET
ASEATEYN	73. Difficulty remaining seated (score from Q.52)	<input type="checkbox"/> 1	<input type="checkbox"/> 2		ASEATED
ARUNEXYN	74. Runs/Climbs excessively/inappropriately (score from Q.53)	<input type="checkbox"/> 1	<input type="checkbox"/> 2		ARUNEXC
AQUIETYN	75. Difficulty playing quietly (score from Q.54)	<input type="checkbox"/> 1	<input type="checkbox"/> 2		AQUIET
AMOTORYN	76. On the go/Driven by a motor (score from Q.55)	<input type="checkbox"/> 1	<input type="checkbox"/> 2		AMOTOR
ATALKSYN	77. Talks excessively (score from Q.56)	<input type="checkbox"/> 1	<input type="checkbox"/> 2		ATALKS
ABLURTYN	78. Blurts out answers (score from Q.57)	<input type="checkbox"/> 1	<input type="checkbox"/> 2		ABLURT
AWAITYN	79. Difficulty waiting turn (score from Q.58)	<input type="checkbox"/> 1	<input type="checkbox"/> 2		AWAIT
AINTERYN	80. Interrupts or intrudes (score from Q.59)	<input type="checkbox"/> 1	<input type="checkbox"/> 2		AINTERR

Adult ADHD Diagnostic Checklist Summary

AADHDBYN	81. Childhood onset of ADHD (Prior to age 7)?	Yes	No	
		<input type="checkbox"/> 1	<input type="checkbox"/> 2	
CURADHYN	82. Significant and sufficient current ADHD symptoms?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	

SIGTWOYN

83. Significant impairment in two or more settings?

1 2

ONLYADYN

84. Are symptoms primarily due to ADHD and not another mental health disorder?

1 2

ADHDSUB

- ADHD, Inattentive Subtype
- ADHD, Hyperactive-Impulsive Subtype
- ADHD, Combined Subtype

INVSIG

Investigator's Signature Present?

Yes No

INVDATA

Signature Date:

ACDSv1

Protocol Number: NIDA-MDS-BupropionMeth-0001

Site ID : 982103

Phase II Low Bup Meth

Subject ID : 0226

Visit: STDYWD

ADVERSE EVENTS

AEANYAE

Has the subject had any Adverse Events during this study?

Yes No

(If yes, please list all Adverse Events below)

Severity	Study Drug Relationship	Action Taken	Outcome of AE	Serious
1 = Mild	1 = Definitely	1 = None	1 = Recovered/Resolved	1 = Yes
2 = Moderate	2 = Probably	2 = Study Agent Discontinued	2 = Recovering/Resolving	2 = No
3 = Severe	3 = Possibly	Permanently	3 = Not Recovered/Not Resolved	(If Yes, complete SAETRS)
	4 = Remotely	7 = Continued Dose	4 = Recovered/Resolved with sequelae	
	5 = Definitely Not	9 = Unknown	5 = Fatal	
	9 = Unknown		9 = Lost to Follow-Up	

AE_DTL	#	Event	AESTRTMM	Start Date	AESTRTYY	Stop Date	AESTOPMM	AESTOPYY	Cont.	AECONT
AELINENO	1									
			(mm)	AESTRTDD	(yyyy)	(mm)	AESTOPDD	(yyyy)		
		Severity	Study Drug Relationship	Action Taken W/Study Drug		Outcome of AE		Serious?		
		AESEVERE	AERELAT	AEACTION		AEOUTCOM		AESERIOS		

SIGPRES

PI/MD Signature Present?

Yes No

PISIGDT

Signature Date

AEv1

Protocol Number: NIDA-MDS-BupropionMeth-0001

Phase II Low Bup Meth

Visit: SCRNBASE

Site ID : 982103

Subject ID : 0206

Date : VISITDT
(mm/dd/yyyy)

AIERS

ADULT ADHD INVESTIGATOR SYMPTOM RATING SCALE (AISRS)

FORMND Form Not Done

COLLVT

Data Collected For:

Screening/Baseline Week 4 Week 8 Week 12/Termination

Symptoms SYMPTM	None/Mild/Moderate/Severe RATNG
1. Do you make careless mistakes when working on a boring or difficult project?	<input type="text"/>
2. Do you fidget or squirm with your hands or feet when you have to sit down for a long time?	<input type="text"/>
3. Do you have difficulty keeping your attention when you are doing boring or repetitive work?	<input type="text"/>
4. Do you leave your seat in meetings or other situations in which you are expected to remain seated?	<input type="text"/>
5. Do you have difficulty concentrating on what people say to you even when they are speaking to you directly?	<input type="text"/>
6. Do you feel restless or fidgety?	<input type="text"/>
7. Do you have trouble wrapping up the final details of a project, once the challenging parts have been done?	<input type="text"/>
8. Do you have difficulty unwinding and relaxing when you have time to yourself?	<input type="text"/>
9. Do you have difficulty getting things in order when you have to do a task that requires organization?	<input type="text"/>
10. Do you feel overly active and compelled to do things, like you were driven by a motor?	<input type="text"/>

11. Do you avoid or delay getting started on a task that requires a lot of thought?	<input type="text"/>
12. Do you find yourself talking too much when you are in social situations?	<input type="text"/>
13. Do you misplace or have difficulty finding things at home or work?	<input type="text"/>
14. When you're in a conversation, do you find yourself finishing the sentences of the people that you are talking to, before they can finish them themselves?	<input type="text"/>
15. Do you find yourself being distracted by activity or noise around you?	<input type="text"/>
16. Do you have difficulty waiting your turn in situations when turn taking is required?	<input type="text"/>
17. Do you have problems remembering appointments or obligations?	<input type="text"/>
18. Do you interrupt others when they are busy?	<input type="text"/>

AISRSv1

Protocol Number: NIDA-MDS-BupropionMeth-0001

Site ID : 982103

Phase II Low Bup Meth

Subject ID : 0223

Visit: WK1VIS1

Date : VISITDT

(mm/dd/yyyy)

ASI ADDICTION SEVERITY INDEX: LITE CF VERSION (ASI) - Part 1

FORMND Form Not Done

INSTRUCTIONS: Complete this form at screening/baseline.

GENERAL INFORMATION

- 1) Date of Admission: ADMINDT (mm/dd/yyyy)
2) Class: ASICLASS
3) Contact code: CONTCT
4) Gender: GENDR
5) Special: SPICAL
6) How long have you lived at your current address? YRCRADD (years) MOCRADD (months)
7) Date of Birth: BIRTHMM BIRTHDD BIRTHYY dd/yyyy
8) Of what race do you consider yourself? ASIRACE
9) Do you have a religious preference? RELGION
10) Have you been in a controlled environment in the last 30 days? CNTRLENV
11) How many days? DYSCNENV

MEDICAL STATUS

- 1) How many times in your life have you been hospitalized for medical problems? HOSPITL
2) Do you have any chronic medical problem(s) which continue to interfere with your life? CHRONC
If yes to #2, specify: CHRNICSP
3) Are you taking any prescribed medication on a regular basis for a physical problem? PRESCRIP
4) Do you receive a pension for a physical disability? (Exclude psychiatric disabilities) DISPENS
5) If yes to #4, specify: DISABIL
6) How many days have you experienced medical problems in the past 30 days? DYMEDPRB
FOR QUESTIONS 7 AND 8, PLEASE ASK THE SUBJECT TO USE THE SUBJECT RATING SCALE
7) How troubled or bothered have you been by these medical problems in the past 30 days? MEDCNCRN
8) How important to you now is treatment for these medical problems? TXCNCRN

CONFIDENCE RATINGS (Is the above information significantly distorted by):

- 9) Subject's misrepresentation? MEDMISRP
10) Subject's inability to understand? MEDCOMP
11) Comments CMMNTS Medical Score MEDSCORE

EMPLOYMENT/SUPPORT STATUS

- 1) Education completed (GED = 12 years): YRSEDU (years) MOSEDU (months)
2) Training or technical education completed: TRAINCMP (months)
3) Do you have a valid driver's license? DRIVRSLC
4) Do you have an automobile available for use? (Answer "no" if no valid driver's license.) ASIAUTO
5) How long was your longest full-time job? YRSLNGEM (years) MOSLNGEM (months)
6a) Usual (or last) occupation: OCCUPAT
6b) Hollingshead occupational category: HOLLNCAT
7) Does someone contribute to your support in any way? EXTSUPP
8) Usual employment pattern, past 3 years. EMPSTAT
9) How many days were you paid for working in the past 30 days? DAYSPAID

How much money did you receive from the following sources in the past 30 days?

- 10) Employment (net income) \$ NETINCME

- 11) Unemployment compensation \$
- 12) Public assistance (welfare) \$
- 13) Pension, benefits or social security \$
- 14) Mate, family or friends (money for personal expenses) \$
- 15) Illegal \$
- 16) How many people depend on you for the majority of their food, shelter, etc.?
- 17) How many days have you experienced employment problems in the past 30 days?
- FOR QUESTIONS 18 AND 19, PLEASE ASK SUBJECT TO USE THE SUBJECT RATING SCALE**
- 18) How troubled or bothered have you been by these employment problems in the past 30 days?
- 19) How important to you now is counseling for these employment problems?

CONFIDENCE RATINGS

(Is the above information significantly distorted by):

- 20) Subject's misrepresentation?
- 21) Subject's inability to understand?
- 22) Comments **Employment Score**

ALCOHOL/DRUG

SUBSTANCE	Days in Past 30 days	Lifetime Years	ROUTE OF ADMINISTRATION					
			oral	nasal	smoking	non-iv inj.	iv inj.	Refused to answer
<input type="text" value="ASIDRUGS"/>	<input type="text" value="DAYSPAST"/>	<input type="text" value="LIFETME"/>	<input type="text" value="ASIROA"/>					
1. Alcohol - any use at all	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Alcohol - to intoxication	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Heroin	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Methadone	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Other opiates/analgesics	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Barbiturates	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Other sedatives/hypnotics/tranquilizers	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Cocaine	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Amphetamines	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Cannabis	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Hallucinogens	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Inhalants	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. More than 1 substance per day	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 14) How many times have you had alcohol DTs?
- 15) How many times in your life have you been treated for Alcohol abuse?
- 16) How many times in your life have you been treated for Drug abuse?
- 17) How many of these were detox only (Alcohol)?
- 18) How many of these were detox only (Drug)?
- 19) How much money have you spent during the past 30 days on Alcohol? \$
- 20) How much money have you spent during the past 30 days on Drugs? \$
- 21) How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days? (Include NA, AA)
- 22) How many days in the past 30 days have you experienced Alcohol problems?
- 23) How many days in the past 30 days have you experienced Drug problems?

FOR QUESTIONS 24 - 27, PLEASE ASK SUBJECT TO USE THE SUBJECT RATING SCALE

- 24) How troubled or bothered have you been in the past 30 days by these Alcohol problems?
- 25) How troubled or bothered have you been in the past 30 days by these Drug problems?
- 26) How important to you now is treatment for these Alcohol problems?
- 27) How important to you now is treatment for these Drug problems?

CONFIDENCE RATINGS (Is the above information significantly distorted by):

- 28) Subject's misrepresentation?
- 29) Subject's inability to understand?
- 30) Comments

Alcohol Score
Drug Score

Protocol Number: NIDA-MDS-BupropionMeth-0001

Site ID : 982103

Phase II Low Bup Meth

Subject ID : 0223

Visit: WK1VIS1

Date : VISITDT

(mm/dd/yyyy)

ASI2 ADDICTION SEVERITY INDEX: LITE CF VERSION (ASI) - Part 2

FORMND Form Not Done

Enter information below starting from page 8 of the ASI-Lite form under "Legal Status".

LEGAL STATUS

1) Was this admission prompted or suggested by the criminal justice system (judge, probation/parole officer, etc.)? JUDADMIN

2) Are you on probation or parole? PROBATIN

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

- 3) Shoplifting/vandalism SHOPARR
4) Parole/probation violation(s) PVIOLARR
5) Drug charge(s) DRUGARR
6) Forgery FORGEARR
7) Weapons offense WEAPNARR
8) Burglary, larceny, B and E BURGLARR
9) Robbery ROBBARR
10) Assault ASSALARR
11) Arson ARSONARR
12) Rape RAPEARR
13) Homicide, manslaughter HOMICARR
14) Prostitution PROSTARR
15) Contempt of Court CONTEARR
16) Other, specify: OTHERARR OTHARRSP

17) How many of these charges resulted in conviction? CONVICTS

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

- 18) Disorderly conduct, vagrancy, public intoxication? MISDEARR
19) Driving while intoxicated? DWIARR
20) Major driving violations (reckless driving, speeding, no license, etc.)? MDRIVARR
21) How many months were you incarcerated in your life? LIFINCAR (months)
22) Are you presently awaiting charges, trial or sentence? AWTRAIL
23) What for? (if multiple charges use most severe from codes for #03 through 16 above, or use the following codes: 18=disorderly conduct, 19=driving while intoxicated, 20=major driving violation) TRIALCRG
24) How many days in the past 30 days were you detained or incarcerated? RECDYSIN (days)
25) How many days in the past 30 days have you engaged in illegal activities for profit? RECDYSIL (days)

FOR QUESTIONS 26 - 27, PLEASE ASK THE SUBJECT TO USE THE SUBJECT RATING SCALE

- 26) How serious do you feel your present legal problems are? LGLCNCRN
27) How important to you now is counseling or referral for these legal problems? LGLTXCRN

CONFIDENCE RATINGS (Is the above information significantly distorted by):

- 28) Subject's misrepresentation? LGLMISRP
29) Subject's inability to understand? LGLCOMP
30) Comments: LGLCMNTS Legal Score LGLSCORE

FAMILY/SOCIAL RELATIONSHIPS

- 1) Marital status MRTLSTAT
2) Are you satisfied with this situation? MRTLSATI
3) Usual living arrangements (past three years) LIVARRAN
4) Are you satisfied with these living arrangements? LIVARRSA
5) Do you live with anyone who has a current alcohol problem? ROOMALC
6) Do you live with anyone who uses non-prescribed drugs? ROOMDRUG

- 7) With whom do you spend most of your free time?
- 8) Are you satisfied with spending your free time this way?

Have you had any significant periods in which you have experienced serious problems getting along with:

- | | <u>In the past 30 days</u> | <u>Lifetime</u> |
|------------------------------|---------------------------------------|---------------------------------------|
| 9) Mother | <input type="text" value="RECMOTHR"/> | <input type="text" value="LIFMOTHR"/> |
| 10) Father | <input type="text" value="RECFATHR"/> | <input type="text" value="LIFFATHR"/> |
| 11) Siblings | <input type="text" value="RECSIBLN"/> | <input type="text" value="LIFSIBLN"/> |
| 12) Sexual partner/spouse | <input type="text" value="RECPARTN"/> | <input type="text" value="LIFPARTN"/> |
| 13) Children | <input type="text" value="RECCHILD"/> | <input type="text" value="LIFCHILD"/> |
| 14) Other significant family | <input type="text" value="RECOTHR"/> | <input type="text" value="LIFOTHR"/> |
| 15) If 14 is yes, specify: | <input type="text" value="OTHRPSP"/> | |
| 16) Close friends | <input type="text" value="RECFRIND"/> | <input type="text" value="LIFFRIND"/> |
| 17) Neighbors | <input type="text" value="RECNEIGH"/> | <input type="text" value="LIFNEIGH"/> |
| 18) Co-workers | <input type="text" value="RECCOWRK"/> | <input type="text" value="LIFCOWRK"/> |

Did anyone (#'s 9-18 above) abuse you?

- 19) Physically (caused you physical harm)
- 20) Sexually (forced sexual advances or sexual acts)
- 21) How many days in the past 30 days have you had serious conflicts with your family?
- 22) How many days in the past 30 days have you had serious conflicts with other people excluding family?

FOR QUESTIONS 23 - 26, PLEASE ASK THE SUBJECT TO USE THE SUBJECT RATING SCALE

- 23) How troubled or bothered have you been in the past 30 days by family problems?
- 24) How troubled or bothered have you been in the past 30 days by social problems?
- 25) How important to you now is treatment or counseling for family problems?
- 26) How important to you now is treatment or counseling for social problems?

CONFIDENCE RATINGS (Is the above information significantly distorted by) :

- 27) Subject's misrepresentation?
- 28) Subject's inability to understand?
- 29) Comments: **Family Score**

PSYCHIATRIC STATUS

- 1) How many times have you been treated for any psychological or emotional problem(s) in a hospital?
- 2) How many times have you been treated for any psychological or emotional problem(s) as an outpatient or private patient
- 3) Do you receive a pension for a psychiatric disability?

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

- | | <u>In the past 30 days</u> | <u>Lifetime</u> |
|---|---------------------------------------|---------------------------------------|
| 4) Experienced serious depression? | <input type="text" value="RECDEPRS"/> | <input type="text" value="LIFDEPRS"/> |
| 5) Experienced serious anxiety or tension? | <input type="text" value="RECANXTY"/> | <input type="text" value="LIFANXTY"/> |
| 6) Experienced hallucinations? | <input type="text" value="RECHALNS"/> | <input type="text" value="LIFHALNS"/> |
| 7) Experienced trouble understanding, concentrating, or remembering? | <input type="text" value="RECDIFCN"/> | <input type="text" value="LIFDIFCN"/> |
| 8) Experienced trouble controlling violent behavior? | <input type="text" value="RECDIFVL"/> | <input type="text" value="LIFDIFVL"/> |
| 9) Experienced serious thoughts of suicide? | <input type="text" value="RECSUICD"/> | <input type="text" value="LIFSUICD"/> |
| 10) Attempted suicide? | <input type="text" value="RECSUIAT"/> | <input type="text" value="LIFSUIAT"/> |
| 11) Been prescribed medication for any psychological or emotional problem? | <input type="text" value="RECPSYMD"/> | <input type="text" value="LIFPSYMD"/> |
| 12) How many days in the last 30 days have you experienced psychological or emotional problems? | <input type="text" value="RECPSYPB"/> | |

FOR QUESTIONS 13 - 14, PLEASE ASK THE SUBJECT TO USE THE SUBJECT RATING SCALE

- 13) How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?
- 14) How important to you now is treatment for these psychological problems?

