

STUDYID

### Demographics

Protocol Number: NIDA-CTN-0018

Participant #: _____ <sup>a</sup>	EPOCH _____ <sup>c</sup>	Visit #: _____	VISITNUM _____
Form Completion Status: _____ <sup>d</sup>	_____ <sup>k</sup>	Visit Date: _____/_____/_____ <sup>f</sup> <sup>g</sup> <sup>h</sup>	DMDTC/SCDTC
1=CRF administered 2=Participant refused 3=Staff member did not administer 4=Not enough time to administer 5=No participant contact 6=Other (specify: _____) <sup>e</sup>			
DM.SEX _____ <sup>i</sup>	Site #: _____ <sup>j</sup>		DM.BRTHDTC

Start Time:

DMSTDTC/SCSTDTC

\_\_\_\_ : \_\_\_\_<sup>1-2</sup>  
 h h m m  
 (24 hour clock)\*

### DEMOGRAPHICS

1. Sex:

DM.SEX Male  1<sup>3</sup>  
 Female  2

2. Date of birth:

DM.BRTHDTC / / \_\_\_\_\_<sup>4-6</sup>  
 m m d d y y y y

3a. Ethnicity:

*If Not of Spanish origin, Hispanic or Latino, skip to Question 4.*

DM.HISPANIC Spanish origin, Hispanic or Latino  1<sup>7</sup>  
 Not of Spanish origin, Hispanic or Latino  2

DM.RACE (if multiple, then 'MULTIPLE')

3b. If Hispanic or Latino, for each of the following, please check Yes or No.

SCTEST

SCORRES

1. Mexican, Mexican-American, or Chicano No  0<sup>8</sup>  
 Yes  1

2. Puerto Rican No  0<sup>9</sup>  
 Yes  1

3. Cuban No  0<sup>10</sup>  
 Yes  1

4. Hispanic or Latino, other No  0<sup>11</sup>  
 Yes  1

Other, specify: \_\_\_\_\_<sup>12</sup>

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

Participant #: _____	USUBJID	Visit Date: _____ / _____ / _____	DMDTC/SCDTC
		m m / d d / y y y y	

4. Race: **DM.RACE (if multiple, then 'MULTIPLE')**

- For each of the following, please check "No" or "Yes."
- Check "Yes" for items "g" or "h" if participant chooses not to answer or race is unknown.
- For those categories with further specification, please respond to all sub-category questions. Answer "Yes" to at least one sub-category.
- If sub-category is unknown, select "Other" for the sub-category and write "Unknown" for the specify.

**SCTEST**

**SCORES**

<b>4a.</b> American Indian or Alaska Native	No <input type="checkbox"/> 0	13
	Yes <input type="checkbox"/> 1	
<b>4b.</b> Asian	No <input type="checkbox"/> 0	14
<i>If "Yes", please complete 4b.1. through 4b.7.</i>	Yes <input type="checkbox"/> 1	
<i>If "No", please skip to Question 4c.</i>		
<b>1.</b> Asian-Indian	No <input type="checkbox"/> 0	15
	Yes <input type="checkbox"/> 1	
<b>2.</b> Chinese	No <input type="checkbox"/> 0	16
	Yes <input type="checkbox"/> 1	
<b>3.</b> Filipino	No <input type="checkbox"/> 0	17
	Yes <input type="checkbox"/> 1	
<b>4.</b> Japanese	No <input type="checkbox"/> 0	18
	Yes <input type="checkbox"/> 1	
<b>5.</b> Korean	No <input type="checkbox"/> 0	179
	Yes <input type="checkbox"/> 1	
<b>6.</b> Vietnamese	No <input type="checkbox"/> 0	20
	Yes <input type="checkbox"/> 1	
<b>7.</b> Asian, other	No <input type="checkbox"/> 0	21
	Yes <input type="checkbox"/> 1	
Other, specify: _____		22
<b>4c.</b> Black or African American	No <input type="checkbox"/> 0	23
	Yes <input type="checkbox"/> 1	

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

Participant #: _____ <span style="float: right; color: red;">USUBJID</span>	Visit Date:    m   m   /   d   d   /   y   y   y   y <span style="float: right; color: red;">DMDTC/SCDTC</span>
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DM.RACE (if multiple, then 'MULTIPLE')

	<b>4d. Native Hawaiian or Pacific Islander</b> <span style="float: right;">No <input type="checkbox"/> 0</span> <i>If "Yes", please complete 4d.1. through 4d.4.</i> <span style="float: right;">Yes <input type="checkbox"/> 1</span> <i>If "No", please skip to Question 4e.</i>	24
SCTEST	<b>1. Native Hawaiian</b> <span style="float: right;">No <input type="checkbox"/> 0</span> <span style="float: right; color: red;">SCORRES</span> Yes <input type="checkbox"/> 1	25
	<b>2. Guamanian or Chamorro</b> <span style="float: right;">No <input type="checkbox"/> 0</span> Yes <input type="checkbox"/> 1	26
	<b>3. Samoan</b> <span style="float: right;">No <input type="checkbox"/> 0</span> Yes <input type="checkbox"/> 1	27
QNAM=NOTHERS QLABEL=NATIVE HAWAIIAN OR PACIFIC ISLANDER: OTHER TEXT IDVAR=SCDTC	<b>4. Native Hawaiian or Pacific Islander, other</b> <span style="float: right;">No <input type="checkbox"/> 0</span> Yes <input type="checkbox"/> 1 Other, specify: _____	28 29
	<b>4e. White</b> <span style="float: right;">No <input type="checkbox"/> 0</span> Yes <input type="checkbox"/> 1	30
	<b>4f. Other</b> <span style="float: right;">No <input type="checkbox"/> 0</span> Yes <input type="checkbox"/> 1 Other, specify: _____	31 32
	<b>4g. Participant chooses not to answer</b> <span style="float: right;">Yes <input type="checkbox"/> 1</span>	33
	<b>4h. Unknown</b> <span style="float: right;">Yes <input type="checkbox"/> 1</span>	34

DMENDTC/SCENDTC

**Stop Time:**  
*\*If time spent completing form was not continuous, add just stop time to account for any breaks.*

_____	:	_____	35-
h h		m m	36
(24 hour clock)*			

Completed by (Staff #): _____ <span style="float: right;">37</span>
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ADAI DMC

**Drug Use Screening-CAB**

STUDYID

Protocol Number: NIDA-CTN-0018

Participant #:	<sup>a</sup> <b>USUBJID</b>	<b>EPOCH</b>	Visit #:	<sup>c</sup> <b>VISITNUM</b>
Form Completion Status:	<sup>d</sup> _____	Sequence Num: <sup>k</sup> _____	Visit Date:	<sup>f</sup> ____ / <sup>g</sup> ____ / <sup>h</sup> ____
1=CRF administered 2=Participant refused 3=Staff member did not administer 4=Not enough time to administer 5=No participant contact 6=Other (specify: _____) <sup>e</sup>				<b>SUSTDTC/SUENDTC</b>
Node #:	<sup>i</sup> _____	Site #:	<sup>j</sup> _____	

**Start Time:** **SUSTDTC** : \_\_\_\_\_ <sup>1-2</sup>  
h h m m  
 (24 hour clock)\*

**DRUG USE**      **SUCAT=DRUG/ALCOHOL USE**

**For each of the following substances, please indicate whether the substance has been used in the past 30 days. Also indicate whether the substance was ever administered by injection (IV or Non-IV).**

<b>1. Alcohol (any use at all)</b>  <b>SUTRT</b>	<b>a. Past 30 Days</b>  <b>SUEVLINT=-P30D</b>	No <input type="checkbox"/> 0 <sup>3</sup> Yes <input type="checkbox"/> 1 Not assessed <input type="checkbox"/> -5
<b>2. Alcohol (to intoxication)</b>	<b>a. Past 30 Days</b>  <b>SUEVLINT=-P30D</b>	No <input type="checkbox"/> 0 <sup>4</sup> Yes <input type="checkbox"/> 1 Not assessed <input type="checkbox"/> -5
<b>3. Heroin</b>	<b>a. Past 30 Days</b>  <b>SUEVLINT=-P30D</b>	No <input type="checkbox"/> 0 <sup>5</sup> Yes <input type="checkbox"/> 1 Not assessed <input type="checkbox"/> -5
	<b>b. Ever by Injection?</b>	No <input type="checkbox"/> 0 <sup>6</sup> Yes <input type="checkbox"/> 1 Not assessed <input type="checkbox"/> -5
<b>4. Methadone/LAAM (prescribed)</b>	<b>a. Past 30 Days</b>  <b>SUEVLINT=-P30D</b>	No <input type="checkbox"/> 0 <sup>7</sup> Yes <input type="checkbox"/> 1 Not assessed <input type="checkbox"/> -5
	<b>b. Ever by Injection?</b>	No <input type="checkbox"/> 0 <sup>8</sup> Yes <input type="checkbox"/> 1 Not assessed <input type="checkbox"/> -5

Participant #: _____ <b>USUBJID</b> _____		Visit Date: _____ / <b>SUSTDTC/SUENDTC</b> m m / d d y y y y	
5. Methadone/LAAM (illicit)  <b>SUTRT</b>	a. Past 30 Days <b>SUEVLINT=-P30D</b>	No <input type="checkbox"/> 0 Yes <input type="checkbox"/> 1 Not assessed <input type="checkbox"/> -5	9
	b. Ever by Injection?	No <input type="checkbox"/> 0 Yes <input type="checkbox"/> 1 Not assessed <input type="checkbox"/> -5	10
6. Other Opiates/Analgesics	a. Past 30 Days <b>SUEVLINT=-P30D</b>	No <input type="checkbox"/> 0 Yes <input type="checkbox"/> 1 Not assessed <input type="checkbox"/> -5	11
	b. Ever by Injection?	No <input type="checkbox"/> 0 Yes <input type="checkbox"/> 1 Not assessed <input type="checkbox"/> -5	12
7. Barbiturates	a. Past 30 Days <b>SUEVLINT=-P30D</b>	No <input type="checkbox"/> 0 Yes <input type="checkbox"/> 1 Not assessed <input type="checkbox"/> -5	13
	b. Ever by Injection?	No <input type="checkbox"/> 0 Yes <input type="checkbox"/> 1 Not assessed <input type="checkbox"/> -5	14
8. Other Sedatives/Hypnotics/Tranquilizers	a. Past 30 Days <b>SUEVLINT=-P30D</b>	No <input type="checkbox"/> 0 Yes <input type="checkbox"/> 1 Not assessed <input type="checkbox"/> -5	15
	b. Ever by Injection?	No <input type="checkbox"/> 0 Yes <input type="checkbox"/> 1 Not assessed <input type="checkbox"/> -5	16
9. Cocaine	a. Past 30 Days <b>SUEVLINT=-P30D</b>	No <input type="checkbox"/> 0 Yes <input type="checkbox"/> 1 Not assessed <input type="checkbox"/> -5	17
	b. Ever by Injection?	No <input type="checkbox"/> 0 Yes <input type="checkbox"/> 1 Not assessed <input type="checkbox"/> -5	18

Participant #:       USUBJID       Visit Date:        /       SUSTDTC/SUENDTC      

<p><b>10. Amphetamines</b></p> <p><b>SUTRT</b></p>	<p><b>a. Past 30 Days</b>  <b>SUEVLINT=-P30D</b></p> <p><b>b. Ever by Injection?</b></p>	<p>No <input type="checkbox"/> 0<sup>19</sup>            Yes <input type="checkbox"/> 1            Not assessed <input type="checkbox"/> -5</p> <p>No <input type="checkbox"/> 0<sup>20</sup>            Yes <input type="checkbox"/> 1            Not assessed <input type="checkbox"/> -5</p>
<p><b>11. Cannabis</b></p>	<p><b>a. Past 30 Days</b>  <b>SUEVLINT=-P30D</b></p> <p><b>b. Ever by Injection?</b></p>	<p>No <input type="checkbox"/> 0<sup>21</sup>            Yes <input type="checkbox"/> 1            Not assessed <input type="checkbox"/> -5</p> <p>No <input type="checkbox"/> 0<sup>22</sup>            Yes <input type="checkbox"/> 1            Not assessed <input type="checkbox"/> -5</p>
<p><b>12. Hallucinogens</b></p>	<p><b>a. Past 30 Days</b>  <b>SUEVLINT=-P30D</b></p> <p><b>b. Ever by Injection?</b></p>	<p>No <input type="checkbox"/> 0<sup>23</sup>            Yes <input type="checkbox"/> 1            Not assessed <input type="checkbox"/> -5</p> <p>No <input type="checkbox"/> 0<sup>24</sup>            Yes <input type="checkbox"/> 1            Not assessed <input type="checkbox"/> -5</p>
<p><b>13. Inhalants</b></p>	<p><b>a. Past 30 Days</b>  <b>SUEVLINT=-P30D</b></p> <p><b>b. Ever by Injection?</b></p>	<p>No <input type="checkbox"/> 0<sup>25</sup>            Yes <input type="checkbox"/> 1            Not assessed <input type="checkbox"/> -5</p> <p>No <input type="checkbox"/> 0<sup>26</sup>            Yes <input type="checkbox"/> 1            Not assessed <input type="checkbox"/> -5</p>
<p><b>14. Nicotine (tobacco products)</b></p>	<p><b>a. Past 30 Days</b>  <b>SUEVLINT=-P30D</b></p>	<p>No <input type="checkbox"/> 0<sup>27</sup>            Yes <input type="checkbox"/> 1            Not assessed <input type="checkbox"/> -5</p>
<p><b>15. More than 1 substance per day (including alcohol, excluding nicotine)</b></p>	<p><b>a. Past 30 Days</b>  <b>SUEVLINT=-P30D</b></p> <p><b>b. Ever by Injection?</b></p>	<p>No <input type="checkbox"/> 0<sup>28</sup>            Yes <input type="checkbox"/> 1            Not assessed <input type="checkbox"/> -5</p> <p>No <input type="checkbox"/> 0<sup>29</sup>            Yes <input type="checkbox"/> 1            Not assessed <input type="checkbox"/> -5</p>

Participant #: _____	USUBJID	Visit Date: _____ / _____	SUSTDTC/SUENDTC
		m m	d d y y y y

SUCAT=MAJOR DRUG PROBLEM

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

Interviewer should determine major drug or drugs of abuse (excluding Nicotine use). Code the number next to the drug in Questions 01-13. "00"=no problem, "15"= alcohol & one or more drugs, "16"=more than one drug but no alcohol. Ask participant when not clear.

- No Problem  0 <sup>30</sup>
- Alcohol (any use at all)  1
- Alcohol (to intoxication)  2
- Heroin  3
- Methadone/LAAM (prescribed)  4
- Methadone/LAAM (illicit)  5
- Other Opiates/Analgesics  6
- Barbiturates  7
- Other Sedatives/Hypnotics/Tranquilizers  8
- Cocaine  9
- Amphetamines  10
- Cannabis  11
- Hallucinogens  12
- Inhalants  13
- Alcohol and one or more drugs  15
- More than one drug No alcohol  16

17. How long have you been in this treatment episode?

Code -3 if not applicable.

QNAM=SUEPIS  
 QLABEL=HOW LONG IN  
 TREATMENT EPISODE  
 IDVAR=SUDTC

- Years: \_\_\_\_\_ <sup>31</sup>
- Months: \_\_\_\_\_ <sup>32</sup>
- Weeks: \_\_\_\_\_ <sup>33</sup>

18. How long have you been continuously on methadone?

Code -3 if not applicable.

QNAM=SUMETH  
 QLABEL=HOW LONG  
 CONTINUOUSLY ON METH  
 IDVAR=SUDTC

- Years: \_\_\_\_\_ <sup>34</sup>
- Months: \_\_\_\_\_ <sup>35</sup>
- Weeks: \_\_\_\_\_ <sup>36</sup>

Stop Time:

\*If time spent completing form was not continuous, adjust stop time to account for any breaks.

SUENDTC \_\_\_\_\_ : \_\_\_\_\_ <sup>37-38</sup>  
 h h m m  
 (24 hour clock)\*

Completed by (Staff #): _____	<sup>39</sup>
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**STUDYID Mini Mental State Examination**

Protocol Number: NIDA-CTN-0018

Participant #: <u>    </u> <sup>a</sup> <b>USUBJID</b>	Sequence Number: <u>    </u> <sup>k</sup>	Visit #: <u>    </u> <sup>c</sup> <b>VISITNUM</b>
Form Completion Status: <u>    </u> <sup>d</sup>	<b>EPOCH</b>	Visit Date: <u>    </u> / <u>    </u> / <u>    </u> <sup>f g h</sup>
1=CRF administered 2=Participant refused 3=Staff member did not administer 4=Not enough time to administer 5=No participant contact 6=Other (specify: <u>                    </u> ) <sup>e</sup>		<b>QSDTC</b>
Node #: <u>    </u> <sup>i</sup>	Site #: <u>    </u> <sup>j</sup>	

**ORIENTATION**

1. Ask the patient: What is the:     /5 <sup>1</sup>
- QSTEST**      Year?  
**QSORRES**      Season?  
     Date?  
     Day?  
     Month?

2. Ask the patient: Where are you:     /5 <sup>2</sup>
- State?  
     Country?  
     Town?  
     Place?  
     Floor (or ward)?

**MEMORY REGISTRATION**

3. Tell the patient, "I want you to remember something for me," then say, "orange, airplane, tobacco," (speak clearly and slowly). Tell the patient, "Repeat the three objects." Tell the patient, "Keep the three things in mind." The patient scores 1 point for each object correctly recalled.     /3 <sup>3</sup>
- Orange  
     Airplane  
     Tobacco

**ATTENTION AND CONCENTRATION**

4. Ask the patient, "Take seven from 100, then seven from the result, and so on for five subtractions." Score 1 point for each correct answer.  
     93      86      79      72      65

**OR:**

- Ask the patient, "Spell "world" backwards," and score 1 point for each correct letter.     /5 <sup>4</sup>
- D      L      R      O      W

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Participant #: <span style="color: red;">USUBJID</span> _____	Visit Date: _____ / <span style="color: red;">QSDTC</span> _____ / _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>m</span> <span>m</span> / <span>d</span> <span>d</span> / <span>y</span> <span>y</span> <span>y</span> <span>y</span> </div>
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**MEMORY RECALL**

5. Ask the patient, "Can you recall the three objects from earlier? Tell me what they were." The patient scores 1 point for each object correctly recalled. \_\_\_/3<sup>5</sup>
- |   |                                   |  |
|---|-----------------------------------|--|
| <span style="color: red;">QSTEST</span> | <input type="checkbox"/> Orange   | <span style="color: red;">QSORRES</span> |
|   | <input type="checkbox"/> Airplane |  |
|   | <input type="checkbox"/> Tobacco  |  |

**LANGUAGE**

6. Show the patient two familiar objects (a pen, a watch) and ask him to name them. \_\_\_/2<sup>6</sup>
- |  |                                |  |
|--|--------------------------------|--|
|  | <input type="checkbox"/> Pen   |  |
|  | <input type="checkbox"/> Watch |  |
7. Ask the patient to repeat a sentence after you: "No ifs, ands or buts." \_\_\_/1<sup>7</sup>
8. Give the patient a piece of blank paper. Ask the patient to follow a three-stage command: "Please take this paper in your left hand, fold it in half and put the paper on the floor." One point is gained for each correctly completed step. \_\_\_/3<sup>8</sup>
- |   |
|---|
| <input type="checkbox"/> A. Take a paper in your left hand. |
| <input type="checkbox"/> B. Fold it in half.                |
| <input type="checkbox"/> C. Put it on the floor.            |

**For the following three items, hand pages 3-5 to the participant and ask him to follow the directions. Record the results below.**

9. Reading and obeying provided item \_\_\_/1<sup>9</sup>
10. Copying provided design \_\_\_/1<sup>10</sup>
11. Writing sample \_\_\_/1<sup>11</sup>

<b>HAND MMSE SCORE:</b> <i>Sum of scores from questions 1 thru 11</i> <span style="float: right;">___/30<sup>12</sup></span>
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Completed by (Staff #): <span style="color: red;">QSEVAL</span> _____ <sup>13</sup>
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Participant #: **USUBJID** \_\_\_\_\_ Visit Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
m m d d y y y y

**PARTICIPANT SECTION**

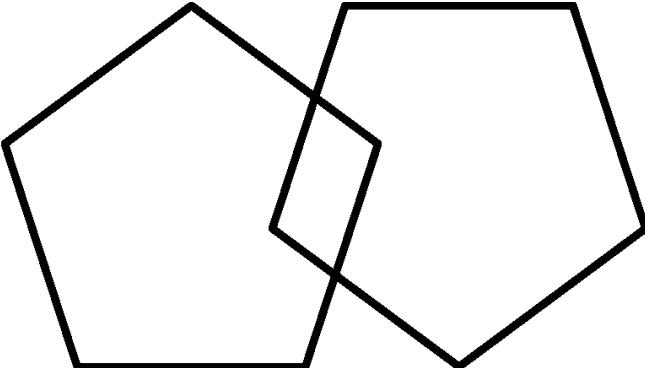
**(9) Read and obey:**

**“Close your eyes”**

Participant #: <b>USUBJID</b> _____	Visit Date: _____/_____/_____ <small>m m / d d / y y y y</small>
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**PARTICIPANT SECTION**

**(10) Copy the design of the intersecting pentagons below**



Participant #: _____	USUBJID	Visit Date: _____ / _____ / _____	QSDTC
		m m / d d / y y y y	

**PARTICIPANT SECTION**

**(11) Write a sentence.**

**THIS DATA NOT ENTERED**

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**Risk Behavior Survey-Screening**

STUDYID

Protocol Number: NIDA-CTN-0018

Participant #:	USUBJID <sup>a</sup>	EPOCH	VISITNUM <sup>c</sup>	Visit #:	_____
Form Completion Status:	_____	Seq Number:	_____	Visit Date:	____/____/____ <sup>h</sup>
1=CRF administered 2=Participant refused 3=Staff member did not administer 4=Not enough time to administer 5=No participant contact 6=Other (specify: _____) <sup>e</sup>					
Node #:	_____	Site #:	_____		

**INTERVIEWER:** The RBS contains sensitive information on drug use and sexual behavior. Please ensure that you have developed rapport with the participant before asking these questions.

**Start Time:** QSSCAT=DRUG USE QSSTDC<sup>1-2</sup>  
h h m m  
(24 hour clock)\*

**A. DRUG USE:**

“I’m going to ask you some questions about your drug use. I’ll ask what types of drugs you’ve used and how often you use them.”

**QSTEST**

**1. Cocaine by itself (injected or snorted)**

QSORRES

**1a.** Have you ever used **Cocaine by itself**?  
*If no use, unknown, or refused skip to next drug, Question 2a.*

- No  0<sup>3</sup>  
 Yes  1  
 Refused  -1  
 Unknown  -2

**1b.** How many days did you use **Cocaine by itself** in the last 30 days?  
*If 00, do not ask Questions 1c-f, and skip to next drug, Question 2a.* \_\_\_\_\_<sup>4</sup>

QSORRESU=DAY QSEVLINT=-P30D

**1c.** How many days did you inject **Cocaine by itself** in the last 30 days?  
*If 00, skip to Question 1e.* \_\_\_\_\_<sup>5</sup>

QSORRESU=DAY QSEVLINT=-P30D

**1d.** How many times a day did you inject **Cocaine by itself**?  
*Average # of injections/day* \_\_\_\_\_<sup>6</sup>

**1e.** How many days did you use **Cocaine by itself** without injecting (smoking, snorting, swallowing) in the last 30 days?  
*If 00, then skip to next drug, Question 2a.* \_\_\_\_\_<sup>7</sup>

QSORRESU=DAY QSEVLINT=-P30D

**1f.** How many times a day did you use **Cocaine by itself** without injecting? \_\_\_\_\_<sup>8</sup>

Participant #: <u>USUBJID</u>	Visit Date: <u>    </u> / <u>    </u> / <u>    </u>	QSSTDTC
	<small>m m d d y y y y</small>	

QSTEST

QSSCAT=DRUG USE

2. Heroin by itself

QSORRES

2a. Have you ever used **Heroin by itself**?

*If no use, unknown, or refused skip to next drug, Question 3a.*

No  0<sup>9</sup>

Yes  1

Refused  -1

Unknown  -2

2b. How many days did you use **Heroin by itself** in the last 30 days?

*If 00, do not ask Questions 2c-f, and skip to next drug, Question 3a.*

QSORRESU=DAY

QSEVLINT=-P30D

\_\_\_ 10

2c. How many days did you inject **Heroin by itself** in the last 30 days?

*If 00, skip to Question 2e.*

QSORRESU=DAY

QSEVLINT=-P30D

\_\_\_ 11

2d. How many times a day did you inject **Heroin by itself**?

*Average # of injections/day*

\_\_\_ 12

2e. How many days did you use **Heroin by itself** without injecting (smoking, snorting, swallowing) in the last 30 days?

*If 00, then skip to next drug, Question 3a.*

QSORRESU=DAY

QSEVLINT=-P30D

\_\_\_ 13

2f. How many times a day did you use **Heroin by itself** without injecting?

\_\_\_ 14

3. Heroin & Cocaine Mixed Together (Speedball)

3a. Have you ever used **Heroin & Cocaine mixed together**?

*If no use, unknown, or refused skip to next drug, Question 4a.*

No  0<sup>15</sup>

Yes  1

Refused  -1

Unknown  -2

3b. How many days did you use **Heroin & Cocaine mixed together** in the last 30 days?

*If 00, do not ask Questions 3c-f, and skip to next drug, Question 4a.*

QSORRESU=DAY

QSEVLINT=-P30D

\_\_\_ 16

3c. How many days did you inject **Heroin & Cocaine mixed together** in the last 30 days?

*If 00, skip to Question 3e.*

QSORRESU=DAY

QSEVLINT=-P30D

\_\_\_ 17

3d. How many times a day did you inject **Heroin & Cocaine mixed together**?

*Average # of injections/day*

\_\_\_ 18

3e. How many days did you use **Heroin & Cocaine mixed together** without injecting (smoking, snorting, swallowing) in the last 30 days?