CONFIDENCE RATINGS (Is the above information significantly distorted by) :

15) Subject's misrepresentation?

PSYMISRP

16) Subject's inability to understand?

PSYCOMP

17) Comments:

PSYCMNTS

Psychiatric Score

PSTSCORE

ASI2 v2

Protocol Number: NIDA-MDS-BupropionMeth-0001

Site ID : 982103

Phase II Low Bup Meth

Subject ID : 0223

Visit: WK1VIS1

VISITDT

Date :

(mm/dd/yyyy)



ADDICTION SEVERITY INDEX FOLLOW-UP: LITE CF VERSION (ASIFU) - Part 1

FORMND

Form Not Done

INSTRUCTIONS: Complete this form at the last visit of week 12 or the termination visit, if prior to week 12.

GENERAL INFORMATION

2) Class: ASICLASS

3) Contact code: CONTCT

5) Special: SPCIAL

10) Have you been in a controlled environment in the last 30 days? CNTRLENV

11) How many days? DYSCNENV

MEDICAL STATUS

1) How many times in your life have you been hospitalized for medical problems? HOSPITL

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

4) Do you receive a pension for a physical disability? (Exclude psychiatric disabilities) DISPENS

5) If yes to #4, specify: DISABIL

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

FOR QUESTIONS 7 AND 8, PLEASE ASK THE SUBJECT TO USE THE SUBJECT RATING SCALE

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

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

CONFIDENCE RATINGS (Is the above information significantly distorted by):

9) Subject's misrepresentation? MEDMISRP

10) Subject's inability to understand? MEDCOMP

11) Comments CMMNTS

Medical Score MEDSCORE

EMPLOYMENT/SUPPORT STATUS

1) Education completed (GED = 12 years): YRSEDU (years) MOSEDU (months)

2) Training or technical education completed: TRAINCMP (months)

3) Do you have a valid driver's license? DRVRSLC

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

6a) Usual (or last) occupation: OCCUPAT

6b) Hollingshead occupational category: HOLLNCAT

7) Does someone contribute to your support in any way? EXTSUPP

9) How many days were you paid for working in the past 30 days? DAYSPAID

How much money did you receive from the following sources in the past 30 days?

10) Employment (net income) \$ NETINCME

11) Unemployment compensation \$ UNEMPCOM

12) Public assistance (welfare) \$ PUBASSIT

13) Pension, benefits or social security \$ PENBENEF

14) Mate, family or friends (money for personal expenses) \$ FAMASSIT

15) Illegal \$ ILLINCME

16) How many people depend on you for the majority of their food, shelter, etc.? DEPENDTS

17) How many days have you experienced employment problems in the past 30 days? EMPPROB

FOR QUESTIONS 18 AND 19, PLEASE ASK SUBJECT TO USE THE SUBJECT RATING SCALE

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

19) How important to you now is counseling for these employment problems?

CONFIDENCE RATINGS (Is the above information significantly distorted by):

20) Subject's misrepresentation?

21) Subject's inability to understand?

22) Comments **Employment Score**

ALCOHOL/DRUG

SUBSTANCE	Days in Past 30 days
ASIDRUGS	DAYS PAST
1. Alcohol - any use at all	<input type="text"/>
2. Alcohol - to intoxication	<input type="text"/>
3. Heroin	<input type="text"/>
4. Methadone	<input type="text"/>
5. Other opiates/analgesics	<input type="text"/>
6. Barbiturates	<input type="text"/>
7. Other sedatives/hypnotics/tranquilizers	<input type="text"/>
8. Cocaine	<input type="text"/>
9. Amphetamines	<input type="text"/>
10. Cannabis	<input type="text"/>
11. Hallucinogens	<input type="text"/>
12. Inhalants	<input type="text"/>
13. More than 1 substance per day	<input type="text"/>

15) How many times in your life have you been treated for Alcohol abuse?

16) How many times in your life have you been treated for Drug abuse?

17) How many of these were detox only (Alcohol)?

18) How many of these were detox only (Drug)?

19) How much money have you spent during the past 30 days on Alcohol? \$

20) How much money have you spent during the past 30 days on Drugs? \$

21) How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days? (Include NA, AA)

22) How many days in the past 30 days have you experienced Alcohol problems?

23) How many days in the past 30 days have you experienced Drug problems?

FOR QUESTIONS 24 - 27, PLEASE ASK SUBJECT TO USE THE SUBJECT RATING SCALE

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

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

26) How important to you now is treatment for these Alcohol problems?

27) How important to you now is treatment for these Drug problems?

CONFIDENCE RATINGS (Is the above information significantly distorted by):

28) Subject's misrepresentation?

29) Subject's inability to understand?

30) Comments **Alcohol Score** **Drug Score**

Protocol Number: NIDA-MDS-BupropionMeth-0001

Site ID : 982103

Phase II Low Bup Meth

Subject ID : 0223

Visit: WK1VIS1

Date : VISITDT (mm/dd/yyyy)

ASIFU2 ADDICTION SEVERITY INDEX FOLLOW-UP: LITE CF VERSION (ASIFU) - Part 2

FORMND Form Not Done

Enter information below starting from page 7 of the ASI-Lite Follow-Up form under "Legal Status".

LEGAL STATUS

2) Are you on probation or parole? PROBATIN

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

- 3) Shoplifting/vandalism SHOPARR
4) Parole/probation violation(s) PVIOLARR
5) Drug charge(s) DRUGARR
6) Forgery FORGEARR
7) Weapons offense WEAPNARR
8) Burglary, larceny, B and E BURGLARR
9) Robbery ROBBARR
10) Assault ASSALARR
11) Arson ARSONARR
12) Rape RAPEARR
13) Homicide, manslaughter HOMICARR
14) Prostitution PROSTARR
15) Contempt of Court CONTEARR
16) Other, specify: OTHERARR OTHARRSP

17) How many of these charges resulted in conviction? CONVICTS

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

- 18) Disorderly conduct, vagrancy, public intoxication? MISDEARR
19) Driving while intoxicated? DWIARR
20) Major driving violations (reckless driving, speeding, no license, etc.)? MDRIVARR
21) How many months were you incarcerated in your life? LIFINCAR (months)
22) Are you presently awaiting charges, trial or sentence? AWTRAIL
23) What for? (if multiple charges use most severe from codes for #03 through 16 above, or use the following codes: 18=disorderly conduct, 19=driving while intoxicated, 20=major driving violation) TRIALCRG
24) How many days in the past 30 days were you detained or incarcerated? RECDYSIN (days)
25) How many days in the past 30 days have you engaged in illegal activities for profit? RECDYSIL (days)

FOR QUESTIONS 26 - 27, PLEASE ASK THE SUBJECT TO USE THE SUBJECT RATING SCALE

- 26) How serious do you feel your present legal problems are? LGLCNCRN
27) How important to you now is counseling or referral for these legal problems? LGLTXCRN

CONFIDENCE RATINGS (Is the above information significantly distorted by):

- 28) Subject's misrepresentation? LGLMISRP
29) Subject's inability to understand? LGLCOMP
30) Comments: LGLCMNTS Legal Score LGLSCORE

FAMILY/SOCIAL RELATIONSHIPS

- 1) Marital status MRTLSTAT
2) Are you satisfied with this situation? MRTLSATI
3) Usual living arrangements (past three years) LIVARRAN
4) Are you satisfied with these living arrangements? LIVARRSA
5) Do you live with anyone who has a current alcohol problem? ROOMALC
6) Do you live with anyone who uses non-prescribed drugs? ROOMDRUG

- 7) With whom do you spend most of your free time?
- 8) Are you satisfied with spending your free time this way?

Have you had any significant periods in which you have experienced serious problems getting along with:

In the past 30 days

- 9) Mother
- 10) Father
- 11) Siblings
- 12) Sexual partner/spouse
- 13) Children
- 14) Other significant family
- 15) If 14 is yes, specify:
- 16) Close friends
- 17) Neighbors
- 18) Co-workers

Did anyone (#'s 9-18 above) abuse you?

- 19) Physically (caused you physical harm)
- 20) Sexually (forced sexual advances or sexual acts)
- 21) How many days in the past 30 days have you had serious conflicts with your family?
- 22) How many days in the past 30 days have you had serious conflicts with other people excluding family?

FOR QUESTIONS 23 - 26, PLEASE ASK THE SUBJECT TO USE THE SUBJECT RATING SCALE

- 23) How troubled or bothered have you been in the past 30 days by family problems?
- 24) How troubled or bothered have you been in the past 30 days by social problems?
- 25) How important to you now is treatment or counseling for family problems?
- 26) How important to you now is treatment or counseling for social problems?

CONFIDENCE RATINGS (Is the above information significantly distorted by) :

- 27) Subject's misrepresentation?
- 28) Subject's inability to understand?
- 29) Comments: **Family Score**

PSYCHIATRIC STATUS

- 1) How many times have you been treated for any psychological or emotional problem(s) in a hospital?
- 2) How many times have you been treated for any psychological or emotional problem(s) as an outpatient or private patient
- 3) Do you receive a pension for a psychiatric disability?

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

In the past 30 days

- 4) Experienced serious depression?
- 5) Experienced serious anxiety or tension?
- 6) Experienced hallucinations?
- 7) Experienced trouble understanding, concentrating, or remembering?
- 8) Experienced trouble controlling violent behavior?
- 9) Experienced serious thoughts of suicide?
- 10) Attempted suicide?
- 11) Been prescribed medication for any psychological or emotional problem?
- 12) How many days in the last 30 days have you experienced psychological or emotional problems?

FOR QUESTIONS 13 - 14, PLEASE ASK THE SUBJECT TO USE THE SUBJECT RATING SCALE

- 13) How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?
- 14) How important to you now is treatment for these psychological problems?

CONFIDENCE RATINGS

(Is the above information significantly distorted by) :

15) Subject's misrepresentation?

PSYMISRP

16) Subject's inability to understand?

PSYCOMP

17) Comments:

PSYCMNTS

Psychiatric Score

PSTSCORE

ASIFU2 v1

Protocol Number: NIDA-MDS-BupropionMeth-0001

Phase II Low Bup Meth

Visit:

Site ID :

Subject ID :

Date :

(mm/dd/yyyy)

BLDCHEM

BLOOD CHEMISTRIES

FORMND

Form Not Done

INSTRUCTION: Complete this form at screening/baseline and at the last visit of week 12 or the termination visit, if prior to week 12.

Data Collected For:

Screening/Baseline Week12/Termination Other, specify

Analyte	Result	Units	Other Unit	Normal	Abnormal	Abnormal Significant	Not Done	Comments
1. Sodium	SODRSLT	SODSTU	SODOTH	<input type="checkbox"/> SODNRML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SODCMCNT
2. Potassium	POTRSLT	POTSTU	POTOTH	<input type="checkbox"/>	<input type="checkbox"/> POTNRML	<input type="checkbox"/>	<input type="checkbox"/>	POTCMCNT
3. Chloride	CHLRSLT	CHLSTU	CHLOTH	<input type="checkbox"/> CHLNRML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CHLCMCNT
4. CO2	CO2RSLT	CO2STU	CO2OTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CO2NRML	<input type="checkbox"/>	CO2CMCNT
5. Glucose	GLURSLT	GLUSTU	GLUOTH	<input type="checkbox"/> GLUNRML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GLUCMCNT
6. Creatinine	CRETRSLT	CRETSTU	CRETOH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CRETRNML	<input type="checkbox"/>	CRECMCNT
7. Albumin	ALBRSLT	ALBSTU	ALBOTH	<input type="checkbox"/> ALBNRML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ALBCMCNT
8. Total Protein	TPRSLT	TPSTU	TPOTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> TPNRML	<input type="checkbox"/>	TPCMCNT
9. Calcium	CALRSLT	CALSTU	CALOTH	<input type="checkbox"/> CALNRML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CALCMCNT
10. Phosphorus	PHSRSLT	PHSSTU	PHSOH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> PHSNRML	<input type="checkbox"/>	PHSCMCNT
11. ALT/SGPT	SGPTRSLT	SGPTSTU	SGPTOH	<input type="checkbox"/> SGPTNRML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SGPTCMCNT
12. AST/SGOT	SGOTRSLT	SGOTSTU	SGOTOH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SGOTNRML	<input type="checkbox"/>	SGOTCMCNT
13. Total Bilirubin	TBRSLT	TBSSTU	TBOTH	<input type="checkbox"/> TBNRML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TBCMCNT
14. LDH	LDHRSLT	LDHSTU	LDHOTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> LDHNRML	<input type="checkbox"/>	LDHCMCNT
15. ALP	ALPRSLT	ALPSTU	ALPOH	<input type="checkbox"/> ALPNRML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ALPCMNT
16. BUN	BUNRSLT	BUNSTU	BUNOTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> BUNNRML	<input type="checkbox"/>	BUNCMCNT

P/I/MD/NP Signature Present? SIGPRES Signature Date PISIGDT BLDICHEM v2

Protocol Number: NIDA-MDS-BupropionMeth-0001

Phase II Low Bup Meth

Visit: SCRNBASE

Site ID : 982103

Subject ID : 0206

Date : VISITDT
(mm/dd/yyyy)

BSCS BRIEF SUBSTANCE CRAVING SCALE (BSCS)

FORMND Form Not Done

- 1) The INTENSITY of my craving, that is, how much I desired methamphetamine in the past 24 hours was: INTENSE1
- 2) The FREQUENCY of my craving, that is, how often I desired methamphetamine in the past 24 hours was: FREQUENT1
- 3) The LENGTH of time I spent in craving for methamphetamine during the past 24 hours was: LENGTH1
- 4) Write in the NUMBER of times you think you had craving for methamphetamine during the past 24 hours: NUMBR
- 5) Write in the total TIME spent craving methamphetamine during the past 24 hours: TIMEHRS HRS TIMEMIN MINUTES
- 6) WORST day: During the past week my most intense craving occurred on the following day: WORSTDAY
(If "All days the same, then skip to Question # 8)
- 7) The date for that day was: WORSTDT
(mm/dd/yyyy)
- 8) The INTENSITY of my craving, that is, how much I desired methamphetamine on that worst day was: WORSTINT
- 9) A 2nd craved drug during the past 24 hours was: CRAVE2
If other specify: CRAVE2X
- 10) The INTENSITY of my craving, that is, how much I desired this second drug in the past 24 hours was: INTENSE2
- 11) The FREQUENCY of my craving, that is, how often I desired this second drug in the past 24 hours was: FREQUENT2
- 12) The LENGTH of time I spent in craving for this second drug during the past 24 hours was: LENGTH2
- 13) A 3rd craved drug during the past 24 hours was: CRAVE3
If other specify: CRAVE3X
- 14) The INTENSITY of my craving, that is, how much I desired this third drug in the past 24 hours was: INTENSE3
- 15) The FREQUENCY of my craving, that is, how often I desired this third drug in the past 24 hours was: FREQUENT3
- 16) The LENGTH of time I spent in craving for this third drug during the past 24 hours was: LENGTH3

Form Completed By Subject Staff
COMPBY

BSCS v1

Protocol Number: NIDA-MDS-BupropionMeth-0001

Site ID : 982103

Phase II Low Bup Meth

Subject ID : 0226

Visit: STDYWD

CBTCMPL CBT COMPLIANCE - PART 1

FORMND

Form Not Done

INSTRUCTION: Complete this form twice a week during screening/baseline, three times a week during weeks 1-12 and once a week during weeks 13-16.

Visit	Date	Did Subject attend early recovery skills group or receive standardized manual-guided CBT?*	If yes, length of CBT session in minutes.	Was CBT session audiotaped?	Did subject receive other non-study related treatment?	Comments
Screening/ Baseline	SCRB1DT (mm/dd/yyyy)	<input type="checkbox"/> Yes SCRB1YNU <input type="checkbox"/> Unknown	SCRB1LNG	SCRB1ATP <input type="checkbox"/> No <input type="checkbox"/> Unk	SCRB1OTH <input type="checkbox"/> No <input type="checkbox"/> Unk	SCRB1CMN
Screening/ Baseline	SCRB2DT (mm/dd/yyyy)	<input type="checkbox"/> Yes SCRB2YNU <input type="checkbox"/> Unknown	SCRB2LNG	SCRB2ATP <input type="checkbox"/> No <input type="checkbox"/> Unk	SCRB2OTH <input type="checkbox"/> No <input type="checkbox"/> Unk	SCRB2CMN
Screening/ Baseline	SCRB3DT (mm/dd/yyyy)	<input type="checkbox"/> Yes SCRB3YNU <input type="checkbox"/> Unknown	SCRB3LNG	<input type="checkbox"/> Yes SCRB3ATP <input type="checkbox"/> Unk	<input type="checkbox"/> Yes** SCRB3OTH <input type="checkbox"/> Unk	SCRB3CMN
Screening/ Baseline	SCRB4DT (mm/dd/yyyy)	<input type="checkbox"/> Yes SCRB4YNU <input type="checkbox"/> Unknown	SCRB4LNG	<input type="checkbox"/> Yes <input type="checkbox"/> No SCRB4ATP <input type="checkbox"/> Unk	<input type="checkbox"/> Yes** SCRB4OTH <input type="checkbox"/> Unk	SCRB4CMN
Screening/ Baseline	SCRB5DT (mm/dd/yyyy)	<input type="checkbox"/> Yes SCRB5YNU <input type="checkbox"/> Unknown	SCRB5LNG	<input type="checkbox"/> Yes <input type="checkbox"/> No SCRB5ATP	<input type="checkbox"/> Yes** SCRB5OTH <input type="checkbox"/> Unk	SCRB5CMN
Screening/ Baseline	SCRB6DT (mm/dd/yyyy)	<input type="checkbox"/> Yes SCRB6YNU <input type="checkbox"/> Unknown	SCRB6LNG	<input type="checkbox"/> Yes <input type="checkbox"/> No SCRB6ATP <input type="checkbox"/> Unk	<input type="checkbox"/> Yes** SCRB6OTH <input type="checkbox"/> Unk	SCRB6CMN
Screening/ Baseline	SCRB7DT (mm/dd/yyyy)	<input type="checkbox"/> Yes SCRB7YNU <input type="checkbox"/> Unknown	SCRB7LNG	<input type="checkbox"/> Yes <input type="checkbox"/> No SCRB7ATP	<input type="checkbox"/> Yes** SCRB7OTH <input type="checkbox"/> Unk	SCRB7CMN
Screening/ Baseline	SCRB8DT (mm/dd/yyyy)	<input type="checkbox"/> Yes SCRB8YNU <input type="checkbox"/> Unknown	SCRB8LNG	<input type="checkbox"/> Yes <input type="checkbox"/> No SCRB8ATP	<input type="checkbox"/> Yes** SCRB8OTH <input type="checkbox"/> Unk	SCRB8CMN
Week 1 Visit 1	W1V1DT (mm/dd/yyyy)	<input type="checkbox"/> Yes W1V1YNU <input type="checkbox"/> Unknown	W1V1LNG	<input type="checkbox"/> Yes <input type="checkbox"/> No W1V1ATP	<input type="checkbox"/> Yes** W1V1OTH <input type="checkbox"/> Unk	W1V1CMN
Week 1 Visit 2	W1V2DT (mm/dd/yyyy)	<input type="checkbox"/> Yes W1V2YNU <input type="checkbox"/> Unknown	W1V2LNG	<input type="checkbox"/> Yes <input type="checkbox"/> No W1V2ATP <input type="checkbox"/> Unk	<input type="checkbox"/> Yes** W1V2OTH <input type="checkbox"/> Unk	W1V2CMN
Week 1 Visit 3	W1V3DT (mm/dd/yyyy)	<input type="checkbox"/> Yes W1V3YNU	W1V3LNG	<input type="checkbox"/> Yes W1V3ATP	<input type="checkbox"/> Yes** W1V3OTH	W1V3CMN

	<input type="checkbox"/> Unknown		<input type="checkbox"/> Unk	<input type="checkbox"/> Unk	
Week 2 Visit 1	<input type="checkbox"/> Yes W2V1YNU <input type="checkbox"/> Unknown	W2V1LNG	<input type="checkbox"/> Yes <input type="checkbox"/> No W2V1ATP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk W2V1OTH	W2V1CMN
Week 2 Visit 2	<input type="checkbox"/> No <input type="checkbox"/> Unknown W2V2YNU	W2V2LNG	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk W2V2ATP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk W2V2OTH	W2V2CMN
Week 2 Visit 3	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown W2V3YNU	W2V3LNG	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk W2V3ATP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk W2V3OTH	W2V3CMN
Week 3 Visit 1	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown W3V1YNU	W3V1LNG	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk W3V1ATP	<input type="checkbox"/> Yes** <input type="checkbox"/> No <input type="checkbox"/> Unk W3V1OTH	W3V1CMN
Week 3 Visit 2	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown W3V2YNU	W3V2LNG	<input type="checkbox"/> Yes <input type="checkbox"/> No W3V2ATP	<input type="checkbox"/> Yes** <input type="checkbox"/> No <input type="checkbox"/> Unk W3V2OTH	W3V2CMN
Week 3 Visit 3	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown W3V3YNU	W3V3LNG	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk W3V3ATP	<input type="checkbox"/> Yes** <input type="checkbox"/> No <input type="checkbox"/> Unk W3V3OTH	W3V3CMN
Week 4 Visit 1	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown W4V1YNU	W4V1LNG	<input type="checkbox"/> Yes <input type="checkbox"/> No W4V1ATP	<input type="checkbox"/> Yes** <input type="checkbox"/> No <input type="checkbox"/> Unk W4V1OTH	W4V1CMN
Week 4 Visit 2	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown W4V2YNU	W4V2LNG	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk W4V2ATP	<input type="checkbox"/> Yes** <input type="checkbox"/> No <input type="checkbox"/> Unk W4V2OTH	W4V2CMN
Week 4 Visit 3	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown W4V3YNU	W4V3LNG	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk W4V3ATP	<input type="checkbox"/> Yes** <input type="checkbox"/> No <input type="checkbox"/> Unk W4V3OTH	W4V3CMN
Week 5 Visit 1	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown W5V1YNU	W5V1LNG	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk W5V1ATP	<input type="checkbox"/> Yes** <input type="checkbox"/> No <input type="checkbox"/> Unk W5V1OTH	W5V1CMN
Week 5 Visit 2	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown W5V2YNU	W5V2LNG	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk W5V2ATP	<input type="checkbox"/> Yes** <input type="checkbox"/> No <input type="checkbox"/> Unk W5V2OTH	W5V2CMN
Week 5 Visit 3	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown W5V3YNU	W5V3LNG	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk W5V3ATP	<input type="checkbox"/> Yes** <input type="checkbox"/> No <input type="checkbox"/> Unk W5V3OTH	W5V3CMN

Week 6 Visit 1	W6V1DT (mm/dd/yyyy)	W6V1YNU <input type="checkbox"/> No <input type="checkbox"/> Unknown	W6V1LNG	W6V1ATP <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes** <input type="checkbox"/> No W6V1OTH	W6V1CMN
Week 6 Visit 2	W6V2DT (mm/dd/yyyy)	<input type="checkbox"/> Yes W6V2YNU <input type="checkbox"/> Unknown	W6V2LNG	<input type="checkbox"/> Yes <input type="checkbox"/> No W6V2ATP	W6V2OTH <input type="checkbox"/> No <input type="checkbox"/> Unk	W6V2CMN
Week 6 Visit 3	W6V3DT (mm/dd/yyyy)	<input type="checkbox"/> Yes <input type="checkbox"/> No W6V3YNU	W6V3LNG	<input type="checkbox"/> Yes <input type="checkbox"/> No W6V3ATP	<input type="checkbox"/> Yes** <input type="checkbox"/> No <input type="checkbox"/> Unk W6V3OTH	W6V3CMN

* Early recovery skills group during screening/baseline and manual guided CBT during intervention and follow-up.

** If Yes, record non-study related treatment under 'Other CBT' on page 6.

CBTCMPLv1

Protocol Number: NIDA-MDS-BupropionMeth-0001

Site ID : 982103

Phase II Low Bup Meth

Subject ID : VISITDT

Visit: STDYWD

CBTCMPL2 CBT COMPLIANCE - PART 2

FORMND

Form Not Done

Visit	Date	Did Subject attend early recovery skills group or receive standardized manual-guided CBT?*	If yes, length of CBT session in minutes.	Was CBT session audiotaped?	Did subject receive other non-study related treatment?	Comments
Week 7 Visit 1	W7V1DT (mm/dd/yyyy)	<input type="checkbox"/> Yes <input type="checkbox"/> No W7V1YNU	W7V1LNG	<input type="checkbox"/> Yes <input type="checkbox"/> No W7V1ATP	W7V1OTH <input type="checkbox"/> No <input type="checkbox"/> Unk	W7V1CMN
Week 7 Visit 2	W7V2DT (mm/dd/yyyy)	<input type="checkbox"/> Yes <input type="checkbox"/> No W7V2YNU	W7V2LNG	<input type="checkbox"/> Yes <input type="checkbox"/> No W7V2ATP	W7V2OTH <input type="checkbox"/> No <input type="checkbox"/> Unk	W7V2CMN
Week 7 Visit 3	W7V3DT (mm/dd/yyyy)	<input type="checkbox"/> Yes <input type="checkbox"/> No W7V3YNU	W7V3LNG	<input type="checkbox"/> Yes <input type="checkbox"/> No W7V3ATP	W7V3OTH <input type="checkbox"/> No <input type="checkbox"/> Unk	W7V3CMN
Week 8 Visit 1	W8V1DT (mm/dd/yyyy)	<input type="checkbox"/> Yes <input type="checkbox"/> No W8V1YNU	W8V1LNG	<input type="checkbox"/> Yes <input type="checkbox"/> No W8V1ATP	W8V1OTH <input type="checkbox"/> No <input type="checkbox"/> Unk	W8V1CMN
Week 8 Visit 2	W8V2DT (mm/dd/yyyy)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown W8V2YNU	W8V2LNG	<input type="checkbox"/> Yes <input type="checkbox"/> No W8V2ATP	W8V2OTH <input type="checkbox"/> No <input type="checkbox"/> Unk	W8V2CMN
Week 8 Visit 3	W8V3DT (mm/dd/yyyy)	<input type="checkbox"/> Yes <input type="checkbox"/> No W8V3YNU	W8V3LNG	<input type="checkbox"/> Yes <input type="checkbox"/> No W8V3ATP	W8V3OTH <input type="checkbox"/> Yes** <input type="checkbox"/> No <input type="checkbox"/> Unk	W8V3CMN
Week 9 Visit 1	W9V1DT (mm/dd/yyyy)	<input type="checkbox"/> Yes <input type="checkbox"/> No W9V1YNU	W9V1LNG	<input type="checkbox"/> Yes <input type="checkbox"/> No W9V1ATP	W9V1OTH <input type="checkbox"/> Yes** <input type="checkbox"/> No <input type="checkbox"/> Unk	W9V1CMN
Week 9 Visit 2	W9V2DT (mm/dd/yyyy)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown W9V2YNU	W9V2LNG	<input type="checkbox"/> Yes <input type="checkbox"/> No W9V2ATP	W9V2OTH <input type="checkbox"/> No <input type="checkbox"/> Unk	W9V2CMN
Week 9 Visit 3	W9V3DT (mm/dd/yyyy)	<input type="checkbox"/> Yes <input type="checkbox"/> No W9V3YNU	W9V3LNG	<input type="checkbox"/> Yes <input type="checkbox"/> No W9V3ATP	W9V3OTH <input type="checkbox"/> No <input type="checkbox"/> Unk	W9V3CMN
Week 10 Visit 1	W10V1DT (mm/dd/yyyy)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown W10V1YNU	W10V1LNG	<input type="checkbox"/> Yes <input type="checkbox"/> No W10V1ATP	W10V1OTH <input type="checkbox"/> No <input type="checkbox"/> Unk	W10V1CMN
Week 10 Visit 2	W10V2DT (mm/dd/yyyy)	<input type="checkbox"/> Yes <input type="checkbox"/> No W10V2YNU	W10V2LNG	<input type="checkbox"/> Yes <input type="checkbox"/> No W10V2ATP	W10V2OTH <input type="checkbox"/> No <input type="checkbox"/> Unk	W10V2CMN

Week 10 Visit 3	W10V3DT (mm/dd/yyyy)	<input type="checkbox"/> Yes <input type="checkbox"/> No	W10V3LNG	<input type="checkbox"/> Yes <input type="checkbox"/> No	W10V3OTH <input type="checkbox"/> No <input type="checkbox"/> Unk	W10V3CMN
		W10V3YNU		W10V3ATP		
Week 11 Visit 1	W11V1DT (mm/dd/yyyy)	<input type="checkbox"/> Yes <input type="checkbox"/> No	W11V1LNG	<input type="checkbox"/> Yes <input type="checkbox"/> No	W11V1OTH <input type="checkbox"/> No <input type="checkbox"/> Unk	W11V1CMN
		W11V1YNU		W11V1ATP		
Week 11 Visit 2	W11V2DT (mm/dd/yyyy)	<input type="checkbox"/> Yes <input type="checkbox"/> No	W11V2LNG	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	W11V2OTH <input type="checkbox"/> No <input type="checkbox"/> Unk	W11V2CMN
		W11V2YNU		W11V2ATP		
Week 11 Visit 3	W11V3DT (mm/dd/yyyy)	<input type="checkbox"/> Yes <input type="checkbox"/> No	W11V3LNG	<input type="checkbox"/> Yes <input type="checkbox"/> No	W11V3OTH <input type="checkbox"/> No <input type="checkbox"/> Unk	W11V3CMN
		W11V3YNU		W11V3ATP		
Week 12 Visit 1	W12V1DT (mm/dd/yyyy)	<input type="checkbox"/> Yes <input type="checkbox"/> No	W12V1LNG	<input type="checkbox"/> Yes <input type="checkbox"/> No	W12V1OTH <input type="checkbox"/> No <input type="checkbox"/> Unk	W12V1CMN
		W12V1YNU		W12V1ATP		
Week 12 Visit 2	W12V2DT (mm/dd/yyyy)	<input type="checkbox"/> Yes <input type="checkbox"/> No	W12V2LNG	<input type="checkbox"/> Yes <input type="checkbox"/> No	W12V2OTH <input type="checkbox"/> No <input type="checkbox"/> Unk	W12V2CMN
		W12V2YNU		W12V2ATP		
Week 12 Visit 3	W12V3DT (mm/dd/yyyy)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	W12V3LNG	<input type="checkbox"/> Yes <input type="checkbox"/> No	W12V3OTH <input type="checkbox"/> No <input type="checkbox"/> Unk	W12V3CMN
		W12V3YNU		W12V3ATP		
Week 13	W13DT (mm/dd/yyyy)	<input type="checkbox"/> Yes <input type="checkbox"/> No	W13LNG	<input type="checkbox"/> Yes <input type="checkbox"/> No	W13OTH <input type="checkbox"/> No <input type="checkbox"/> Unk	W13CMN
		W13YNU		W13ATP		
Week 14	W14DT (mm/dd/yyyy)	<input type="checkbox"/> Yes <input type="checkbox"/> No	W14LNG	<input type="checkbox"/> Yes <input type="checkbox"/> No	W14OTH <input type="checkbox"/> No <input type="checkbox"/> Unk	W14CMN
		W14YNU		W14ATP		
Week 15	W15DT (mm/dd/yyyy)	<input type="checkbox"/> Yes <input type="checkbox"/> No	W15LNG	<input type="checkbox"/> Yes <input type="checkbox"/> No	W15OTH <input type="checkbox"/> No <input type="checkbox"/> Unk	W15CMN
		W15YNU		W15ATP		
Week 16	W16DT (mm/dd/yyyy)	<input type="checkbox"/> Yes <input type="checkbox"/> No	W16LNG	<input type="checkbox"/> Yes <input type="checkbox"/> No	W16OTH <input type="checkbox"/> No <input type="checkbox"/> Unk	W16CMN
		W16YNU		W16ATP		

* Early recovery skills group during screening/baseline and manual guided CBT during intervention and follow-up.

** If Yes, record non-study related treatment under 'Other CBT' on page 6.

CBTCMPL2v1

Protocol Number: NIDA-MDS-BupropionMeth-0001

Phase II Low Bup Meth

Site ID : 982103

Subject ID : 0205

Visit: STDYWD

CBTCMPLX CBT COMPLIANCE - OTHER

Was 'Yes' checked for 'Did subject receive other non-study related treatment' in table above? (in Part 1 and/or Part 2 of this form)

Yes (record below) No (leave remainder of the form blank)

CBTXYN

#	Week/ Visit #	Date (mm/dd/yyyy)	Source of therapy	Length of session in minutes	Comments
CBLINENO	CBTWKVIS	CBTXDT	CBTXSRC	CBTXLNG	CBTXCMN

CBTCMPLXv1

Protocol Number: NIDA-MDS-BupropionMeth-0001

Phase II Low Bup Meth

Visit: SCRNBASE

Site ID : 982103

Subject ID : 0206

Date : VISITDT
(mm/dd/yyyy)

CGIO CLINICAL GLOBAL IMPRESSION - OBSERVER (CGI-O)

FORMND Form Not Done

1. Global Severity of Methamphetamine Dependence

CGIOSEVR

Considering your total clinical experience with the methamphetamine dependent population, how severe are his/her methamphetamine dependence symptoms at this time?

- Normal, no symptoms
- Borderline symptoms
- Mild symptoms
- Moderate symptoms
- Marked symptoms
- Severe symptoms
- Among the most extreme symptoms

2. Global Improvement of Methamphetamine Dependence

(If not given at first rating, check "not assessed at first rating".) CGIOIMPR

Rate the total improvement in the participant's methamphetamine dependence symptoms whether or not, in your judgment, it is due entirely to drug treatment. Compared to his/her admission to the project (baseline), how much has s/he changed?

- Not assessed at first rating
- Very much improved
- Much improved
- Minimally improved
- No change
- Minimally worse
- Much worse
- Very much worse

3.

Specific Problem Area	CGIOQUES	None, least severe	CGIORATE							Most severe					
1. Reported Methamphetamine use		<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7
2. Methamphetamine seeking		<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7
3. Reported use of other drugs		<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7
4. Observable psychiatric symptoms		<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7
5. Reported psychiatric symptoms		<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7
6. Physical/medical problems		<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7
7. Maladaptive coping in the family/social area		<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7
8. Maladaptive coping in other areas		<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7

CGIOv1

Protocol Number: NIDA-MDS-BupropionMeth-0001

Phase II Low Bup Meth

Visit: SCRNBASE

Site ID : 982103

Subject ID : 0206

Date : VISITDT
(mm/dd/yyyy)

CGIS

CLINICAL GLOBAL IMPRESSION - SELF (CGI-S)

FORMND Form Not Done

1. Methamphetamine Global Severity CGISSEVR

At this time, how would you rate yourself for Methamphetamine use and Methamphetamine related problems?

- No problems
- Borderline problems
- Mild problems
- Moderate problems
- Marked problems
- Severe problems
- Among the most extreme symptoms

2. Methamphetamine Global Improvement CGISIMPR

(Not given at first rating. Mark not assessed at first rating.)
How would you rate yourself for changes in Methamphetamine use and Methamphetamine related problems since the beginning of this study?

- Not assessed at first rating
- Very much improved
- Much improved
- Minimally improved
- No change
- Minimally worse
- Much worse
- Very much worse

Form Completed By Subject Staff COMPBY

CGIS v1

Protocol Number: NIDA-MDS-BupropionMeth-0001

Site ID : 982112

Phase II Low Bup Meth

Subject ID : 1622

Visit: STDYWD

CONMED PRIOR AND CONCOMITANT MEDICATIONS

Has the subject taken any medications 30 days prior or during Screening, while on the study, or at Follow-Up assessment?

CMANYMED Yes No (If yes, please complete table)

Legend table for Dose, Units, Frequency, and Route of Administration with numerical codes and descriptions.