*If 00, then skip to next drug, Question 4a.*

QSORRESU=DAY

QSEVLINT=-P30D

\_\_\_ 19

QSCAT=RISK BEHAVIORS SURVEY (RBS)

DOMAIN: QS

Participant #: <u>USUBJID</u>	Visit Date: <u>    </u> / <u>    </u> / <u>    </u>	QSSTDTC
	<small>m m / d d / y y y y</small>	

QSTEST

QSSCAT=DRUG USE

3f. How many times a day did you use **Heroin & Cocaine mixed together** without injecting? QSORRES 20

4. Other Opiates (Demerol, Codeine, Dilaudid)

4a. Have you ever used **Other Opiates**? No  0 21  
*If no use, unknown, or refused skip to next drug, Question 5a.* Yes  1  
Refused  -1  
Unknown  -2

4b. How many days did you use **Other Opiates** in the last 30 days? \_\_\_ 22  
*If 00, do not ask Questions 4c-f, and skip to next drug, Question 5a.*

QSORRESU=DAY QSEVLINT=-P30D

4c. How many days did you inject **Other Opiates** in the last 30 days? \_\_\_ 23  
*If 00, skip to Question 4e.*

QSORRESU=DAY QSEVLINT=-P30D

4d. How many times a day did you inject **Other Opiates**? \_\_\_ 24  
*Average # of injections/day*

4e. How many days did you use **Other Opiates** without injecting (smoking, snorting, swallowing) in the last 30 days? \_\_\_ 25  
*If 00, then skip to next drug, Question 5a.*

QSORRESU=DAY QSEVLINT=-P30D

4f. How many times a day did you use **Other Opiates** without injecting? \_\_\_ 26

5. Amphetamines (Speed, Methamphetamine, Crank)

5a. Have you ever used **Amphetamines**? No  0 27  
*If no use, unknown, or refused skip to Section B, Drug Injection.* Yes  1  
Refused  -1  
Unknown  -2

5b. How many days did you use **Amphetamines** in the last 30 days? \_\_\_ 28  
*If 00, do not ask Questions 5c-f, and skip to Section B, Drug Injection.*

QSORRESU=DAY QSEVLINT=-P30D

5c. How many days did you inject **Amphetamines** in the last 30 days? \_\_\_ 29  
*If 00, skip to Question 5e.*

QSORRESU=DAY QSEVLINT=-P30D

5d. How many times a day did you inject **Amphetamines**? \_\_\_ 30  
*Average # of injections/day*

5e. How many days did you use **Amphetamines** without injecting (smoking, snorting, swallowing) in the last 30 days? \_\_\_ 31  
*If 00, then skip to Section B, Drug Injection.*

QSORRESU=DAY QSEVLINT=-P30D

QSCAT=RISK BEHAVIORS SURVEY (RBS)

DOMAIN: QS

Participant #: <u>USUBJID</u>	Visit Date: <u>   </u> / <u>   </u> / <u>   </u>	QSSTDTC
	<u>   </u> <u>   </u> / <u>   </u> <u>   </u> / <u>   </u> <u>   </u> <u>   </u> <u>   </u>	

QSTEST

QSSCAT=DRUG INJECTION

5f. How many times a day did you use **Amphetamines** without injecting? **QSORRES** <sup>32</sup>

**B. DRUG INJECTION**

*If no injection use in past 30 days, skip to Section C.*

QSORRESU=DAY

QSEVLINT=-P30D

1. In the last 30 days, how many times (# of injections) did you inject using works (needle/syringes) that **you know** had been used by somebody else?                 <sup>33</sup>  
*If 000, then skip to B3.*

QSORRESU=DAY

QSEVLINT=-P30D

2. Of the times you injected after someone, how many times did you clean the works with full-strength bleach?                 <sup>34</sup>  
*Number cannot exceed total number of times used after somebody else (Question B1).*

QSORRESU=DAY

QSEVLINT=-P30D

3. How many times in the last 30 days did you use a cooker/cotton/rinse water that had been used by another injector?                 <sup>35</sup>

QSORRESU=DAY

QSEVLINT=-P30D

4. How many times in the last 30 days did you fix drugs with another person, then split the drug solution (through use of the same cooker/spoon or through front or back loading)?                 <sup>36</sup>

**C. SEXUAL ACTIVITY**

QSSCAT=SEXUAL ACTIVITY

**INTERVIEWER:** “Now I’m going to ask you some questions about sex. I’m referring here to anybody you’ve had sex with during 2 different time periods. One is “during the past 6 months” and the other is “in the last 30 days”.”

1. **With how many people did you have vaginal, oral or anal sex?**

*If none, enter 000 for both 30 days and 6 months then skip to Section J.*

QSTEST

QSORRES

**QSEVLINT=-P30D 1a.** In the last 30 days:                 <sup>37</sup>

**QSEVLINT=-P6M 1b.** During the past 6 months:                 <sup>38</sup>

2. **How many of your partners were female?**

**2a.** In the last 30 days:

**QSEVLINT=-P30D** *Number cannot exceed total number of people (C1a).*                 <sup>39</sup>

**QSEVLINT=-P6M 2b.** During the past 6 months:                 <sup>40</sup>  
*Number cannot exceed total number of people (C1b).*





QSCAT=RISK BEHAVIORS SURVEY (RBS)

DOMAIN: QS

Participant #: <b>USUBJID</b> _____	Visit Date: _____ / _____ / <b>QSSTDTC</b> m m / d d / y y y y
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**QSTEST QSSCAT=SEXUAL ACTIVITY – CLIENT WITH FEMALE PARTNER**

**2a.** How many women did you perform oral sex (“go down”) on? **QSEVLINT=-P30D** *Number cannot exceed total number of female partners (C2a).* In the last 30 days: **QSORRES** <sup>50</sup>  
*If 000 for both 30 days and 6 months, then skip to next section appropriate for the sex of this client.*

**QSEVLINT=-P6M** *Number cannot exceed total number of female partners (C2b).* During the past 6 months: \_\_\_\_\_ <sup>51</sup>

**2b.** How often did you perform oral sex (“go down”) on your partner(s)?

	Once or irregularly	Less than once a week	About once a week	2-6 times a week	About once a day	2-3 times a day	4 or more times a day	Refused	Don't know/ unsure
In the last 30 days	<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	<input type="checkbox"/> -1	<input type="checkbox"/> -2
During the past 6 months	<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	<input type="checkbox"/> -1	<input type="checkbox"/> -2

**2c.** How often did you use condoms/dental dams when you performed oral sex (“went down”) on your partner(s)?

	Never	Less than 1/2 the time	About 1/2 the time	More than 1/2 the time	Always	Refused	Don't know/ unsure
In the last 30 days	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> -1	<input type="checkbox"/> -2
During the past 6 months	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> -1	<input type="checkbox"/> -2

**QSEVLINT=-P6M QSSCAT=SEXUAL ACTIVITY – MALE CLIENT WITH FEMALE PARTNER**

**E. Ask MALE/GENDER UNKNOWN Clients who had FEMALE PARTNERS:**

**1a.** How many women did you have vaginal sex with? **QSEVLINT=-P30D** *Number cannot exceed total number of female partners (C2a).* In the last 30 days: \_\_\_\_\_ <sup>56</sup>  
*If none in last 30 days, then skip 30 day questions in this Section.*

**QSEVLINT=-P6M** *Number cannot exceed total number of female partners (C2b).* During the past 6 months: \_\_\_\_\_ <sup>57</sup>  
*If 000 for both 30 days and 6 months, then skip to Question 2a.*

**1b.** How often did you have vaginal sex?

	Once or irregularly	Less than once a week	About once a week	2-6 times a week	About once a day	2-3 times a day	4 or more times a day	Refused	Don't know/ unsure
In the last 30 days	<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	<input type="checkbox"/> -1	<input type="checkbox"/> -2
During the past 6 months	<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	<input type="checkbox"/> -1	<input type="checkbox"/> -2

**QSEVLINT=-P6M**

**QSCAT=RISK BEHAVIORS SURVEY (RBS)**

**DOMAIN: QS**

Participant #: **USUBJID** \_\_\_\_\_ Visit Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
m m d d y y y y **QSSTDTC**

**QSSCAT=SEXUAL ACTIVITY – MALE CLIENT WITH FEMALE PARTNER**

1c. How often did you use a condom?

<b>QSEVLINT=-P30D</b>		Never	Less than 1/2 the time	About 1/2 the time	More than 1/2 the time	Always	Refused	Don't know/unsure	
		In the last 30 days	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> -1	<input type="checkbox"/> -2
	During the past 6 months	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> -1	<input type="checkbox"/> -2	61

**QSEVLINT=-P6M** **QSORRES**

**2a.** How many women did you have (insertive) anal sex with? **QSEVLINT=-P30D** In the last 30 days: \_\_\_\_\_ 62  
*Number cannot exceed total number of female partners (C2a).*  
**QSTEST** *If 000 for both 30 days and 6 months, then skip to next section appropriate for the sex of this client.*

**QSEVLINT=-P6M** During the past 6 months: \_\_\_\_\_ 63  
*Number cannot exceed total number of female partners (C2b).*

2b. How often did you have (insertive) anal sex?

<b>QSEVLINT=-P30D</b>		Once or irregularly	Less than once a week	About once a week	2-6 times a week	About once a day	2-3 times a day	4 or more times a day	Refused	Don't know/unsure	
		In the last 30 days	<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	<input type="checkbox"/> -1	<input type="checkbox"/> -2
	During the past 6 months	<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	<input type="checkbox"/> -1	<input type="checkbox"/> -2	65

**QSEVLINT=-P6M**  
**2c.** How often did you use a condom?

	Never	Less than 1/2 the time	About 1/2 the time	More than 1/2 the time	Always	Refused	Don't know/unsure	
	In the last 30 days	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> -1	<input type="checkbox"/> -2
During the past 6 months	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> -1	<input type="checkbox"/> -2	67

**QSSCAT=SEXUAL ACTIVITY – MALE CLIENT WITH MALE PARTNER**

**F. Ask MALE/GENDER UNKNOWN Clients who had MALE PARTNERS:**

**1a.** How many men did you have (insertive) anal sex with? **QSEVLINT=-P30D** In the last 30 days: \_\_\_\_\_ 68  
*Number cannot exceed total number of male partners (C3a).*  
*If none in last 30 days, then skip 30 day questions in this Section.*

**QSEVLINT=-P6M** During the past 6 months: \_\_\_\_\_ 69  
*Number cannot exceed total number of male partners (C3b).*  
*If 000 for both 30 days and 6 months, then skip to next section appropriate for the sex of this client.*

QSCAT=RISK BEHAVIORS SURVEY (RBS)

DOMAIN: QS

Participant #: <u>      USUBJID      </u>	Visit Date: <u>      </u> / <u>      </u> / <u>      </u> <small>m m / d d / y y y y</small>
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QSSCAT=SEXUAL ACTIVITY – MALE CLIENT WITH MALE PARTNER

1b. How often did you have (insertive) anal sex?

	Once or irregularly	Less than once a week	About once a week	2-6 times a week	About once a day	2-3 times a day	4 or more times a day	Refused	Don't know/ unsure
<b>QSEVLINT=-P30D</b>									
In the last 30 days	<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	<input type="checkbox"/> -1	<input type="checkbox"/> -2
During the past 6 months	<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	<input type="checkbox"/> -1	<input type="checkbox"/> -2

**QSEVLINT=-P6M**

1c. How often did you use a condom?

	Never	Less than 1/2 the time	About 1/2 the time	More than 1/2 the time	Always	Refused	Don't know/ unsure
<b>QSEVLINT=-P30D</b>							
In the last 30 days	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> -1	<input type="checkbox"/> -2
During the past 6 months	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> -1	<input type="checkbox"/> -2

**QSEVLINT=-P6M**

QSSCAT=SEXUAL ACTIVITY – CLIENT WITH MALE PARTNER

**G. Ask MALE/FEMALE/GENDER UNKNOWN Clients who had MALE PARTNERS:**

1a. How many men performed oral sex (“went down”) on you? **QSEVLINT=-P30D** **QSORRES**

In the last 30 days: \_\_\_\_\_

During the past 6 months: \_\_\_\_\_ 75

**QSTEST** *If none in last 30 days, then skip 30 day questions in this Section.*  
*If 000 for both 30 days and 6 months, then skip to Question 2a.*  
*Number cannot exceed total number of male partners (C3a).*  
*Number cannot exceed total number of male partners (C3b).*

1b. How often did your partner(s) perform oral sex (“go down”) on you?

	Once or irregularly	Less than once a week	About once a week	2-6 times a week	About once a day	2-3 times a day	4 or more times a day	Refused	Don't know/ unsure
<b>QSEVLINT=-P30D</b>									
In the last 30 days	<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	<input type="checkbox"/> -1	<input type="checkbox"/> -2
During the past 6 months	<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	<input type="checkbox"/> -1	<input type="checkbox"/> -2

**QSEVLINT=-P6M**

1c. How often did you use condoms/dental dams when your partner(s) performed oral sex (“went down”) on you?

	Never	Less than 1/2 the time	About 1/2 the time	More than 1/2 the time	Always	Refused	Don't know/ unsure
<b>QSEVLINT=-P30D</b>							
In the last 30 days	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> -1	<input type="checkbox"/> -2
During the past 6 months	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> -1	<input type="checkbox"/> -2

**QSEVLINT=-P6M**

**QSCAT=RISK BEHAVIORS SURVEY (RBS)**

**DOMAIN: QS**

Participant #: <b>USUBJID</b> _____	Visit Date: _____ / _____ / _____ <small>m m / d d / y y y y</small>
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**QSSCAT=SEXUAL ACTIVITY – CLIENT WITH MALE PARTNER**

**2a.** How many men did you perform oral sex (“go down”) on? **QSEVLINT=-P30D** In the last 30 days: \_\_\_\_\_ 80  
*Number cannot exceed total number of male partners (C3a).* **QSORRES**  
*If 000 for both 30 days and 6 months, then skip to next section appropriate for the sex of this client.*

**QSTEST** During the past 6 months: \_\_\_\_\_ 81  
**QSEVLINT=-P6M** *Number cannot exceed total number of male partners (C3b).*

**2b.** How often did you perform oral sex (“go down”) on your partner(s)?

	Once or irregularly	Less than once a week	About once a week	2-6 times a week	About once a day	2-3 times a day	4 or more times a day	Refused	Don't know/unsure
<b>QSEVLINT=-P30D</b> In the last 30 days	<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	<input type="checkbox"/> -1	<input type="checkbox"/> -2
During the past 6 months	<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	<input type="checkbox"/> -1	<input type="checkbox"/> -2

**QSEVLINT=-P6M**

**2c.** How often did you use condoms/dental dams when you performed oral sex (“went down”) on your partner(s)?

	Never	Less than 1/2 the time	About 1/2 the time	More than 1/2 the time	Always	Refused	Don't know/unsure
In the last 30 days	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> -1	<input type="checkbox"/> -2
During the past 6 months	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> -1	<input type="checkbox"/> -2

**QSSCAT=SEXUAL ACTIVITY – FEMALE CLIENT WITH MALE PARTNER**

**H. Ask FEMALE/GENDER UNKNOWN Clients who had MALE PARTNERS:**

**1a.** How many men did you have vaginal sex with? **QSEVLINT=-P30D** In the last 30 days: \_\_\_\_\_ 86  
*Number cannot exceed total number of male partners (C3a).*  
*If none in last 30 days, then skip 30 day questions in this Section.*

**QSEVLINT=-P6M** During the past 6 months: \_\_\_\_\_ 87  
*Number cannot exceed total number of male partners (C3b).*  
*If 000 for both 30 days and 6 months, then skip to next section appropriate for the sex of this client.*

**1b.** How often did you have vaginal sex?

	Once or irregularly	Less than once a week	About once a week	2-6 times a week	About once a day	2-3 times a day	4 or more times a day	Refused	Don't know/unsure
<b>QSEVLINT=-P30D</b> In the last 30 days	<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	<input type="checkbox"/> -1	<input type="checkbox"/> -2
During the past 6 months	<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	<input type="checkbox"/> -1	<input type="checkbox"/> -2

**QSEVLINT=-P6M**

QSCAT=RISK BEHAVIORS SURVEY (RBS)

DOMAIN: QS

Participant #: USUBJID Visit Date:      /      /      **QSSTDTC**  
m m d d y y y y

1c. How often did you use a condom?

QSORRES

QSTEST

QSEVLINT=-P30D

	Never	Less than 1/2 the time	About 1/2 the time	More than 1/2 the time	Always	Refused	Don't know/ unsure
In the last 30 days	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> -1	<input type="checkbox"/> -2
During the past 6 months	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> -1	<input type="checkbox"/> -2

90

91

QSEVLINT=-P6M QSSCAT=SEXUAL ACTIVITY – CLIENT WITH MALE PARTNER

**I. Ask MALE/FEMALE/GENDER UNKNOWN Clients who had MALE PARTNERS:**

1a. How many men did you have (receptive) anal sex with? **QSEVLINT=-P30D** In the last 30 days: \_\_\_\_\_ 92  
*If none in last 30 days, then skip 30 day questions in this Section. Number cannot exceed total number of male partners (C3a).*

*If 000 for both 30 days and 6 months, then skip to Section J.*

During the past 6 months: \_\_\_\_\_ 93  
*Number cannot exceed total number of male partners (C3b).*

QSEVLINT=-P6M

1b. How often did you have (receptive) anal sex?

QSEVLINT=-P30D

	Once or irregularly	Less than once a week	About once a week	2-6 times a week	About once a day	2-3 times a day	4 or more times a day	Refused	Don't know/ unsure
In the last 30 days	<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	<input type="checkbox"/> -1	<input type="checkbox"/> -2
During the past 6 months	<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	<input type="checkbox"/> -1	<input type="checkbox"/> -2

94

95

QSEVLINT=-P6M

1c. How often did you use a condom?

QSEVLINT=-P30D

	Never	Less than 1/2 the time	About 1/2 the time	More than 1/2 the time	Always	Refused	Don't know/ unsure
In the last 30 days	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> -1	<input type="checkbox"/> -2
During the past 6 months	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> -1	<input type="checkbox"/> -2

96

97

QSEVLINT=-P6M

QSSCAT=SEXUAL ACTIVITY – ALL MALE/UNKNOWN CLIENTS

**J. Ask all MALE/GENDER UNKNOWN clients:**

**QSTEST**

1. Do you currently have a primary female sexual partner?  
*IF NO, THEN J2 IS NO.*

QSORRES No  0 <sup>98</sup>  
Yes  1  
Refused  -1  
Unknown  -2

2. To the best of your knowledge, is your partner planning on attempting to get pregnant during the course of your participation in this study?

No  0 <sup>99</sup>  
Yes  1  
Refused  -1  
Unknown  -2

**Stop Time:**

*\*If time spent completing form was not continuous, add just stop time to account for any breaks.*

QSENDTC  
 $\frac{\quad}{h} \frac{\quad}{h} : \frac{\quad}{m} \frac{\quad}{m}$  <sup>100-101</sup>  
(24 hour clock)\*

Completed by (Staff #):   QSEVAL   <sup>102</sup>

ADAI DMC

STUDYID Inclusion-Exclusion Checklist

Protocol Number: NIDA-CTN-0018

Participant #: USUBJID<sup>a</sup> EPOCH Visit #:     <sup>c</sup> VISITNUM

Form Completion Status:     <sup>d</sup> Sequence Number:     <sup>k</sup> Visit Date:     /    /    <sup>f g h</sup>

1=CRF administered  
 2=Participant refused  
 3=Staff member did not administer  
 4=Not enough time to administer  
 5=No participant contact  
 6=Other (specify:     )<sup>c</sup>

Node #:     <sup>i</sup> Site #:     <sup>j</sup>

SC.SCTEST

SC.SCORRES

A. Date of baseline consent (MM/DD/YYYY):     /    /     1-3

IECAT 1. INCLUSION CRITERIA IECAT

If any of the Inclusion questions below are answered NO or UNKNOWN then the participant is not eligible and cannot be entered or randomized into the study.

IETEST

- 1a. Male, at least 18 years of age. IEORRES No 0<sup>4</sup>  
Yes 1  
Unknown 9  
*Demographics form*
- NOTE: Only exceptions to IE are in the database. That includes "No" responses for inclusion and "yes" responses for exclusion criteria.
- 1b. In treatment at a participating CTP for drug abuse. No 0<sup>5</sup>  
Yes 1  
Unknown 9
- 1c. Able to understand English. No 0<sup>6</sup>  
Yes 1  
Unknown 9  
*Consent process*
- 1d. Has engaged in vaginal or anal intercourse in the past 6 months without using a male or female condom 100% of the time. No 0<sup>7</sup>  
Yes 1  
Unknown 9  
*Risk Behavior Survey-Screening: For men with female partners, use Section E, Question 1c or 2c. For men with male partners, use Section F, Question 1c and Section I, Question 1c.*
- 1e. Willing to be randomly assigned to attend either a one or five session HIV prevention program. No 0<sup>8</sup>  
Yes 1  
Unknown 9  
*Baseline consent process*
- 1f. Willingness to complete 2-3 hour assessment battery at baseline, and a 90 minute battery at three months post-intervention and six months post-intervention. No 0<sup>9</sup>  
Yes 1  
Unknown 9  
*Baseline consent process*

***If any of the Inclusion questions above have been answered NO or UNKNOWN then the participant is not eligible.***



Participant #: USUBJID \_\_\_\_\_ Visit Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ IEDTC/SCDTC  
m m d d y y y y

**2. EXCLUSION CRITERIA IECAT**  
If any of the Exclusion questions below are answered YES or UNKNOWN then the participant is not eligible and cannot be entered or randomized into the study.

**IETEST**

- 2a. Observable, gross mental status impairment – including severe distractibility, incoherence or retardation. Individuals with MMSE scores less than 25 will be excluded from study. *Mini-Mental State Exam* No  0<sup>10</sup>  
IEORRES Yes  1  
Unknown  9
- 2b. Having a primary sexual partner who is planning on attempting to get pregnant while the participant would be involved in the trial. *Risk Behavior Survey-Screening: Section J, Question 2.* No  0<sup>11</sup>  
Yes  1  
Unknown  9
- 2c. Enrolled in methadone maintenance treatment for less than 30 days. *Drug Use Screen form, Question 18*  
*For participants in Drug-free outpatient clinics, check "Not applicable".* No  0<sup>12</sup>  
Yes  1  
Unknown  9  
Not applicable  8

*If any of the Exclusion questions above have been answered YES or UNKNOWN then the participant is not eligible.*

**3. ELIGIBILITY**

- 3a. Is the participant eligible for the study? *If No or Unknown, skip to 3c.* SC.SCTEST  
SC.SCORRES  
No  0<sup>13</sup>  
Yes  1  
Unknown  9
- 3b. Date of eligibility: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 14-16  
m m d d y y y y
- 3c. Specify ineligibility: \_\_\_\_\_ 17  
*Max. 200 characters.*

**4. RESEARCH STAFF SIGNATURE:** \_\_\_\_\_ THIS DATA NOT ENTERED

Date signed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 18-20  
QNAM=SUPPIE.INVSIGDT  
QLABEL=INVESTIGATOR SIGNATURE DATE  
IDVAR=IESEQ  
m m d d y y y y

Completed by (Staff #): \_\_\_\_\_ 21

STUDYID

Randomization

Protocol Number: NIDA-CTN-0018

Participant #:	<u>USUBJID</u> <sup>a</sup>	Sequence Number:	___	Visit #:	___	<b>VISITNUM</b>
						<b>EPOCH</b>
Form Completion Status:	___ <sup>d</sup>	Visit Date:	___	___	___	___ <sup>h</sup>
	1=CRF administered 2=Participant refused 3=Staff member did not administer 4=Not enough time to administer 5=No participant contact 6=Other (specify: _____) <sup>e</sup>		m	m	d	d y y y
Node #:	___ <sup>i</sup>	Site #:	___	___	___	___ <sup>j</sup>

1. Was Participant randomized? Yes  1  
 If NO, skip to Question 4. DS.DSTERM DS.DSOCCUR No  0

2a. Cohort Number: SC.SCTEST SC.SCORRES 2

2b. Randomization Group Assignment: DM.ARM Control  3  
 Experimental  2

3. Date of randomization: \_\_\_ / \_\_\_ / **DM.RFSTDTC** 4-6  
 m m d d y y y y

**DS.DSTERM**  
 4. If participant was not randomized, specify the reason(s):

4a. Failed to return to clinic	Note: Only 'Yes' responses are retained	Yes <input type="checkbox"/> 7 No <input type="checkbox"/> 0
4b. Declined study participation	Specify in comments on next page.	Yes <input type="checkbox"/> 8 No <input type="checkbox"/> 0
4c. Moved from area (current or pending)		Yes <input type="checkbox"/> 9 No <input type="checkbox"/> 0
4d. Incarceration (current or pending)		Yes <input type="checkbox"/> 10 No <input type="checkbox"/> 0
4e. Death		Yes <input type="checkbox"/> 11 No <input type="checkbox"/> 0
4f. Failed to meet inclusion criteria		Yes <input type="checkbox"/> 12 No <input type="checkbox"/> 0
4g. Met exclusion criteria		Yes <input type="checkbox"/> 13 No <input type="checkbox"/> 0
4h. Other	QNAM=RNDOTHER QLABEL=PATIENT NOT RANDOMIZED SPECIFIED IDVAR=DSSEQ	Yes <input type="checkbox"/> 14 No <input type="checkbox"/> 0
Other, specify: _____		15

DOMAIN: CO

Participant #: <u>  USUBJID  </u>	Visit Date: <u>  </u> / <u>  </u> / <u>  </u> <u>  </u> <u>  </u> <u>  </u>
	<small>m m d d y y y y</small>

5. Comments:   COVAL   16  
  RDOMAIN = DM    
  IDVAR=VISITNUM    
\_\_\_\_\_  
\_\_\_\_\_

Completed by (Staff #): _____
-------------------------------

 17

ADAI DMC  
Visit Form

DOMAIN: DS

STUDYID

Protocol Number: NIDA-CTN-0018

Participant #: <u>USUBJID</u> <sup>a</sup>	Sequence Number: <u>    </u> <sup>k</sup>	Visit #: <u>    </u> <sup>c</sup>	<b>VISITNUM</b>
Form Completion Status: <u>    </u> <sup>d</sup>	Visit Date: <u>    </u> / <u>    </u> / <u>    </u> <sup>f g</sup> <b>DSDTC</b> <sup>h</sup>		
1=CRF administered 2=Participant refused 3=Staff member did not administer 4=Not enough time to administer 5=No participant contact 6=Other (specify: <u>                    </u> ) <sup>e</sup>			
Node #: <u>    </u> <sup>i</sup>	Site #: <u>    </u> <sup>j</sup>		

1. Did participant attend visit? No  0<sup>1</sup>  
Yes  1

**DSTERM**

**If NO, specify the reason(s) participant did not attend visit:**

1a. Unable to contact No  0<sup>2</sup>  
Yes  1

1b. Declined to continue study participation No  0<sup>3</sup>  
Yes  1

1c. Moved from area No  0<sup>4</sup>  
Yes  1

1d. Incarceration No  0<sup>5</sup>  
Yes  1

1e. Death No  0<sup>6</sup>  
Yes  1

1f. Other reason No  0<sup>7</sup>  
*If YES, specify below.* Yes  1

1g. Other, specify: \_\_\_\_\_<sup>8</sup>

QNAM=VSOTHER  
QLABEL=OTHER REASON VISIT NOT ATTENDED  
IDVAR=DSSEQ

DOMAIN: DS

Participant #: <b>USUBJID</b> _____	Visit Date: _____ / _____ / <b>DSDTC</b> m m / d d / y y y y
-------------------------------------	---

2. Current Study Phase:

*If Phase=SCREENING, skip Question 3*

EPOCH

Screening 0 <sup>9</sup>

Baseline 1

Post-intervention 2

Follow up 3

3. Do you (the Research Assistant) know the treatment group to  
which this participant was randomized?

No 0 <sup>10</sup>

Yes 1

QNAM=DSTRT QLABEL=RESEARCH ASSISTANT KNOWS TREATMENT IDVAR=VISITNUM
---

Completed by (Staff #): \_\_\_\_\_ <sup>12</sup>

**Addiction Severity Index Lite**

STUDYID

Protocol Number: NIDA-CTN-0018

Participant #:	<u>      </u> <sup>a</sup>	EPOCH	Visit #:	<u>      </u> <sup>c</sup>	VISITNUM
Form Completion Status:	<u>      </u> <sup>d</sup>	Sequence Num:	<u>      </u> <sup>k</sup>	Visit Date:	<u>      </u> <sup>f</sup> / <u>      </u> <sup>g</sup> / <u>      </u> <sup>h</sup>
1=CRF administered					
2=Participant refused					
3=Staff member did not administer					
4=Not enough time to administer					
5=No participant contact					
6=Other (specify: <u>      </u> <sup>e</sup> )					
Node #:	<u>      </u> <sup>i</sup>	Site #:	<u>      </u> <sup>j</sup>		

QSSTDTC/QSENDTC

Participant Date of Birth:

       /        /         
m m d d y y y y  
**THIS DATA NOT ENTERED**

<b>Composite Scores (for site use only):</b>	
Medical:	Legal:
Employment:	Family:
Drug:	Psychiatric:
Alcohol:	

<b>Patient Rating Scale</b>
<b>0</b> = Not at all
<b>1</b> = Slightly
<b>2</b> = Moderately
<b>3</b> = Considerably
<b>4</b> = Extremely

<b>Introducing the ASI</b>
<p>Seven potential problem areas: Medical, Employment/Support Status, Alcohol, Drug, Legal, Family/Social, and Psychological. All clients receive this same <u>standard</u> interview. All information gathered is <u>confidential</u>.</p> <p>There are <u>two time periods</u> we will discuss:</p> <ol style="list-style-type: none"> <li>1. The past 30 days</li> <li>2. Lifetime Data</li> </ol> <p><b>Patient Rating Scale:</b> Patient input is important. For each area, I will ask you to use this scale to let me know how bothered you have been by any problems in each section. I will also ask you how important treatment is for you for the area being discussed.</p> <p>Please refer to the Patient Rating Scale in the adjacent key.</p> <p>If you are uncomfortable giving an answer, then don't answer. <b>Please do not give inaccurate information!</b></p>

Participant #:       USUBJID       Visit Date:        /        /         
m m d d y y y y

**Interviewer Instructions**

1. Leave no blanks.
2. Make plenty of Comments (if another person reads this ASI, they should have a relatively complete picture of the client's perceptions of his/her problems).
3. Throughout the ASI, when noted: **-9=Question not answered.**  
**-3=Question not applicable.**
4. Terminate interview if client misrepresents two or more sections.
5. When noting comments, please write the question number.