Main data entry form with fields for Medication, Dose, Units, Frequency, Route, Start Date, Indication, and Related to AE?

Record: 1 of 1

MD/PI Signature Present? SIGPRES Yes No Signature Date PISIGDT

Protocol Number: NIDA-MDS-BupropionMeth-0001

Site ID : 982103

Phase II Low Bup Meth

Subject ID : 0206

Visit: SCRNBASE

Date : VISITDT
(mm/dd/yyyy)

DEMOG DEMOGRAPHICS

1. Gender: Male DMGENDER

2. Date of Birth: BIRTHDD / BIRTHMM / BIRTHYY
(mm) (dd) (yyyy)

3. Age of first use of Methamphetamine: METHYR years METHMM months

4. Ethnicity (Check only ONE with which you MOST CLOSELY identify):

- Hispanic or Latino DMETHNIC
- Not Hispanic or Latino
- Unknown/Not Reported

5. Race (Check only one. If 'More than one race' is checked, please specify in the space provided):

- American Indian or Alaskan Native
 - Asian DMRACE
 - Black or African American
 - White
 - Native Hawaiian or Other Pacific Islander
 - Unknown/Not Reported
 - More than one race
- Specify: OTHSPE

6. Marital Status:

- Legally Married DMMARRY
- Living with Partner/cohabitating
- Widowed
- Separated
- Divorced
- Never Married
- Unknown/Not Reported

7. Years of Formal Education (GED = 12 years) EDUYR years EDUMM months EDUUNK

8. Usual Employment Pattern in the last 30 days:

- Full-Time, 35 + hrs/week
- Part-Time, regular hrs DMEMPLOY
- Part-Time, irregular hrs/day work
- Student
- Military Service
- Retired/Disabled
- Homemaker
- Unemployed
- In controlled environment
- Unknown/Not Reported

DEMOGv2

Protocol Number: NIDA-MDS-BupropionMeth-0001

Phase II Low Bup Meth

Visit: SCRNBASE

Site ID : 982103

Subject ID : 0226

Date: VISITDT
(mm/dd/yyyy)

ECG

12- LEAD ELECTROCARDIOGRAM

FORMND

Form Not Done

INSTRUCTION: Complete this form at screening/baseline and at the last visit of week 12 or the termination visit, if prior to week 12.

Data Collected For:

Screening/Baseline Week COLLVT on Other, specify COLLVT_X

1. ECG overall results were: Normal ECGRSLT Clinically Significant Abnormal, Clinically Significant

If ECG was normal, skip to question 3; otherwise complete question 2 and indicate if finding was **ABNORMAL, NOT CLINICALLY SIGNIFICANT** or **ABNORMAL, CLINICALLY SIGNIFICANT**.

2. If ECG is Abnormal, CS or NCS, CHECK ALL that apply below:

- a. Increased QRS voltage QRSVOLT
- b. QTc Prolongation QTCPROL
- c. Left ventricular hypertrophy LTVENT
- d. Right ventricular hypertrophy RTVENT
- e. Acute infarction INFARCTN
- f. Right bundle branch block RTBUNDL
- g. Left bundle branch block LTBUNDL
- h. Old infarction OLDINFAR
- i. Myocardial ischemia MYOCARDL
- j. Symmetrical t-wave inversions SYMTWAVE
- k. Poor R-wave progression RWAVE
- l. Other nonspecific ST/T OTHRSTT
- m. Sinus tachycardia SINUSTAC
- n. Sinus bradycardia SINUSBRA
- o. Supraventricular premature beat SUPPRMBT
- p. Ventricular premature beat VNTPRMBT
- q. Supraventricular tachycardia SUPRVENT
- r. Ventricular tachycardia VENTTACH
- s. 1st degree A-V block AVBLK1DG
- t. 2nd degree A-V block AVBLK2DG
- u. 3rd degree A-V block AVBLK3DG
- v. Other, specify: OTH1
- w. Other, specify: OTH2

3. Ventricular rate bpm

6. QT ms

4. PR ms

7. QTc ms

5. QRS ms

Comments:

PI/MD Signature Present? SIGPRES No

Signature Date

ECGv1

Protocol Number: NIDA-MDS-BupropionMeth-0001

Phase II Low Bup Meth

Visit:

Site ID :

Subject ID :

Date :
(mm/dd/yyyy)

ENDTRIAL

END OF TRIAL FORM

1. Final visit date: (record latest date subject came to clinic)
(mm/dd/yyyy)

2. Reason for study termination (CHECK ONLY ONE):

A. Subject was a screen failure

If A is checked, indicate which Inclusion or Exclusion criteria number the subject failed:

Inclusion: :

B. Subject completed the study according to the protocol

If B is checked, indicate when subject completed the study:

Week 12 with urine sample Week 16 with urine sample (assumes sample provided at week 12 too)

C. Subject did not complete the study according to the protocol

NO LABEL FOR THIS IN THE DATA DICTIONARY

If "C" is checked, please check primary reason for early termination (only check one)

Subject had significant side effects from investigational products

Subject experienced serious or unexpected AEs

Subject missed more than 6 consecutive visits from clinic

Subject had a protocol violation

Subject had a positive pregnancy test

Subject had a serious intercurrent illness or a benzodiazepine or barbiturate medication use

Subject became a danger to self or others

Subject requested to be withdrawn from the study

Other, specify

PI/MD Signature Present? No

Signature Date

ENDTRIAL v3

Protocol Number: NIDA-MDS-BupropionMeth-0001

Phase II Low Bup Meth

Visit: SCRNBASE

Site ID : 982103

Subject ID : 0206

Date : VISITDT (mm/dd/yyyy)

FMLHIST1

FAMILY HISTORY INTERVIEW - PART 1

FORMND

Form Not Done

I. Parents and Grandparents

Problems/Disorders	Mother	Father	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather	None
1. Psychosis or Schizophrenia	MTHPSYSC	FTHPSYSC	MGMPSYSC	MGFPSYSC	PGMPSYSC	PGFPSYSC	NONPSYSC
2. Anxiety Disorder that impaired adjustment	MTHANDS	FTHANDS	MGMANDS	MGFANDS	PGMANDS	PGFANDS	NONANDS
3. Depression for more than 2 weeks	MTHDP2WK	FTHDP2WK	MGM DP2WK	MGFDP2WK	PGMDP2WK	PGFDP2WK	NONDP2WK
4. Tics or Tourette's Syndrome	MHTTSYN	FHTTSYN	MGMTTSYN	MGFTTSYN	PGMTTSYN	PGFTTSYN	NONTSYN
5. Mental Retardation	MTHMNTRT	FTHMNTRT	MGM MNTRT	MGFMNTRT	PGMMNTRT	PGFMNTRT	NONMNTRT
6. Problems w/aggressiveness, defiance, and oppositional behavior as a child	MTHADOB	FTHADOB	MGMADOB	MGFADOB	PGMADOB	PGFADOB	NONADOB
7. Problems w/attention, activity and impulse control as a child	MTHAAIC	FTHAAIC	MGM AAIC	MGFAAIC	PGMAAIC	PGFAAIC	NONAAIC
8. Learning Disabilities	MTHLRNDS	FTHLRNDS	MGM LRNDS	MGFLRNDS	PGMLRNDS	PGFLRNDS	NONLRNDS
9. Failed to graduate from High School	MTHFLGRD	FTHFLGRD	MGM FLGRD	MGFFLGRD	PGMFLGRD	PGFFLGRD	NONFLGRD
10. Antisocial Behavior (assaults, thefts, etc)	MTHANTSB	FTHANTSB	MGM ANTSB	MGF ANTSB	PGM ANTSB	PGF ANTSB	NON ANTSB
11. Arrests	MTHARRST	FTHARRST	MGM ARRST	MGF ARRST	PGM ARRST	PGF ARRST	NONARRST
12. Alcohol Abuse	MTHALCAB	FTHALCAB	MGM ALCAB	MGF ALCAB	PGM ALCAB	PGF ALCAB	NONALCAB
13. Substance Abuse	MTHSUBAB	FTHSUBAB	MGM SUBAB	MGF SUBAB	PGM SUBAB	PGF SUBAB	NONSUBAB
14. Tobacco Use/Abuse	MHTOAB	FHTOAB	MGM TOAB	MGF TOAB	PGM TOAB	PGF TOAB	NONTOAB
15. Physical Abuse	MTHPHYAB	FTHPHYAB	MGM PHYAB	MGF PHYAB	PGM PHYAB	PGF PHYAB	NONPHYAB
16. Sexual Abuse	MTHSEXAB	FTHSEXAB	MGM SEXAB	MGF SEXAB	PGM SEXAB	PGF SEXAB	NONSEXAB

FMLHIST1v1

Protocol Number: NIDA-MDS-BupropionMeth-0001

Phase II Low Bup Meth

Visit: SCRNBASE

Site ID : 982103

Subject ID : 0206

Date : VISITDT
(mm/dd/yyyy)

FMLHIST2

FAMILY HISTORY INTERVIEW - PART 2

FORMIND

Form Not Done

II. Uncles

	Uncle 1		Uncle 2		Uncle 3		Uncle 4		Uncle 5		Uncle 6		Uncle 7		Uncle 8		Uncle 9		Uncle 10		None
	Maternal	Paternal	Maternal	Paternal	Maternal	Paternal	Maternal	Paternal	Maternal	Paternal	Maternal	Paternal	Maternal	Paternal	Maternal	Paternal	Maternal	Paternal	Maternal	Paternal	
Problems/Disorders	U1PM		U2PM		U3PM		U4PM		U5PM		U6PM		U7PM		U8PM		U9PM		U10PM		
1. Psychosis or Schizophrenia	U1PSYSC		U2PSYSC		U3PSYSC		U4PSYSC		U5PSYSC		U6PSYSC		U7PSYSC		U8PSYSC		U9PSYSC		U10PSYSC		NONPSYSC
2. Anxiety Disorder that impaired adjustment	U1ANDS		U2ANDS		U3ANDS		U4ANDS		U5ANDS		U6ANDS		U7ANDS		U8ANDS		U9ANDS		U10ANDS		NONANDS
3. Depression for more than 2 weeks	U1DP2WK		U2DP2WK		U3DP2WK		U4DP2WK		U5DP2WK		U6DP2WK		U7DP2WK		U8DP2WK		U9DP2WK		U10DP2WK		NONDP2WK
4. Tics or Tourette's Syndrome	U1TTSYN		U2TTSYN		U3TTSYN		U4TTSYN		U5TTSYN		U6TTSYN		U7TTSYN		U8TTSYN		U9TTSYN		U10TTSYN		NONTTSYN
5. Mental Retardation	U1MNTRT		U2MNTRT		U3MNTRT		U4MNTRT		U5MNTRT		U6MNTRT		U7MNTRT		U8MNTRT		U9MNTRT		U10MNTRT		NONMNTRT
6. Problems w/aggressiveness, defiance, and oppositional behavior as a child	U1ADOB		U2ADOB		U3ADOB		U4ADOB		U5ADOB		U6ADOB		U7ADOB		U8ADOB		U9ADOB		U10ADOB		NONADOB
7. Problems w/attention, activity and impulse control as a child	U1AAIC		U2AAIC		U3AAIC		U4AAIC		U5AAIC		U6AAIC		U7AAIC		U8AAIC		U9AAIC		U10AAIC		NONAAIC
8. Learning Disabilities	U1LRNDS		U2LRNDS		U3LRNDS		U4LRNDS		U5LRNDS		U6LRNDS		U7LRNDS		U8LRNDS		U9LRNDS		U10LRNDS		NONLRNDS
9. Failed to graduate from High School	U1FLGRD		U2FLGRD		U3FLGRD		U4FLGRD		U5FLGRD		U6FLGRD		U7FLGRD		U8FLGRD		U9FLGRD		U10FLGRD		NONFLGRD
10. Antisocial Behavior (assaults, thefts, etc)	U1ANTSB		U2ANTSB		U3ANTSB		U4ANTSB		U5ANTSB		U6ANTSB		U7ANTSB		U8ANTSB		U9ANTSB		U10ANTSB		NONANTSB
11. Arrests	U1ARRST		U2ARRST		U3ARRST		U4ARRST		U5ARRST		U6ARRST		U7ARRST		U8ARRST		U9ARRST		U10ARRST		NONARRST
12. Alcohol Abuse	U1ALCAB		U2ALCAB		U3ALCAB		U4ALCAB		U5ALCAB		U6ALCAB		U7ALCAB		U8ALCAB		U9ALCAB		U10ALCAB		NONALCAB
13. Substance Abuse	U1SUBAB		U2SUBAB		U3SUBAB		U4SUBAB		U5SUBAB		U6SUBAB		U7SUBAB		U8SUBAB		U9SUBAB		U10SUBAB		NONSUBAB
14. Tobacco Use/Abuse	U1TOBAB		U2TOBAB		U3TOBAB		U4TOBAB		U5TOBAB		U6TOBAB		U7TOBAB		U8TOBAB		U9TOBAB		U10TOBAB		NONTOBAB
15. Physical Abuse	U1PHYAB		U2PHYAB		U3PHYAB		U4PHYAB		U5PHYAB		U6PHYAB		U7PHYAB		U8PHYAB		U9PHYAB		U10PHYAB		NONPHYAB
16. Sexual Abuse	U1SEXAB		U2SEXAB		U3SEXAB		U4SEXAB		U5SEXAB		U6SEXAB		U7SEXAB		U8SEXAB		U9SEXAB		U10SEXAB		NONSEXAB

Protocol Number: NIDA-MDS-BupropionMeth-0001

Phase II Low Bup Meth

Visit: SCRNBASE

Site ID : 982103

Subject ID : 0206

Date : VISITDT
(mm/dd/yyyy)

FMLHIST3

FAMILY HISTORY INTERVIEW - PART 3

FORMND

Form Not Done

III. Aunts

	A1PM Maternal	A2PM Maternal	A3PM Maternal	A4PM Maternal	A5PM Maternal	A6PM Maternal	A7PM Maternal	A8PM Paternal	A9PM Paternal	A10PM Paternal	None
Problems/Disorders	Aunt 1	Aunt 2	Aunt 3	Aunt 4	Aunt 5	Aunt 6	Aunt 7	Aunt 8	Aunt 9	Aunt 10	
1. Psychosis or Schizophrenia	A1PSYSC	A2PSYSC	A3PSYSC	A4PSYSC	A5PSYSC	A6PSYSC	A7PSYSC	A8PSYSC	A9PSYSC	A10PSYSC	NONPSYSC
2. Anxiety Disorder that impaired adjustment	A1ANDS	A2ANDS	A3ANDS	A4ANDS	A5ANDS	A6ANDS	A7ANDS	A8ANDS	A9ANDS	A10ANDS	NONANDS
3. Depression for more than 2 weeks	A1DP2WK	A2DP2WK	A3DP2WK	A4DP2WK	A5DP2WK	A6DP2WK	A7DP2WK	A8DP2WK	A9DP2WK	A10DP2WK	NONDP2WK
4. Tics or Tourette's Syndrome	A1TTSYN	A2TTSYN	A3TTSYN	A4TTSYN	A5TTSYN	A6TTSYN	A7TTSYN	A8TTSYN	A9TTSYN	A10TTSYN	NONTTSYN
5. Mental Retardation	A1MNTRT	A2MNTRT	A3MNTRT	A4MNTRT	A5MNTRT	A6MNTRT	A7MNTRT	A8MNTRT	A9MNTRT	A10MNTRT	NONMNTRT
6. Problems w/aggressiveness, defiance, and oppositional behavior as a child	A1ADOB	A2ADOB	A3ADOB	A4ADOB	A5ADOB	A6ADOB	A7ADOB	A8ADOB	A9ADOB	A10ADOB	NONADOB
7. Problems w/attention, activity and impulse control as a child	A1AAIC	A2AAIC	A3AAIC	A4AAIC	A5AAIC	A6AAIC	A7AAIC	A8AAIC	A9AAIC	A10AAIC	NONAAIC
8. Learning Disabilities	A1LRNDS	A2LRNDS	A3LRNDS	A4LRNDS	A5LRNDS	A6LRNDS	A7LRNDS	A8LRNDS	A9LRNDS	A10LRNDS	NONLRNDS
9. Failed to graduate from High School	A1FLGRD	A2FLGRD	A3FLGRD	A4FLGRD	A5FLGRD	A6FLGRD	A7FLGRD	A8FLGRD	A9FLGRD	A10FLGRD	NONFLGRD
10. Antisocial Behavior (assaults, thefts, etc)	A1ANTSB	A2ANTSB	A3ANTSB	A4ANTSB	A5ANTSB	A6ANTSB	A7ANTSB	A8ANTSB	A9ANTSB	A10ANTSB	NONANTSB
11. Arrests	A1ARRST	A2ARRST	A3ARRST	A4ARRST	A5ARRST	A6ARRST	A7ARRST	A8ARRST	A9ARRST	A10ARRST	NONARRST
12. Alcohol Abuse	A1ALCAB	A2ALCAB	A3ALCAB	A4ALCAB	A5ALCAB	A6ALCAB	A7ALCAB	A8ALCAB	A9ALCAB	A10ALCAB	NONALCAB
13. Substance Abuse	A1SUBAB	A2SUBAB	A3SUBAB	A4SUBAB	A5SUBAB	A6SUBAB	A7SUBAB	A8SUBAB	A9SUBAB	A10SUBAB	NONSUBAB
14. Tobacco Use/Abuse	A1TOBAB	A2TOBAB	A3TOBAB	A4TOBAB	A5TOBAB	A6TOBAB	A7TOBAB	A8TOBAB	A9TOBAB	A10TOBAB	NONTOBAB
15. Physical Abuse	A1PHYAB	A2PHYAB	A3PHYAB	A4PHYAB	A5PHYAB	A6PHYAB	A7PHYAB	A8PHYAB	A9PHYAB	A10PHYAB	NONPHYAB
16. Sexual Abuse	A1SEXAB	A2SEXAB	A3SEXAB	A4SEXAB	A5SEXAB	A6SEXAB	A7SEXAB	A8SEXAB	A9SEXAB	A10SEXAB	NONSEXAB

Protocol Number: NIDA-MDS-BupropionMeth-0001

Phase II Low Bup Meth

Visit: SCRNBASE

Site ID : 982103

Subject ID : 0206

Date : VISITDT (mm/dd/yyyy)

FMLHIST4 FAMILY HISTORY INTERVIEW - PART 4

FORMND Form Not Done

IV. Siblings

Table with 12 columns (Problems/Disorders, Brother 1-5, Sister 1-5, None) and 16 rows of disorders. Each cell contains a code (e.g., B1PSYSC) and a checkbox.

FMLHIST4v1

Protocol Number: NIDA-MDS-BupropionMeth-0001

Phase II Low Bup Meth

Visit: FLWK16

Site ID : 982103

Subject ID : 0226

Date : VISITDT (mm/dd/yyyy)

FOLLOWUP FOLLOW-UP QUESTIONNAIRE

FORMND Form Not Done

1) Has contact been made with the subject? CONTMADE

If so, date: CONDDT (mm/dd/yyyy) (If yes, skip to Question #4)

2) If unable to reach subject, has contact been made with someone who can verify his/her status? SOMECONT

*If yes, has the subject died? IFDIED

**If the subject has died, SAETRS must be completed.

3) If contact has not been made with the subject, explain: NOCONTAC

4) Does subject report use of any of the following and if so, for how many days in the last week? (Check all that apply.)

- Substance use options: Cocaine (COCANE), Methamphetamine (METHAM), Alcohol (ALCOH), Marijuana (MARIJ), Cigarettes (CIGAR), Opiates (OPIAT), None (NON), Other (OTHR). Days Used options: DCOCANE, DMETHAM, DALCOH, DMARIJ, DCIGAR, DOPIAT, DOTHR, TXRECV.

5) Does the subject report currently receiving treatment for drug or alcohol abuse/dependence? TAKEDRUG Yes No

6) Does the subject report that s/he would take the study drug again if it were generally available for substance abuse treatment? Yes No Unknown

7) Have any adverse events occurred? AEOCCUR Yes No

8) Have any serious adverse events occurred? Yes*** No SAES ***If yes, SAETRS must be completed.

9) Additional comments: CMMNTS

FOLLOWUP v2

Protocol Number: NIDA-MDS-BupropionMeth-0001

Site ID : 982112

Phase II Low Bup Meth

Subject ID : 1622

Visit: STDYWD

GCPNONCM GCP NON-COMPLIANCE

FORMND Form Not Done

EVENTNO Event #	GCPNCDT Date of Non-Compliance (mm/dd/yyyy)	NCCODE Non-Compliance Code	GCPNCRSN Reason for Non-Compliance	GCPNCIRB Non-Compliance reportable to IRB?	IRBRPTDT If yes, Date Reported (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Record: 1 of 1

PI/MD Signature Present? Yes No

Signature Date

SIGPRES

PISIGDT

GCPNONCMv1

Protocol Number: NIDA-MDS-BupropionMeth-0001

Site ID : 982103

Phase II Low Bup Meth

Subject ID : 0226

Visit: WK6VIS1

Date : VISITDT
(mm/dd/yyyy)

GENSMPL GENETICS SAMPLES

FORMND Form Not Done

Data Collected For: Week 6 Week 12/Termination

Assay	Was Sample Collected?	Collection Date	Time Sample Collected	Barcode Number of Sample
Plasma RNA Sample	<input type="checkbox"/> Yes <input type="checkbox"/> No SAMPCOLL	COLLDT (mm/dd/yyyy)	COLLTM (00:00-23:59)	BARCD

GENSMPLv1

Protocol Number: NIDA-MDS-BupropionMeth-0001

Phase II Low Bup Meth

Visit: SCRNBASE

Site ID : 982103

Subject ID : 0226

Date : VISITDT
(mm/dd/yyyy)

GNSMPSCR GENETICS SAMPLES (Screening)

FORMND Form Not Done

Assay	Was Sample Collected?	Collection Date (mm/dd/yyyy)	Time Sample Collected (00:00-23:59)	Barcode Number of Sample
Plasma DNA Sample	<input type="checkbox"/> Yes <input type="checkbox"/> No SAMP COLL	COLLDT	COLLTM	BARCD
Plasma RNA Sample	<input type="checkbox"/> Yes <input type="checkbox"/> No			

GNSMPSCRv1

Protocol Number: NIDA-MDS-BupropionMeth-0001

Phase II Low Bup Meth

Visit: SCRNBASE

Site ID : 982103

Subject ID : 0226

Date : VISITDT

(mm/dd/yyyy)

HAMD

HAMILTON DEPRESSION RATING SCALE (HAM-D)

FORMND Form Not Done

Data Collected For:

Screening/Baseline Week 2 Week 4 Week 6 Week 8
 Week 10 Week 12 / Termination **COLLVT**

Scale used for Randomization **RANDSCAL**

1) Depressed Mood

HDMOOD

2) Feelings of Guilt

HDGUILT

3) Suicide

HDSUICID

4) Insomnia Early

HDINSEAR

5) Insomnia Middle

HDINSMID

6) Insomnia Late

HDINSLAT

7) Work and Activities

HDWORK

8) Retardation

HDRETARD

9) Agitation

HDAGITAT

10) Anxiety Psychic

HDANXPSY

11) Anxiety Somatic

HDANXSOM

12) Somatic Symptoms
Gastrointestinal

HDSSGAST

13) Somatic Symptoms
General

HDSSGENR

14) Genital Symptoms

HDGENITL

15) Hypochondriasis

HDHYPOCH

16) Loss of Weight

HDLOSSWT

17) Insight

HDINSIGH

18) Diurnal Variation

HDDIURNL

If answer is 1 or 2, note whether the symptoms are worse in:

HDDIURTM

19) Depersonalization and Derealization

HDDEPERS

20) Paranoid Symptoms

HDPARANO

21) Obsessive and Compulsive
Symptoms

HDOBSESS

22) Helplessness

HDHELPLS

23) Hopelessness

HDHOPELS

24) Worthlessness

HDWOTHLS

Site Score: **SITESCR**

Computerized Score: **HDSCORE**

PI/MD Signature Present? **SIGPRES**

Signature Date **PISIGDT**

HAMD v2

Protocol Number: NIDA-MDS-BupropionMeth-0001

Phase II Low Bup Meth

Visit: SCRNBASE

Site ID : 982103

Subject ID : 0226

Date : VISITDT
(mm/dd/yyyy)

HEMATLGY

HEMATOLOGY

FORMND

Form Not Done

INSTRUCTION: Complete this form at screening/baseline and the last visit of week 12 or the termination visit, if prior to week 12.

Data Collected For:

Screening/Baseline

Week12/Termination

Other, specify

COLLVT

COLLVT_X

Complete Blood Count	Result	Units	Other Unit	Normal	Abnormal	Abnormal Significant	Not Done	Comments
1. Hemoglobin	HEMRSLT	HEMSTU	HEMOTH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HEMNRML	<input type="checkbox"/>	HEMCMNT
2. Hematocrit	HEMCRSLT	HEMCSTU	HEMCOH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HEMCNRML	<input type="checkbox"/>	HEMCCMNT
3. RBCs	RBCRSLT	RBCSTU	RBCOTH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	RBCNRML	<input type="checkbox"/>	RBCCMNT
4. Platelets	PLATRSLT	PLATSTU	PLATOH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PLATNRML	<input type="checkbox"/>	PLATCMNT
5. Total WBCs	WBCRSLT	WBCSTU	WBCOTH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	WBCNRML	<input type="checkbox"/>	WBCCMNT
6. % Neutrophils	NEUTRSLT	NEUTSTU	NEUTOH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NEUTNRML	<input type="checkbox"/>	NEUTCNT
7. % Lymphocytes	LYMPRSLT	LYMPSTU	LYMPOH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LYMPNRML	<input type="checkbox"/>	LYMPCMNT
8. % Monocytes	MONORSLT	MONOSTU	MONOOTH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	MONONRML	<input type="checkbox"/>	MONOCMNT
9. % Eosinophils	EOSRSLT	EOSSTU	EOSOTH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	EOSNRML	<input type="checkbox"/>	EOSCMNT
10. % Basophils	BASORSLT	BASOSTU	BASOTH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	BASONRML	<input type="checkbox"/>	BASOCMNT
11. MCV	MCVRSLT	MCVSTU	MCVOTH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	MCVNRML	<input type="checkbox"/>	MCVCMNT
12. MCH	MCHRSLT	MCHSTU	MCHOH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	MCHNRML	<input type="checkbox"/>	MCHCMNT
13. MCHC	MCHCRSLT	MCHCSTU	MCHCOH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	MCHNRML	<input type="checkbox"/>	MCHCCMNT

P/MD/NP Signature Present?
 SIGPRES
Signature Date

Protocol Number: NIDA-MDS-BupropionMeth-0001

Phase II Low Bup Meth

Visit: SCRNBASE

Site ID : 982103

Subject ID : 0226

Date : VISITDT
(mm/dd/yyyy)

HRBS HIV RISK-TAKING BEHAVIOR SCALE (HRBS)

FORMND Form Not Done

Data Collected For: Screening COLLVT Week 12/Termination

DRUG USE

- 1) How many times have you hit up (i.e. injected any drugs) in the last month?
 - If you have not injected drugs in the last month, go to Question 7.**
 - 2) How many times in the last month have you used a needle after someone else had already used it?
 - 3) How many different people have used a needle before you in the last month?
 - 4) How many times in the last month has someone used a needle after you have used it ?
 - 5) How often, in the last month, have you cleaned needles before re-using them?
 - 6) Before using needles again, how often in the last month did you use bleach to clean them?
- Drug Score**

SEXUAL BEHAVIOR

- 7) How many people, including clients, have you had sex with in the last month?
- If no sex in the last month, skip to question #12.**
- 8) How often have you used condoms when having sex with your regular partner(s) in the last month?
- 9) How often have you used condoms when you had sex with casual partners?
- 10) How often have you used condoms when you have been paid for sex in the last month?
- 11) How many times have you had anal sex in the last month?
- 12) Have you had an HIV test come back positive? Yes No Yes/No/Never Tested
- 13) If positive, date of most recent HIV test:
(mm/dd/yyyy)

Sex Score

HRBS Score

HRBS v1

Protocol Number: NIDA-MDS-BupropionMeth-0001

Site ID : 982103

Phase II Low Bup Meth

Subject ID : 0206

Visit: SCRNBASE

Date : VISITDT
(mm/dd/yyyy)

ICRAND

INFORMED CONSENT and RANDOMIZATION

1. Date Informed Consent was signed: CNSNTDT
(mm/dd/yyyy)

2. Did the Subject consent to the genetics portion of the study? Yes (record date in GENPRTN and answer Q3) No (leave date and Q3 blank)

2a. If yes, date Genetics Informed Consent signed: GENICDT
(mm/dd/yyyy)

3. If yes, please check the appropriate box for the level of consent for the Genetics Portion of the study: LVLCSNT

- Researchers may use my genetic material and medical information for this **the Bupropion Genetics Study, ONLY.**
- Researchers may use my genetic material and medical information for this **the Bupropion Genetics Study, AND for future genetics studies of methamphetamine dependence.**
- Researchers may use my genetic material and medical information for this **the Bupropion Genetics Study AND for future genetics studies of methamphetamine dependence, AND for future genetics studies of substance and/or related medical problems.**
- Researchers may use my genetic material and medical information for this **the Bupropion Genetics Study, AND any kind of future genetics studies.**

4. Is the subject eligible for the study based on Inclusion and Exclusion criteria? Yes No (Screen Fail, leave the rest of the form blank)

5. If Question 4 is answered Yes: RANDMIZ ELIGBL

a. Was the subject randomized? Yes No
(if yes proceed to 5b, if no answer 5c only and leave the rest of the form blank)

b. If Yes, Date randomized: RANDDT
(mm/dd/yyyy)

c. If eligible and not randomized, check reason: RANDRSN

- Failed to return
- Declined participation
- Other, specify RDRSN_X

6. If Question 5a is answered Yes:
a. Did the subject receive first dose of study drug? FSTDOSE
(If yes answer 6b, if no answer 6c)

b. Date first dose study drug received:
(mm/dd/yyyy)

c. If randomized and subject did not receive first dose study drug, check reason:

<input type="checkbox"/> Declined participation	<input type="checkbox"/> Other, specify	<input type="text" value="SDRSN_X"/>
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ICRANDv2

Protocol Number: NIDA-MDS-BupropionMeth-0001

Phase II Low Bup Meth

Site ID : 982103

Subject ID : 0226

Visit: SCRNBASE

Date : VISITDT (mm/dd/yyyy)

ICRAND INCLUSION/EXCLUSION FORM

INSTRUCTION: Complete this form at screening/baseline for all subjects who signed informed consent. Complete the entire form, regardless of whether the subject is randomized in the study.

Check here if subject is a Screen Failure SCRNFALL

Inclusion Criteria

Subjects must:

- 1. Be males and/or females, between 18 and 65 years of age, inclusive.
2. Have a DSM-IV diagnosis of methamphetamine dependence as determined by MINI.
3. Have at least 1 amphetamine or methamphetamine positive urine specimen (>500 ng/mL) after the start of screening and before randomization.
4. Report using methamphetamine for 18 or less days during the 30 day period prior to the start of screening using the Timeline Follow-back method.
5. Be willing to comply with study procedures.
6. Be able to verbalize understanding of consent forms, able to provide written informed consent for both the main study and genetics study, and verbalize willingness to complete study procedures.
7. Be seeking treatment for methamphetamine dependence.
8. If female, have a negative pregnancy test during screening and on the first day of investigational product administration and agree to use one of the following methods of birth control:
a. prescription oral contraceptive
b. contraceptive patch
c. barrier (diaphragm or condom) with spermicide
d. intrauterine progesterone or non-hormonal contraceptive system
e. levonorgestrel implant
f. medroxyprogesterone acetate contraceptive injection
g. complete abstinence from sexual intercourse and agree to use another method should sexual activity commence
h. hormonal vaginal contraceptive ring
i. contraceptive sponge
j. surgical sterilization
k. partner is surgically sterile
l. be post menopausal for one year

INCL1 to INCL8 response boxes with Yes/No/NA options

Note: All answers to Inclusion Criteria must be YES to be eligible.

Exclusion Criteria

Subjects must not:

- 1. Have current dependence, defined by DSM-IV Criteria, on any psychoactive substance (e.g., opioids) other than methamphetamine, nicotine, or marijuana or have physiological dependence on alcohol or a sedative-hypnotic (e.g. a benzodiazepine) requiring medical detoxification.
2. Have a current or past history of seizure disorder, including alcohol- or stimulant-related seizure, or significant family history of idiopathic seizure disorder.

EXCL1 to EXCL2 response boxes with Yes/No options

3. Currently be using drugs that lower seizure threshold. EXCL3
4. Have a history of head trauma that resulted in neurological sequelae (e.g., loss of consciousness for greater than 5 minutes or that required hospitalization). EXCL4 No
5. Have psychiatric disorder, such as major current depression, psychosis, bipolar disorder, organic brain disorder, or dementia as assessed by the MINI interview, or medical disorder, any of which require an excluded medication (e.g., antidepressant, neuroleptic, systemic corticosteroid, xanthine) or which would make medication compliance difficult. Have had electroconvulsive therapy within the past 90 days before screening. Yes EXCL5
6. Have a current suicidal ideation/plan as assessed by the MINI interview or HAM-D question #3. Current is identified as within the past 30 days. EXCL6 No
7. Have a current or past history of anorexia nervosa or bulimia disorder. Yes EXCL7
8. Have serious medical illnesses or neurological disorders including, but not limited to, uncontrolled hypertension, significant heart disease (including myocardial infarction within one year of enrollment), angina, hepatic or renal disorders, renal insufficiency (plasma creatinine >1.7 mg/dL), Parkinson's disease, active syphilis that has not been treated or refuse treatment for syphilis (see note), or have had therapy with any opiate-substitutes (methadone, LAAM, buprenorphine) within 2 months of enrollment, or any serious, potentially life-threatening or progressive medical illness other than addiction that may compromise subject safety or study conduct. Any ECG/cardiovascular abnormality (e.g., QTc interval prolongation >450 milliseconds in men or 480 milliseconds in women), which in the judgment of the investigator is clinically significant. EXCL8 No
9. Have diabetes with unstable control of blood glucose and have any incidence of hypoglycemia in the past year before screening. Yes EXCL9
10. Be mandated by the court to obtain treatment for methamphetamine-dependence where such mandate required the results of urine toxicology tests to be reported to the court. EXCL10 No
11. In the opinion of the investigator, be expected to fail to complete the study protocol due to probable incarceration or relocation from the clinic area. Yes EXCL11
12. Be undergoing HIV treatment with antiviral and/or non-antiviral therapy. EXCL12 No
13. Have known or suspected hypersensitivity to bupropion. Yes EXCL13
14. Be using bupropion or any medication that could interact adversely with bupropion, within the following times of beginning of administration of bupropion based on the longest time interval of A, B, and C, below or as otherwise specified:
 A) Five half lives of other medication or active metabolite(s), whichever is longer;
 B) Two weeks; or
 C) Interval recommended by other medication's product labeling.
 Medications that fall into this category include:
 a. Bupropion (Wellbutrin®, Zybar®) used during the past 30 days
 b. All antidepressants
 c. Neuroleptics
 d. Systemic corticosteroids
 e. Xanthines, i.e., theophylline, theophylline sodium glycinate and aminophylline
 EXCL14 No
15. Have participated in any experimental study within 8 weeks (the nature of excluded studies may be discussed with NIDA investigators). Yes EXCL15
16. Be pregnant or breast feeding. EXCL16 No
17. Have clinically significant laboratory values (outside of normal limits), in the judgment of the investigator. Yes EXCL17

18. Have liver function tests greater than 3 times the upper limit of normal.

 EXCL18

19. Have active tuberculosis (positive tuberculin test and confirmatory diagnostic chest x-ray).

 EXCL19 No

20. Have a diagnosis of adult (i.e., 21 years or older) asthma, or chronic obstructive pulmonary disease (COPD), including those with a history of acute asthma within the past two years, and those with current or recent (past 3 months) treatment with inhaled or oral beta-agonist or steroid therapy (because of potential serious adverse interactions with methamphetamine) or have an FEV₁ < 70%.