**HALF TIME RULE:** If a question asks the number of months, round up periods of 14 days or more to 1 month. Round up 6 months or more to 1 year.

**CONFIDENCE RATINGS:**

- Last two items in each section.
- Do not over interpret.
- Denial does not warrant misrepresentation.
- Misrepresentation=overt contradiction in information.

*Probe and make plenty of comments!*

**List of Commonly Used Drugs**

Alcohol:	Beer, wine, liquor
Methadone:	Dolophine, LAAM
Opiates:	Pain killers=Morphine, Diluauudid, Demerol, Percocet, Darvon, Talwin, Codeine, Tylenol 2,3,4; Syrups=Robitussin, Fentanyl
Barbiturates:	Nembutal, Seconal, Tuinol, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinol
Sed/Hyp/Tranq:	Benzodiazepines=Valium, Librium, Ativan, Serax, Tranxene, Dalmane, Halcion, Xanax, Miltown; Other=ChloralHydrate (Noctex), Quaaludes
Cocaine:	Cocaine Crystal, Free-Base Cocaine or "Crack," and "Rock Cocaine"
Amphetamines:	Monster, Crank, Benzedrine, Dexedrine, Ritalin, Preludin, Methamphetamine, Speed, Ice, Crystal
Cannabis:	Marijuana, Hashish
Hallucinogens:	LSD (Acid), Mescaline, Mushrooms (Psilocybin), Peyote, Green, PCP (Phencyclidine), Angel Dust, Ecstasy
Inhalants:	Nitrous Oxide, Amyl Nitrate (Whippits, Poppers), Glue, Solvents, Gasoline, Toluene, etc.

Just note if these are used: Antidepressants;  
 Ulcer Meds=Zantac, Tagamet;  
 Asthma Meds= Ventoline Inhaler, Theodur;  
 Other Meds=Antipsychotics, Lithium





**DOMAIN: QS**

Participant #:       USUBJID       Visit Date:        /        /        **QSSTDTC/QSENDTC**

**G18.** Do you have a religious preference? 7  
**QSTEST** **QSORRES** Protestant  1  
Catholic  2  
Jewish  3  
Islamic  4  
Other  5  
None  6  
Not answered  X

If "Other," specify: \_\_\_\_\_ 8

**G19.** Have you been in a controlled environment in the 9  
past 30 days? **QSEVLNT=-P30D** No  1  
*A place, theoretically, without access to drugs/alcohol* Jail  2  
Alcohol or Drug Treatment  3  
Medical Treatment  4  
Psychiatric Treatment  5  
Other  6  
Not answered  X

If "Other," specify: \_\_\_\_\_ 10

**G20.** How many days? 11  
*"NN" if Question G19 is "No". Refers to total number of* **QSEVLNT=-P30D** \_\_\_\_\_  
*days detained in the past 30 days. XX=Not answered* Days  
**QSORRESU='DAY'**

**MEDICAL STATUS** =QSSCAT

**M1.** How many times in your life have you been hospitalized for medical 12  
problems? \_\_\_\_\_  
*Include O.D. 's, D.T. 's. Exclude detox, alcohol/drug, and psychiatric treatment and*  
*childbirth (if no complications). Enter the number of overnight hospitalizations for*  
*medical problems. XX=Not answered.*

**M3.** Do you have any chronic medical problems which continue to 13  
interfere with your life? No  0  
Yes  1  
*A chronic medical condition is a serious physical or medical condition* Not answered  X  
*that requires regular care, (i.e., medication, dietary restriction) preventing*  
*full advantage of their abilities.*

If "Yes," specify: \_\_\_\_\_ 14

**COMMENTS:** (Include question number with your notes.)  
  
**THIS DATA NOT ENTERED**



**DOMAIN: QS**

Participant #:     USUBJID     Visit Date:      /      /      **QSSTDTC/QSENDTC**

**CONFIDENCE RATINGS**

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

**M10.** Patient's misrepresentation? **QSORRES** No  0 <sup>22</sup>  
**QSTEST** Yes  1

**M11.** Patient's inability to understand? No  0 <sup>23</sup>  
Yes  1

**EMPLOYMENT/SUPPORT STATUS** =**QSSCAT**

**E1.** Education completed? **QSORRESU='MONTH'** <sup>24-25</sup>  
*GED=12 years. Include formal education only. XX/XX=Not answered.*  
Years / Months

**QSORRESU='YEAR'**

**E2.** Training or technical education completed: <sup>26</sup>  
*Formal/organized training only. For military training, only include training that can be used in civilian life (i.e., electronics or computers). -9=Not answered.*  
Months

**QSORRESU='MONTH'**

**E4.** Do you have a valid driver's license? No  0 <sup>27</sup>  
*Valid license; not suspended/revoked.* Yes  1  
Not answered  X

**E5.** Do you have an automobile available? No  0 <sup>28</sup>  
*If answer to E4 is "No", then E5 must be "No". Does not require ownership, only requires availability on a regular basis.* Yes  1  
Not answered  X

**E6.** How long was your longest full time job? **QSORRESU='YEAR'** <sup>29-30</sup>  
*Full time = 35+ hours weekly; does not necessarily mean most recent job. XX/XX=Not answered*  
Years / Months

**QSORRESU='MONTH'**

**COMMENTS:** (Include question number with your notes.)

**THIS DATA NOT ENTERED**

**DOMAIN: QS**

Participant #: <u>    </u> <b>USUBJID</b> <u>    </u>	Visit Date: _____ / <b>QSSTDTC/QSENDTC</b> m m / d d y y y y
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**EMPLOYMENT/SUPPORT (cont.)**

**QSTEST**

**QSORRES**

**E7.** Usual (or last) occupation:

Specify: \_\_\_\_\_

31

Higher Executive, Major Professionals, Owner of Large Business  1

32

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

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

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

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

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

Unskilled (attendant, janitor, construction help, unspecified labor, porter). Include unemployed  7

Homemaker  8

Student/No occupation/Disabled  9

Not answered  X

**E9.** Does someone contribute the majority of your support? No  0

33

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

Yes  1

Not applicable  N

Not answered  X

**COMMENTS:** *(Include question number with your notes.)*

THIS DATA NOT ENTERED

Participant #: <u>      USUBJID      </u>	Visit Date: <u>      </u> / <u>      </u> / <u>      </u> <small>m m d d y y y y</small>
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**EMPLOYMENT/SUPPORT (cont.)**

- QSTEST**
- E10.** Usual employment pattern, past three years?  
*Answer should represent the majority of the last 3 years, not just the most recent selection. If there are equal times for more than one category, select that which best represents the more current situation.*
- QSORRES**
- Full time (35+ hrs/wk)  1 <sup>34</sup>
  - Part time (regular hours)  2
  - Part time (irreg., day work)  3
  - Student  4
  - Military Service  5
  - Retired/Disability  6
  - Unemployed  7
  - In controlled environment  8
  - Not answered  X
- QSEVLINT=-P3Y**

- E11.** How many days were you paid for working in the past 30 days?  
*Include "under the table" work, paid sick days and vacation. XX=Not answered.*
- QSEVLNT=-P30D** <sup>35</sup>  
**QSORRESU='DAY'**

**For Questions E12-E17: How much money did you receive from the following sources in the past 30 days?** *Max=\$99999. XX=Not answered.*

- E12.** Employment (net income)?  
*Net or "take home" pay, include any "under the table" money.*
- \$ \_\_\_\_\_ <sup>36</sup>
- E13.** Unemployment Compensation?
- \$ \_\_\_\_\_ <sup>37</sup>
- E14.** Welfare?  
*Include food stamps, transportation money provided by an agency to go to and from treatment.*
- \$ \_\_\_\_\_ <sup>38</sup>
- QSEVLNT=-P30D**
- E15.** Pensions, benefits or Social Security?  
*Include disability, pensions, retirement, veteran's benefits, SSI & workers' compensation.*
- \$ \_\_\_\_\_ <sup>39</sup>
- QSORRESU='DOLLAR'**
- E16.** Mate, family or friends?  
*Money for personal expenses, (i.e., clothing), include unreliable sources of income (e.g., gambling). Record cash payments only, include windfalls (unexpected), money from loans, gambling, inheritance, tax returns, etc.*
- \$ \_\_\_\_\_ <sup>40</sup>

<p><b>COMMENTS:</b> <i>(Include question number with your notes.)</i></p> <p style="text-align: center; color: red; font-weight: bold;">THIS DATA NOT ENTERED</p>
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**DOMAIN: QS**

Participant #: <u>      USUBJID      </u>	Visit Date: <u>      </u> / <u>      </u> / <u>      </u>
	m m / d d / y y y y

**QSTEST** **QSORRES**  
**EMPLOYMENT/SUPPORT (cont.)**

- E17. Illegal?** **QSEVLNT=-P30D**  
*Cash obtained from drug dealing, stealing, fencing stolen goods, gambling, prostitution, etc. Do not attempt to convert drugs exchanged to a dollar value.* **QSORRESU='DOLLAR'** 41
- E18. How many people depend on you for the majority of their food, shelter, etc.?** \_\_\_\_\_ 42  
*Must be regularly depending on patient, do include alimony/child support. Do not include the patient or self-supporting spouse, etc. XX=Not answered. Max=99.*
- E19. How many days have you experienced employment problems in the past 30 days?** **QSEVLNT=-P30D** 43  
*Include inability to find work, if they are actively looking for work, or problems with present job in which that job is jeopardized. XX=Not answered.* **QSORRESU='DAY'**

**For Questions E20 and E21, ask the patient to use the Patient Rating scale.**

*The patient's ratings in Questions E20 and 21 refer to Question E19. Stress help in finding or preparing for a job, not giving them a job.*

- E20. How troubled or bothered have you been by these employment problems in the past 30 days?** Not at all  0 44  
*If the patient has been incarcerated or detained during the past 30 days, they cannot have employment problems.* Slightly  1  
**QSEVLNT=-P30D** Moderately  2  
Considerably  3  
Extremely  4  
Not answered  X
- E21. How important to you now is counseling for these employment problems?** Not at all  0 45  
**QSEVLNT=-P30D** Slightly  1  
Moderately  2  
Considerably  3  
Extremely  4  
Not answered  X

**CONFIDENCE RATINGS**

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

- E23. Patient's misrepresentation?** No  0 46  
Yes  1

<b><u>COMMENTS:</u></b> <i>(Include question number with your notes.)</i>
<b>THIS DATA NOT ENTERED</b>

Participant #: <u>      </u> <b>USUBJID</b>	Visit Date: <u>      </u> / <u>      </u> / <u>      </u> <b>QSSTDTC/QSENDTC</b> m m d d y y y y
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**QSTEST**

**QSORRES**

**EMPLOYMENT/SUPPORT (cont.)**

**E24.** Patient's inability to understand?

No  0 <sup>47</sup>  
Yes  1

**ALCOHOL/DRUG USE =QSSCAT**

*Note the usual or most recent route. For more than one route, choose the most severe. The routes are listed from least severe to most severe. If Past 30 Days and Lifetime Use are zero, route should be coded as "-NN" XX=Not answered.*

<b>D1.</b> Alcohol (any use at all)	Past 30 Days	_____	48
	<b>QSEVLNT=-P30D</b>		
	Lifetime Use (years)	_____	49
	<b>QSORRESU='DAY' QSORRESU='YEAR'</b>		
<b>D2.</b> Alcohol (to intoxication)	Past 30 Days	_____	50
	<b>QSEVLNT=-P30D</b>		
	Lifetime Use (years)	_____	51
	<b>QSORRESU='DAY' QSORRESU='YEAR'</b>		
<b>D3.</b> Heroin	Past 30 Days	_____	52
	<b>QSEVLNT=-P30D</b>		
	Lifetime Use (years)	_____	53
	<b>QSORRESU='DAY' QSORRESU='YEAR'</b>		
	Route of Administration		54
		Oral <input type="checkbox"/> 1	
		Nasal <input type="checkbox"/> 2	
		Smoking <input type="checkbox"/> 3	
		Non-IV injection <input type="checkbox"/> 4	
		IV injection <input type="checkbox"/> 5	
		Not applicable <input type="checkbox"/> N	
		Not answered <input type="checkbox"/> X	

**COMMENTS:** (Include question number with your notes.)

**THIS DATA NOT ENTERED**

**DOMAIN: QS**

Participant #: <u>    USUBJID    </u>	Visit Date:        /        /
	m m        d d        y y        y y

**ALCOHOL/DRUG (cont.)**

**QSORRES**

<b>QSTEST</b>	<b>D4. Methadone/LAAM (prescribed)</b>	Past 30 Days	55
		<b>QSEVLNT=-P30D</b>	___
		Lifetime Use (years)	56
		<b>QSORRESU='DAY'    QSORRESU='YEAR'</b>	
		Route of Administration	
		Oral <input type="checkbox"/> 1	57
		Nasal <input type="checkbox"/> 2	
		Smoking <input type="checkbox"/> 3	
		Non-IV injection <input type="checkbox"/> 4	
		IV injection <input type="checkbox"/> 5	
	Not applicable <input type="checkbox"/> N		
	Not answered <input type="checkbox"/> X		
	<b>D4a. Methadone/LAAM (illicit)</b>	Past 30 Days	58
		<b>QSEVLNT=-P30D</b>	___
		Lifetime Use (years)	59
		<b>QSORRESU='DAY'    QSORRESU='YEAR'</b>	
		Route of Administration	
		Oral <input type="checkbox"/> 1	60
		Nasal <input type="checkbox"/> 2	
		Smoking <input type="checkbox"/> 3	
		Non-IV injection <input type="checkbox"/> 4	
		IV injection <input type="checkbox"/> 5	
		Not applicable <input type="checkbox"/> N	
		Not answered <input type="checkbox"/> X	
	<b>D5. Other Opiates/Analgesics</b>	Past 30 Days	61
		<b>QSEVLNT=-P30D</b>	___
		Lifetime Use (years)	62
		<b>QSORRESU='DAY'    QSORRESU='YEAR'</b>	
		Route of Administration	
		Oral <input type="checkbox"/> 1	63
		Nasal <input type="checkbox"/> 2	
		Smoking <input type="checkbox"/> 3	
		Non-IV injection <input type="checkbox"/> 4	
		IV injection <input type="checkbox"/> 5	
		Not applicable <input type="checkbox"/> N	
		Not answered <input type="checkbox"/> X	

**COMMENTS:** *(Include question number with your notes.)*

**THIS DATA NOT ENTERED**



Participant #: USUBJID Visit Date:      / QSSTDTC/QSENDTC  
m m d d y y y y

**ALCOHOL/DRUG (cont.)** **QSORRES**

<b>D6. Barbiturates</b>	Past 30 Days	___	___	64
<b>QSTEST</b>	<b>QSEVLNT=-P30D</b>			
	Lifetime Use (years)	___	___	65
	<b>QSORRESU='DAY'</b> <b>QSORRESU='YEAR'</b>			
	Route of Administration			66
	Oral <input type="checkbox"/>			
	Nasal <input type="checkbox"/>			
	Smoking <input type="checkbox"/>			
	Non-IV injection <input type="checkbox"/>			
	IV injection <input type="checkbox"/>			
	Not applicable <input type="checkbox"/>			
	Not answered <input type="checkbox"/>			
<b>D7. Other Sedatives/Hypnotics/ Tranquilizers</b>	Past 30 Days	___	___	67
	<b>QSEVLNT=-P30D</b>			
	Lifetime Use (years)	___	___	68
	<b>QSORRESU='DAY'</b> <b>QSORRESU='YEAR'</b>			
	Route of Administration			69
	Oral <input type="checkbox"/>			
	Nasal <input type="checkbox"/>			
	Smoking <input type="checkbox"/>			
	Non-IV injection <input type="checkbox"/>			
	IV injection <input type="checkbox"/>			
	Not applicable <input type="checkbox"/>			
	Not answered <input type="checkbox"/>			
<b>D8. Cocaine</b>	Past 30 Days	___	___	70
	<b>QSEVLNT=-P30D</b>			
	Lifetime Use (years)	___	___	71
	<b>QSORRESU='DAY'</b> <b>QSORRESU='YEAR'</b>			
	Route of Administration			72
	Oral <input type="checkbox"/>			
	Nasal <input type="checkbox"/>			
	Smoking <input type="checkbox"/>			
	Non-IV injection <input type="checkbox"/>			
	IV injection <input type="checkbox"/>			
	Not applicable <input type="checkbox"/>			
	Not answered <input type="checkbox"/>			

**COMMENTS:** *(Include question number with your notes.)*

THIS DATA NOT ENTERED

Participant #: USUBJID Visit Date:      / QSSTDTC/QSENDTC

**ALCOHOL/DRUG (cont.)**

QSORRES

<b>D9. Amphetamines</b>	Past 30 Days	73
<b>QSTEST</b>	<b>QSEVLNT=-P30D</b>	74
	Lifetime Use (years)	75
	<b>QSORRESU='DAY'</b> <b>QSORRESU='YEAR'</b>	
	Route of Administration	
	Oral <input type="checkbox"/> 1	
	Nasal <input type="checkbox"/> 2	
	Smoking <input type="checkbox"/> 3	
	Non-IV injection <input type="checkbox"/> 4	
	IV injection <input type="checkbox"/> 5	
	Not applicable <input type="checkbox"/> N	
	Not answered <input type="checkbox"/> X	
<b>D10. Cannabis</b>	Past 30 Days	76
	<b>QSEVLNT=-P30D</b>	77
	Lifetime Use (years)	78
	<b>QSORRESU='DAY'</b> <b>QSORRESU='YEAR'</b>	
	Route of Administration	
	Oral <input type="checkbox"/> 1	
	Nasal <input type="checkbox"/> 2	
	Smoking <input type="checkbox"/> 3	
	Non-IV injection <input type="checkbox"/> 4	
	IV injection <input type="checkbox"/> 5	
	Not applicable <input type="checkbox"/> N	
	Not answered <input type="checkbox"/> X	
<b>D11. Hallucinogens</b>	Past 30 Days	79
	<b>QSEVLNT=-P30D</b>	80
	Lifetime Use (years)	81
	<b>QSORRESU='DAY'</b> <b>QSORRESU='YEAR'</b>	
	Route of Administration	
	Oral <input type="checkbox"/> 1	
	Nasal <input type="checkbox"/> 2	
	Smoking <input type="checkbox"/> 3	
	Non-IV injection <input type="checkbox"/> 4	
	IV injection <input type="checkbox"/> 5	
	Not applicable <input type="checkbox"/> N	
	Not answered <input type="checkbox"/> X	

**COMMENTS:** (Include question number with your notes.)

THIS DATA NOT ENTERED

Participant #: USUBJID Visit Date:      / QSSTDTC/QSENDTC  
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**ALCOHOL/DRUG (cont.)**

QSORRES

<b>D12. Inhalants</b>	Past 30 Days	82
<b>QSTEST</b>	<b>QSEVLNT=-P30D</b>	83
	Lifetime Use (years)	83
	<b>QSORRESU='DAY'</b> <b>QSORRESU='YEAR'</b>	84
	Route of Administration	84
	Oral <input type="checkbox"/> 1	
	Nasal <input type="checkbox"/> 2	
	Smoking <input type="checkbox"/> 3	
	Non-IV injection <input type="checkbox"/> 4	
	IV injection <input type="checkbox"/> 5	
	Not applicable <input type="checkbox"/> N	
	Not answered <input type="checkbox"/> X	
<b>D36. Nicotine (tobacco products)</b>	Past 30 Days	85
	<b>QSEVLNT=-P30D</b>	86
	Lifetime Use (years)	86
	<b>QSORRESU='DAY'</b> <b>QSORRESU='YEAR'</b>	87
<b>D13. More than 1 substance per day (including alcohol, excluding nicotine)</b>	Past 30 Days	87
	<b>QSEVLNT=-P30D</b>	88
	Lifetime Use (years)	88
	<b>QSORRESU='DAY'</b> <b>QSORRESU='YEAR'</b>	89
<b>D14. According to the interviewer, which substance(s) is/are the major problem?</b>		89
<i>Interviewer should determine the major drug or drugs of abuse (excluding Nicotine use). Code the number next to the drug in Questions 01-12 (code prescribed or illicit methadone as "04"). "00"=no problem, "15"=alcohol &amp; one or more drugs, "16"=more than one drug, but no alcohol. Ask participant when not clear. XX=Not answered.</i>		
<b>D17. How many times have you had Alcohol DT's?</b>		90
<i>Delirium Tremens (DT's): Occur 24-48 hours after last drink, or significant decrease in alcohol intake. Characterized by shaking, severe disorientation, fever, hallucinations, they usually require medical attention. XX=Not answered.</i>		

**COMMENTS:** (Include question number with your notes.)

**THIS DATA NOT ENTERED**



Participant #: <u>      </u> <b>USUBJID</b>	Visit Date: <u>      </u> / <u>      </u> / <u>      </u> <b>QSSTDT/CQSENDTC</b>
	m m / d d / y y y y

**ALCOHOL/DRUG (cont.)**

**D28.** How troubled or bothered have you been in the past 30 days by these alcohol problems? Not at all 0 <sup>99</sup>

**QSEVLNT=-P30D**

**QSORRES**

- Slightly 1
- Moderately 2
- Considerably 3
- Extremely 4
- Not answered X

**D30.** How important to you now is treatment for these alcohol problems? Not at all 0 <sup>100</sup>

- Slightly 1
- Moderately 2
- Considerably 3
- Extremely 4
- Not answered X

**D27.** How many days in the past 30 have you experienced drug problems? \_\_\_\_\_ <sup>101</sup>

**QSEVLNT=-P30D QSORRESU='DAY'**

*Include: Craving, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to. XX=Not answered.*

**D29.** How troubled or bothered have you been in the past 30 days by these drug problems? Not at all 0 <sup>102</sup>

**QSEVLNT=-P30D**

- Slightly 1
- Moderately 2
- Considerably 3
- Extremely 4
- Not answered X

**D31.** How important to you now is treatment for these drug problems? Not at all 0 <sup>103</sup>

- Slightly 1
- Moderately 2
- Considerably 3
- Extremely 4
- Not answered X

<p><b><u>COMMENTS:</u></b> <i>(Include question number with your notes.)</i></p> <p style="text-align: center; color: red; font-weight: bold;">THIS DATA NOT ENTERED</p>
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**DOMAIN: QS**

Participant #: <u>      </u> <b>USUBJID</b>	Visit Date: <u>      </u> / <u>      </u> / <u>      </u> <b>QSSTDTC/QSENDTC</b>
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**ALCOHOL/DRUG (cont.)**

**QSTEST**

**QSORRES**

**CONFIDENCE RATINGS**

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

**D34.** Patient’s misrepresentation?

- No  0    104  
Yes  1

**D35.** Patient’s inability to understand?

- No  0    105  
Yes  1

**LEGAL STATUS** =QSSCAT

**L1.** Was this admission prompted by the  
criminal justice system?  
*Judge, probation/parole officer, etc.*

- No  0    106  
Yes  1  
Not answered  X

**L2.** Are you on parole or probation?  
*Note duration and level in comments.*

- No, neither  0    107  
Yes, parole or post release supervision  2  
Yes, probation or pre-sentencing diversion  3  
Not answered  X

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

*Include total number of counts, not just convictions. Do not include juvenile (pre-age 18) crimes, unless they were charged as an adult. Include formal charges only. XX=Not answered.*

<b>L3.</b> Shoplifting/Vandalism	<u>      </u> <u>      </u> 108
<b>L4.</b> Parole/Probation Violations	<u>      </u> <u>      </u> 109
<b>L5.</b> Drug Charges	<u>      </u> <u>      </u> 110
<b>L6.</b> Forgery	<u>      </u> <u>      </u> 111
<b>L7.</b> Weapons Offense	<u>      </u> <u>      </u> 112
<b>L8.</b> Burglary/Larceny/B&E	<u>      </u> <u>      </u> 113
<b>L9.</b> Robbery	<u>      </u> <u>      </u> 114

**COMMENTS:** *(Include question number with your notes.)*

THIS DATA NOT ENTERED

Participant #: <u>      </u> <b>USUBJID</b> <u>      </u>	Visit Date: <u>      </u> / <u>      </u> / <u>      </u> <b>QSSTDTC/QSENDTC</b> m m d d y y y y
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**LEGAL (cont.)** **QSTEST** **QSORRES**

<b>L10.</b> Assault	___	115
<b>L11.</b> Arson	___	116
<b>L12.</b> Rape	___	117
<b>L13.</b> Homicide/Manslaughter	___	118
<b>L14.</b> Prostitution	___	119
<b>L15.</b> Contempt of court	___	120
<b>L16.</b> Other	___	121
If Other, specify: _____		122

**L17.** How many of these charges resulted in convictions? \_\_\_ 123  
*If L3-16="00", then L17="NN". Do not include misdemeanor offenses from Questions L18-20 below. Convictions include fines, probation, incarcerations, suspended sentences, and guilty pleas. XX=Not answered.*

**How many times in your life have you been charged with the following:**  
*XX=Not answered.*

**L18.** Disorderly conduct, vagrancy, public intoxication? \_\_\_ 124

**L19.** Driving while intoxicated (DWI)? \_\_\_ 125

**L20.** Major driving violations? \_\_\_ 126  
*Moving violations: speeding, reckless driving, no license, etc.*

**L21.** How many months were you incarcerated in your life? **QSORRESU='MONTH'** \_\_\_ 127  
*If incarcerated 2 weeks or more, round this up to 1 month. List total number of months incarcerated (up to 99). If more than 99, code 99 and enter the number in the comments. XX=Not answered.*

**L24.** Are you presently awaiting charges, trial, or sentence? 128  
 No  0  
 Yes  1  
 Not answered  X

<p><b>COMMENTS:</b> <i>(Include question number with your notes.)</i></p> <p style="text-align: center; color: red; font-weight: bold;">THIS DATA NOT ENTERED</p>
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Participant #: <u>      USUBJID      </u>	Visit Date: _____ / _____ / _____ m m / d d / y y y y
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**LEGAL (cont.)**

**QSTEST**

**L25.** What for?  
*Refers to L24. If more than one, choose most severe. Don't include civil cases, unless a criminal offense is involved.*

**QSORRES**

- Shoplifting 3
- Probation violation 4
- Drug 5
- Forgery 6
- Weapons 7
- Burglary 8
- Robbery 9
- Assault 10
- Arson 11
- Rape 12
- Homicide 13
- Prostitution 14
- Contempt 15
- Other 16
- Disorderly conduct 18
- DWI 19
- Major driving violation 20
- Not applicable N
- Not answered X

**L26.** How many days in the past 30 were you detained or incarcerated?  
*Include being arrested and released on the same day. XX=Not answered.*

**QSORRESU='DAY'**<sup>130</sup>  
**QSEVLINT=-P30D**

**L27.** How many days in the past 30 have you engaged in illegal activities for profit?  
*Exclude simple drug possession. Include drug dealing, prostitution, selling stolen goods, etc. May be cross-checked with Question E17 under Employment/Family Support Section. XX=Not answered.*

**QSORRESU='DAY'**<sup>131</sup>  
**QSEVLINT=-P30D**

<p><b>COMMENTS:</b> <i>(Include question number with your notes.)</i></p> <p style="text-align: center; color: red; font-weight: bold;">THIS DATA NOT ENTERED</p>
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**DOMAIN: QS**

Participant #: _____	USUBJID	Visit Date: _____ / _____ / _____	QSSTDTC/QSENDTC
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**LEGAL (cont.)**

QSTEST

QSORRES

**For Questions L28 & L29, ask the patient to use the Patient Rating scale.**

**L28.** How serious do you feel your present legal problems are? 132  
*Exclude civil problems.*  
Not at all 0  
Slightly 1  
Moderately 2  
Considerably 3  
Extremely 4  
Not answered X

**L29.** How important to you now is counseling or referral for these legal problems? 133  
*Patient is rating a need for additional referral to legal counsel for defense against criminal charges.*  
Not at all 0  
Slightly 1  
Moderately 2  
Considerably 3  
Extremely 4  
Not answered X

**CONFIDENCE RATINGS**

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

**L31.** Patient's misrepresentation? 134  
No 0  
Yes 1

**L32.** Patient's inability to understand? 135  
No 0  
Yes 1

**FAMILY/SOCIAL RELATIONSHIPS** =QSSCAT

**F1.** Marital status: 136  
*Common-law marriage="1". Specify in comments.*  
Married 1  
Remarried 2  
Widowed 3  
Separated 4  
Divorced 5  
Never Married 6  
Not answered X

<b><u>COMMENTS:</u></b> (Include question number with your notes.)
<b>THIS DATA NOT ENTERED</b>

**DOMAIN: QS**

Participant #: <u>      </u> <b>USUBJID</b>	Visit Date: <u>      </u> / <u>      </u> / <u>      </u> <b>QSSTDTC/QSENDTC</b> m m / d d / y y y y
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- FAMILY/SOCIAL (cont.)**      **QSTEST**      **QSORRES**
- F3.** Are you satisfied with this situation?      137  
*Refers to response in Question F1. Satisfied=generally liking the situation.*  
No  0  
Indifferent  1  
Yes  2  
Not answered  X
- F4.** Usual living arrangements (past 3 years):      138  
*Choose arrangements most representative of the past 3 years. If there is an even split in time between these arrangements, choose the most recent arrangement.*  
With sexual partner & children  1  
With sexual partner alone  2  
With children alone  3  
With parents  4  
With family  5  
With friends  6  
Alone  7  
Controlled Environment  8  
No stable arrangement  9  
Not answered  X  
**QSEVLINT=-P3Y**
- F6.** Are you satisfied with these arrangements?      139  
*Refers to response in Question F4.*  
No  0  
Indifferent  1  
Yes  2  
Not answered  X
- Do you live with anyone who:**
- F7.** Has a current alcohol problem?      140  
No  0  
Yes  1  
Not answered  X
- F8.** Uses non-prescribed drugs?      141  
No  0  
Yes  1  
Not answered  X
- F9.** With whom do you spend most of your free time?      142  
*If a girlfriend/boyfriend is considered as a family by patient, then they must refer to them as family throughout this section, not a friend. Family is not to be referred to as "friend."*  
Family  1  
Friends  2  
Alone  3  
Not answered  X

<b>COMMENTS:</b> (Include question number with your notes.)  <b>THIS DATA NOT ENTERED</b>
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Participant #:       USUBJID       Visit Date:        /        /        **QSSTDTC/QSENDTC**

**FAMILY/SOCIAL (cont.)** **QSTEST**

**QSORRES**

**F10.** Are you satisfied with spending your free time this way? No 0 143  
*Refers to Question F9. A satisfied response must indicate that the person generally likes the situation.* Indifferent 1  
Yes 2  
Not answered X

**Have you had significant periods in which you have experienced serious problems getting along with:** "Serious problems" mean those that endangered the relationship. A "problem" requires contact of some sort, either by telephone or in person.