 EXCL20

Note: All answers to Exclusion Criteria must be NO to be eligible.

PI Signature Present:

 SIGPRES

Date:

 PISIGDT
(mm/dd/yyyy)

INCLEXCLv1

Protocol Number: NIDA-MDS-BupropionMeth-0001

Phase II Low Bup Meth

Site ID : 982112

Subject ID : 1614

Visit: SCRNBASE

Date : VISITDT

(mm/dd/yyyy)

INCLEX2

INCLUSION / EXCLUSION FORM

INSTRUCTION: Complete this form at screening/baseline for all subjects who signed informed consent. Complete the **entire** form, regardless of whether the subject is randomized in the study.

Check here if subject is a Screen Failure **SCRNFALL**

Inclusion Criteria

Subjects must:

- 1. Be males and/or females, between 18 and 65 years of age, inclusive.
- 2. Have a DSM-IV diagnosis of methamphetamine dependence as determined by MINI.
- 3. Have at least 1 amphetamine or methamphetamine positive urine specimen (>500 ng/mL) after the start of screening and before randomization or provide collateral information to verify recent use if a positive urine sample can't be obtained.
- 4. Report using methamphetamine for 29 or less days during the 30 day period prior to signing consent using the Timeline Follow-back method.
- 5. Be willing to comply with study procedures.
- 6. Be able to verbalize understanding of consent forms, able to provide written informed consent for both the main study and genetics study, and verbalize willingness to complete study procedures.
- 7. Be seeking treatment for methamphetamine dependence.
- 8. If female, have a negative pregnancy test during screening and on the first day of investigational product administration and agree to use one of the following methods of birth control:

INCL1

INCL2

INCL3

INCL4

INCL5

INCL6

INCL7

INCL8 NA

- a. prescription oral contraceptive
- b. contraceptive patch
- c. barrier (diaphragm or condom) with spermicide
- d. intrauterine progesterone or non-hormonal contraceptive system
- e. levonorgestrel implant
- f. medroxyprogesterone acetate contraceptive injection
- g. complete abstinence from sexual intercourse and agree to use another method should sexual activity commence.
- h. hormonal vaginal contraceptive ring
- i. contraceptive sponge
- j. surgical sterilization
- k. partner is surgically sterile
- l. be post menopausal for one year

Note: All answers to Inclusion Criteria must be YES to be eligible.

Exclusion Criteria

Subjects must not:

- 1. Have current dependence, defined by DSM-IV Criteria, on any psychoactive substance (e.g., opioids) other than methamphetamine, nicotine, alcohol or marijuana or have physiological dependence on alcohol or a sedative-hypnotic (e.g. a benzodiazepine) requiring medical detoxification.

EXCL1

2. Have a current or past history of seizure disorder, including alcohol- or stimulant-related seizure, or significant family history of idiopathic seizure disorder. EXCL2
3. Currently be using drugs that lower seizure threshold. EXCL3
4. Have a history of head trauma that resulted in neurological sequelae (e.g., loss of consciousness for greater than 5 minutes or that required hospitalization). EXCL4
5. Have psychiatric disorder, such as major current depression, psychosis, bipolar disorder, organic brain disorder, or dementia as assessed by the MINI interview, or medical disorder, any of which require an excluded medication (e.g., antidepressant, neuroleptic, systemic corticosteroid, xanthine) or which would make medication compliance difficult. Have had electroconvulsive therapy within the past 90 days before screening. EXCL5
6. Have a current suicidal ideation/plan as assessed by the MINI interview or HAM-D question #3. Current is identified as within the past 30 days. EXCL6
7. Have a current or past history of anorexia nervosa or bulimia disorder. EXCL7
8. Have serious medical illnesses or neurological disorders including, but not limited to, uncontrolled hypertension (See NIDA Guidelines on Hypertension in the Operations Manual, stage 1 hypertension allowed, but not stage 2 hypertension), significant heart disease (including myocardial infarction within one year of enrollment), angina, hepatic or renal disorders, renal insufficiency (plasma creatinine >1.7 mg/dL), Parkinson's disease, active syphilis that has not been treated or refuse treatment for syphilis (see note), or have had therapy with any opiate-substitutes (methadone, LAAM, buprenorphine) within 2 months of enrollment, or any serious, potentially life-threatening or progressive medical illness other than addiction that may compromise subject safety or study conduct. Any ECG/cardiovascular abnormality (e.g., QTc interval prolongation >450 milliseconds in men or 480 milliseconds in women), which in the judgment of the investigator is clinically significant. EXCL8
9. Have diabetes with unstable control of blood glucose and have any incidence of hypoglycemia in the past year before screening. EXCL9
10. Be mandated by the court to obtain treatment for methamphetamine-dependence where such mandate required the results of urine toxicology tests to be reported to the court. EXCL10
11. In the opinion of the investigator, be expected to fail to complete the study protocol due to probable incarceration or relocation from the clinic area. EXCL11
12. Be undergoing HIV treatment with antiviral and/or non-antiviral therapy since these drugs may increase the bupropion levels. The following list of HIV treatment/medications may be used: Norvir, Reyataz, Truvada, Videx, Viread, Androgel and Trizovir.
Note: Any HIV medication not on this list should be approved by the medical monitor. EXCL12
13. Have known or suspected hypersensitivity to bupropion. EXCL13
14. Be using bupropion or any medication that could interact adversely with bupropion, within the following times of beginning of administration of bupropion based on the longest time interval of A, B, and C, below or as otherwise specified:
- A) Five half lives of other medication or active metabolite(s), whichever is longer;
 - B) Two weeks; or
 - C) Interval recommended by other medication's product labeling.
- Medications that fall into this category include:
- a. Bupropion (Wellbutrin®, Zyban®) used during the past 30 days
 - b. All antidepressants
 - c. Neuroleptics
 - d. Systemic corticosteroids
 - e. Xanthines, i.e., theophylline, theophylline sodium glycinate and aminophylline
 - f. Antiretrovirals including nelfinavir, and efavirenz.
15. Have participated in any experimental study within 8 weeks (the nature of excluded studies may be discussed with NIDA investigators). EXCL15
16. Be pregnant or breast feeding. EXCL16

- 17. Have clinically significant laboratory values (outside of normal limits), in the judgment of the investigator.
- 18. Have liver function tests greater than 3 times the upper limit of normal.
- 19. Have active tuberculosis (positive tuberculin test and confirmatory diagnostic chest x-ray).
- 20. Have a diagnosis of adult (i.e., 21 years or older) asthma, or chronic obstructive pulmonary disease (COPD), including those with a history of acute asthma within the past two years, and those with current or recent (past 3 months) treatment with inhaled or oral beta-agonist or steroid therapy (because of potential serious adverse interactions with methamphetamine) or have an FEV₁ < 70%.

 EXCL17 EXCL18 EXCL19 EXCL20

Note: All answers to Exclusion Criteria must be NO to be eligible.

PI Signature Present: Yes No

Date: PISIGDT
(mm/dd/yyyy)

 INCLEX2

Protocol Number: NIDA-MDS-BupropionMeth-0001

Site ID : 982103

Phase II Low Bup Meth

Subject ID : 0226

Visit: SCRNBASE

Date : VISITDT (mm/dd/yyyy)

INFECDIS

INFECTIOUS DISEASE ASSESSMENT/SYPHILIS TEST

FORMND Form Not Done

INSTRUCTION: Complete this form at screening/baseline ONLY.

Result

- 1 = Positive
2 = Negative
3 = Indeterminate PPD
9 = Not Done

Comments

Provide comments if 1, 3, or 9 is recorded under Result.

1. Hepatitis B Surface Antigen (HBs Ag)
2. Hepatitis B Surface Antibody (Anti-HBs)
3. Hepatitis B Core Antibody (Anti-HBc)
4. Hepatitis C Virus Antibody (HVC Ab)
5. PPD
a. Date PPD recorded

If PPD is positive, indeterminate, or not done, a chest x-ray is required.

c. Date of chest x-ray
d. Chest x-ray result: Normal, Abnormal, study entry OK, Abnormal, study entry Not OK

Comments: CHESTCMT

6. Date of RPR
Result of RPR: Reactive*, Non-reactive

If reactive, a confirmatory assay (FTA-abs) for RPR must be performed and Questions 6b and 6c completed.

b. Date of FTA-abs assay
c. Result of FTA-abs assay: Negative, Positive, Indeterminate, Not Done

Comments: FTACMNT

If FTA-abs is positive, subject must be willing to undergo treatment for syphilis to continue in the study.

7. Is subject willing to undergo treatment for syphilis? Yes, No

a. If treated, date of written proof of treatment

PI/MD Signature Present? Yes, No
Signature Date

INFECDISv1

Protocol Number: NIDA-MDS-BupropionMeth-0001

Site ID : 982103

Phase II Low Bup Meth

Subject ID : 0200

Visit: SCRNBASE

Date : VISITDT
(mm/dd/yyyy)

MEDHIST MEDICAL AND SURGICAL HISTORY

FORMND Form Not Done

Does the subject have any applicable conditions? Yes No ANYCOND

Medical Condition Codes			Severity codes
Use Codes below to indicate all medical conditions reported by subject. Codes may be repeated for conditions of the same type.			
01 = Allergies: drug	09 = Pulmonary disorder	18 = Genitourinary disorder	1 = Mild 2 = Moderate 3 = Severe
02 = Allergies: other, specify	10 = Gastrointestinal disorder	19 = Reproductive system disorder	
03 = Sensitivity to Bupropion or related compounds	11 = Musculoskeletal disorder	20 = Seizure disorder	
04 = History of asthma	12 = Neurologic disorder	21 = Infectious disease disorder	
05 = HEENT disorder	13 = Psychiatric disorder	22 = Other, specify	
06 = Cardiovascular disorder	14 = Dermatologic disorder		
07 = Renal disorder	15 = Metabolic disorder		
08 = Hepatic disorder	16 = Hematologic disorder		
	17 = Endocrine disorder, diabetes		

#	Medical Condition Code	Condition/Disease/Surgery <i>(one item per line)</i>	Start Year	Is condition still present?	Severity <i>(check one if condition still present)</i>
MHLINENO	MHCODE	CONDITN	MHSTRYY	MHPRESENT	MHSEVERE
1	01			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
*				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

For female subjects only:

N/A/ Subject is male

1. Date of last menstrual cycle: / /
(mm) (dd) (yyyy)

2. History of irregular cycle:

3. Please specify form of birth control used:

Prescription oral contraceptives
 Contraceptive patch
 Barrier (diaphragm or condom) with spermicide
 Intrauterine progesterone or non-hormonal contraceptive system
 Levonorgestrel implant
 Medroxyprogesterone acetate contraceptive injection
 Complete abstinence from sexual intercourse and agree to use another method should sexual activity commence
 Hormonal vaginal contraceptive ring
 Contraceptive sponge
 Surgical sterilization Date of surgery:
(mm) (dd) (yyyy)
 Partner is surgically sterile
 Be post menopausal for one year
 None*, specify reason:
 Other, specify:

PI/MD/NP Signature Present?

Signature Date

*If None, excluded.

MEDHISTv1

Protocol Number: NIDA-MDS-BupropionMeth-0001

Phase II Low Bup Meth

Visit: SCRNBASE

Site ID : 982103

Subject ID : 0226

Date : VISITDT
(mm/dd/yyyy)

METHTMLN METHAMPHETAMINE TIMELINE FOLLOW BACK

FORMND Form Not Done

INSTRUCTION: Complete this form at screening/baseline only.

Day 1 = Day Prior to the Date Subject Signed Informed Consent: **DAY1DT**
6/30/2008
(mm/dd/yyyy)

Day 30 = 30 Days Prior to the Date Subject Signed Informed Consent: 6/1/2008 **DAY30DT**
(mm/dd/yyyy)

Day METHDAY	Methamphetamine Use: Yes or No
Day 1	METHYN
Day 2	
Day 3	
Day 4	
Day 5	
Day 6	
Day 7	
Day 8	
Day 9	
Day 10	
Day 11	
Day 12	
Day 13	
Day 14	
Day 15	
Day 16	

Day 17		
Day 18		
Day 19		
Day 20		
Day 21		
Day 22		
Day 23		
Day 24		
Day 25		
Day 26		
Day 27		
Day 28		
Day 29		
Day 30		

Total Days of Use:

METHMLNv1

Protocol Number: NIDA-MDS-BupropionMeth-0001

Phase II Low Bup Meth

Visit: SCRNBASE

Site ID : 982103

Subject ID : 0226

Date : VISITDT
(mm/dd/yyyy)

MINI

MINI INTERNATIONAL NEUROPSYCHIATRIC INTERVIEW (M.I.N.I.)

SCREENING SPECIFICATIONS

FORMIND



Form Not Done

INSTRUCTION: Complete this form once during screening.

Time Interview Began: INTSTRTM (00:00 - 23:59) Time Interview Ended: INTENDTM (00:00 - 23:59) Total Interview Time: TOTINTMN mins

Module:

Time Frame:

Meets Criteria:

DSM-IV

ICD-10

Most Troubling

A) MAJOR DEPRESSIVE EPISODE	Current (2 weeks)	<input type="checkbox"/> MDECR <input type="checkbox"/>	296.20-296.26 Single	F32.x	<input type="checkbox"/> MDESNGMT <input type="checkbox"/>
	Recurrent	<input type="checkbox"/> MDRECCR <input type="checkbox"/>	296.30-296.36 Recurrent	F33.x	<input type="checkbox"/> MDRECGMT <input type="checkbox"/>
MDE WITH MELANCHOLIC FEATURES (Optional)	Current (2 weeks)	<input type="checkbox"/> MDEMELCR <input type="checkbox"/>	296.20-296.26 Single	F32.x	<input type="checkbox"/> MDEMELSGMT <input type="checkbox"/>
			296.30-296.36 Recurrent	F33.x	<input type="checkbox"/> MDEMELRCGMT <input type="checkbox"/>
B) DYSTHYMIA	Current (Past 2 years)	<input type="checkbox"/> DYSTHCR <input type="checkbox"/> No	300.4	F34.1	<input type="checkbox"/> DYSTHMT <input type="checkbox"/>
C) SUICIDALITY	Current (Past Month)	<input type="checkbox"/> SUICDCR <input type="checkbox"/>			<input type="checkbox"/> SUICDGMT <input type="checkbox"/>
		Risk: <input type="checkbox"/> SUICDRSK <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High			
D) MANIC EPISODE	Current	<input type="checkbox"/> MECURCR <input type="checkbox"/> No	296.00-296.06	F30.x-F31.9	<input type="checkbox"/> MEMT <input type="checkbox"/>
	Past	<input type="checkbox"/> MEPTCR <input type="checkbox"/>			
HYPOMANIC EPISODE	Current	<input type="checkbox"/> HECURCR <input type="checkbox"/>	296.80-296.89	F31.8-F31.9/F34.0	<input type="checkbox"/> HEMT <input type="checkbox"/> No
	Past	<input type="checkbox"/> HEPTCR <input type="checkbox"/>			
E) PANIC DISORDER	Current (Past Month)	<input type="checkbox"/> PDCURCR <input type="checkbox"/>	300.01/300.21	F40.01-F41.0	<input type="checkbox"/> PDGMT <input type="checkbox"/>
	Lifetime	<input type="checkbox"/> PDLTCR <input type="checkbox"/>			
F) AGORAPHOBIA	Current	<input type="checkbox"/> APCR <input type="checkbox"/>	300.22	F40.00	<input type="checkbox"/> APGMT <input type="checkbox"/>
G) SOCIAL PHOBIA (Social Anxiety Disorder)	Current (Past Month)	<input type="checkbox"/> SPCR <input type="checkbox"/>	300.23	F40.1	<input type="checkbox"/> SPGMT <input type="checkbox"/>
H) OBSESSIVE-COMPULSIVE DISORDER	Current (Past Month)	<input type="checkbox"/> OCDCR <input type="checkbox"/> No	300.3	F42.8	<input type="checkbox"/> OCDGMT <input type="checkbox"/>
I) POSTTRAUMATIC STRESS DISORDER	Current (Past Month)	<input type="checkbox"/> PSDCR <input type="checkbox"/>	309.81	F43.1	<input type="checkbox"/> PSDGMT <input type="checkbox"/>
J) ALCOHOL DEPENDENCE	Past 12 Months	<input type="checkbox"/> ADCR <input type="checkbox"/> No	303.9	F10.2x	<input type="checkbox"/> ADMT <input type="checkbox"/>
ALCOHOL ABUSE	Past 12 Months	<input type="checkbox"/> AACR <input type="checkbox"/> No	305.00	F10.1	<input type="checkbox"/> AAGMT <input type="checkbox"/>
K) SUBSTANCE DEPENDENCE (Non-alcohol)	Past 12 Months	<input type="checkbox"/> SDCR <input type="checkbox"/>	304.00-90/305.20-90	F11.1-F19.1	<input type="checkbox"/> SDGMT <input type="checkbox"/>
SUBSTANCE ABUSE (Non-alcohol)	Past 12 Months	<input type="checkbox"/> SACR <input type="checkbox"/>	304.00-90/305.20-90	F11.1-F19.1	<input type="checkbox"/> SAGMT <input type="checkbox"/>