<b>F18. Mother</b>	Past 30 Days	No <input type="checkbox"/> 0	144
		Yes <input type="checkbox"/> 1	
	<b>QSEVLINT=-P30D</b>	Not applicable <input type="checkbox"/> N	
		Not answered <input type="checkbox"/> X	

	Lifetime	No <input type="checkbox"/> 0	145
		Yes <input type="checkbox"/> 1	
		Not applicable <input type="checkbox"/> N	
		Not answered <input type="checkbox"/> X	

<b>F19. Father</b>	Past 30 Days	No <input type="checkbox"/> 0	146
		Yes <input type="checkbox"/> 1	
	<b>QSEVLINT=-P30D</b>	Not applicable <input type="checkbox"/> N	
		Not answered <input type="checkbox"/> X	

	Lifetime	No <input type="checkbox"/> 0	147
		Yes <input type="checkbox"/> 1	
		Not applicable <input type="checkbox"/> N	
		Not answered <input type="checkbox"/> X	

<b>F20. Brothers/Sisters</b>	Past 30 Days	No <input type="checkbox"/> 0	148
		Yes <input type="checkbox"/> 1	
	<b>QSEVLINT=-P30D</b>	Not applicable <input type="checkbox"/> N	
		Not answered <input type="checkbox"/> X	

	Lifetime	No <input type="checkbox"/> 0	149
		Yes <input type="checkbox"/> 1	
		Not applicable <input type="checkbox"/> N	
		Not answered <input type="checkbox"/> X	

**COMMENTS:** (Include question number with your notes.)

**THIS DATA NOT ENTERED**

**DOMAIN: QS**

Participant #: <b>USUBJID</b> _____	Visit Date: _____ / <b>QSSTDTC/QSENDTC</b> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>m</span> <span>m</span> <span>d</span> <span>d</span> <span>y</span> <span>y</span> <span>y</span> <span>y</span> </div>
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**FAMILY/SOCIAL (cont.)**      **QSTEST**      **QSORRES**

<b>F21. Sexual Partner/Spouse</b>	Past 30 Days	No <input type="checkbox"/> 0 Yes <input type="checkbox"/> 1 Not applicable <input type="checkbox"/> N Not answered <input type="checkbox"/> X	150
<b>QSEVLINT=-P30D</b>			

	Lifetime	No <input type="checkbox"/> 0 Yes <input type="checkbox"/> 1 Not applicable <input type="checkbox"/> N Not answered <input type="checkbox"/> X	151
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<b>F22. Children</b>	Past 30 Days	No <input type="checkbox"/> 0 Yes <input type="checkbox"/> 1 Not applicable <input type="checkbox"/> N Not answered <input type="checkbox"/> X	152
<b>QSEVLINT=-P30D</b>			

	Lifetime	No <input type="checkbox"/> 0 Yes <input type="checkbox"/> 1 Not applicable <input type="checkbox"/> N Not answered <input type="checkbox"/> X	153
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<b>F23. Other Significant Family</b>	Past 30 Days	No <input type="checkbox"/> 0 Yes <input type="checkbox"/> 1 Not applicable <input type="checkbox"/> N Not answered <input type="checkbox"/> X	154
<b>QSEVLINT=-P30D</b>			

	Lifetime	No <input type="checkbox"/> 0 Yes <input type="checkbox"/> 1 Not applicable <input type="checkbox"/> N Not answered <input type="checkbox"/> X	155
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(specify Other Significant Family: \_\_\_\_\_)

<b>F24. Close Friends</b>	Past 30 Days	No <input type="checkbox"/> 0 Yes <input type="checkbox"/> 1 Not applicable <input type="checkbox"/> N Not answered <input type="checkbox"/> X	157
<b>QSEVLINT=-P30D</b>			

**COMMENTS:** *(Include question number with your notes.)*

**THIS DATA NOT ENTERED**

**DOMAIN: QS**

Participant #: <u>      </u> <b>USUBJID</b>	Visit Date: <u>      </u> / <u>      </u> / <u>      </u> <b>QSSTDTC/QSENDTC</b> m m / d d / y y y y
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**FAMILY/SOCIAL (cont.) QSTEST**

**QSORRES**

	Lifetime	No <input type="checkbox"/> 0	158
		Yes <input type="checkbox"/> 1	
		Not applicable <input type="checkbox"/> N	
		Not answered <input type="checkbox"/> X	
<b>F25. Neighbors</b>	Past 30 Days	No <input type="checkbox"/> 0	159
	<b>QSEVLINT=-P30D</b>	Yes <input type="checkbox"/> 1	
		Not applicable <input type="checkbox"/> N	
		Not answered <input type="checkbox"/> X	
	Lifetime	No <input type="checkbox"/> 0	160
		Yes <input type="checkbox"/> 1	
		Not applicable <input type="checkbox"/> N	
		Not answered <input type="checkbox"/> X	
<b>F26. Co-workers</b>	Past 30 Days	No <input type="checkbox"/> 0	161
	<b>QSEVLINT=-P30D</b>	Yes <input type="checkbox"/> 1	
		Not applicable <input type="checkbox"/> N	
		Not answered <input type="checkbox"/> X	
	Lifetime	No <input type="checkbox"/> 0	162
		Yes <input type="checkbox"/> 1	
		Not applicable <input type="checkbox"/> N	
		Not answered <input type="checkbox"/> X	

**Did anyone ever abuse you?**

<b>F28. Physically?</b>	Past 30 Days	No <input type="checkbox"/> 0	163
<i>Caused you physical harm.</i>	<b>QSEVLINT=-P30D</b>	Yes <input type="checkbox"/> 1	
		Not answered <input type="checkbox"/> X	
	Lifetime	No <input type="checkbox"/> 0	164
		Yes <input type="checkbox"/> 1	
		Not answered <input type="checkbox"/> X	

<b>COMMENTS:</b> (Include question number with your notes.)
<b>THIS DATA NOT ENTERED</b>

**DOMAIN: QS**

Participant #: <u>      USUBJID      </u>	Visit Date: _____ / _____ / _____ m m / d d / y y y y
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**FAMILY/SOCIAL (cont.) QSTEST**

**F29. Sexually?** Past 30 Days No 0 165  
*Forced sexual advances/acts.* Yes 1  
QSEVLINT=-P30D Not answered X

Lifetime No 0 166  
Yes 1  
Not answered X

**F30. How many days in the past 30 have you had serious conflicts with your family?** \_\_\_\_\_ 167  
*XX=Not answered.* QSEVLINT=-P30D QSORRESU=DAY

**For Questions F32 and F34, ask the patient to use the Patient Rating scale.**

**F32. How troubled or bothered have you been in the past 30 days** Not at all 0 168  
*by these family problems?* QSEVLINT=-P30D Slightly 1  
Moderately 2  
Considerably 3  
Extremely 4  
Not answered X

**F34. How important to you now is treatment or counseling for** Not at all 0 169  
*these family problems?* Slightly 1  
*Patient is rating his/her need for counseling for family problems, not* Moderately 2  
*whether the family would be willing to attend.* Considerably 3  
Extremely 4  
Not answered X

**F31. How many days in the past 30 have you had serious conflicts with other** QSEVLINT=-P30D 70  
*people (excluding family)?* QSORRESU='DAY'  
*XX=Not answered.*

<b>COMMENTS:</b> <i>(Include question number with your notes.)</i>
<b>THIS DATA NOT ENTERED</b>

Participant #: <u>      USUBJID      </u>	Visit Date: <u>      </u> / <u>      </u> / <u>      </u> <b>QSSTDTC/QSENDTC</b>
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**FAMILY/SOCIAL (cont.)**    **QSTEST**

**QSORRES**

**For Questions F33 and F35, ask the patient to use the Patient Rating scale.**

**F33.** How troubled or bothered have you been in the past 30 days by these social problems? 171

**QSEVLINT=-P30D**

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

**F35.** How important to you now is treatment or counseling for these social problems? 172

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

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

**CONFIDENCE RATINGS**

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

**F37.** Patient's misrepresentation? 173

- No  0
- Yes  1

**F38.** Patient's inability to understand? 174

- No  0
- Yes  1

**PSYCHIATRIC STATUS**    **=QSSCAT**

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

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

**P1.** In a Hospital or inpatient setting? 175  
*X=Not answered.*

<p><b><u>COMMENTS:</u></b> <i>(Include question number with your notes.)</i></p> <p style="text-align: center; color: red;"><b>THIS DATA NOT ENTERED</b></p>
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Participant #: <u>    </u> <b>USUBJID</b> <u>    </u>	Visit Date: <u>    </u> / <u>    </u> / <u>    </u> m m / d d / y y y y
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**PSYCHIATRIC (cont.)**

**P2.** Outpatient/private patient?      176  
*XX=Not answered.*

**P3.** Do you receive a pension for a psychiatric disability? No 0 177  
Yes 1  
Not answered X

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

<b>P4.</b> Experienced serious depression—sadness, hopelessness, loss of interest, difficulty with daily function?	Past 30 Days	No <input type="checkbox"/> 0 178
		Yes <input type="checkbox"/> 1
		Not answered <input type="checkbox"/> X

	Lifetime	No <input type="checkbox"/> 0 179
		Yes <input type="checkbox"/> 1
		Not answered <input type="checkbox"/> X

<b>P5.</b> Experienced serious anxiety/tension—uptight, unreasonably worried, inability to feel relaxed?	Past 30 Days	No <input type="checkbox"/> 0 180
		Yes <input type="checkbox"/> 1
		Not answered <input type="checkbox"/> X

	Lifetime	No <input type="checkbox"/> 0 181
		Yes <input type="checkbox"/> 1
		Not answered <input type="checkbox"/> X

<b>P6.</b> Experienced hallucinations—saw things or heard voices that other people did not see or hear?	Past 30 Days	No <input type="checkbox"/> 0 182
		Yes <input type="checkbox"/> 1
		Not answered <input type="checkbox"/> X

	Lifetime	No <input type="checkbox"/> 0 183
		Yes <input type="checkbox"/> 1
		Not answered <input type="checkbox"/> X

**COMMENTS:** *(Include question number with your notes.)*

**THIS DATA NOT ENTERED**



Participant #:       USUBJID       Visit Date:       QSSTDTC/QSENDTC        
m m / d d / y y y y

**PSYCHIATRIC (cont.)**

<b>P7.</b> Experienced trouble understanding, concentrating, or remembering?	Past 30 Days	No <input type="checkbox"/> 0	184
		Yes <input type="checkbox"/> 1	
		Not answered <input type="checkbox"/> X	
	Lifetime	No <input type="checkbox"/> 0	185
		Yes <input type="checkbox"/> 1	
		Not answered <input type="checkbox"/> X	

**For Questions P8-P10, patient could have been under the influence of alcohol/drugs.**

<b>P8.</b> Experienced trouble controlling violent behavior including episodes of rage, or violence?	Past 30 Days	No <input type="checkbox"/> 0	186
		Yes <input type="checkbox"/> 1	
		Not answered <input type="checkbox"/> X	
	Lifetime	No <input type="checkbox"/> 0	187
		Yes <input type="checkbox"/> 1	
		Not answered <input type="checkbox"/> X	

<b>P9.</b> Experienced serious thoughts of suicide? <i>Patient seriously considered a plan for taking his/her life.</i>	Past 30 Days	No <input type="checkbox"/> 0	188
		Yes <input type="checkbox"/> 1	
		Not answered <input type="checkbox"/> X	
	Lifetime	No <input type="checkbox"/> 0	189
		Yes <input type="checkbox"/> 1	
		Not answered <input type="checkbox"/> X	

<b>P10.</b> Attempted suicide? <i>Include actual suicidal gestures or attempts.</i>	Past 30 Days	No <input type="checkbox"/> 0	190
		Yes <input type="checkbox"/> 1	
		Not answered <input type="checkbox"/> X	

**COMMENTS:** *(Include question number with your notes.)*

THIS DATA NOT ENTERED

**DOMAIN: QS**

Participant #: <u>      </u> <b>USUBJID</b>	Visit Date: <u>      </u> / <u>      </u> / <u>      </u> <b>QSSTDTC/QSENDTC</b>
<small>m m d d y y y y</small>	

**PSYCHIATRIC (cont.)** **QSTEST**

**QSORRES**

	Lifetime	No <input type="checkbox"/> 0	191
		Yes <input type="checkbox"/> 1	
		Not answered <input type="checkbox"/> X	
<b>P11.</b> Been prescribed medication for any psychological or emotional problems? <i>Prescribed for the patient by MD. Record "Yes" if a medication was prescribed even if patient is not taking it.</i>	Past 30 Days <b>QSEVLINT=-P30D</b>	No <input type="checkbox"/> 0 Yes <input type="checkbox"/> 1 Not answered <input type="checkbox"/> X	192
	Lifetime	No <input type="checkbox"/> 0 Yes <input type="checkbox"/> 1 Not answered <input type="checkbox"/> X	193

**P12.** How many days in the past 30 have you experienced these psychological or emotional problems? \_\_\_\_\_ 194  
*This refers to problems noted in Questions P4-P10. XX=Not answered.*  
**QSEVLINT=-P30D      QSORRESU=DAY**

**For Questions P13 & P14, ask the patient to use the Patient Rating scale.**

**P13.** How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days? \_\_\_\_\_ 195  
*Patient should be rating the problem days from Question P12.*  
**QSEVLINT=-P30D**  
Not at all  0  
Slightly  1  
Moderately  2  
Considerably  3  
Extremely  4  
Not answered  X

**P14.** How important to you now is treatment for these psychological or emotional problems? \_\_\_\_\_ 196  
Not at all  0  
Slightly  1  
Moderately  2  
Considerably  3  
Extremely  4  
Not answered  X

<b><u>COMMENTS:</u></b> <i>(Include question number with your notes.)</i>
<b>THIS DATA NOT ENTERED</b>

**DOMAIN: QS**

Participant #: <u>    </u> <b>USUBJID</b> <u>    </u>	Visit Date: <u>    </u> / <u>    </u> / <u>    </u> <b>QSSTDTC/QSENDTC</b> m m / d d / y y y y
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**PSYCHIATRIC (cont.)**

**CONFIDENCE RATINGS** **QSTEST** **QSORRES**

Is the above information significantly distorted by:

- P22.** Patient's misrepresentation? No  0 <sup>197</sup>  
Yes  1
- P23.** Patient's inability to understand? No  0 <sup>198</sup>  
Yes  1

**Stop Time:** **QSENDTC**      :      <sup>199-</sup>  
*\*If time spent completing form was not continuous, ad* h h : m m <sup>200</sup>  
*just stop time to account for any breaks.* (24 hour clock)\*

<p><b><u>COMMENTS:</u></b> <i>(Include question number with your notes.)</i></p> <p style="text-align: center;"><b>THIS DATA NOT ENTERED</b></p>
--

Completed by (Staff #): <u>    </u> <b>QSEVAL</b> <u>    </u> <sup>201</sup>
--

ADAI DMC  
Adverse Events

Protocol Number: **STUDYID** NIDA-CTN-0018

Participant #:	<b>USUBJID</b> <sup>a</sup>	Sequence Number:	_____	Visit #:	_____	<b>VISITNUM</b>
Form Completion Status:	_____	<b>EPOCH</b>	_____	Visit Date:	____/____/____	<b>AEDTC</b> <sup>h</sup>
	1=CRF administered 2=Participant refused 3=Staff member did not administer 4=Not enough time to administer 5=No participant contact 6=Other (specify: _____)				m m / d d / y y y y	
Node #:	_____	Site #:	_____			

1. Did the participant have any new or changed study related AE and/or SAE since the last assessment? **AEs are reflected in the AE file. Otherwise this field not databased.** No  1  
Yes  1

2. AE Number **AESPID** \_\_\_\_\_ 2

3. AE Term (Brief Description, 200 chars max): **AETERM** \_\_\_\_\_ 3

4a. Change in severity of previously reported AE? **QNAM=AESEVCHG  
QLABEL=AE CHANGE IN SEVERITY  
IDVAR=AES EQ** No  4  
Yes  1

4b. If YES, previous AE Number **QNAM=AESEVNUM  
QLABEL=PREVIOUS AE NUMBER  
IDVAR=AES EQ** \_\_\_\_\_ 5

5. Serious? **AESER** No  6  
Yes  1

6a. Onset Date: **AESTDTC** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ 7-9  
*MM/DD/YYYY*

6b. Onset Time: **AESTDTC** \_\_\_\_\_:\_\_\_\_\_ 10-11  
*HH:MM, 24-hour clock*

7. Severity **AES EV** Mild  12  
Moderate  2  
Severe  3

8. Study Related? **AEREL** Reasonable  13  
Not Reasonable  2



### Alcohol Breathalyzer—CAB

STUDYID

Protocol Number: NIDA-CTN-0018

Participant #: <u>      </u> <sup>a</sup>	EPOCH Visit #: <u>      </u> <sup>b</sup>	VISITNUM
Form Completion Status: <u>      </u> <sup>c</sup>	Seq Num: <u>      </u> <sup>k</sup>	Visit Date: <u>      </u> <sup>e</sup> / <u>      </u> <sup>f</sup> / <u>      </u> <sup>g</sup>
1=CRF administered 2=Participant refused 3=Staff member did not administer 4=Not enough time to administer 5=No participant contact 6=Other (specify: <u>                    </u> ) <sup>d</sup>		
Node #: <u>      </u> <sup>h</sup>	Site #: <u>      </u> <sup>i</sup>	

Start Time:

THIS DATA NOT CAPTURED 1-2  
       :         
 h h m m  
 (24 hour clock)\*

BRTEST

1. Was an Alcohol Breathalyzer performed?  
*If No or Unknown, skip to Question 4 and enter a comment.*

BRRORRES No  0<sup>3</sup>  
 Yes  1  
 Sample lost  2  
 Sample indeterminate  3  
 Unknown  -9

2. Date Alcohol Breathalyzer Test was performed:

BRDTC (when using # 3) 4-6  
       /        /         
 m m d d y y y y

3. Alcohol Breathalyzer result:  
*If sample was lost or indeterminate, skip Question 3.*

0.        mg/ml<sup>7</sup>  
 BRRORRESU

4. Comments: (max 200 chars) DOMAIN: CO  
 COVAL  
 RDOMAIN=BR  
 IDVAR=VISITNUM

Stop Time:  
*\*If time spent completing form was not continuous,  
 adjust stop time to account for any breaks.*

THIS DATA NOT CAPTURED 9-10  
       :         
 h h m m  
 (24 hour clock)\*

Completed by (Staff #):                                     <sup>11</sup>

**BEM Sex Role Inventory—Short Form**

STUDYID

Protocol Number: NIDA-CTN-0018

Participant #:	USUBJID <sup>a</sup>	Sequence Number	EPOCH <sup>k</sup>	Visit #:	c	VISITNUM
Form Completion Status:	d	Visit Date:		f	g	h
1=CRF administered						QSDTC
2=Participant refused						
3=Staff member did not administer						
4=Not enough time to administer						
5=No participant contact						
6=Other (specify: _____)	e					
Node #:	i	Site #:	j			

I am going to read you a list of personality characteristics. We would like you to use these characteristics to describe yourself, that is, we would like you to indicate, on a scale from 1 to 7, how true of you each of these characteristics is.

Example: sly

- I would check the box labeled 1 if it is **never or almost never true** that you are sly.
- I would check the box labeled 2 if it is **usually not true** that you are sly.
- I would check the box labeled 3 if it is **sometimes but infrequently true** that you are sly.
- I would check the box labeled 4 if it is **occasionally true** that you are sly.
- I would check the box labeled 5 if it is **often true** that you are sly.
- I would check the box labeled 6 if it is **usually true** that you are sly.
- I would check the box labeled 7 if it is **always or almost always true** that you are sly.

Thus, if you feel it is **sometimes but infrequently true** that you are “sly,” **never or almost never true** that you are “malicious,” **always or almost always true** that you are “irresponsible,” and **often true** that you are “carefree,” then you would rate these characteristics as follows:

	Never or almost never true	Usually not true	Sometimes but infrequently true	Occasionally true	Often true	Usually true	Always or almost always true
1. Sly	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
2. Malicious	<input checked="" 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. Irresponsible	<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 checked="" type="checkbox"/> 7
4. Carefree	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

**DOMAIN: QS**

Participant #: \_\_\_\_\_ **USUBJID** Visit Date: \_\_\_ / \_\_\_ / \_\_\_ **QSDTC**  
m m d d y y y y

<b>QSTEST</b>	<b>QSORRES</b>							
	Never or almost never true	Usually not true	Sometimes but infrequently true	Occasionally true	Often true	Usually true	Always or almost always true	
1. Defend my own beliefs	<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	1
2. Affectionate	<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
3. Conscientious	<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
4. Independent	<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
5. Sympathetic	<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
6. Moody	<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
7. Assertive	<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
8. Sensitive to the needs of others	<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
9. Reliable	<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	9
10. Strong personality	<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	10
11. Understanding	<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	11
12. Jealous	<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	12
13. Forceful	<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	13
14. Compassionate	<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	14
15. Truthful	<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	15
16. Have leadership abilities	<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	16
17. Eager to soothe hurt feelings	<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	17
18. Secretive	<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	18
19. Willing to take risks	<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	19
20. Warm	<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	20
21. Adaptable	<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	21
22. Dominant	<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	22
23. Tender	<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	23
24. Conceited	<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	24
25. Willing to take a stand	<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	25



**DOMAIN: QS**

Participant #:      **USUBJID**      Visit Date:           /           /                     **QSDTC**

m m / d d / y y y y

**QSORRES**

<b>QSTEST</b>	Never or almost never true	Usually not true	Sometimes but infrequently true	Occasionally true	Often true	Usually true	Always or almost always true	
<b>26. Love children</b>	<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	26
<b>27. Tactful</b>	<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	27
<b>28. Aggressive</b>	<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	28
<b>29. Gentle</b>	<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	29
<b>30. Conventional</b>	<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	30

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Completed by (Staff #):      **QSEVAL**      <sup>31</sup>

QSCAT=SUBSTANCE USE DIAGNOSES  
ADAI DMC

Substance Use Diagnoses

STUDYID  
Protocol Number: NIDA-CTN-0018

Participant #: <u>      </u> <sup>a</sup>	EPOCH	Visit #: <u>      </u> <sup>c</sup>	VISITNUM
Form Completion Status: <u>      </u> <sup>d</sup>	Sequence Num: <u>      </u> <sup>k</sup>	Visit Date: <u>      </u> / <u>      </u> / <u>      </u> <sup>f g h</sup>	
1=CRF administered 2=Participant refused 3=Staff member did not administer 4=Not enough time to administer 5=No participant contact 6=Other (specify: <u>      </u> ) <sup>e</sup>			QSSTDTC/QSENDTC
Node #: <u>      </u> <sup>i</sup>	Site #: <u>      </u> <sup>j</sup>		

Start Time:        <sup>1-2</sup> QSSTDTC :        <sup>h h m m</sup>  
(24 hour clock)\*

Diagnoses shaded gray (4,7,8,9,10) are optional. All others (1,2,3,5,6) are required.