L) PSYCHOTIC DISORDERS	Lifetime	<input type="checkbox"/> PSYLTTCR <input type="radio"/>	295.10-295.90/297.1/ 297.3/293.81/293.82/ 293.89/298.8/298.9	F20.xx-F29	<input type="checkbox"/> PSYMT <input type="radio"/> No
	Current	<input type="checkbox"/> PSYCURCR <input type="radio"/>			
MOOD DISORDER WITH PSYCHOTIC FEATURES	Lifetime	<input type="checkbox"/> MDLTTCR <input type="radio"/> No	296.24/296.34/296.44	F32.3/F33.3	<input type="checkbox"/> MDLTMT <input type="radio"/>
	Current	<input type="checkbox"/> MDCURCR <input type="radio"/>	296.24/296.34/296.44	F30.2/F31.2/F31.5 F31.8/F31.9/F39	<input type="checkbox"/> MDCURMT <input type="radio"/>
M) ANOREXIA NERVOSA	Current (Past 3 Months)	<input type="checkbox"/> ANCR <input type="radio"/>	307.1	F50.0	<input type="checkbox"/> ANMT <input type="radio"/>
N) BULIMIA NERVOSA	Current (Past 3 Months)	<input type="checkbox"/> BNCR <input type="radio"/>	307.51	F50.2	<input type="checkbox"/> BNMT <input type="radio"/>
ANOREXIA NERVOSA, EATING/PURGING TYPE	Current	<input type="checkbox"/> ANEPTCR <input type="radio"/>	307.1	F50.0	<input type="checkbox"/> ANEPTMT <input type="radio"/>
O) GENERALIZED ANXIETY DISORDER	Current (Past 6 Months)	<input type="checkbox"/> GADCR <input type="radio"/>	300.02	F41.1	<input type="checkbox"/> GADMT <input type="radio"/>
P) ANTISOCIAL PERSONALITY DISORDER	Lifetime	<input type="checkbox"/> APDCR <input type="radio"/>	301.7	F60.2	<input type="checkbox"/> APDMT <input type="radio"/>

MINIV1

Protocol Number: NIDA-MDS-BupropionMeth-0001

Site ID : 982103

Phase II Low Bup Meth

Subject ID : 0226

Visit: SCRNBASE

Date : VISITDT

(mm/dd/yyyy)

PHYSEXAM PHYSICAL EXAM

Data Collected For: Screening/B COLLVT Week 12/Termination

Height: PEHEIGHT in HEIGHTUN

Weight: PEWEIGHT lbs WEIGHTUN

	Normal	Abnormal	Abnormal Significant	Not Done	Comments
General Appearance	<input type="checkbox"/>	<input checked="" type="checkbox"/> PEGENAP	<input type="checkbox"/>	<input type="checkbox"/>	PEGENAPX
HEENT	<input type="checkbox"/>	<input checked="" type="checkbox"/> PEHEENT	<input type="checkbox"/>	<input type="checkbox"/>	PEHEENTX
Oral Cavity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> PEORAL	<input type="checkbox"/>	PEORALX
Cardiovascular	<input type="checkbox"/>	<input checked="" type="checkbox"/> PECRDIO	<input type="checkbox"/>	<input type="checkbox"/>	PECRDIOX
Lungs	<input type="checkbox"/>	<input checked="" type="checkbox"/> PELUNGS	<input type="checkbox"/>	<input type="checkbox"/>	PELUNGSX
Abdomen (include liver/spleen)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> PEABDMN	<input type="checkbox"/>	PEABDMNX
Extremities	<input type="checkbox"/>	<input checked="" type="checkbox"/> PEEEXTRM	<input type="checkbox"/>	<input type="checkbox"/>	PEEXTRMX
Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> PESKIN	<input type="checkbox"/>	PESKINX
Neuropsychiatric mental status	<input type="checkbox"/>	<input checked="" type="checkbox"/> PENEUMS	<input type="checkbox"/>	<input type="checkbox"/>	PENEUMSX
Neuropsychiatric sensory/motor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> PENEUS	<input type="checkbox"/>	PENEUSX
Musculoskeletal	<input type="checkbox"/>	<input checked="" type="checkbox"/> PEMSLSK	<input type="checkbox"/>	<input type="checkbox"/>	PEMSLSKX
Other, specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> PEOTH1	<input type="checkbox"/>	PEOTH1X
<input type="text" value="PEOTH1SP"/>					
Other, specify:	<input type="checkbox"/>	<input checked="" type="checkbox"/> PEOTH2	<input type="checkbox"/>	<input type="checkbox"/>	PEOTH2X
<input type="text" value="PEOTH2SP"/>					

PI/MD/NP Signature Present? SIGPRES

Signature Date

PHYSEXAM v2

Protocol Number: NIDA-MDS-BupropionMeth-0001

Phase II Low Bup Meth

Visit:

Site ID :

Subject ID :

Date :

(mm/dd/yyyy)

PLASMSMP

PLASMA LEVEL SAMPLES

Form Not Done

INSTRUCTION: Complete this form at screening/baseline and at the 1st visit of week 6 and the last visit of week 12 or the termination visit, if prior to week 12.

Data Collected For:

Screening/Baseline Week 12/Termination

Dates and times of last 4 doses of bupropion taken (leave blank for screening/baseline):

<input type="text" value="LTBUP1DT"/>	<input type="text" value="LTBUP1TM"/>
(mm/dd/yyyy)	(00:00 - 23:59)
<input type="text" value="LTBUP2DT"/>	<input type="text" value="LTBUP2TM"/>
(mm/dd/yyyy)	(00:00 - 23:59)
<input type="text" value="LTBUP3DT"/>	<input type="text" value="LTBUP3TM"/>
(mm/dd/yyyy)	(00:00 - 23:59)
<input type="text" value="LTBUP4DT"/>	<input type="text" value="LTBUP4TM"/>
(mm/dd/yyyy)	(00:00 - 23:59)

Assay <input type="text" value="PLASSAY"/> <input type="text" value="Bupropion Plasma Level"/> <input type="text" value="BDNF Plasma Level"/>	Was Sample Collected? <input type="text" value="SMPCOLL"/> <input type="text"/>	Collection Date (mm/dd/yyyy) <input type="text" value="COLLDT"/> <input type="text"/>	Collection Time (00:00 - 23:59) <input type="text" value="COLLTM"/> <input type="text"/>	Enter barcode number here <input type="text" value="BARCD"/> <input type="text"/>
---	--	---	--	--

PLASMSMPV1

Protocol Number: NIDA-MDS-BupropionMeth-0001

Phase II Low Bup Meth

Visit: SCRNBASE

Site ID : 982103

Subject ID : 0226

Date : VISITDT
(mm/dd/yyyy)

PREGNAN PREGNANCY TEST

FORMND Form Not Done

INSTRUCTION: Complete this form at screening/baseline, the 1st visit of week 1, 4, and 8, and the last visit of week 12 or the termination visit, if prior to week 12.

Data Collected For: Screening/Baseline Week 1 Week 4 Week 8
 Week 12/Termination Other, Specify COLLVT_X

1. Was a urine pregnancy test performed?

Yes **PREGTEST**
 No
 N/A subject is male (If N/A, the rest of the form should be blank)

2. Date of Pregnancy Test: PRTESTDT
(mm/dd/yyyy)

3. Pregnancy test result:
 Positive **PRTSTRST**
 Negative

4. Pregnancy test comments:
COMMNTS

5. Is the subject lactating?
 Yes **LACTATNG** applicable

PREGNAN v2

Protocol Number: NIDA-MDS-BupropionMeth-0001

Phase II Low Bup Meth

Visit: WK1VIS1

Site ID : 982103

Subject ID : 0223

Date: VISITDT
(mm/dd/yyyy)

QFI

QUANTITY FREQUENCY INTERVIEW (QFI)

FORMIND

Form Not Done

1	2 and 5	3	4	6 and 14	8 and 15	9 and 16	10	11 and 12	13
Ever used?	Types	When last used	Life Use Total	Usual Route	Estimate Quantity and Frequency	Duration of Pattern	Typical Frequency	Age (years)	Perceived Problem
If "No", go to next drug class	Indicate all types By Code #. Specify Main Type for #5.	1 = ≤ 1 week 2 = ≤ 1 month 3 = ≤ 6 months 4 = ≤ 1 year 5 = ≤ 2 years 6 = ≤ 5 years 7 = > 5 years If > 1 years skip Current Pattern	1 = ≤ 10 days 2 = 11-50 days 3 = ≥ 51 days If code is 1 or ≤ 10 days, skip Current and Lifetime	1 = Oral 2 = Smoke/Inhale 3 = Snort 4 = Inject 5 = Other, specify	Record Quant./Freq. of most recent episode (#8) or heaviest pattern (#15), in units specified	1 = ≤ 1 week 2 = ≤ 1 month 3 = ≤ 6 months 4 = ≤ 1 year 5 = ≤ 2 years 6 = ≤ 5 years 7 = > 5 years	1 = < 1/month 2 = < 1/week 3 = 1/week 4 = several/week 5 = 1/day 6 = > 1/day	Record age 1st began regular use; and last single use	Current or Life "Perceived Problem" of use (control) or <u>from</u> <u>use</u> (consequences). Y = Problem N = No Problem

Drug Class															
Life Query?					Current Pattern (recent, past 12 months)					Lifetime Pattern					
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.
Ever Used (Y/N)	Types used	When Last used?	Life Use Total	Main Types	Usual Route	# Days use 7a. Past 7 days 7b. Past 30 days	Est. Quant. & Freq.	Duration of Pattern	Typical Freq.	Age First Began?	Age Last Used?	Patient Perceived Problem? (Y/N)	Usual Route	Est. Quant. & Freq.	Duration of Pattern
A) Cigarettes	CIGAREU	CIGARTU	CIGARLU	CIGARMT	CIGARUR	CIGAR7US	CIGCPST	CIGARDUR	CIGRPRQ	CIGARALU	CIGARAFU	CIGARPRB	CIGHLPRT	CIGLPST	CIGLPDUR
Tobacco Cigs															
B) Other Tobacco	TOBEU	TOBTU1	TOBTU2	TOBTU3	TOBTU4	TOBTU5	TOBCPST	TOBDUR	TOBFREQ	TOBALU	TOBAFU	TOBPRB	TOBLPRT	TOBLPST	TOBLPDUR
Pipe, cigars, chew, snuff															
C) Alcohol	ALCEU	ALCTU1	ALCTU2	ALCTU3	ALCTU4	ALCTU5	ALCCPST	ALCDUR	ALCFREQ	ALCALU	ALCAFU	ALCPRB	ALCLPRT	ALCLPST	ALCLPDUR
Beer, wine, liquor															
D) Marijuana, Cannabis	MARJEU	MARJTU1	MARJTU2	MARJTU3	MARJTU4	MARJTU5	MARCPST	MARJDUR	MARJFRQ	MARJALU	MARJAFU	MARJPRB	MARJLPT	MARLPST	MARLPDUR
Pot, weed, hash, oil, herb															
E) Opiates, Narcotics	OPIEU	OPI1U1	OPI1U2	OPI1U3	OPI1U4	OPI1U5	OPICPST	OPI1DUR	OPI1FRQ	OPI1AFU	OPI1ALU	OPI1PRB	OPI1LPT	OPI1PST	OPI1PDUR
Heroin, morphine, codeine, methadone, Percodan, Talwin, darvon															
F) Cocaine	COCEU	COCTU1	COCTU2	COCTU3	COCTU4	COCTU5	COCCPST	COCCDUR	COCCFRQ	COCAFU	COCALU	COCPRB	COCLPRT	COCLPST	COCLPDUR
Powder, crack, freebase															
G) Amphetamines	AMPEU	AMPTU1	AMPTU2	AMPTU3	AMPTU4	AMPTU5	AMP1PST	AMP1DUR	AMP1FRQ	AMP1AFU	AMP1ALU	AMP1PRB	AMPLPRT	AMPLPST	AMPLPDUR
Speed, uppers, crank, ice, crystal, meth, beauties,															

Protocol Number: NIDA-MDS-BupropionMeth-0001
 Phase II Low Bup Meth

Site ID : 982103
 Subject ID : 0226

Visit:

SDCMPDLX STUDY DRUG COMPLIANCE - DAILY PART 1

FORMND Form Not Done

INSTRUCTION: Complete this form daily. For days 1-3 and 82-84, the subject is given 1 tablet of study drug to be taken either in the morning or the evening. All other days subject will take two tablets daily. Record the date the study drug was stopped in the box below. All dates after that date can be left blank in the daily table.

Date Study Drug Stopped:
 (mm/dd/yyyy)

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10
Date	<input type="text" value="DAY1DT"/> (mm/dd/yyyy)	<input type="text" value="DAY2DT"/> (mm/dd/yyyy)	<input type="text" value="DAY3DT"/> (mm/dd/yyyy)	<input type="text" value="DAY4DT"/> (mm/dd/yyyy)	<input type="text" value="DAY5DT"/> (mm/dd/yyyy)	<input type="text" value="DAY6DT"/> (mm/dd/yyyy)	<input type="text" value="DAY7DT"/> (mm/dd/yyyy)	<input type="text" value="DAY8DT"/> (mm/dd/yyyy)	<input type="text" value="DAY9DT"/> (mm/dd/yyyy)	<input type="text" value="DAY10DT"/> (mm/dd/yyyy)
Morning	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Unk <input type="text" value="DAY1MYN"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Unk <input type="text" value="DAY2MYN"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Unk <input type="text" value="DAY3MYN"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="text" value="DAY4MYN"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="text" value="DAY5MYN"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="text" value="DAY6MYN"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="text" value="DAY7MYN"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="text" value="DAY8MYN"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="text" value="DAY9MYN"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="text" value="DAY10MYN"/>
Evening	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Unk <input type="text" value="DAY1EYN"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Unk <input type="text" value="DAY2EYN"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Unk <input type="text" value="DAY3EYN"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="text" value="DAY4EYN"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="text" value="DAY5EYN"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="text" value="DAY6EYN"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="text" value="DAY7EYN"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="text" value="DAY8EYN"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="text" value="DAY9EYN"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="text" value="DAY10EYN"/>
Date	<input type="text" value="DAY11DT"/> (mm/dd/yyyy)	<input type="text" value="DAY12DT"/> (mm/dd/yyyy)	<input type="text" value="DAY13DT"/> (mm/dd/yyyy)	<input type="text" value="DAY14DT"/> (mm/dd/yyyy)	<input type="text" value="DAY15DT"/> (mm/dd/yyyy)	<input type="text" value="DAY16DT"/> (mm/dd/yyyy)	<input type="text" value="DAY17DT"/> (mm/dd/yyyy)	<input type="text" value="DAY18DT"/> (mm/dd/yyyy)	<input type="text" value="DAY19DT"/> (mm/dd/yyyy)	<input type="text" value="DAY20DT"/> (mm/dd/yyyy)
Morning	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="text" value="DAY11MYN"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="text" value="DAY12MYN"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="text" value="DAY13MYN"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="text" value="DAY14MYN"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="text" value="DAY15MYN"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="text" value="DAY16MYN"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="text" value="DAY17MYN"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="text" value="DAY18MYN"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="text" value="DAY19MYN"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="text" value="DAY20MYN"/>
Evening	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="text" value="DAY11EYN"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="text" value="DAY12EYN"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="text" value="DAY13EYN"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="text" value="DAY14EYN"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="text" value="DAY15EYN"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="text" value="DAY16EYN"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="text" value="DAY17EYN"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="text" value="DAY18EYN"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="text" value="DAY19EYN"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="text" value="DAY20EYN"/>

	Day 21	Day 22	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28	Day 29	Day 30
Date	DAY21DT (mm/dd/yyyy)	DAY22DT (mm/dd/yyyy)	DAY23DT (mm/dd/yyyy)	DAY24DT (mm/dd/yyyy)	DAY25DT (mm/dd/yyyy)	DAY26DT (mm/dd/yyyy)	DAY27DT (mm/dd/yyyy)	DAY28DT (mm/dd/yyyy)	DAY29DT (mm/dd/yyyy)	DAY30DT (mm/dd/yyyy)
Morning	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY21MYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY22MYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY23MYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY24MYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY25MYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY26MYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY27MYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY28MYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY29MYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY30MYN
Evening	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY21EYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY22EYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY23EYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY24EYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY25EYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY26EYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY27EYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY28EYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY29EYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY30EYN

	Day 31	Day 32	Day 33	Day 34	Day 35	Day 36	Day 37	Day 38	Day 39	Day 40
Date	DAY31DT (mm/dd/yyyy)	DAY32DT (mm/dd/yyyy)	DAY33DT (mm/dd/yyyy)	DAY34DT (mm/dd/yyyy)	DAY35DT (mm/dd/yyyy)	DAY36DT (mm/dd/yyyy)	DAY37DT (mm/dd/yyyy)	DAY38DT (mm/dd/yyyy)	DAY39DT (mm/dd/yyyy)	DAY40DT (mm/dd/yyyy)
Morning	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY31MYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY32MYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY33MYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY34MYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY35MYN	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> Unk DAY36MYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY37MYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY38MYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY39MYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY40MYN
Evening	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY31EYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY32EYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY33EYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY34EYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY35EYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY36EYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY37EYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY38EYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY39EYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY40EYN

* Subjects will be asked to refrain from taking the morning dose on the day during Week 6 and Week 12 that they are scheduled for a blood draw for bupropion levels.