1. ALCOHOL

QSTEST

QSORRES

**1a. Screened in J1/J1A**

If both J1=1 and J1A=1, check "Never had 12+ drinks" and skip to Drug Section  
If either J1=5 or J1A=5, "Has had 12+ drinks" and continue with 1b below  
If Not Applicable, check "Not Assessed" and skip to Drug Section

Never had 12+ drinks  1 <sup>3</sup>  
Has had 12+ drinks  5  
Not Assessed  -5

**1b. Abuse J10**

If J10 is coded "5" (Yes) (i.e., at least one "5" coded in J6-J9), check YES and continue with 1c below  
If J10 is coded "1" (No) (i.e., J6, J7 & 7A, J8, J9 are all "1"), check NO and skip to 1d  
If Not Applicable, check "Not Assessed" and skip to 1d

No  1 <sup>4</sup>  
Yes  5  
Not Assessed  -5

**1c. Abuse Recency Code from J10**

If 1b is coded "5" (Yes), check the J10 Recency code (1-6) in 1c  
If 1b is coded "1" (No), skip 1c and go to 1d

Within last 2 weeks  1 <sup>5</sup>  
2 weeks to <1 month ago  2  
1 month to <6 months ago  3  
6 months to less than a year ago  4  
In last 12 months  5  
More than 1 year ago  6  
Not assessed  -5

**1d. Dependence Code from J21**

If J21 is coded "5" (Yes), check YES  
If J21 is coded "1" (No) or blank due to Skip instruction on J20, check NO and go to Drug Section  
If Not Applicable, check "Not Assessed" and go to Drug Section

No  1 <sup>6</sup>  
Yes  5  
Not Assessed  -5

QSCAT=SUBSTANCE USE DIAGNOSES

Participant #: <u>    </u> <b>USUBJID</b>	Visit Date: <u>    </u> <b>QSSTDTC/QSENDTC</b>
	<u>  </u> <u>  </u> / <u>  </u> <u>  </u> / <u>  </u> <u>  </u> <u>  </u> <u>  </u>

**QSTEST**

- 1e. Dependence Recency, Full Criteria: Code from J22**  
*If 1d is coded "5" (Yes), check the J22 Recency code (1-6) in 1e*  
*If 1d is coded "1" (No), skip 1e and 1f and go to the Drug Section*  
*If Not Applicable, check "Not Assessed"*

**QSORRES**

- Within last 2 weeks  1 <sup>7</sup>  
 2 weeks to <1 month ago  2  
 1 month to <6 months ago  3  
 6 months to less than a year ago  4  
 In last 12 months  5  
 More than 1 year ago  6  
 Not assessed  -5

- 1f. Dependence Recency, Any Criteria: Code from J23**  
*If J23 is completed AND 1d is coded "5" (Yes), check the J23 Recency code (1-6).*  
*If J23 is not completed OR if J23 is completed and 1d is coded "1" (No), skip 1f and go to the Drug Section.*  
*If Not Applicable, check "Not Assessed"*

- Within last 2 weeks  1 <sup>8</sup>  
 2 weeks to <1 month ago  2  
 1 month to <6 months ago  3  
 6 months to less than a year ago  4  
 In last 12 months  5  
 More than 1 year ago  6  
 Not assessed  -5

**DRUG SECTION**

**2. MARIJUANA**

- 2a. Screened in L4A**  
*If L4A=1 for this drug category, check NO and skip to next Drug category*  
*If L4A=5 for this drug category, check YES and continue with 2b*  
*If Not Applicable, check "Not Assessed" and skip to next drug category*

- No  1 <sup>9</sup>  
 Yes  5  
 Not Assessed  -5

- 2b. Abuse L11**  
*If L11 is completed for this drug category (i.e., at least one "5" coded in L8-L10), check YES and continue with 2c*  
*If L11 is not completed for this drug category (i.e., L8A, L9B, L9C, L10A are all "1"), check NO and skip to 2d*  
*If Not Applicable, check "Not Assessed" and skip to 2d*

- No  1 <sup>10</sup>  
 Yes  5  
 Not Assessed  -5

- 2c. Abuse Recency Code from L11**  
*If 2b is coded "5" (Yes), check the L11 Recency code (1-6) in 2c*  
*If 2b is coded "1" (No), skip 2c and go to 2d.*  
*If Not Applicable, , check "Not Assessed"*

- Within last 2 weeks  1 <sup>11</sup>  
 2 weeks to <1 month ago  2  
 1 month to <6 months ago  3  
 6 months to less than a year ago  4  
 In last 12 months  5  
 More than 1 year ago  6  
 Not assessed  -5

QSCAT=SUBSTANCE USE DIAGNOSES

Participant #: <u>    </u> <b>USUBJID</b>	Visit Date: <u>    </u> <b>QSSTDTC/QSENDTC</b> m m / d d / y y y y
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**QSTEST**

**QSORRES**

**2d. Dependence Code from L22** No  1 <sup>12</sup>  
*If L22 is coded "5" (Yes), check YES and continue with 2e* Yes  5  
*If L22 is coded "1" (No) or blank, check NO and go to next drug category* Not Assessed  -5  
*If Not Applicable, check "Not Assessed" and go to next drug category*

**2e. Dependence Recency, Full Criteria: Code from L22** Within last 2 weeks  1 <sup>13</sup>  
*If 2d is coded "5" (Yes), check the L22 Recency code (1-6) in 2e* 2 weeks to <1 month ago  2  
*If 2d is coded "1" (No), skip 2e and 2f and go to the next drug category* 1 month to <6 months ago  3  
*If Not Applicable, check "Not Assessed" and go to next drug category* 6 months to less than a year ago  4  
In last 12 months  5  
More than 1 year ago  6  
Not assessed  -5

**2f. Dependence Recency, Any Criteria: Code from L24** Within last 2 weeks  1 <sup>14</sup>  
*If L24 is completed AND 2d is coded "5" (Yes), check the L24 Recency code (1-6)* 2 weeks to <1 month ago  2  
*If L24 is not completed OR if L24 is completed and 2d is coded "1" (No), skip 2f and go to the next drug category* 1 month to <6 months ago  3  
*If Not Applicable, check "Not Assessed"* 6 months to less than a year ago  4  
In last 12 months  5  
More than 1 year ago  6  
Not assessed  -5

**3. STIMULANTS**

**3a. Screened in L4A** No  1 <sup>15</sup>  
*If L4A=1 for this drug category, check NO and skip to next Drug category* Yes  5  
*If L4A=5 for this drug category, check YES and continue with 3b* Not Assessed  -5  
*If Not Applicable, check "Not Assessed" and skip to next drug category*

**3b. Abuse L11** No  1 <sup>16</sup>  
*If L11 is completed for this drug category (i.e., at least one "5" coded in L8-L10), check YES and continue with 3c* Yes  5  
*If L11 is not completed for this drug category (i.e., L8A, L9B, L9C, L10A are all "1"), check NO and skip to 3d* Not Assessed  -5  
*If Not Applicable, check "Not Assessed" and skip to 3d*

**3c. Abuse Recency Code from L11** Within last 2 weeks  1 <sup>17</sup>  
*If 3b is coded "5" (Yes), check the L11 Recency code (1-6) in 3c* 2 weeks to <1 month ago  2  
*If 3b is coded "1" (No), skip 3c and go to 3d.* 1 month to <6 months ago  3  
*If Not Applicable, check "Not Assessed"* 6 months to less than a year ago  4  
In last 12 months  5  
More than 1 year ago  6  
Not assessed  -5

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	<u>  </u> <small>m</small> <u>  </u> <small>m</small> <u>  </u> <small>d</small> <u>  </u> <small>d</small> <u>  </u> <small>y</small> <u>  </u> <small>y</small> <u>  </u> <small>y</small> <u>  </u> <small>y</small>

**QSTEST**

**QSORRES**

- 3d. Dependence Code from L22** No  18  
*If L22 is coded "5" (Yes), check YES and continue with 3e* Yes  5  
*If L22 is coded "1" (No) or blank, check NO and go to next drug category* Not Assessed  -5  
*If Not Applicable, check "Not Assessed" and go to next drug category*
- 3e. Dependence Recency, Full Criteria: Code from L22** Within last 2 weeks  19  
*If 3d is coded "5" (Yes), check the L22 Recency code (1-6) in 3e* 2 weeks to <1 month ago  2  
*If 3d is coded "1" (No), skip 3e and 3f and go to the next drug category* 1 month to <6 months ago  3  
*If Not Applicable, check "Not Assessed" and go to next drug category* 6 months to less than a year ago  4  
In last 12 months  5  
More than 1 year ago  6  
Not assessed  -5
- 3f. Dependence Recency, Any Criteria: Code from L24** Within last 2 weeks  20  
*If L24 is completed AND 3d is coded "5" (Yes), check the L24 Recency code (1-6)* 2 weeks to <1 month ago  2  
*If L24 is not completed OR if L24 is completed and 3d is coded "1" (No), skip 3f and go to the next drug category* 1 month to <6 months ago  3  
*If Not Applicable, check "Not Assessed"* 6 months to less than a year ago  4  
In last 12 months  5  
More than 1 year ago  6  
Not assessed  -5

**4. SEDATIVES**

- 4a. Screened in L4A** No  21  
*If L4A=1 for this drug category, check NO and skip to next Drug category* Yes  5  
*If L4A=5 for this drug category, check YES and continue with 4b* Not Assessed  -5  
*If Not Applicable, check "Not Assessed" and skip to next drug category*
- 4b. Abuse L11** No  22  
*If L11 is completed for this drug category (i.e., at least one "5" coded in L8-L10), check YES and continue with 4c* Yes  5  
*If L11 is not completed for this drug category (i.e., L8A, L9B, L9C, L10A are all "1"), check NO and skip to 4d* Not Assessed  -5  
*If Not Applicable, check "Not Assessed" and skip to 4d*
- 4c. Abuse Recency Code from L11** Within last 2 weeks  23  
*If 4b is coded "5" (Yes), check the L11 Recency code (1-6) in 4c* 2 weeks to <1 month ago  2  
*If 4b is coded "1" (No), skip 4c and go to 4d.* 1 month to <6 months ago  3  
*If Not Applicable, check "Not Assessed"* 6 months to less than a year ago  4  
In last 12 months  5  
More than 1 year ago  6  
Not assessed  -5

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**QSTEST**

**4d. Dependence Code from L22** **QSORRES** No  1 <sup>24</sup>  
*If L22 is coded "5" (Yes), check YES and continue with 4e* Yes  5  
*If L22 is coded "1" (No) or blank, check NO and go to next drug category* Not Assessed  -5  
*If Not Applicable, check "Not Assessed" and go to next drug category*

**4e. Dependence Recency, Full Criteria: Code from L22** <sup>25</sup>  
*If 4d is coded "5" (Yes), check the L22 Recency code (1-6) in 4e*  
*If 4d is coded "1" (No), skip 4e and 4f and go to the next drug category*  
*If Not Applicable, check "Not Assessed" and go to next drug category*

Within last 2 weeks  1  
 2 weeks to <1 month ago  2  
 1 month to <6 months ago  3  
 6 months to less than a year ago  4  
 In last 12 months  5  
 More than 1 year ago  6  
 Not assessed  -5

**4f. Dependence Recency, Any Criteria: Code from L24** <sup>26</sup>  
*If L24 is completed AND 4d is coded "5" (Yes), check the L24 Recency code (1-6)*  
*If L24 is not completed OR if L24 is completed and 4d is coded "1" (No), skip 4f and go to the next drug category*  
*If Not Applicable, check "Not Assessed"*

Within last 2 weeks  1  
 2 weeks to <1 month ago  2  
 1 month to <6 months ago  3  
 6 months to less than a year ago  4  
 In last 12 months  5  
 More than 1 year ago  6  
 Not assessed  -5

**5. OPIOIDS**

**5a. Screened in L4A** No  1 <sup>27</sup>  
*If L4A=1 for this drug category, check NO and skip to next Drug category* Yes  5  
*If L4A=5 for this drug category, check YES and continue with 5b* Not Assessed  -5  
*If Not Applicable, check "Not Assessed" and skip to next drug category*

**5b. Abuse L11** No  1 <sup>28</sup>  
*If L11 is completed for this drug category (i.e., at least one "5" coded in L8-L10), check YES and continue with 5c* Yes  5  
*If L11 is not completed for this drug category (i.e., L8A, L9B, L9C, L10A are all "1"), check NO and skip to 5d* Not Assessed  -5  
*If Not Applicable, check "Not Assessed" and skip to 5d*

**5c. Abuse Recency Code from L11** <sup>29</sup>  
*If 5b is coded "5" (Yes), check the L11 Recency code (1-6) in 5c*  
*If 5b is coded "1" (No), skip 5c and go to 5d.*  
*If Not Applicable, check "Not Assessed"*

Within last 2 weeks  1  
 2 weeks to <1 month ago  2  
 1 month to <6 months ago  3  
 6 months to less than a year ago  4  
 In last 12 months  5  
 More than 1 year ago  6  
 Not assessed  -5

QSCAT=SUBSTANCE USE DIAGNOSES

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**QSTEST**

**QSORRES**

**5d. Dependence Code from L22** No  1 <sup>30</sup>  
*If L22 is coded "5" (Yes), check YES and continue with 5e* Yes  5  
*If L22 is coded "1" (No) or blank, check NO and go to next drug category* Not Assessed  -5  
*If Not Applicable, check "Not Assessed" and go to next drug category*

**5e. Dependence Recency, Full Criteria: Code from L22** Within last 2 weeks  1 <sup>31</sup>  
*If 5d is coded "5" (Yes), check the L22 Recency code (1-6) in 5e* 2 weeks to <1 month ago  2  
*If 5d is coded "1" (No), skip 5e and 5f and go to the next drug category* 1 month to <6 months ago  3  
*If Not Applicable, check "Not Assessed" and go to next drug category* 6 months to less than a year ago  4  
In last 12 months  5  
More than 1 year ago  6  
Not assessed  -5

**5f. Dependence Recency, Any Criteria: Code from L24** Within last 2 weeks  1 <sup>32</sup>  
*If L24 is completed AND 5d is coded "5" (Yes), check the L24 Recency code (1-6)* 2 weeks to <1 month ago  2  
*If L24 is not completed OR if L24 is completed and 5d is coded "1" (No), skip 5f and go to the next drug category* 1 month to <6 months ago  3  
*If Not Applicable, check "Not Assessed"* 6 months to less than a year ago  4  
In last 12 months  5  
More than 1 year ago  6  
Not assessed  -5

**6. COCAINE**

**6a. Screened in L4A** No  1 <sup>33</sup>  
*If L4A=1 for this drug category, check NO and skip to next Drug category* Yes  5  
*If L4A=5 for this drug category, check YES and continue with 6b* Not Assessed  -5  
*If Not Applicable, check "Not Assessed" and skip to next drug category*

**6b. Abuse L11** No  1 <sup>34</sup>  
*If L11 is completed for this drug category (i.e., at least one "5" coded in L8-L10), check YES and continue with 6c* Yes  5  
*If L11 is not completed for this drug category (i.e., L8A, L9B, L9C, L10A are all "1"), check NO and skip to 6d* Not Assessed  -5  
*If Not Applicable, check "Not Assessed" and skip to 6d*

**6c. Abuse Recency Code from L11** Within last 2 weeks  1 <sup>35</sup>  
*If 6b is coded "5" (Yes), check the L11 Recency code (1-6) in 6c* 2 weeks to <1 month ago  2  
*If 6b is coded "1" (No), skip 6c and go to 6d.* 1 month to <6 months ago  3  
*If Not Applicable, check "Not Assessed"* 6 months to less than a year ago  4  
In last 12 months  5  
More than 1 year ago  6  
Not assessed  -5



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- QSTEST** **QSORRES**
- 6d. Dependence Code from L22** No  1 <sup>36</sup>  
*If L22 is coded "5" (Yes), check YES and continue with 6e* Yes  5  
*If L22 is coded "1" (No) or blank, check NO and go to next drug category* Not Assessed  -5  
*If Not Applicable, check "Not Assessed" and go to next drug category*
- 6e. Dependence Recency, Full Criteria: Code from L22** Within last 2 weeks  1 <sup>37</sup>  
*If 6d is coded "5" (Yes), check the L22 Recency code (1-6) in 6e* 2 weeks to <1 month ago  2  
*If 6d is coded "1" (No), skip 6e and 6f and go to the next drug category* 1 month to <6 months ago  3  
*If Not Applicable, check "Not Assessed" and go to next drug category* 6 months to less than a year ago  4  
In last 12 months  5  
More than 1 year ago  6  
Not assessed  -5
- 6f. Dependence Recency, Any Criteria: Code from L24** Within last 2 weeks  1 <sup>38</sup>  
*If L24 is completed AND 6d is coded "5" (Yes), check the L24 Recency code (1-6)* 2 weeks to <1 month ago  2  
*If L24 is not completed OR if L24 is completed and 6d is coded "1" (No), skip 6f and go to the next drug category* 1 month to <6 months ago  3  
*If Not Applicable, check "Not Assessed"* 6 months to less than a year ago  4  
In last 12 months  5  
More than 1 year ago  6  
Not assessed  -5

**7. PCP**

- 7a. Screened in LAA** No  1 <sup>39</sup>  
*If LAA=1 for this drug category, check NO and skip to next Drug category* Yes  5  
*If LAA=5 for this drug category, check YES and continue with 7b* Not Assessed  -5  
*If Not Applicable, check "Not Assessed" and skip to next drug category*
- 7b. Abuse L11** No  1 <sup>40</sup>  
*If L11 is completed for this drug category (i.e., at least one "5" coded in L8-L10), check YES and continue with 7c* Yes  5  
*If L11 is not completed for this drug category (i.e., L8A, L9B, L9C, L10A are all "1"), check NO and skip to 7d* Not Assessed  -5  
*If Not Applicable, check "Not Assessed" and skip to 7d*
- 7c. Abuse Recency Code from L11** Within last 2 weeks  1 <sup>41</sup>  
*If 7b is coded "5" (Yes), check the L11 Recency code (1-6) in 7c* 2 weeks to <1 month ago  2  
*If 7b is coded "1" (No), skip 7c and go to 7d.* 1 month to <6 months ago  3  
*If Not Applicable, check "Not Assessed"* 6 months to less than a year ago  4  
In last 12 months  5  
More than 1 year ago  6  
Not assessed  -5



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		<table border="0"> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	m	m	d	d	y	y	y	y	
m	m	d	d	y	y	y	y				

**QSTEST**

**QSORRES**

**7d. Dependence Code from L22** No  1 <sup>42</sup>  
*If L22 is coded "5" (Yes), check YES and continue with 7e* Yes  5  
*If L22 is coded "1" (No) or blank, check NO and go to next drug category* Not Assessed  -5  
*If Not Applicable, check "Not Assessed" and go to next drug category*

**7e. Dependence Recency, Full Criteria: Code from L22** Within last 2 weeks  1 <sup>43</sup>  
*If 7d is coded "5" (Yes), check the L22 Recency code (1-6) in 7e* 2 weeks to <1 month ago  2  
*If 7d is coded "1" (No), skip 7e and 7f and go to the next drug category* 1 month to <6 months ago  3  
*If Not Applicable, check "Not Assessed" and go to next drug category* 6 months to less than a year ago  4  
In last 12 months  5  
More than 1 year ago  6  
Not assessed  -5

**7f. Dependence Recency, Any Criteria: Code from L24** Within last 2 weeks  1 <sup>44</sup>  
*If L24 is completed AND 7d is coded "5" (Yes), check the L24 Recency code (1-6)* 2 weeks to <1 month ago  2  
*If L24 is not completed OR if L24 is completed and 7d is coded "1" (No), skip 7f and go to the next drug category* 1 month to <6 months ago  3  
*If Not Applicable, check "Not Assessed"* 6 months to less than a year ago  4  
In last 12 months  5  
More than 1 year ago  6  
Not assessed  -5

**8. PSYCHEDELICS**

**8a. Screened in L4A** No  1 <sup>45</sup>  
*If L4A=1 for this drug category, check NO and skip to next Drug category* Yes  5  
*If L4A=5 for this drug category, check YES and continue with 8b* Not Assessed  -5  
*If Not Applicable, check "Not Assessed" and skip to next drug category*

**8b. Abuse L11** No  1 <sup>46</sup>  
*If L11 is completed for this drug category (i.e., at least one "5" coded in L8-L10), check YES and continue with 8c* Yes  5  
*If L11 is not completed for this drug category (i.e., L8A, L9B, L9C, L10A are all "1"), check NO and skip to 8d* Not Assessed  -5  
*If Not Applicable, check "Not Assessed" and skip to 8d*

**8c. Abuse Recency Code from L11** Within last 2 weeks  1 <sup>47</sup>  
*If 8b is coded "5" (Yes), check the L11 Recency code (1-6) in 8c* 2 weeks to <1 month ago  2  
*If 8b is coded "1" (No), skip 8c and go to 8d.* 1 month to <6 months ago  3  
*If Not Applicable, check "Not Assessed"* 6 months to less than a year ago  4  
In last 12 months  5  
More than 1 year ago  6  
Not assessed  -5

QSCAT=SUBSTANCE USE DIAGNOSES

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<b>QSTEST</b>	<b>QSORRES</b>

**8d. Dependence Code from L22** No  1 48  
*If L22 is coded "5" (Yes), check YES and continue with 8e* Yes  5  
*If L22 is coded "1" (No) or blank, check NO and go to next drug category* Not Assessed  -5  
*If Not Applicable, check "Not Assessed" and go to next drug category*

**8e. Dependence Recency, Full Criteria: Code from L22** Within last 2 weeks  1 49  
*If 8d is coded "5" (Yes), check the L22 Recency code (1-6) in 8e* 2 weeks to <1 month ago  2  
*If 8d is coded "1" (No), skip 8e and 8f and go to the next drug category* 1 month to <6 months ago  3  
*If Not Applicable, check "Not Assessed" and go to next drug category* 6 months to less than a year ago  4  
In last 12 months  5  
More than 1 year ago  6  
Not assessed  -5

**8f. Dependence Recency, Any Criteria: Code from L24** Within last 2 weeks  1 50  
*If L24 is completed AND 8d is coded "5" (Yes), check the L24 Recency code (1-6)* 2 weeks to <1 month ago  2  
*If L24 is not completed OR if L24 is completed and 8d is coded "1" (No), skip 8f and go to the next drug category* 1 month to <6 months ago  3  
*If Not Applicable, check "Not Assessed"* 6 months to less than a year ago  4  
In last 12 months  5  
More than 1 year ago  6  
Not assessed  -5

**9. INHALANTS**

**9a. Screened in L4A** No  1 51  
*If L4A=1 for this drug category, check NO and skip to next Drug category* Yes  5  
*If L4A=5 for this drug category, check YES and continue with 9b* Not Assessed  -5  
*If Not Applicable, check "Not Assessed" and skip to next drug category*

**9b. Abuse L11** No  1 52  
*If L11 is completed for this drug category (i.e., at least one "5" coded in L8-L10), check YES and continue with 9c* Yes  5  
*If L11 is not completed for this drug category (i.e., L8A, L9B, L9C, L10A are all "1"), check NO and skip to 9d* Not Assessed  -5  
*If Not Applicable, check "Not Assessed" and skip to 9d*

**9c. Abuse Recency Code from L11** Within last 2 weeks  1 53  
*If 9b is coded "5" (Yes), check the L11 Recency code (1-6) in 9c* 2 weeks to <1 month ago  2  
*If 9b is coded "1" (No), skip 9c and go to 9d.* 1 month to <6 months ago  3  
*If Not Applicable, check "Not Assessed"* 6 months to less than a year ago  4  
In last 12 months  5  
More than 1 year ago  6  
Not assessed  -5

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**9d. Dependence Code from L22** **QSTEST** **QSORRES** No  1 <sup>54</sup>  
Yes  5  
Not Assessed  -5  
*If L22 is coded "5" (Yes), check YES and continue with 9e*  
*If L22 is coded "1" (No) or blank, check NO and go to next drug category*  
*If Not Applicable, check "Not Assessed" and go to next drug category*

**9e. Dependence Recency, Full Criteria: Code from L22** Within last 2 weeks  1 <sup>55</sup>  
2 weeks to <1 month ago  2  
1 month to <6 months ago  3  
6 months to less than a year ago  4  
In last 12 months  5  
More than 1 year ago  6  
Not assessed  -5  
*If 9d is coded "5" (Yes), check the L22 Recency code (1-6) in 9e*  
*If 9d is coded "1" (No), skip 9e and 9f and go to the next drug category*  
*If Not Applicable, check "Not Assessed" and go to next drug category*

**9f. Dependence Recency, Any Criteria: Code from L24** Within last 2 weeks  1 <sup>56</sup>  
2 weeks to <1 month ago  2  
1 month to <6 months ago  3  
6 months to less than a year ago  4  
In last 12 months  5  
More than 1 year ago  6  
Not assessed  -5  
*If L24 is completed AND 9d is coded "5" (Yes), check the L24 Recency code (1-6)*  
*If L24 is not completed OR if L24 is completed and 9d is coded "1" (No), skip 9f and go to the next drug category*  
*If Not Applicable, check "Not Assessed"*

**10. OTHER**

Other Drug, specify: \_\_\_\_\_ 57

**10a. Screened in L4A** No  1 <sup>58</sup>  
Yes  5  
Not Assessed  -5  
*If L4A=1 for this drug category, check NO and skip to next Drug category*  
*If L4A=5 for this drug category, check YES and continue with 10b*  
*If Not Applicable, check "Not Assessed" and skip to next drug category*

**10b. Abuse L11** No  1 <sup>59</sup>  
Yes  5  
Not Assessed  -5  
*If L11 is completed for this drug category (i.e., at least one "5" coded in L8-L10), check YES and continue with 10c*  
*If L11 is not completed for this drug category (i.e., L8A, L9B, L10C, L10A are all "1"), check NO and skip to 10d*  
*If Not Applicable, check "Not Assessed" and skip to 10d*

**10c. Abuse Recency Code from L11** Within last 2 weeks  1 <sup>60</sup>  
2 weeks to <1 month ago  2  
1 month to <6 months ago  3  
6 months to less than a year ago  4  
In last 12 months  5  
More than 1 year ago  6  
Not assessed  -5  
*If 10b is coded "5" (Yes), check the L11 Recency code (1-6) in 10c*  
*If 10b is coded "1" (No), skip 10c and go to 10d.*  
*If Not Applicable, check "Not Assessed"*

**DOMAIN: QS**

**QSCAT=SUBSTANCE USE DIAGNOSES**

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<b>QSTEST</b>	<b>QSORRES</b>	
<b>10d. Dependence Code from L22</b> <i>If L22 is coded "5" (Yes), check YES and continue with 10e</i> <i>If L22 is coded "1" (No) or blank, check NO and go to next drug category</i> <i>If Not Applicable, check "Not Assessed" and go to next drug category</i>	No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 5 Not Assessed <input type="checkbox"/> -5	61
<b>10e. Dependence Recency, Full Criteria: Code from L22</b> <i>If 10d is coded "5" (Yes), check the L22 Recency code (1-6) in 10e</i> <i>If 10d is coded "1" (No), skip 10e and 10f and go to the next drug category</i> <i>If Not Applicable, check "Not Assessed" and go to next drug category</i>	Within last 2 weeks <input type="checkbox"/> 1 2 weeks to <1 month ago <input type="checkbox"/> 2 1 month to <6 months ago <input type="checkbox"/> 3 6 months to less than a year ago <input type="checkbox"/> 4 In last 12 months <input type="checkbox"/> 5 More than 1 year ago <input type="checkbox"/> 6 Not assessed <input type="checkbox"/> -5	62
<b>10f. Dependence Recency, Any Criteria: Code from L24</b> <i>If L24 is completed AND 10d is coded "5" (Yes), check the L24 Recency code (1-6)</i> <i>If L24 is not completed OR if L24 is completed and 10d is coded "1" (No), skip 10f and go to the next drug category</i> <i>If Not Applicable, check "Not Assessed"</i>	Within last 2 weeks <input type="checkbox"/> 1 2 weeks to <1 month ago <input type="checkbox"/> 2 1 month to <6 months ago <input type="checkbox"/> 3 6 months to less than a year ago <input type="checkbox"/> 4 In last 12 months <input type="checkbox"/> 5 More than 1 year ago <input type="checkbox"/> 6 Not assessed <input type="checkbox"/> -5	63

**Stop Time:** \_\_\_\_\_ : \_\_\_\_\_ <sup>64-</sup>  
*\*If time spent completing form was not continuous, adjust stop time to account for any breaks.* <sub>65</sub>  
 (24 hour clock)\*

Completed by (Staff #): <u>      </u> <b>QSEVAL</b> <span style="float: right;">66</span>
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QSCAT=CONDOM BARRIERS SCALE FOR MEN  
ADAI DMC

**Condom Barriers Scale For Men**

STUDYID

Protocol Number: NIDA-CTN-0018

Participant #: <sup>a</sup> <u>USUBJID</u>	Sequence Number: <sup>k</sup> _____	Visit #: <sup>c</sup> _____ <b>VISITNUM</b>
Form Completion Status: <sup>d</sup> _____	<b>EPOCH</b>	Visit Date: <sup>f</sup> ____ / <sup>g</sup> ____ / <sup>h</sup> ____
1=CRF administered 2=Participant refused 3=Staff member did not administer 4=Not enough time to administer 5=No participant contact 6=Other (specify: _____) <sup>e</sup>		<b>QSDTC</b>
Node #: <sup>i</sup> _____	Site #: <sup>j</sup> _____	

Instructions: I am going to read you some statements. Pick the response that best indicates your level of agreement with each statement. When I use the word 'partner', I am referring to your main sexual partner. If you do not currently have someone you consider to be your main partner, then answer the questions as to what your sexual relationships are mostly like.

<b>QSTEST</b>	<b>QSORRES</b>					
	<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree nor disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	
1. Most of the time neither of us has a condom available.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	1
2. I don't want my partner to put a condom on me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	2
3. If I suggest to my partner we use a condom he/she might end the relationship.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	3
4. I can never find a condom right before sexual intercourse.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	4
5. My partner doesn't want us to use condoms.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	5
6. If I suggested we use a condom my partner would think I don't trust him/her.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	6
7. I usually forget about using a condom.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	7
8. If I suggested we use a condom my partner would think I'm accusing him/her of cheating.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	8
9. I would be afraid to suggest to my partner we use a condom.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	9
10. If I used a condom my partner might think I'm cheating on him/her.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	10
11. Condoms rub and cause irritation.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	11
12. I wouldn't know where to get a condom.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	12
13. Condoms don't feel good.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	13

QSCAT=CONDOM BARRIERS SCALE FOR MEN

Participant #: USUBJID Visit Date:      /      /      QSDTC  
m m d d y y y y

QSTEST	QSORRES					
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	
14. If I suggested to my partner we use a condom he/she might be turned off and lose interest in having sex.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	14
15. Condoms interrupt the mood.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	15
16. Condoms are against my religious values.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	16
17. Condoms feel unnatural.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	17
18. If I used a condom my partner might get angry.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	18
19. Condoms don't fit right.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	19
20. Condoms cost too much.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	20
21. I don't have transportation to buy or get condoms.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	21
22. I would be embarrassed to buy condoms or ask for them.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	22
23. When a man and a woman are together, it's up to the man to provide a condom.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	23
24. I feel closer to my partner without a condom.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	24
25. If I suggested my partner use a condom he/she might think I am putting him/her down or insulting him/her.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	25
26. I don't need to use a condom, I never catch anything.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	26
27. When I use a condom I feel less involved or committed to the relationship.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	27
28. Condoms change the climax or orgasm.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	28
29. I don't need to use a condom, I use another method.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	29

Completed by (Staff #):      QSEVAL 30



ADAI DMC

Condom Use Skill Measure

QSCAT=CONDOM USE SKILL MEASURE

Protocol Number: NIDA-CTN-0018

STUDYID

Participant #:	<u>      </u> <sup>a</sup>	Sequence Number:	<u>      </u> <sup>k</sup>	Visit #:	<u>      </u> <sup>c</sup>
	USUBJID				VISITNUM
Form Completion Status:	<u>      </u> <sup>d</sup>	EPOCH		Visit Date:	<u>      </u> <sup>f</sup> / <u>      </u> <sup>g</sup> / <u>      </u> <sup>h</sup>
					QSDTC
Node #:	<u>      </u> <sup>i</sup>	Site #:	<u>      </u> <sup>j</sup>		

Condom Use Skill is measured separately for male and female condoms. It is measured by (dichotomous) observer ratings of the presence or absence of basic skills for use of each. For each, a total count of number of skills observed is obtained.

QSSCAT=MALE CONDOM

1. Were skills for putting a male condom on a penis model observed? No  0<sup>1</sup>  
 If NO, skip to Question 16. QSORRES Yes  1

QSTEST

In this task we want you to demonstrate the correct way to use a condom. Here is a penis model and a few different types of condoms and lubricants. Select an appropriate condom and lubricant for providing protection against sexually transmitted diseases such as AIDS. Next demonstrate the correct way to apply the condom using lubricant. Please describe each step out loud as you do it.

Male condom	No	Yes	
2. Chose a latex condom	<input type="checkbox"/> 0	<input type="checkbox"/> 1	2
3. Chose a water-based lubricant	<input type="checkbox"/> 0	<input type="checkbox"/> 1	3
4. Expiration date on package is checked	<input type="checkbox"/> 0	<input type="checkbox"/> 1	4
5. Package is opened carefully	<input type="checkbox"/> 0	<input type="checkbox"/> 1	5
6. Condom checked for damage	<input type="checkbox"/> 0	<input type="checkbox"/> 1	6
7. Determined direction in which condom rolls	<input type="checkbox"/> 0	<input type="checkbox"/> 1	7
8. Condom rolled correctly downward	<input type="checkbox"/> 0	<input type="checkbox"/> 1	8
9. Condom rolled to base of penis	<input type="checkbox"/> 0	<input type="checkbox"/> 1	9
10. Air removed from condom	<input type="checkbox"/> 0	<input type="checkbox"/> 1	10
11. Space left at tip of condom	<input type="checkbox"/> 0	<input type="checkbox"/> 1	11
12. Lubricant added to inside tip of condom or penis	<input type="checkbox"/> 0	<input type="checkbox"/> 1	12

Now hold the model in front of you and demonstrate how you would pull out from your partner, take off the condom and get rid of it.

**DOMAIN: QS**

**QSCAT=CONDOM USE SKILL MEASURE**

Participant #: <u>  USUBJID  </u>	Visit Date: <u>  </u> / <u>  </u> / <u>  </u>	<b>QSDTC</b>
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<b>Male condom</b>	<b>QSSCAT=MALE CONDOM</b>	No	Yes	
13.	Turned to the side and withdrew condom	<input type="checkbox"/> 0	<input type="checkbox"/> 1	13
14.	Took care to avoid spilling	<input type="checkbox"/> 0	<input type="checkbox"/> 1	14
15.	Tied off condom and disposed of in trash	<input type="checkbox"/> 0	<input type="checkbox"/> 1	15

<b>QSTEST</b>	<b>QSSCAT=FEMALE CONDOM</b>	<b>QSORRES</b>
16.	Were skills for putting a female condom in a vagina model observed? <i>If NO, end of interview.</i>	No <input type="checkbox"/> 0 Yes <input type="checkbox"/> 1

In this task we want you to demonstrate the correct way to use a female condom. Here is a vagina model and a female condom. Demonstrate the correct way to apply the condom and remove it.

<b>Female condom</b>	No	Yes		
17.	Expiration date on package is checked	<input type="checkbox"/> 0	<input type="checkbox"/> 1	17
18.	Package is opened carefully	<input type="checkbox"/> 0	<input type="checkbox"/> 1	18
19.	Condom checked for damage	<input type="checkbox"/> 0	<input type="checkbox"/> 1	19
20.	Condom unrolled and the two rings separated	<input type="checkbox"/> 0	<input type="checkbox"/> 1	20
21.	Condom rubbed gently to evenly spread the lubricant	<input type="checkbox"/> 0	<input type="checkbox"/> 1	21
22.	Inner ring squeezed between fingers	<input type="checkbox"/> 0	<input type="checkbox"/> 1	22
23.	Inner ring pushed into vaginal canal while squeezed	<input type="checkbox"/> 0	<input type="checkbox"/> 1	23
24.	Inner ring placed against cervix so that it is completely covered	<input type="checkbox"/> 0	<input type="checkbox"/> 1	24
25.	Outer ring covers outside of vagina	<input type="checkbox"/> 0	<input type="checkbox"/> 1	25
26.	End of condom is twisted and removed by pulling, with care taken not to spill its contents	<input type="checkbox"/> 0	<input type="checkbox"/> 1	26
27.	Condom disposed of in a trash can	<input type="checkbox"/> 0	<input type="checkbox"/> 1	27

Completed by (Staff #): <u>  QSEVAL  </u>
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**Risk Behavior Survey-Follow-up**

STUDYID

Protocol Number: NIDA-CTN-0018

Participant #:	USUBJID <sup>a</sup>	EPOCH	Visit #:	VISITNUM <sup>c</sup>
Form Completion Status:	Sequence Num:	Visit Date:	QSSTDTC <sup>h</sup>	
1=CRF administered 2=Participant refused 3=Staff member did not administer 4=Not enough time to administer 5=No participant contact 6=Other (specify: _____) <sup>e</sup>				
Node #:	Site #:			
<b>INTERVIEWER:</b> The RBS contains sensitive information on drug use and sexual behavior. Please ensure that you have developed rapport with the participant before asking these questions.				

Start Time: QSSCAT=DRUG USE QSSTDTC 1-2  
 h h . m m  
 (24 hour clock)\*

**A. DRUG USE:**

“I’m going to ask you some questions about your drug use. I’ll ask what types of drugs you’ve used and how often you use them.”

**1. Cocaine by itself (injected or snorted)**

QSTEST

QSORRES

**1a.** Have you ever used **Cocaine by itself**? No  0<sup>3</sup>  
*If no use, skip to next drug, Question 2a.* Yes  1  
Refused  -1  
Unknown  -2

**1b.** How many days did you use **Cocaine by itself** in the last 30 days? QSORRESU=DAY QSEVLINT=-P30D 4  
*If 00, do not ask Questions 1c-f, and skip to next drug, Question 2a.*

**1c.** How many days did you inject **Cocaine by itself** in the last 30 days? QSORRESU=DAY QSEVLINT=-P30D 5  
*If 00, skip to Question 1e.*

**1d.** How many times a day did you inject **Cocaine by itself**? 6  
*Average # of injections/day*

**1e.** How many days did you use **Cocaine by itself** without injecting (smoking, snorting, swallowing) in the last 30 days? QSORRESU=DAY QSEVLINT=-P30D 7  
*If 00, then skip to next drug, Question 2a.*

**1f.** How many times a day did you use **Cocaine by itself** without injecting? 8

Participant #: <u>USUBJID</u>	Visit Date: <u>   </u> / <u>   </u> / <u>   </u>	QSSTDTC
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QSTEST

QSSCAT=DRUG USE

2. Heroin by itself

QSORRES

2a. Have you ever used **Heroin by itself**?  
*If no use, skip to next drug, Question 3a.*

No  0<sup>9</sup>  
 Yes  1  
 Refused  -1  
 Unknown  -2

2b. How many days did you use **Heroin by itself** in the last 30 days?  
*If 00, do not ask Questions 2c-f, and skip to next drug, Question 3a.* \_\_\_ 10

QSORRESU=DAY QSEVLINT=-P30D

2c. How many days did you inject **Heroin by itself** in the last 30 days?  
*If 00, skip to Question 2e.* \_\_\_ 11

QSORRESU=DAY QSEVLINT=-P30D

2d. How many times a day did you inject **Heroin by itself**?  
*Average # of injections/day* \_\_\_ 12

2e. How many days did you use **Heroin by itself** without injecting  
 (smoking, snorting, swallowing) in the last 30 days?  
*If 00, then skip to next drug, Question 3a.* \_\_\_ 13

QSORRESU=DAY QSEVLINT=-P30D

2f. How many times a day did you use **Heroin by itself** without injecting? \_\_\_ 14

3. Heroin & Cocaine Mixed Together (Speedball)

3a. Have you ever used **Heroin & Cocaine mixed together**?  
*If no use, skip to next drug, Question 4a.*

No  0<sup>15</sup>  
 Yes  1  
 Refused  -1  
 Unknown  -2

3b. How many days did you use **Heroin & Cocaine mixed together**  
 in the last 30 days?  
*If 00, do not ask Questions 3c-f, and skip to next drug, Question 4a.* \_\_\_ 16

QSORRESU=DAY QSEVLINT=-P30D

3c. How many days did you inject **Heroin & Cocaine mixed together**  
 in the last 30 days?  
*If 00, skip to Question 3e.* \_\_\_ 17

QSORRESU=DAY QSEVLINT=-P30D

3d. How many times a day did you inject **Heroin & Cocaine mixed together**?  
*Average # of injections/day* \_\_\_ 18

QSORRESU=DAY QSEVLINT=-P30D

3e. How many days did you use **Heroin & Cocaine mixed together**  
 without injecting (smoking, snorting, swallowing) in the last 30 days?  
*If 00, then skip to next drug, Question 4a.* \_\_\_ 19

QSCAT=RISK BEHAVIORS SURVEY (RBS)

DOMAIN: QS

Participant #: <u>USUBJID</u>	Visit Date: <u>    </u> / <u>    </u> / <u>    </u>	QSSTDTC
	<small>m m / d d / y y y y</small>	

QSTEST 3f. How many times a day did you use **Heroin & Cocaine mixed together** without injecting? QSSCAT=DRUG USE QSORRES 20

**4. Other Opiates (Demerol, Codeine, Dilaudid)**

4a. Have you ever used **Other Opiates**? No  0 21  
*If no use, skip to next drug, Question 5a.* Yes  1  
Refused  -1  
Unknown  -2

4b. How many days did you use **Other Opiates** in the last 30 days? QSORRESU=DAY QSEVLINT=-P30D 22  
*If 00, do not ask Questions 4c-f, and skip to next drug, Question 5a.*

4c. How many days did you inject **Other Opiates** in the last 30 days? QSORRESU=DAY QSEVLINT=-P30D 23  
*If 00, skip to Question 4e.*

4d. How many times a day did you inject **Other Opiates**? 24  
*Average # of injections/day*

4e. How many days did you use **Other Opiates** without injecting QSORRESU=DAY QSEVLINT=-P30D 25  
 (smoking, snorting, swallowing) in the last 30 days?  
*If 00, then skip to next drug, Question 5a.*

4f. How many times a day did you use **Other Opiates** without injecting? 26

**5. Amphetamines (Speed, Methamphetamine, Crank)**

5a. Have you ever used **Amphetamines**? No  0 27  
*If no use, skip to Section B, Drug Injection.* Yes  1  
Refused  -1  
Unknown  -2

5b. How many days did you use **Amphetamines** in the last 30 days? QSORRESU=DAY QSEVLINT=-P30D 28  
*If 00, do not ask Questions 5c-f, and skip to Section B, Drug Injection.*

5c. How many days did you inject **Amphetamines** in the last 30 days? QSORRESU=DAY QSEVLINT=-P30D 29  
*If 00, skip to Question 5e.*

5d. How many times a day did you inject **Amphetamines**? 30  
*Average # of injections/day*

5e. How many days did you use **Amphetamines** without injecting QSORRESU=DAY QSEVLINT=-P30D 31  
 (smoking, snorting, swallowing) in the last 30 days?  
*If 00, then skip to Section B, Drug Injection.*

QSCAT=RISK BEHAVIORS SURVEY (RBS)

DOMAIN: QS

Participant #: <u>USUBJID</u>	Visit Date: <u>    </u> / <u>    </u> / <u>    </u>	QSSTDTC
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QSTEST

QSSCAT=DRUG INJECTION

5f. How many times a day did you use **Amphetamines** without injecting? QSORRES <sup>32</sup>

**B. DRUG INJECTION**

*If no injection use in past 30 days, end questionnaire.*

QSORRESU=DAY      QSEVLINT=-P30D

1. In the last 30 days, how many times (# of injections) did you inject using works (needle/syringes) that **you know** had been used by somebody else? \_\_\_\_\_ <sup>33</sup>  
*If 000, then skip to B3.*

QSORRESU=DAY      QSEVLINT=-P30D

2. Of the times you injected after someone, how many times did you clean the works with full-strength bleach? \_\_\_\_\_ <sup>34</sup>  
*Number cannot exceed total number of times used after somebody else. (Question B1).*

QSORRESU=DAY      QSEVLINT=-P30D

3. How many times in the last 30 days did you use a cooker/cotton/rinse water that had been used by another injector? \_\_\_\_\_ <sup>35</sup>

QSORRESU=DAY      QSEVLINT=-P30D

4. How many times in the last 30 days did you fix drugs with another person, then split the drug solution (through use of the same cooker/spoon or through front or back loading)? \_\_\_\_\_ <sup>36</sup>

**Stop Time:**

*\*If time spent completing form was not continuous, adjust stop time to account for any breaks.*

QSENDTC <sup>37-</sup>  
 \_\_\_\_\_ <sup>38</sup>  
 h h . m m  
 (24 hour clock)\*

Completed by (Staff #): _____	QSEVAL <sup>39</sup>
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NOTE: This CRF is the paper version of the SBI. The electronic version contains more questions. To see a list of all SBI questions and the SDTM qualifiers for them go to pages 100-103

DOMAIN: QS

ADAIDMC

### Sexual Behavior Interview—Paper Mode

STUDYID  
Protocol Number: NIDA-CTN-0018

QSCAT=SEXUAL BEHAVIOR INTERVIEW

Participant #:	<u>USUBJID</u> <sup>a</sup>	Mode: <u>2</u>	EPOCH	Visit #:	<u>      </u> <sup>b</sup>	VISITNUM
Form Completion Status:	<u>      </u> <sup>c</sup>			Visit Date:	<u>   </u> <sup>e</sup> / <u>   </u> <sup>f</sup> / <u>   </u> <sup>g</sup>	QSDTC
	1=CRF administered 6=Other				<u>   </u> <sup>m</sup> <u>   </u> <sup>m</sup> / <u>   </u> <sup>d</sup> <u>   </u> <sup>d</sup> / <u>   </u> <sup>y</sup> <u>   </u> <sup>y</sup> <u>   </u> <sup>y</sup> <u>   </u> <sup>y</sup>	
Node #:	<u>   </u> <sup>h</sup>	Site #:	<u>   </u> <sup>i</sup>			

### INTRODUCTION

This questionnaire asks about sexual partners, activities and experiences. When you first answered these questions as part of the study, the questions were asked by a computer and you provided your answers on a computer. Today the current situation does not allow us to use the computer. Many people find it difficult to talk about sex, since most of us grow up learning to keep our sexual experiences private. To help you feel more private, your name does not appear on this form, only a code number. You do not need to tell anyone your answers. You can simply mark them on the form. Please remember that all your answers are confidential. Please try to answer as openly as you can.

**If you received this form in the mail** and you have any questions or you need further clarification on any item, please do not hesitate to call \_\_\_\_\_ of the research staff collect at (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_.

THIS DATA NOT ENTERED

**If you are completing this form in a controlled environment**, the research assistant will be available to answer any questions for which you need clarification. Please feel free to ask the research assistant any questions you might have, as you go along.

### INTRODUCTION TO PAST 3-MONTH TIME FRAME

Many of our questions will be asking about your sexual behavior during the past 3 months. Some people have trouble thinking about the last 3 months all at once. Here are some ways to make it easier. Today is \_\_\_\_\_ (write in). Three months ago would be \_\_\_\_\_ (write in).  
*mm/dd/yyyy*      **THIS DATA NOT ENTERED**      *mm/dd/yyyy*

Were there any special occasions that happened between now and 3 months ago? Were there any holidays, or birthdays or something important? Any major events in the news? O.K., keep this time period in mind when answering these questions. Some people find it easier to think about the past 3 months specifically by month, by week, or by day. Three months is 13 weeks or 91 days. For example, some people have sex maybe a couple of times per month; for them, it's easiest to think of sexual experiences by month. Some people have sex a few times a week; for them, it's easiest to think of a week. Some people have sex a few times a day; for them, it's easiest to think of a day. For others there is not a regular pattern and it is easier to think about what other events were happening during this time to help them remember about their sexual activities. Use whichever way is easiest for you to think about the past 3 months.

QSCAT=SEXUAL BEHAVIOR INTERVIEW

Participant #: <b>USUBJID</b> _____	Site # _____	Visit Date: _____ / _____ / <b>QSDTC</b> m m / d d / y y y y
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**ORIENTATION TO SEXUAL TERMINOLOGY**

Before we begin talking about your sexual experiences, we'd like to go over some terms for talking about sex. People have different words for sex. We want to make sure the words in our questions are clear to you.

The **penis** is the man's sex organ; some people call it a cock, a prick or a dick.

The **vagina** is part of the woman's sex organs – it's the part of the body where she puts a tampon and where the baby comes out. Some people call this a pussy.

In the vaginal area is the **clitoris**. This is outside the vagina, between the lips of the vagina; it looks like a little button. Some people call this a clit.

**Vaginal sex** is when you put your penis in your partner's vagina. Some people call this fucking or screwing.

**Anal sex** is when you put your penis in your partner's butt or anus. If you have male partners, anal sex is also when your partner puts his penis in your butt or anus.

**Oral sex** is when your partner puts his/her mouth or tongue on your penis. Some people call this a blow job, or going down. Oral sex is also when you put your mouth or tongue on your partner's vagina or clitoris. Some people call this going down on your partner. Oral sex is also when you put your mouth or tongue on the penis of a male partner.

**Mutual Masturbation** is when you touch your partner's vagina or clitoris or penis with your hand or she or he touches your penis with her or his hand. Some people call this jerking each other off or masturbating each other.

There are many other ways that people have sex. You may want to think of these as well when you answer some of our questions. In this questionnaire, we'll be using formal terms – like "vaginal sex", "anal sex", "oral sex", and "mutual masturbation". Please remember that the interviewer you've been talking to is nearby. Please feel free to ask the interviewer any questions you might have as you go along.

In this questionnaire, we are going to focus on relationships and sexual behavior. Please check the box that best represents your opinion, or enter the number in the spaces provided. Response options for "Refused" are available if there is a question that you prefer not to answer. Please note that the question numbers are not sequential—this is intended.

*Thank you in advance for your open and honest responses. All your responses are confidential.*

**MAIN FEMALE PARTNER** QSSCAT=MAIN FEMALE PARTNER

QSTEST

QSORRES

- |   |   |
|---|---|
| <p>1. In the past three months, have you had a <i>main female sex partner</i>, like a wife, lover, girlfriend, or someone else you regularly have sex with?<br/><i>If NO, skip to Question #33.</i></p> | <p>No <input type="checkbox"/><br/>Yes <input type="checkbox"/></p> |
| <b>QSEVLINT=-P3M</b>  |   |
| <p>2. Is this current primary female sex partner the same as the one you described during the last interview?</p>   | <p>No <input type="checkbox"/><br/>Yes <input type="checkbox"/></p> |

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QSTEST                      QSSCAT=MAIN FEMALE PARTNER                      QSORRES

3. Are you still involved with this main female partner? No   
*If no, skip question #4 and go to question #5.* Yes   
*If yes, go to question #4 and skip question #5.*

	Months	Refused
4. How long has this woman been your main female partner?	_____	<input type="checkbox"/>
5. How long did your relationship with this woman last?	_____	<input type="checkbox"/>

6. Which of the following best describes your relationship with your main female partner?

Spouse

Fiancée

A lover you've been with for a while

A new lover (less than 6 months) with whom you've established a steady relationship

Someone you have or had sex with in exchange for drugs, money,  
or as part of a financial arrangement

A friend that you have sex with occasionally

Someone you had sex with once and are not sure if you ever will again

Refuse to answer

	No	Yes	Refused
7. Are you living with your main female partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. To the best of your knowledge, has your main female partner injected drugs in the past 3 months? <span style="color: red;">QSEVLINT=-P3M</span>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. To the best of your knowledge, has your main female partner smoked crack in the past 3 months? <span style="color: red;">QSEVLINT=-P3M</span>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. To the best of your knowledge, has your main female partner traded sex for money, drugs or other goods in the past 3 months? <span style="color: red;">QSEVLINT=-P3M</span>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. To the best of your knowledge, is your main female partner HIV positive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. About how many times would you say you've had sex with your main female partner during the past 3 months? *If None or Refused, skip to Question #33.*

QSEVLINT=-P3M None

Less than once per month

Once a month

2-3 times per month

Once per week

2-6 times per week

Daily

More often than daily

Refuse to answer



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<p><b>QSSCAT=MAIN FEMALE PARTNER</b></p> <p><b>QSTEST</b></p> <p>13. Since how frequently couples have sex may vary over time, please estimate the total number of times you have had sex with your main female partner over the past 3 months. <b>QSEVLINT=-P3M</b>  <i>You may find it helpful to use suggestions for remembering about the last 3 months that were provided at the beginning of the questionnaire.</i></p>		<p># Times (0-999)</p> <p><b>QSORRES</b></p> <p>_____</p> <p>Refused</p> <p><input type="checkbox"/></p>
<p><b>As you probably know, some sexual activities put people more at risk for STDs or HIV infection than others. We need to find out from everybody what kind of sex behaviors they are practicing. Remember that your answers are confidential.</b></p> <p>14. During the past 3 months, how many times did you have vaginal sex with your main female partner? <i>By vaginal sex, we mean your penis in her vagina. If 0 or Refused, skip to question #17.</i> <b>QSEVLINT=-P3M</b></p>		<p># Times (0-999)</p> <p>_____</p> <p>Refused</p> <p><input type="checkbox"/></p>
<p>15. Of the times you had vaginal sex with your main female partner, how many times did you use a male condom?</p>		<p>_____</p> <p><input type="checkbox"/></p>
<p>16. How many times did you use a female condom?</p>		<p>_____</p>
<p>17. During the past 3 months, how many times did you have anal sex with your main female partner? <i>By anal sex, we mean your penis in her anus or asshole. If 0 or Refused, skip to question #20.</i> <b>QSEVLINT=-P3M</b></p>		<p>_____</p> <p><input type="checkbox"/></p>
<p>18. Of the times you had anal sex with your main female partner, how many times did you use a male condom?</p>		<p>_____</p> <p><input type="checkbox"/></p>
<p>19. How many times did you use a female condom?</p>		<p>_____</p>
<p>20. During the past 3 months how many times did you have insertive oral sex with your main female partner? <i>By insertive oral sex, we mean your penis in her mouth. If 0 or Refused, skip to question #22.</i> <b>QSEVLINT=-P3M</b></p>		<p>_____</p>
<p>21. Of the times you had insertive oral sex with your main female partner, how many times did you use a male condom?</p>		<p>_____</p> <p><input type="checkbox"/></p>
<p>22. During the past 3 months how many times did you provide oral sex to your main female partner? <i>By providing oral sex, we mean your mouth or tongue in her vagina. If 0 or Refused, skip to question #24.</i> <b>QSEVLINT=-P3M</b></p>		<p>_____</p> <p><input type="checkbox"/></p>
<p>23. Of the times you provided oral sex to your main female partner, how many times did you use a barrier (like a dental dam, cellophane wrap, cut condom) over your partner's vagina?</p>		<p>_____</p> <p><input type="checkbox"/></p>



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A sexual activity many couples enjoy is to masturbate or help masturbate (hand or finger stroking of partner’s genitals) their partner. For the sake of this interview, we will refer to this as ‘mutual masturbation’. Whereas we will refer to masturbating alone as ‘solo masturbation’.

QSSCAT=MAIN FEMALE PARTNER	# Times (0-999)	Refused
<b>QSTEST</b> 24. How many times in the past 3 months did you and your main female partner engage in sexual activity that led to orgasm for you or your partner <u>without</u> engaging in vaginal, anal, or oral sex during the sexual encounter? <i>Mutual masturbation is one example of sexual activity to the point of orgasm without the insertion of the penis into mouth, vagina, or anus/ asshole.</i> QSEVLINT=-P3M	_____ QSORRES	<input type="checkbox"/>
<b>OTHER FEMALE PARTNERS</b> QSSCAT=OTHER FEMALE PARTNERS	# Times (0-999)	Refused
33. Other than your main female partner, if you have one, how many different women have you had any kind of sex with in the past 3 months? <i>If 0 or Refused, skip to question #59.</i> QSEVLINT=-P3M	_____	<input type="checkbox"/>
46. Since how frequently couples have sex may vary over time, please estimate the total number of times you have had sex with all these women combined over the past 3 months. <i>You may find it helpful to use suggestions for remembering about the last 3 months that were provided at the beginning of the questionnaire.</i> QSEVLINT=-P3M	_____	<input type="checkbox"/>
47. During the past 3 months, how many times did you have vaginal sex (your penis in her vagina) with these women? <i>If 0 or Refused, skip to question #50.</i> QSEVLINT=-P3M	_____	<input type="checkbox"/>
48. Of the times you had vaginal sex with these women, how many times did you use a male condom? QSEVLINT=-P3M	_____	<input type="checkbox"/>
49. How many times did you use a female condom?	_____	<input type="checkbox"/>
50. During the past 3 months, how many times did you have anal sex (your penis in her anus or asshole) with these women? <i>If 0 or Refused, skip to question #53.</i> QSEVLINT=-P3M	_____	<input type="checkbox"/>
51. Of the times you had anal sex with these women, how many times did you use a male condom? QSEVLINT=-P3M	_____	<input type="checkbox"/>
52. How many times did you use a female condom? QSEVLINT=-P3M	_____	<input type="checkbox"/>
53. During the past 3 months how many times did you have insertive oral sex (your penis in her mouth) with these women? <i>If 0 or Refused, skip to question #55.</i> QSEVLINT=-P3M	_____	<input type="checkbox"/>
54. Of the times you had oral sex with these women, how many times did you use a male condom? QSEVLINT=-P3M	_____	<input type="checkbox"/>

QSCAT=SEXUAL BEHAVIOR INTERVIEW

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A sexual activity many couples enjoy is to masturbate or help masturbate (hand or finger stroking of partner's genitals) their partner. For the sake of this interview, we will refer to this as 'mutual masturbation'. Whereas we will refer to masturbating alone as 'solo masturbation'.