	Day 41	Day 42	Day 43	Day 44	Day 45	Day 46	Day 47	Day 48	Day 49	Day 50
Date	DAY41DT (mm/dd/yyyy)	DAY42DT (mm/dd/yyyy)	DAY43DT (mm/dd/yyyy)	DAY44DT (mm/dd/yyyy)	DAY45DT (mm/dd/yyyy)	DAY46DT (mm/dd/yyyy)	DAY47DT (mm/dd/yyyy)	DAY48DT (mm/dd/yyyy)	DAY49DT (mm/dd/yyyy)	DAY50DT (mm/dd/yyyy)
Morning	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY41MYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY42MYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY43MYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY44MYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY45MYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY46MYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY47MYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY48MYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY49MYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY50MYN
Evening	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY41EYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY42EYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY43EYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY44EYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY45EYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY46EYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY47EYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY48EYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY49EYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY50EYN

Protocol Number: NIDA-MDS-BupropionMeth-0001

Phase II Low Bup Meth

Visit:

STDYWD

Site ID :

982103

Subject ID :

0226

SDCMPDL2

STUDY DRUG COMPLIANCE - DAILY PART 2

Form Not Done

Please enter 'Date Study Drug Stopped' in the Study Drug Compliance- Daily Part 1 Form

Date Study Drug Stopped:

SDSTOPDT
(mm/dd/yyyy)

	Day 51	Day 52	Day 53	Day 54	Day 55	Day 56	Day 57	Day 58	Day 59	Day 60
Date	DAY51DT (mm/dd/yyyy)	DAY52DT (mm/dd/yyyy)	DAY53DT (mm/dd/yyyy)	DAY54DT (mm/dd/yyyy)	DAY55DT (mm/dd/yyyy)	DAY56DT (mm/dd/yyyy)	DAY57DT (mm/dd/yyyy)	DAY58DT (mm/dd/yyyy)	DAY59DT (mm/dd/yyyy)	DAY60DT (mm/dd/yyyy)
Morning	DAY51MYN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	DAY52MYN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	DAY53MYN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	DAY54MYN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	DAY55MYN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	DAY56MYN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	DAY57MYN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	DAY58MYN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	DAY59MYN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	DAY60MYN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Evening	DAY51EYN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	DAY52EYN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	DAY53EYN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	DAY54EYN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	DAY55EYN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	DAY56EYN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	DAY57EYN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	DAY58EYN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	DAY59EYN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	DAY60EYN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Date	DAY61DT (mm/dd/yyyy)	DAY62DT (mm/dd/yyyy)	DAY63DT (mm/dd/yyyy)	DAY64DT (mm/dd/yyyy)	DAY65DT (mm/dd/yyyy)	DAY66DT (mm/dd/yyyy)	DAY67DT (mm/dd/yyyy)	DAY68DT (mm/dd/yyyy)	DAY69DT (mm/dd/yyyy)	DAY70DT (mm/dd/yyyy)
Morning	DAY61MYN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	DAY62MYN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	DAY63MYN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	DAY64MYN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	DAY65MYN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	DAY66MYN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	DAY67MYN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	DAY68MYN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	DAY69MYN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	DAY70MYN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Evening	DAY61EYN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	DAY62EYN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	DAY63EYN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	DAY64EYN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	DAY65EYN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	DAY66EYN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	DAY67EYN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	DAY68EYN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	DAY69EYN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	DAY70EYN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk

	Day 71	Day 72	Day 73	Day 74	Day 75	Day 76	Day 77	Day 78	Day 79	Day 80
Date	DAY71DT (mm/dd/yyyy)	DAY72DT (mm/dd/yyyy)	DAY73DT (mm/dd/yyyy)	DAY74DT (mm/dd/yyyy)	DAY75DT (mm/dd/yyyy)	DAY76DT (mm/dd/yyyy)	DAY77DT (mm/dd/yyyy)	DAY78DT (mm/dd/yyyy)	DAY79DT (mm/dd/yyyy)	DAY80DT (mm/dd/yyyy)
Morning	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY71MYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY72MYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY73MYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY74MYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY75MYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY76MYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY77MYN	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> Unk DAY78MYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY79MYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY80MYN
Evening	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY71EYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY72EYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY73EYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY74EYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY75EYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY76EYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY77EYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY78EYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY79EYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY80EYN

* Subjects will be asked to refrain from taking the morning dose on the day during Week 6 and Week 12 that they are scheduled for a blood draw for bupropion levels.

	Day 81	Day 82	Day 83	Day 84
Date	DAY81DT (mm/dd/yyyy)	DAY82DT (mm/dd/yyyy)	DAY83DT (mm/dd/yyyy)	DAY84DT (mm/dd/yyyy)
Morning	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY81MYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Unk DAY82MYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Unk DAY83MYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Unk DAY84MYN
Evening	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk DAY81EYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Unk DAY82EYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Unk DAY83EYN	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Unk DAY84EYN

SDCMPDL2v1

Protocol Number: NIDA-MDS-BupropionMeth-0001

Phase II Low Bup Meth

Visit:

Site ID :

Subject ID :

Date :
(mm/dd/yyyy)

PI SIGNATURE PAGE

Form Not Done

I have reviewed all source documents and eCRFs for this subject and attest that the data contained in them is accurate and complete.

PI Signature Present:

Date:
(mm/dd/yyyy)

Protocol Number: NIDA-MDS-BupropionMeth-0001

Phase II Low Bup Meth

Visit: SCRNBASE

Site ID : 982103

Subject ID : 0226

Date: VISITDT
(mm/dd/yyyy)

SUR

SUBSTANCE USE REPORT (SUR)

FORMND

Form Not Done

INSTRUCTION: Complete this form three times a week during screening/baseline, weeks 1-12, and once a week during weeks 13-16. **Report alcohol and illicit drug use on this form, including prescription drug abuse.**

Complete one form per study week and update at subsequent visit (s) to capture use that may have occurred later on the day of report.

Enter the dates for each day of the study week in the column headings.

Indicate whether substance use occurred by marking an 'X' in the appropriate box to indicate No (no use) or Yes (use for each substance listed in the rows). Enter the route of administration for each substance reported except alcohol. If more than one route of administration is used for a substance, record the most severe route. If alcohol was used, enter the number of standard drinks. Refer to codes below to complete these items.

For Nicotine - If subject smokes cigarettes, route must always be recorded as '4', inhalation, and the # of cigarettes smoked must be recorded in the boxes provided. If the subject inhaled nicotine other than cigarettes, record '000' in the space provided.

1 Route Codes

- 1 Oral
- 2 Nasal
- 3 Intravenous
- 4 Inhalation
- 5 Topical
- Transdermal
- 6 Intramuscular
- 7 Sublingual
- 8 Subcutaneous
- 9 Other

2 Standard Drink Calculator

One standard drink is equal to:

- 12 oz. of beer
- 4 oz. of wine
- 2.5 oz. of fortified wine
- 1 oz. of hard liquor

3 Other Drug Codes

- 1 Other stimulants (amph, etc.)
- 2 Hallucinogens (PCP, LSD, Ecstasy, etc.)
- 3 Inhalants (glue, ethyl chl, etc.)
- 4 Sedative hyp/anxiolytics (Valium, Seconal etc.)
- 5 Other

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
	DAY1DT (mm/dd/yyyy)	DAY2DT (mm/dd/yyyy)	DAY3DT (mm/dd/yyyy)	DAY4DT (mm/dd/yyyy)	DAY5DT (mm/dd/yyyy)	DAY6DT (mm/dd/yyyy)	DAY7DT (mm/dd/yyyy)
	<input type="checkbox"/> DAY1ND	<input type="checkbox"/> DAY2ND	<input type="checkbox"/> DAY3ND	<input type="checkbox"/> DAY4ND	<input type="checkbox"/> DAY5ND	<input type="checkbox"/> DAY6ND	<input type="checkbox"/> DAY7ND
	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes
	If yes, Route 1	If yes, Route 1	If yes, Route 1	If yes, Route 1	If yes, Route 1	If yes, Route 1	If yes, Route 1
Nicotine?	NICOT1	NICOT2	NICOT3	NICOT4	NICOT5	NICOT6	NICOT7
	<input type="checkbox"/> NICOTRT1	<input type="checkbox"/> NICOTRT2	<input type="checkbox"/> NICOTRT3	<input type="checkbox"/> NICOTRT4	<input type="checkbox"/> NICOTRT5	<input type="checkbox"/> NICOTRT6	<input type="checkbox"/> NICOTRT7
If smoked cigarettes, #	CIGARET1	CIGARET2	CIGARET3	CIGARET4	CIGARET5	CIGARET6	CIGARET7
Cannabinoids (THC)?	CANNB1	CANNB2	CANNB3	CANNB4	CANNB5	CANNB6	CANNB7
	<input type="checkbox"/> CANNBRT1	<input type="checkbox"/> CANNBRT2	<input type="checkbox"/> CANNBRT3	<input type="checkbox"/> CANNBRT4	<input type="checkbox"/> CANNBRT5	<input type="checkbox"/> CANNBRT6	<input type="checkbox"/> CANNBRT7
Barbiturates?	BARB1	BARB2	BARB3	BARB4	BARB5	BARB6	BARB7
	<input type="checkbox"/> BARBRT1	<input type="checkbox"/> BARBRT2	<input type="checkbox"/> BARBRT3	<input type="checkbox"/> BARBRT4	<input type="checkbox"/> BARBRT5	<input type="checkbox"/> BARBRT6	<input type="checkbox"/> BARBRT7
Methamphetamines?	METH1	METH2	METH3	METH4	METH5	METH6	METH7
	<input type="checkbox"/> METHRT1	<input type="checkbox"/> METHRT2	<input type="checkbox"/> METHRT3	<input type="checkbox"/> METHRT4	<input type="checkbox"/> METHRT5	<input type="checkbox"/> METHRT6	<input type="checkbox"/> METHRT7
Cocaine?	COCA1	COCA2	COCA3	COCA4	COCA5	COCA6	COCA7
	<input type="checkbox"/> COCART1	<input type="checkbox"/> COCART2	<input type="checkbox"/> COCART3	<input type="checkbox"/> COCART4	<input type="checkbox"/> COCART5	<input type="checkbox"/> COCART6	<input type="checkbox"/> COCART7
Opiates?	OPIAT1	OPIAT2	OPIAT3	OPIAT4	OPIAT5	OPIAT6	OPIAT7
	<input type="checkbox"/> OPIATRT1	<input type="checkbox"/> OPIATRT2	<input type="checkbox"/> OPIATRT3	<input type="checkbox"/> OPIATRT4	<input type="checkbox"/> OPIATRT5	<input type="checkbox"/> OPIATRT6	<input type="checkbox"/> OPIATRT7
Amphetamines?	AMPH1	AMPH2	AMPH3	AMPH4	AMPH5	AMPH6	AMPH7
	<input type="checkbox"/> AMPHRT1	<input type="checkbox"/> AMPHRT2	<input type="checkbox"/> AMPHRT3	<input type="checkbox"/> AMPHRT4	<input type="checkbox"/> AMPHRT5	<input type="checkbox"/> AMPHRT6	<input type="checkbox"/> AMPHRT7
Other substance?	OTHR1	OTHR2	OTHR3	OTHR4	OTHR5	OTHR6	OTHR7
	<input type="checkbox"/> SPSUB1	<input type="checkbox"/> SPSUB2	<input type="checkbox"/> SPSUB3	<input type="checkbox"/> SPSUB4	<input type="checkbox"/> SPSUB5	<input type="checkbox"/> SPSUB6	<input type="checkbox"/> SPSUB7
Specify Substance 3:	<input type="checkbox"/> OTHRR1	<input type="checkbox"/> OTHRR2	<input type="checkbox"/> OTHRR3	<input type="checkbox"/> OTHRR4	<input type="checkbox"/> OTHRR5	<input type="checkbox"/> OTHRR6	<input type="checkbox"/> OTHRR7
	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes
	# Std. Drinks 2	# Std. Drinks 2	# Std. Drinks 2	# Std. Drinks 2	# Std. Drinks 2	# Std. Drinks 2	# Std. Drinks 2
Alcohol?	ALCHL1	ALCHL2	ALCHL3	ALCHL4	ALCHL5	ALCHL6	ALCHL7
	<input type="checkbox"/> ALCHLN01	<input type="checkbox"/> ALCHLN02	<input type="checkbox"/> ALCHLN03	<input type="checkbox"/> ALCHLN04	<input type="checkbox"/> ALCHLN05	<input type="checkbox"/> ALCHLN06	<input type="checkbox"/> ALCHLN07
	SURV1						

Protocol Number: *NIDA-MDS-BupropionMeth-0001*

Site ID : 982112

Phase II Low Bup Meth

Subject ID : 1622

Visit: STDYw/d

TRIDRUG

STUDY DRUG COMPLIANCE - WEEKLY

FORMIND

Form Not Done

#	Date Study Drug Dispensed (mm/dd/yyyy)	Study Week/Visit Study Drug Dispensed	Number of Tablets Dispensed	Dispensed by:	Date Unused Study Drug Returned (mm/dd/yyyy)	Collected by:	Study Week/Visit Study Drug Returned	Number of Tablets Returned (per count)	Number of Tablets Reported Lost/Missing by Subject (If 1 or more is recorded, comments must be provided)
TCLINENO	STDRGDT	VISITDP	TABSDISP	DISPBY	RETURNDT	COLLECTBY	VISITRN	TABSRET	TABSLOST

Record: 1 of 1

Comments:

COMMENTS

PI/MD Signature Present?

Yes No

Signature Date

SIGPRES

PISIGDT

TRIDRUGv1

Protocol Number: NIDA-MDS-BupropionMeth-0001

Phase II Low Bup Meth

Visit: SCRNBASE

Site ID : 982103

Subject ID : 0226

Date : VISITDT
(mm/dd/yyyy)

URDRUG URINE DRUG SCREEN - QUALITATIVE

FORMND Form Not Done

INSTRUCTION: Complete this form at screening/baseline only.

This form captures the results from urine drug screens performed with an on-site urine testing kit.

1. Was a Urine Drug Screen Performed?

Check the appropriate result: No UDPERFRM Done Unknown

If No, Not Done, or Unknown, the questionnaire is complete; Do not fill in data for items 2 - 6.

2. Date urine collected:
(mm/dd/yyyy)

3. Was urine temperature within expected range on first attempt?

Check the appropriate result: No URTEMP1 Unknown

If 'No' proceed to question 4. If 'Yes' proceed to question 6.

4. Was urine temperature within the expected range on the second attempt?

Check the appropriate result: No URTEMP2 Unknown

5. Was the second urine collection supervised?

Check the appropriate result: No UR2CLSUP Unknown

If temperature is not within the expected range after two attempts, do not collect additional specimens. The subject must return for another visit.

6. Urine Drug Screen Results

Check the box in the column representing the drug screen result for each substance listed below	Result Values			
D DRUGNAME	Negative = 0	Positive = 1	Not Done = 8	Unknown = 9
<input type="checkbox"/> Amphetamines		<input type="checkbox"/> UDRESULT		
<input type="checkbox"/> Barbiturates		<input type="checkbox"/>		
<input type="checkbox"/> Benzodiazepines		<input type="checkbox"/>		
<input type="checkbox"/> Cocaine Metabolites		<input type="checkbox"/>		
<input type="checkbox"/> Methamphetamines		<input type="checkbox"/>		
<input type="checkbox"/> Opiates		<input type="checkbox"/>		
<input type="checkbox"/> Tetrahydrocannabinol		<input type="checkbox"/>		

URDRUGv1

Protocol Number: NIDA-MDS-BupropionMeth-0001

Phase II Low Bup Meth

Visit:

Site ID :

Subject ID :

Date :
(mm/dd/yyyy)

URNALYS

MEDICAL URINALYSIS

Form Not Done

INSTRUCTION: Complete this form at screening/baseline and the last visit of week 12 or the termination visit, if prior to week 12.

Data Collected For:

Screening/Baseline

Termination

Other, specify

Specific gravity =

Urine pH =

Color =

Appearance =

Complete the result level for each urinalysis parameter below. Indicate whether each urinalysis parameter measurement is Normal (within laboratory normal limits), Abnormal (outside of laboratory normal limits, but not clinically significant), Abnormal Significant (outside laboratory normal limits and clinically significant), or Not Done. Provide comments for any abnormal or significantly abnormal values below.

Urinalysis	0	Trace	+1	+2	+3	+4	Normal =1	Abnormal =2	Abnormal Significant =3	Not Done =9	Provide comments for abnormal results
URINQUE											
Blood		LEVELTRC						RESULT			CMMINTS
Protein											
Glucose											
Ketones											
Bilirubin											
Leukocytes											
Nitrites											

P/MD/NP Signature Present? SIGPRES PISIGDT Signature Date

URNALYS v2

Protocol Number: NIDA-MDS-BupropionMeth-0001

Phase II Low Bup Meth

Visit: SCRNBASE

Site ID : 982103

Subject ID : 0226

Date : VISITDT
(mm/dd/yyyy)

URSMPTRK

URINE SAMPLES TRACKING

FORMND Form Not Done

INSTRUCTION: Complete this form three times a week during screening/baseline, weeks 1 - 12, and weekly during week 13 - 16

1. Was urine sample collected at this study week?

SMP1COL

a. If yes, date first sample collected in this study week:

SMP1DT
(mm/dd/yyyy)

b. Was Urine Meth/Creatinine analysis requested?

URMETH1

c. Was Urine Toxicology analysis requested?

URTOX1

d. Enter barcode number here:

URSPBC1

e. Were AE's for this subject assessed during this visit?

AEASSES1

If 'No', comments are required:

CMMNTS1

2. Was urine sample collected at this study week?

SMP2COL

a. If yes, date second sample collected in this study week:

SMP2DT
(mm/dd/yyyy)

b. Was Urine Meth/Creatinine analysis requested?

URMETH2

c. Was Urine Toxicology analysis requested?

URTOX2

d. Enter barcode number here:

URSPBC2

e. Were AE's for this subject assessed during this visit?

AEASSES2

If 'No', comments are required:

CMMNT2

3. Was urine sample collected at this study week?

Yes No
SMP3COL

a. If yes, date third sample collected in this study week:

SMP3DT
(mm/dd/yyyy)

b. Was Urine Meth/Creatinine analysis requested?

URMETH3

c. Was Urine Toxicology analysis requested?

URTOX3

d. Enter barcode number here:

URSPBC3

e. Were AE's for this subject assessed during this visit?

AEASSES3

If 'No', comments are required:

CMMNTS3

URSMPTRK v2

Protocol Number: NIDA-MDS-BupropionMeth-0001

Phase II Low Bup Meth

Visit: SCRNBASE

Site ID : 982103

Subject ID : 0226

Date : VISITDT
(mm/dd/yyyy)

VITALS VITAL SIGNS

FORMND Form Not Done

INSTRUCTION: Complete this form weekly during screening/baseline, and the 1st visit of the week during weeks 1-11, and at the last visit of week 12 or the termination visit, if prior to week 12.

Time: VSTIME (00:00-23:59)

Oral Temperature: VSTEMP TEMP_U Respiratory Rate RESP breaths/minute

Pulse Rate PULS beats/minute Sitting Blood Pressure BPSYS BPDIA /Hg
(sys) (dia)

Comments:

CMMNTS

PI/MD Signature Present? SIGPRES No

Signature Date PISIGDT

VITALS v2