QSSCAT=OTHER FEMALE PARTNERS

QSTEST 57. How many times in the past 3 months did you and other women engage in sexual activity that led to orgasm for you or your partner <u>without</u> engaging in vaginal, anal, or oral sex during the sexual encounter? <i>Mutual masturbation is one example of sexual activity to the point of orgasm without the insertion of the penis into mouth, vagina, or anus/asshole.</i>	# Times (0-999) _____	Refused QSORRES <input type="checkbox"/>
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MAIN MALE PARTNER QSSCAT=MAIN MALE PARTNER	No	Yes
59. In the past three months, have you had a <i>main male sex partner</i> , a man you regularly have sex with? <i>If No, skip to question #91.</i>	<input type="checkbox"/>	<input type="checkbox"/>
60. Is this current main male sex partner the same as the one you described during the last interview?	<input type="checkbox"/>	<input type="checkbox"/>
61. Are you still involved with this main male partner? <i>If no, skip question #62 and go to question #63.</i> <i>If yes, answer question # 62 and skip question #63.</i>	<input type="checkbox"/>	<input type="checkbox"/>

	Months	Refused
62. How long has this man been your main male partner?	_____	<input type="checkbox"/>
63. How long did your relationship with this man last?	_____	<input type="checkbox"/>

64. Which of the following best describes your relationship with your main male partner?
- Spouse
  - Fiancé/ Fiancée
  - A lover you've been with for a while
  - A new lover (less than 6 months) with whom you've established a steady relationship
  - Someone you have or had sex with in exchange for drugs, money, or as part of a financial arrangement
  - A friend that you have sex with occasionally
  - Someone you had sex with once and are not sure if you ever will again
  - Refuse to answer

QSCAT=SEXUAL BEHAVIOR INTERVIEW

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<b>QSTEST</b> <b>QSSCAT=MAIN MALE PARTNER</b>	No	Yes <b>QSORRES</b>	Refused
65. Are you living with your main male partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66. To the best of your knowledge, has your main male partner injected drugs in the past 3 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. To the best of your knowledge, has your main male partner smoked crack in the past 3 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68. To the best of your knowledge, has your main male partner traded sex for money, drugs or other goods in the past 3 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. To the best of your knowledge, is your main male partner HIV positive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

70. About how many times would you say you've had sex with your main male partner during the past 3 months?

*If None or Refused, skip to Question #91.*

- None
- Less than once per month
- Once a month
- 2-3 times per month
- Once per week
- 2-6 times per week
- Daily
- More often than daily
- Refuse to answer

	# Times (0-999)	Refused
71. Since how frequently couples have sex may vary over time, please estimate the total number of times you have had sex with your main male partner over the past 3 months. <i>You may find it helpful to use suggestions for remembering about the last 3 months that were provided at the beginning of the questionnaire.</i>	_____	<input type="checkbox"/>

QSCAT=SEXUAL BEHAVIOR INTERVIEW

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As you probably know, some sexual activities put people more at risk for STDs or HIV infection than others. We need to find out in detail from everybody what kind of sex behaviors they are practicing. Remember that your answers are confidential.

QSSCAT=MAIN MALE PARTNER	# Times (0-999)	Refused
QSTEST 72. During the past 3 months, how many times did you have insertive anal sex with your main male partner? <i>By insertive anal sex we mean your penis in his anus or asshole. If 0 or Refused, skip to question #75.</i>	_____ QSORRES	<input type="checkbox"/>
73. Of the times you had insertive anal sex with your main male partner, how many times did you use a male condom?	_____	<input type="checkbox"/>
74. How many times did you use a female condom?	_____	<input type="checkbox"/>
75. During the past 3 months, how many times did you have receptive anal sex with your main male partner? <i>By receptive anal sex we mean his penis in your anus or asshole. If 0 or Refused, skip to question #78.</i>	_____	<input type="checkbox"/>
76. Of the times you had receptive anal sex with your main male partner, how many times did you use a male condom?	_____	<input type="checkbox"/>
77. How many times did you use a female condom?	_____	<input type="checkbox"/>
78. During the past 3 months how many times did you have insertive oral sex with your main male partner? <i>By insertive oral sex we mean your penis in his mouth. If 0 or Refused, skip to question #80.</i>	_____	<input type="checkbox"/>
79. Of the times you had insertive oral sex with your main male partner, how many times did you use a male condom?	_____	<input type="checkbox"/>
80. During the past 3 months how many times did you have receptive oral sex with your main male partner? <i>By receptive oral sex we mean his penis in your mouth. If 0 or Refused, skip to question #82.</i>	_____	<input type="checkbox"/>
81. Of the times you had receptive oral sex with your main male partner, how many times did you use a male condom?	_____	<input type="checkbox"/>

A sexual activity many couples enjoy is to masturbate or help masturbate (hand or finger stroking of partner's genitals) their partner. For the sake of this interview, we will refer to this as 'mutual masturbation'. Whereas we will refer to masturbating alone as 'solo masturbation'.

	# Times (0-999)	Refused
82. How many times in the past 3 months did you and your main male partner engage in sexual activity that led to orgasm for you or your partner <u>without</u> engaging in anal or oral sex during the sexual encounter? <i>Mutual masturbation is one example of sexual activity to the point of orgasm without the insertion of the penis into mouth or anus/ asshole.</i>	_____	<input type="checkbox"/>

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<b>OTHER MALE PARTNERS</b> <b>QSTEST</b>	<b>QSSCAT=OTHER MALE PARTNERS</b>	<b># Times (0-999)</b>	<b>Refused</b>
91. Other than your main male partner, if you have one, how many different men have you had any kind of sex with over the past 3 months? <i>If 0 or Refused, skip to question #117.</i>		_____	<input type="checkbox"/>
104. Since how frequently couples have sex may vary over time, please estimate the total number of times you have had sex with all these men combined over the past 3 months. <i>You may find it helpful to use suggestions for remembering about the last 3 months that were provided at the beginning of the questionnaire.</i>		_____	<input type="checkbox"/>
105. During the past 3 months, how many times did you have receptive anal sex with these men? <i>By receptive anal sex we mean his penis in your anus/asshole. If 0 or Refused, skip to question #108.</i>		_____	<input type="checkbox"/>
106. Of the times you had receptive anal sex with these men, how many times did you or your partner use a male condom?		_____	<input type="checkbox"/>
107. How many times did you use a female condom?		_____	<input type="checkbox"/>
108. During the past 3 months, how many times did you have insertive anal sex with these men? <i>By insertive anal sex we mean your penis in his anus/asshole. If 0 or Refused, skip to question #111.</i>		_____	<input type="checkbox"/>
109. Of the times you had insertive anal sex with these men, how many times did you or your partner use a male condom?		_____	<input type="checkbox"/>
110. How many times did you use a female condom?		_____	<input type="checkbox"/>
111. During the past 3 months, how many times did you have receptive oral sex with these men? <i>By receptive oral sex we mean his penis in your mouth. If 0 or Refused, skip to question #113.</i>		_____	<input type="checkbox"/>
112. Of the times you had receptive oral sex with these men, how many times did they use a male condom?		_____	<input type="checkbox"/>
113. During the past 3 months, how many times did you have insertive oral sex with these men? <i>By insertive oral sex we mean his penis in your mouth. If 0 or Refused, skip to question #115.</i>		_____	<input type="checkbox"/>
114. Of the times you had insertive oral sex with these men, how many times did you use a male condom?		_____	<input type="checkbox"/>
115. How many times in the past 3 months did you and other men engage in sexual activity that led to orgasm for you or your partner <u>without</u> engaging in anal or oral sex during the sexual encounter? <i>Mutual masturbation is one example of sexual activity to the point of orgasm without the insertion of the penis into mouth, vagina, or anus/asshole.</i>		_____	<input type="checkbox"/>



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117. How often in the past 3 months have you engaged in solo masturbation?

- QSCAT=OTHER MALE PARTNERS**
- QSTEST** **QSORRES**
- None
  - Less than once per month
  - Once a month
  - 2-3 times per month
  - Once per week
  - 2-6 times per week
  - Daily
  - More often than daily
  - Refuse to answer

**CONDOM USE**

**QSCAT=CONDOM USE**

118. How likely is it that you will use a male condom every time you have vaginal or anal sex with your main female partner in the next 3 months?

*If no main female partner, skip to #120.*

- Very unlikely
- Unlikely
- Neither likely nor unlikely
- Likely
- Very likely
- Refuse to answer

119. How likely is it that you will increase the number of times you use a male condom every time you have vaginal or anal sex with your main female partner in the next 3 months?

- Very unlikely
- Unlikely
- Neither likely nor unlikely
- Likely
- Very likely
- No change-I use them every time already
- Refuse to answer

120. How likely is it that you will use a male condom every time you have vaginal or anal sex with women other than your main female partner in the next 3 months?

*If no other female partners, skip to #122.*

- Very unlikely
- Unlikely
- Neither likely nor unlikely
- Likely
- Very likely
- Refuse to answer

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121. How likely is it that you will increase the number of times you use a male condom every time you have vaginal or anal sex with women other than your main female partner in the next 3 months?

**QSTEST**

**QSORRES**

Very unlikely

Unlikely

Neither likely nor unlikely

Likely

Very likely

No change-I use them every time already

Refuse to answer

**QSSCAT=CONDOM USE**

122. How likely is it that you will use a male condom every time you have anal sex with your main male partner in the next 3 months?

*If no main male partner, skip to #124.*

Very unlikely

Unlikely

Neither likely nor unlikely

Likely

Very likely

Refuse to answer

123. How likely is it that you will increase the number of times you use a male condom every time you have anal sex with your main male partner in the next 3 months?

Very unlikely

Unlikely

Neither likely nor unlikely

Likely

Very likely

No change-I use them every time already

Refuse to answer

124. How likely is it that you will use a male condom every time you have anal sex with men other than your main male partner in the next 3 months?

*If no other male partners, skip to #126.*

Very unlikely

Unlikely

Neither likely nor unlikely

Likely

Very likely

Refuse to answer

125. How likely is it that you will increase the number of times you use a male condom every time you have anal sex with men other than your main male partner in the next 3 months?

Very unlikely

Unlikely

Neither likely nor unlikely

Likely

Very likely

No change-I use them every time already

Refuse to answer

QSCAT=SEXUAL BEHAVIOR INTERVIEW

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126. Do you currently have male or female condoms with you, in your car or in your home? No   
 Yes   
**QSTEST** **QSORRES** Refuse to answer

127. During the past 3 months how frequently have you taken condoms from clinic stocks? *Substitute most appropriate term for the clinic, e.g., jars, bowls, baskets, for "clinic stocks".* Never   
 Once   
 2-5 times   
 6-10 times   
 More than 10 times   
 Not applicable   
 Refuse to answer   
**QSSCAT=CONDOM USE**

<b>SEX AND DRUGS</b> <b>QSSCAT=SEX AND DRUGS</b>			
In the past 3 months, have you had any kind of sex under the influence of:	No	Yes	Refused
128. Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
129. Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130. Amphetamines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131. Benzodiazepines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
132. Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
133. Hallucinogens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
134. Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
135. Amyl nitrate (poppers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If no to all of #128-135, skip to question # 179.</i>			
Of the times you had <u>vaginal sexual intercourse</u> in the past three months, what percent of these times were you under the influence of:	Percent (0-100)	Refused	
136. Heroin	_____	<input type="checkbox"/>	
137. Cocaine	_____	<input type="checkbox"/>	
138. Amphetamines	_____	<input type="checkbox"/>	
139. Benzodiazepines	_____	<input type="checkbox"/>	
140. Marijuana	_____	<input type="checkbox"/>	
141. Hallucinogens	_____	<input type="checkbox"/>	
142. Alcohol	_____	<input type="checkbox"/>	
143. Amyl nitrate (poppers)	_____	<input type="checkbox"/>	



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Of the times you had <u>anal intercourse</u> in the past three months, what percent of these times were you under the influence of:		<b>Percent (0-100)</b>	<b>Refused</b>	
<b>QSTEST</b>	<b>QSSCAT=SEX AND DRUGS</b>	<b>QSORRES</b>		
144. Heroin	_____	_____	<input type="checkbox"/>	
145. Cocaine	_____	_____	<input type="checkbox"/>	
146. Amphetamines	_____	_____	<input type="checkbox"/>	
147. Benzodiazepines	_____	_____	<input type="checkbox"/>	
148. Marijuana	_____	_____	<input type="checkbox"/>	
149. Hallucinogens	_____	_____	<input type="checkbox"/>	
150. Alcohol	_____	_____	<input type="checkbox"/>	
151. Amyl nitrate (poppers)	_____	_____	<input type="checkbox"/>	
<b>RECENT SEXUAL EXPERIENCE</b> <b>QSSCAT=RECENT SEXUAL EXPERIENCE</b>				
		<b># Days (0-999)</b>	<b>Refused</b>	
179. How many days ago was your most recent sexual experience?	_____	_____	<input type="checkbox"/>	
		<b>No</b>	<b>Yes</b>	<b>Refused</b>
180. Were you under the influence of drugs or alcohol during this experience? <i>If NO, skip to Question #189.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>If YES which drug(s)?</b>		<b>No</b>	<b>Yes</b>	<b>Refused</b>
181. Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
182. Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
183. Amphetamines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
184. Benzodiazepines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
185. Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
186. Hallucinogens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
187. Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
188. Amyl nitrate (poppers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<b>No</b>	<b>Yes</b>	<b>Unknown</b>
189. Was your partner under the influence of drugs or alcohol during this experience? <i>If NO, Unknown, or Refused, skip to Question #198.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

QSCAT=SEXUAL BEHAVIOR INTERVIEW

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<b>If YES which drug(s)?</b>	<b>QSTEST</b>	<b>No</b>	<b>Yes</b>	<b>Unknown</b>
190. Heroin	<b>QSSCAT=RECENT SEXUAL EXPERIENCE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
191. Cocaine		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
192. Amphetamines		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
193. Benzodiazepines		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
194. Marijuana		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
195. Hallucinogens		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
196. Alcohol		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
197. Amyl nitrate (poppers)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE</b>				
<b>QSSCAT=RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE</b>				
		<b># Days (0-999)</b>	<b>Refused</b>	
198.	If you had no drug use during your most recent sexual experience, how many days ago was your last sexual experience under the influence of drugs or alcohol?	_____	<input type="checkbox"/>	
199.	Was this experience with a man or a woman?	Man <input type="checkbox"/> Woman <input type="checkbox"/> Refuse to answer <input type="checkbox"/>		
200.	How would you describe your relationship with this woman/man?	Spouse <input type="checkbox"/> Fiancé/ Fiancée <input type="checkbox"/> A lover you've been with for a while <input type="checkbox"/> A new lover (less than 6 months) with whom you've established a steady relationship <input type="checkbox"/> Someone you have or had sex with in exchange for drugs, money, or as part of a financial arrangement <input type="checkbox"/> A friend that you have sex with occasionally <input type="checkbox"/> Someone you had sex with once and are not sure if you ever will again <input type="checkbox"/> Refuse to answer <input type="checkbox"/>		
<b>Did you engage in...</b>		<b>No</b>	<b>Yes</b>	<b>Refused</b>
201.	Vaginal intercourse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
202.	Insertive oral sex ( <i>your penis in his or her mouth</i> )?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
204.	Anal intercourse ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
205.	Mutual masturbation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
232.	Did you use a male condom during this sexual experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
233.	Did you use a female condom during this sexual experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QSCAT=SEXUAL BEHAVIOR INTERVIEW

Participant #: <u>USUBJID</u>	Site # _____	Visit Date: ___ / ___ <u>QSDTC</u> ___
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234. Rate your level of satisfaction with this sexual experience on a scale of 0 to 10:

QSTEST

Not at all pleasurable 0

QSORRES 1

2

QSSCAT=RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE

3

4

A pleasurable, enjoyable experience, but nothing special 5

6

7

8

9

Extremely pleasurable 10

Refuse to answer

235. Rate how much this sexual experience was representative of typical sexual experiences for you on a scale of 0 to 10:

Much more unenjoyable than usual 0

1

2

3

Similar to your usual sexual experience 5

6

7

8

9

Much more enjoyable than usual 10

Refuse to answer

	No	Yes	Refused
236. In the past three months, were you tempted to use drugs to enhance your sexual experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**End of questionnaire**

**Thank you for your time.** We appreciate your willingness to be open and honest in your responses with this project.

Please return this completed questionnaire back to the research staff at your agency.

QSTESTCD	QSTEST	QSSCAT	QSEVLINT	QSORRESU
INTMODE	INTERVIEW MODE			
SBI0001	HAD MAIN FEMALE PARTNER	MAIN FEMALE PARTNER	-P3M	
SBI0002	SAME FEMALE PARTNER	MAIN FEMALE PARTNER		
SBI0003	STILL INVOLVED WITH MAIN FEMALE PARTNER	MAIN FEMALE PARTNER		
SBI0004	MONTHS WITH FEMALE PARTNER	MAIN FEMALE PARTNER		MONTHS
SBI0005	RELATIONSHIP FEMALE PARTNER IN MONTHS	MAIN FEMALE PARTNER		MONTHS
SBI0006	DESCRIBE RELATIONSHIP W FEMALE PARTNER	MAIN FEMALE PARTNER		
SBI0007	LIVING WITH FEMALE PARTNER	MAIN FEMALE PARTNER		
SBI0008	INJECTED DRUGS FEMALE PARTNER	MAIN FEMALE PARTNER	-P3M	
SBI0009	SMOKED CRACK FEMALE PARTNER	MAIN FEMALE PARTNER	-P3M	
SBI0010	TRADED SEX FEMALE PARTNER	MAIN FEMALE PARTNER	-P3M	
SBI0011	HIV POSITIVE FEMALE PARTNER	MAIN FEMALE PARTNER		
SBI0012	FREQUENCY OF SEX FEMALE PARTNER	MAIN FEMALE PARTNER	-P3M	
SBI0013	TOTAL TIMES SEX FEMALE PARTNER	MAIN FEMALE PARTNER	-P3M	
SBI0014	VAGINAL SEX WITH FEMALE PARTNER	MAIN FEMALE PARTNER	-P3M	
SBI0015	USE MALE CONDOM FEMALE PARTNER VAG SEX	MAIN FEMALE PARTNER		
SBI0016	USE FEMALE CONDOM FEMALE PARTNER VAG SEX	MAIN FEMALE PARTNER		
SBI0017	ANAL SEX FEMALE PARTNER	MAIN FEMALE PARTNER	-P3M	
SBI0018	USE MALE CONDOM FEMALE PARTNER ANAL SEX	MAIN FEMALE PARTNER		
SBI0019	USE FEM CONDOM FEMALE PARTNER ANAL SEX	MAIN FEMALE PARTNER		
SBI0020	INSERTIVE ORAL SEX FEMALE PARTNER	MAIN FEMALE PARTNER	-P3M	
SBI0021	USE MALE CONDOM FEMALE PARTNER INS ORAL SEX	MAIN FEMALE PARTNER		
SBI0022	PROVIDE ORAL SEX FEMALE PARTNER	MAIN FEMALE PARTNER	-P3M	
SBI0023	USE BARRIER FEMALE PARTNER ORAL SEX	MAIN FEMALE PARTNER		
SBI0024	MUTUAL MASTURBATION FEMALE PARTNER	MAIN FEMALE PARTNER	-P3M	
SBI0025	COMMUNICATE FEMALE PARTNER	MAIN FEMALE PARTNER		
SBI0026	TALKED ABOUT SEX LIFE FEMALE PARTNER	MAIN FEMALE PARTNER		
SBI0027	COMFORT TALKING ABOUT SEX FEMALE PARTNER	MAIN FEMALE PARTNER		
SBI0028	EVER TALKED CONDOMS FEMALE PARTNER	MAIN FEMALE PARTNER		
SBI0029	OBJECTED TO CONDOMS FEMALE PARTNER EVER	MAIN FEMALE PARTNER		
SBI0030	TALK ABT CONDOMS PST 3 MO FEMALE PARTNER	MAIN FEMALE PARTNER	-P3M	
SBI0031	OBJECT TO CONDOMS FEMALE PARTNER 3 MO	MAIN FEMALE PARTNER	-P3M	
SBI0032	RISK OF HIV W FEMALE PARTNER	MAIN FEMALE PARTNER		
SBI0033	HOW MANY WOMEN HAVE SEX WITH	OTHER FEMALE PARTNERS	-P3M	
SBI0034	NUM WOMEN PARTNERS INJECTED DRUGS	OTHER FEMALE PARTNERS	-P3M	
SBI0035	NUM WOMEN PARTNERS SMOKED CRACK	OTHER FEMALE PARTNERS	-P3M	
SBI0036	NUM WOMEN PARTNERS TRADED SEX	OTHER FEMALE PARTNERS	-P3M	
SBI0037	NUM WOMEN PARTNERS HIV POSITIVE	OTHER FEMALE PARTNERS	-P3M	
SBI0038	NUM WOMEN PARTNERS A SPOUSE	OTHER FEMALE PARTNERS	-P3M	
SBI0039	NUM WOMEN PARTNERS A FIANCE	OTHER FEMALE PARTNERS	-P3M	
SBI0040	NUM WOMEN PARTNERS LOVER FOR GT 6 MOS	OTHER FEMALE PARTNERS	-P3M	
SBI0041	NUM WOMEN PARTNERS A NEW LOVER	OTHER FEMALE PARTNERS	-P3M	
SBI0042	NUM WOMEN PARTNERS FINANCIAL ARRANGE	OTHER FEMALE PARTNERS	-P3M	
SBI0043	NUM WOMEN PARTNERS A FRIEND	OTHER FEMALE PARTNERS	-P3M	
SBI0044	NUM WOMEN PARTNERS ONCE	OTHER FEMALE PARTNERS	-P3M	
SBI0045	FREQ OF SEX WITH WOMEN PARTNERS	OTHER FEMALE PARTNERS	-P3M	
SBI0046	TOTAL TIMES SEX WITH WOMEN	OTHER FEMALE PARTNERS	-P3M	
SBI0047	VAGINAL SEX WITH WOMEN BESIDES FP	OTHER FEMALE PARTNERS	-P3M	
SBI0048	USE MALE CONDOM OTHER WOMEN VAGINAL SEX	OTHER FEMALE PARTNERS	-P3M	
SBI0049	USE FEMALE CONDOM OTHER WOMEN VAG SEX	OTHER FEMALE PARTNERS	-P3M	
SBI0050	ANAL SEX WOMEN BESIDES FP	OTHER FEMALE PARTNERS	-P3M	
SBI0051	USE MALE CONDOM WOMEN ANAL SEX	OTHER FEMALE PARTNERS	-P3M	
SBI0052	USE FEMALE CONDOM WOMEN ANAL SEX	OTHER FEMALE PARTNERS	-P3M	
SBI0053	INSERTIVE ORAL SEX OTHERS BESIDE FP	OTHER FEMALE PARTNERS	-P3M	
SBI0054	USE MALE CONDOM WOMEN ORAL SEX	OTHER FEMALE PARTNERS	-P3M	
SBI0055	ORAL SEX WOMEN BESIDES FP	OTHER FEMALE PARTNERS	-P3M	
SBI0056	USE BARRIER OTHER WOMEN ORAL SEX	OTHER FEMALE PARTNERS	-P3M	
SBI0057	MUTUAL MASTURBATION OTHER WOMEN	OTHER FEMALE PARTNERS	-P3M	
SBI0058	FEEL RISK OF HIV WITH OTHERS THAN FP	OTHER FEMALE PARTNERS	-P3M	
SBI0059	HAD MAIN MALE PARTNER	MAIN MALE PARTNER	-P3M	
SBI0060	SAME MALE PARTNER	MAIN MALE PARTNER		
SBI0061	STILL INVOLVED WITH MP	MAIN MALE PARTNER		
SBI0062	HOW LONG MP MONTHS	MAIN MALE PARTNER		MONTHS
SBI0063	RELATIONSHIP MP MONTHS	MAIN MALE PARTNER		MONTHS
SBI0064	RELATIONSHIP WITH MP	MAIN MALE PARTNER		
SBI0065	LIVING WITH MP	MAIN MALE PARTNER		
SBI0066	INJECTED DRUGS MP	MAIN MALE PARTNER	-P3M	
SBI0067	SMOKED CRACK MP	MAIN MALE PARTNER	-P3M	
SBI0068	TRADED SEX MP	MAIN MALE PARTNER	-P3M	
SBI0069	HIV POSITIVE MP	MAIN MALE PARTNER		
SBI0070	FREQUENCY OF SEX MP	MAIN MALE PARTNER	-P3M	
SBI0071	TOTAL TIMES SEX MP	MAIN MALE PARTNER	-P3M	
SBI0072	INSERTIVE ANAL SEX MP	MAIN MALE PARTNER	-P3M	
SBI0073	USE MALE CONDOM MP INSERTIVE ANAL SEX	MAIN MALE PARTNER	-P3M	
SBI0074	USE FEMALE CONDOM MP INSERTIVE ANAL SEX	MAIN MALE PARTNER	-P3M	
SBI0075	RECEPTIVE ANAL SEX MP	MAIN MALE PARTNER	-P3M	
SBI0076	USE MALE CONDOM MP RECEPTIVE ANAL SEX	MAIN MALE PARTNER	-P3M	
SBI0077	USE FEMALE CONDOM MP RECEPTIVE ANAL SEX	MAIN MALE PARTNER	-P3M	

SBI0078	INSERTIVE ORAL SEX MP	MAIN MALE PARTNER	-P3M
SBI0079	USE MALE CONDOM MP INSERTIVE ORAL SEX	MAIN MALE PARTNER	-P3M
SBI0080	RECEPTIVE ORAL SEX MP	MAIN MALE PARTNER	-P3M
SBI0081	USE MALE CONDOM MP RECEPTIVE ORAL SEX	MAIN MALE PARTNER	-P3M
SBI0082	MUTUAL MASTURBATION MP	MAIN MALE PARTNER	-P3M
SBI0083	COMMUNICATE MP	MAIN MALE PARTNER	-P3M
SBI0084	TALKED ABOUT SEX LIFE MP	MAIN MALE PARTNER	-P3M
SBI0085	COMFORT TALKING ABT SEX MP	MAIN MALE PARTNER	-P3M
SBI0086	TALK ABOUT CONDOMS EVER MP	MAIN MALE PARTNER	-P3M
SBI0087	OBJECTED TO USING CONDOMS MP EVER	MAIN MALE PARTNER	-P3M
SBI0088	TALKED ABOUT CONDOMS PAST 3 MO MP	MAIN MALE PARTNER	-P3M
SBI0089	OBJECTED TO USING CONDOMS MP PAST 3 MO	MAIN MALE PARTNER	-P3M
SBI0090	RISK OF HIV W MP	MAIN MALE PARTNER	-P3M
SBI0091	HOW MANY MEN HAVE SEX WITH	OTHER MALE PARTNERS	-P3M
SBI0092	NUM MEN PARTNERS INJECTED DRUGS	OTHER MALE PARTNERS	-P3M
SBI0093	NUM MEN PARTNERS SMOKED CRACK	OTHER MALE PARTNERS	-P3M
SBI0094	NUM MEN PARTNERS TRADED SEX	OTHER MALE PARTNERS	-P3M
SBI0095	NUM MEN PARTNERS HIV POSITIVE	OTHER MALE PARTNERS	-P3M
SBI0096	NUM MEN PARTNERS A SPOUSE	OTHER MALE PARTNERS	-P3M
SBI0097	NUM MEN PARTNERS A FIANCE	OTHER MALE PARTNERS	-P3M
SBI0098	NUM MEN PARTNERS LOVER FOR GT 6 MOS	OTHER MALE PARTNERS	-P3M
SBI0099	NUM MEN PARTNERS A NEW LOVER	OTHER MALE PARTNERS	-P3M
SBI0100	NUM MEN PARTNERS FINANCIAL ARRANGE	OTHER MALE PARTNERS	-P3M
SBI0101	NUM MEN PARTNERS A FRIEND	OTHER MALE PARTNERS	-P3M
SBI0102	NUM MEN PARTNERS ONCE	OTHER MALE PARTNERS	-P3M
SBI0103	FREQ OF SEX WITH MEN PARTNERS NOT MP	OTHER MALE PARTNERS	-P3M
SBI0104	TOTAL TIMES SEX WITH PARTNERS	OTHER MALE PARTNERS	-P3M
SBI0105	RECEPTIVE ANAL SEX WITH MEN BESIDES MP	OTHER MALE PARTNERS	-P3M
SBI0106	USE MALE CONDOM MEN RECEPTIVE ANAL SEX	OTHER MALE PARTNERS	-P3M
SBI0107	USE FEM CONDOM MEN RECEPTIVE ANAL SEX	OTHER MALE PARTNERS	-P3M
SBI0108	INSERTIVE ANAL SEX MEN BESIDES MP	OTHER MALE PARTNERS	-P3M
SBI0109	USE MALE CONDOM MEN INSERTIVE ANAL SEX	OTHER MALE PARTNERS	-P3M
SBI0110	USE FEMALE COND MEN INSERTIVE ANAL SEX	OTHER MALE PARTNERS	-P3M
SBI0111	RECEPTIVE ORAL SEX MEN BESIDES MP	OTHER MALE PARTNERS	-P3M
SBI0112	USE MALE CONDOM RECEPTIVE ORAL SEX	OTHER MALE PARTNERS	-P3M
SBI0113	INSERTIVE ORAL SEX OTHERS BESIDE MP	OTHER MALE PARTNERS	-P3M
SBI0114	USE MALE CONDOM OTHERS ORAL SEX	OTHER MALE PARTNERS	-P3M
SBI0115	MUTUAL MASTURBATION OTHER MEN	OTHER MALE PARTNERS	-P3M
SBI0116	FEEL RISK OF HIV WITH OTHERS THAN MP	OTHER MALE PARTNERS	-P3M
SBI0117	SOLO MASTURBATION	OTHER MALE PARTNERS	-P3M
SBI0118	LIKELY USE MALE CONDOM FP	CONDOM USE	P3M
SBI0119	INCREASE USE MALE CONDOM FP	CONDOM USE	P3M
SBI0120	LIKELY USE MALE CONDOM OTHERS THAN FP	CONDOM USE	P3M
SBI0121	INCREASE USE MALE COND OTHERS THAN FP	CONDOM USE	P3M
SBI0122	LIKELY USE MALE CONDOM MP	CONDOM USE	P3M
SBI0123	INCREASE USE MALE CONDOM MP	CONDOM USE	P3M
SBI0124	LIKELY USE MALE COND W OTHERS THAN MP	CONDOM USE	P3M
SBI0125	INCREASE USE MALE COND OTHERS THAN MP	CONDOM USE	P3M
SBI0126	CURRENTLY HAVE MALE CONDOMS	CONDOM USE	P3M
SBI0127	CONDOMS FROM CLINIC STOCKS	CONDOM USE	-P3M
SBI0128	SEX UNDER INFLUENCE HEROIN	SEX AND DRUGS	-P3M
SBI0129	SEX UNDER INFLUENCE COCAINE	SEX AND DRUGS	-P3M
SBI0130	SEX UNDER INFLUENCE AMPHETAMINES	SEX AND DRUGS	-P3M
SBI0131	SEX UNDER INFLUENCE BENZODIAZEPINES	SEX AND DRUGS	-P3M
SBI0132	SEX UNDER INFLUENCE MARIJUANA	SEX AND DRUGS	-P3M
SBI0133	SEX UNDER INFLUENCE HALLUCINOGENS	SEX AND DRUGS	-P3M
SBI0134	SEX UNDER INFLUENCE ALCOHOL	SEX AND DRUGS	-P3M
SBI0135	SEX UNDER INFLUENCE AMYL NITRATE	SEX AND DRUGS	-P3M
SBI0136	VAGINAL SEX INFLUENCE HEROIN	SEX AND DRUGS	-P3M
SBI0137	VAGINAL SEX INFLUENCE COCAINE	SEX AND DRUGS	-P3M
SBI0138	VAGINAL SEX INFLUENCE AMPHETAMINES	SEX AND DRUGS	-P3M
SBI0139	VAGINAL SEX INFLUENCE BENZODIAZEPINES	SEX AND DRUGS	-P3M
SBI0140	VAGINAL SEX INFLUENCE MARIJUANA	SEX AND DRUGS	-P3M
SBI0141	VAGINAL SEX INFLUENCE HALLUCINOGENS	SEX AND DRUGS	-P3M
SBI0142	VAGINAL SEX INFLUENCE ALCOHOL	SEX AND DRUGS	-P3M
SBI0143	VAGINAL SEX INFLUENCE AMYL NITRATE	SEX AND DRUGS	-P3M
SBI0144	ANAL SEX INFLUENCE HEROIN	SEX AND DRUGS	-P3M
SBI0145	ANAL SEX INFLUENCE COCAINE	SEX AND DRUGS	-P3M
SBI0146	ANAL SEX INFLUENCE AMPHETAMINES	SEX AND DRUGS	-P3M
SBI0147	ANAL SEX INFLUENCE BENZODIAZEPINES	SEX AND DRUGS	-P3M
SBI0148	ANAL SEX INFLUENCE MARIJUANA	SEX AND DRUGS	-P3M
SBI0149	ANAL SEX INFLUENCE HALLUCINOGENS	SEX AND DRUGS	-P3M
SBI0150	ANAL SEX INFLUENCE ALCOHOL	SEX AND DRUGS	-P3M
SBI0151	ANAL SEX INFLUENCE AMYL NITRATE	SEX AND DRUGS	-P3M
SBI0152	INS ORAL SEX INFLUENCE HEROIN	SEX AND DRUGS	-P3M
SBI0153	INS ORAL SEX INFLUENCE COCAINE	SEX AND DRUGS	-P3M
SBI0154	INS ORAL SEX INFLUENCE AMPHETAMINES	SEX AND DRUGS	-P3M
SBI0155	INS ORAL SEX INFLUENCE BENZODIAZEPINES	SEX AND DRUGS	-P3M
SBI0156	INS ORAL SEX INFLUENCE MARIJUANA	SEX AND DRUGS	-P3M

SBI0157	INS ORAL SEX INFLUENCE HALLUCINOGENS	SEX AND DRUGS	-P3M
SBI0158	INS ORAL SEX INFLUENCE ALCOHOL	SEX AND DRUGS	-P3M
SBI0159	INS ORAL SEX INFLUENCE AMYL NITRATE	SEX AND DRUGS	-P3M
SBI0160	PERF ORAL SEX INFLUENCE HEROIN	SEX AND DRUGS	-P3M
SBI0161	PERF ORAL SEX INFLUENCE COCAINE	SEX AND DRUGS	-P3M
SBI0162	PERF ORAL SEX INFLUENCE AMPHETAMINES	SEX AND DRUGS	-P3M
SBI0163	PERF ORAL SEX INFLUENCE BENZODIAZEPINES	SEX AND DRUGS	-P3M
SBI0164	PERF ORAL SEX INFLUENCE MARIJUANA	SEX AND DRUGS	-P3M
SBI0165	PERF ORAL SEX INFLUENCE HALLUCINOGENS	SEX AND DRUGS	-P3M
SBI0166	PERF ORAL SEX INFLUENCE ALCOHOL	SEX AND DRUGS	-P3M
SBI0167	PERF ORAL SEX INFLUENCE AMYL NITRATE	SEX AND DRUGS	-P3M
SBI0168	INCREASE DESIRE DRUGS	SEX AND DRUGS	-P3M
SBI0169	DELAYS ORGASM DRUGS	SEX AND DRUGS	-P3M
SBI0170	INCREASE POTENCY DRUGS	SEX AND DRUGS	-P3M
SBI0171	INCREASE INTENSITY DRUGS	SEX AND DRUGS	-P3M
SBI0172	DECREASE SOCIAL INHIBITION DRUGS	SEX AND DRUGS	-P3M
SBI0173	DECREASE SEXUAL INHIBITION DRUGS	SEX AND DRUGS	-P3M
SBI0174	DECREASES DESIRE DRUGS	SEX AND DRUGS	-P3M
SBI0175	DIFFICULT ERECTION DRUGS	SEX AND DRUGS	-P3M
SBI0176	DIFFICULT ORGASM DRUGS	SEX AND DRUGS	-P3M
SBI0177	DECREASE SENSATION DRUGS	SEX AND DRUGS	-P3M
SBI0178	PREMATURE EJACULATION DRUGS	SEX AND DRUGS	-P3M
SBI0179	MOST RECENT SEXUAL EXPERIENCE	RECENT SEXUAL EXPERIENCE	DAYS
SBI0180	EXP SELF INFLUENCED ALCOHOL/DRUGS	RECENT SEXUAL EXPERIENCE	
SBI0181	REC EXP SELF INFLUENCE HEROIN	RECENT SEXUAL EXPERIENCE	
SBI0182	REC EXP SELF INFLUENCE COCAINE	RECENT SEXUAL EXPERIENCE	
SBI0183	REC EXP SELF INFLUENCE AMPHETAMINES	RECENT SEXUAL EXPERIENCE	
SBI0184	REC EXP SELF INFLUENCE BENZODIAZEPINES	RECENT SEXUAL EXPERIENCE	
SBI0185	REC EXP SELF INFLUENCE MARIJUANA	RECENT SEXUAL EXPERIENCE	
SBI0186	REC EXP SELF INFLUENCE HALLUCINOGENS	RECENT SEXUAL EXPERIENCE	
SBI0187	REC EXP SELF INFLUENCE ALCOHOL	RECENT SEXUAL EXPERIENCE	
SBI0188	REC EXP SELF INFLUENCE AMYL NITRATE	RECENT SEXUAL EXPERIENCE	
SBI0189	EXP PARTNER INFLUENCED ALCOHOL/DRUGS	RECENT SEXUAL EXPERIENCE	
SBI0190	REC EXP PART INFLUENCE HEROIN	RECENT SEXUAL EXPERIENCE	
SBI0191	REC EXP PART INFLUENCE COCAINE	RECENT SEXUAL EXPERIENCE	
SBI0192	REC EXP PART INFLUENCE AMPHETAMINES	RECENT SEXUAL EXPERIENCE	
SBI0193	REC EXP PART INFLUENCE BENZODIAZEPINES	RECENT SEXUAL EXPERIENCE	
SBI0194	REC EXP PART INFLUENCE MARIJUANA	RECENT SEXUAL EXPERIENCE	
SBI0195	REC EXP PART INFLUENCE HALLUCINOGENS	RECENT SEXUAL EXPERIENCE	
SBI0196	REC EXP PART INFLUENCE ALCOHOL	RECENT SEXUAL EXPERIENCE	
SBI0197	REC EXP PART INFLUENCE AMYL NITRATE	RECENT SEXUAL EXPERIENCE	
SBI0198	LAST EXPERIENCE UNDER THE INFLUENCE	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	DAYS
SBI0199	LAST EXPERIENCE WITH MAN OR WOMAN	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	
SBI0200	LAST EXPERIENCE RELATIONSHIP	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	
SBI0201	LAST EXP INFLUENCE VAGINAL SEX	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	
SBI0202	LAST EXP INFLUENCE INSERT ORAL SEX	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	
SBI0203	LAST EXP INFLUENCE RECEPTIVE ORAL SEX	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	
SBI0204	LAST EXP INFLUENCE RECEPTIVE ANAL SEX	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	
SBI0205	LAST EXP INFLUENCE MUTUAL MASTURBATION	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	
SBI0206	LAST EXP INFLUENCE INCREASED DESIRE	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	
SBI0207	LAST EXP INFLUENCE INCREASED POTENCY	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	
SBI0208	LAST EXP INFLUENCE DELAYED ORGRASM	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	
SBI0209	LAST EXP INFLUENCE INCREASE SENSATION	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	
SBI0210	LAST EXP INFLUENCE DECR SOCIAL INHIBIT	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	
SBI0211	LAST EXP INFLUENCE DECR SEXUAL INHIBIT	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	
SBI0212	LAST EXP PARTNER INCREASED DESIRE	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	
SBI0213	LAST EXP PARTNER FIRM ERECTION	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	
SBI0214	LAST EXP PARTNER INCREASED POTENCY	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	
SBI0215	LAST EXP PARTNER DELAYED ORGASM	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	
SBI0216	LAST EXP PARTNER INCREASED SENSATION	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	
SBI0217	LAST EXP PARTNER DECR SOCIAL INHIBIT	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	
SBI0218	LAST EXP PARTNER DECR SEXUAL INHIBIT	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	
SBI0219	LAST EXP PARTNER SEX MORE TOLERABLE	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	
SBI0220	LAST EXP DECREASED SEXUAL DESIRE	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	
SBI0221	LAST EXP DIFFICULT ERECTION	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	
SBI0222	LAST EXP DIFFICULT EJACULATION	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	
SBI0223	LAST EXP DECREASE SENSATION	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	
SBI0224	LAST EXP PREMATURE EJACULATION	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	
SBI0225	PARTNER DECREASE DESIRE	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	
SBI0226	FEMALE PARTNER DECREASE VAGINAL LUB	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	
SBI0227	MALE PART DIFFICULT ERECTION	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	
SBI0228	PARTNER DIFFICULT ORGRASM	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	
SBI0229	PARTNER DECREASED SENSATION	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	
SBI0230	FEM PART PAINFUL INTERCOURSE	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	
SBI0231	MALE PART PREMATURE EJACULATION	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	
SBI0232	USED A MALE CONDOM DURING EXP	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	
SBI0233	USED A FEMALE CONDOM DURING EXP	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	
SBI0234	SATISFACTION OF SEXUAL EXPERIENCE	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	
SBI0235	EXPERIENCE REPRESENTATIVE OF TYPICAL	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	

SBI0236	TEMPTED USE DRUGS TO ENHANCE SEX	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	-P3M
SBI0237	TEMPTED USE HEROIN TO ENHANCE	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	-P3M
SBI0238	TEMPTED USE COCAINE TO ENHANCE	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	-P3M
SBI0239	TEMPTED USE AMPHETAMINES TO ENHANCE	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	-P3M
SBI0240	TEMPTED USE BENZODIAZEPINES TO ENHANCE	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	-P3M
SBI0241	TEMPTED USE MARIJUANA TO ENHANCE	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	-P3M
SBI0242	TEMPTED USE HALLUCINOGENS TO ENHANCE	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	-P3M
SBI0243	TEMPTED USE ALCOHOL TO ENHANCE	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	-P3M
SBI0244	TEMPTED USE AMYL NITRATE TO ENHANCE	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	-P3M
SBI0245	TEMPTED USE DRUGS TO INCR SEX CHANCE	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	-P3M
SBI0246	TEMPTED USE HEROIN INCR SEX CHANCE	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	-P3M
SBI0247	TEMPTED USE COCAINE INCR SEX CHANCE	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	-P3M
SBI0248	TEMPTED USE AMPHETAMINES INCR SEX CHANCE	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	-P3M
SBI0249	TEMPTED USE BENZODIAZEPINES INCR CHANCE	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	-P3M
SBI0250	TEMPTED USE MARIJUANA INCR SEX CHANCE	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	-P3M
SBI0251	TEMPTED USE HALLUCINOGENS INCR CHANCE	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	-P3M
SBI0252	TEMPTED USE ALCOHOL INCR SEX CHANCE	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	-P3M
SBI0253	TEMPTED USE AMYL NITRATE INCR SEX CHANCE	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	-P3M
SBI0254	CURRENTLY ENROLLED IN METH CLINIC	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	
SBI0255	CURRENT METHADONE DOSE	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	
SBI0256	TIME DAY TAKE METHADONE DOSE	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	
SBI0257	TIME DAY SEX ACTIVIITY WITH PARTNER	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	
SBI0258	TIME DAY SOLO MASTURBATION	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	
SBI0259	RELATIONSHIP BETWEEN METHADONE AND SEX	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	
SBI0260	BEST DESCRIBE METH/SEX RELATIONSHIP	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	
SBI0261	ADJUST DOSING TO IMPROVE SEX FUNCTION	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	
SBI0262	WHAT DOSE ADJUSTMENT MADE	RECENT SEXUAL EXPERIENCE UNDER THE INFLUENCE	

ADAI DMC  
**Urine Drug Screen**

DOMAIN: LB

STUDYID

Protocol Number: NIDA-CTN-0018

Participant #:      <sup>a</sup> **USUBJID**      **EPOCH**      Visit #:      <sup>c</sup> **VISITNUM**

Form Completion Status:      <sup>d</sup>      Sequence Num:      <sup>k</sup> **LBGRPID**      Visit Date:      <sup>f</sup> /      <sup>g</sup> /      <sup>h</sup> **mm dd yy yy**

1=CRF administered  
 2=Participant refused  
 3=Staff member did not administer  
 4=Not enough time to administer  
 5=No participant contact  
 6=Other (specify:                     ) <sup>e</sup>

Node #:      <sup>i</sup>      Site #:      <sup>j</sup>

QNAM=LBVISDTC  
 QLABEL=LAB VISIT DATE  
 IDVAR = LBGRPID

Start Time:

LBCAT=DRUG SCREEN

     <sup>1-2</sup> :      **hh mm**  
 (24 hour clock)\*

1. Was a Urine Drug Screen performed?

*If No or Unknown, enter stop time and end the questionnaire.  
 If sample was lost, answer only Questions 1 and 2, enter stop time and end questionnaire.*

**LBSTAT/LBREASND** No  0 <sup>3</sup>  
 Yes  1  
 Lost sample  2  
 Unknown  9

2. Date urine collected:

     <sup>4-6</sup> /      /      **LB DTC**  
**mm dd yy yy**

3. Urine temperature within expected range?

*Temperature 92°F ≤ X ≤ 96°F OR ≥ 33.3°C*

QNAM = LBTEMP  
 QLABEL = URINE TEMP WITHIN EXPECTED RANGE  
 IDVAR = LBGRPID

No  0 <sup>7</sup>  
 Yes  1  
 Unknown  9

4. Was this urine collection supervised?

QNAM = LBSUPER  
 QLABEL = URINE COLLECTION SUPERVISED  
 IDVAR = LBGRPID

No  0 <sup>8</sup>  
 Yes  1  
 Unknown  9

**Check one box representing the result of the screen for each substance below.**

**LBORRES**

<b>LBTEST</b>	Negative	Positive	Unclear or Equivocal	Results Not Valid	Not Assessed
5. Amphetamines (AMP) <sup>9</sup>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 5
6. Barbiturates (BAR) <sup>10</sup>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 5
7. Benzodiazepines (BZO) <sup>11</sup>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 5
8. Methadone (MTD) <sup>12</sup>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 5



**DOMAIN: LB**

Participant #: USUBJID \_\_\_\_\_ Visit Date:    /   /     
m m d d y y y y

**LBORRES**

<b>LBTEST</b>	Negative	Positive	Unclear or Equivocal	Results Not Valid	Not Assessed	
9. Tricyclic Antidepressants(TCA)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> -5	13
10. Cocaine metabolites (COC)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> -5	14
11. Methamphetamines (M-AMP)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> -5	15
12. Opiates/Morphine (MOR)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> -5	16
13. Phencyclidine (PCP)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> -5	17
14. Cannabinoids (THC)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> -5	18

**Stop Time:**

*\*If time spent completing form was not continuous, adjust stop time to account for any breaks.*

\_\_\_\_\_ : \_\_\_\_\_ <sup>19-20</sup>  
h h m m  
 (24 hour clock)\*

QNAM=LBSTPTM  
 QLABEL=URINE COLLECTION STOP TIME  
 IDVAR = LBGRPID

Completed by (Staff #): \_\_\_\_\_ <sup>21</sup>

QSCAT=INTERVENTION EXPOSURE INVENTORY  
ADAI DMC

### Intervention Exposure Inventory

**STUDYID**

Protocol Number: NIDA-CTN-0018

Participant #:	<sup>a</sup> <u>USUBJID</u> _____	EPOCH	Visit #:	<sup>c</sup> _____	VISITNUM
Form Completion Status:	<sup>d</sup> _____	Sequence Number:	<sup>k</sup> _____	Visit Date:	<sup>f</sup> _____ / <sup>g</sup> _____ / <sup>h</sup> <b>QSDTC</b> _____
1=CRF administered 2=Participant refused 3=Staff member did not administer 4=Not enough time to administer 5=No participant contact 6=Other (specify: _____) <sup>e</sup>					
Node #:	<sup>i</sup> _____	Site #:	<sup>j</sup> _____		

You attended one or more group sessions as part of your participation in the Safe Sex for Men research project. I am going to read to you a list of topics and activities that may have been included during these sessions. These topics and activities might have been part of discussions you've had with other people or information you've gotten outside of this research project. For each topic or activity, please indicate if you were presented with this information or participated in the activity since your last assessment. If you were presented information on the topic or participated in the activity, then say 'Yes'. If you were not, say 'No'. For those you respond 'Yes' to, I will ask in what situations you received the information or participated in the activity.

**TOPICS:** QSSCAT=TOPICS

**1. A discussion on challenging sex role stereotypes** <sup>QSTEST</sup> **QSORRES** NO, not exposed to the topic  0 <sup>1</sup>  
YES, exposed to the topic  1  
*If NO, skip to Question 2.*

If YES, in which situations? <i>Check all that apply.</i>	<b>1a.</b> In a non- research group	No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 1
	<b>1b.</b> In an individual session	No <input type="checkbox"/> 3 Yes <input type="checkbox"/> 1
	<b>1c.</b> From a street outreach worker	No <input type="checkbox"/> 4 Yes <input type="checkbox"/> 1
	<b>1d.</b> From a friend/acquaintance/another client in treatment	No <input type="checkbox"/> 5 Yes <input type="checkbox"/> 1
	<b>1e.</b> From the media (radio/TV/paper)	No <input type="checkbox"/> 6 Yes <input type="checkbox"/> 1
	<b>1f.</b> Other	No <input type="checkbox"/> 7 Yes <input type="checkbox"/> 1

**2. A presentation on definitions of AIDS and HIV** NO, not exposed to the topic  0 <sup>8</sup>  
YES, exposed to the topic  1  
*If NO, skip to Question 3.*

QSCAT=INTERVENTION EXPOSURE INVENTORY

Participant #:        **USUBJID**                      Visit Date:     /    /            **QSDTC**

**QSSCAT=TOPICS**

**QSORRES**

If YES, in which situations? <i>Check all that apply.</i>	<b>2a.</b> In a non- research group	No <input type="checkbox"/> 0 <sup>9</sup>
		Yes <input type="checkbox"/> 1
	<b>2b.</b> In an individual session	No <input type="checkbox"/> 0 <sup>10</sup>
		Yes <input type="checkbox"/> 1
	<b>2c.</b> From a street outreach worker	No <input type="checkbox"/> 0 <sup>11</sup>
		Yes <input type="checkbox"/> 1
<b>2d.</b> From a friend/acquaintance/another client in treatment	No <input type="checkbox"/> 0 <sup>12</sup>	
	Yes <input type="checkbox"/> 1	
<b>2e.</b> From the media (radio/TV/paper)	No <input type="checkbox"/> 0 <sup>13</sup>	
	Yes <input type="checkbox"/> 1	
<b>2f.</b> Other	No <input type="checkbox"/> 0 <sup>14</sup>	
	Yes <input type="checkbox"/> 1	

**QSTEST**

**3.** Identification of drug use behaviors associated with transmission of HIV                      NO, not exposed to the topic 0<sup>15</sup>  
*If NO, skip to Question 4.*                      YES, exposed to the topic 1

If YES, in which situations? <i>Check all that apply.</i>	<b>3a.</b> In a non- research group	No <input type="checkbox"/> 0 <sup>16</sup>
		Yes <input type="checkbox"/> 1
	<b>3b.</b> In an individual session	No <input type="checkbox"/> 0 <sup>17</sup>
		Yes <input type="checkbox"/> 1
	<b>3c.</b> From a street outreach worker	No <input type="checkbox"/> 0 <sup>18</sup>
		Yes <input type="checkbox"/> 1
<b>3d.</b> From a friend/acquaintance/another client in treatment	No <input type="checkbox"/> 0 <sup>19</sup>	
	Yes <input type="checkbox"/> 1	
<b>3e.</b> From the media (radio/TV/paper)	No <input type="checkbox"/> 0 <sup>20</sup>	
	Yes <input type="checkbox"/> 1	
<b>3f.</b> Other	No <input type="checkbox"/> 0 <sup>21</sup>	
	Yes <input type="checkbox"/> 1	

**4.** Identification of sexual behaviors associated with transmission of HIV                      NO, not exposed to the topic 0<sup>22</sup>  
*If NO, skip to Question 5.*                      YES, exposed to the topic 1

If YES, in which situations? <i>Check all that apply.</i>	<b>4a.</b> In a non- research group	No <input type="checkbox"/> 0 <sup>23</sup>
		Yes <input type="checkbox"/> 1
	<b>4b.</b> In an individual session	No <input type="checkbox"/> 0 <sup>24</sup>
		Yes <input type="checkbox"/> 1

QSCAT=INTERVENTION EXPOSURE INVENTORY

Participant #: <u>      </u> <b>USUBJID</b>	Visit Date: <u>  </u> <u>  </u> / <u>  </u> <u>  </u> / <u>  </u> <u>  </u> <u>  </u> <u>  </u>	<b>QSDTC</b>
	m   m   /   d   d   /   y   y   y   y	

<b>QSSCAT=TOPICS</b>	<b>4c.</b> From a street outreach worker	No <input type="checkbox"/> 0	25
		Yes <input type="checkbox"/> 1	
	<b>4d.</b> From a friend/acquaintance/another client in treatment	No <input type="checkbox"/> 0	26
		Yes <input type="checkbox"/> 1	
<b>QSTEST</b>	<b>4e.</b> From the media (radio/TV/paper)	No <input type="checkbox"/> 0	27
		Yes <input type="checkbox"/> 1	
	<b>4f.</b> Other	No <input type="checkbox"/> 0	28
		Yes <input type="checkbox"/> 1	

**5.** A presentation on the biology of human sexuality and sexual response NO, not exposed to the topic  29  
*If NO, skip to Question 6.* YES, exposed to the topic  1

If YES, in which situations? <i>Check all that apply.</i>	<b>5a.</b> In a non- research group	No <input type="checkbox"/> 0	30
		Yes <input type="checkbox"/> 1	
	<b>5b.</b> In an individual session	No <input type="checkbox"/> 0	31
		Yes <input type="checkbox"/> 1	
	<b>5c.</b> From a street outreach worker	No <input type="checkbox"/> 0	32
		Yes <input type="checkbox"/> 1	
	<b>5d.</b> From a friend/acquaintance/another client in treatment	No <input type="checkbox"/> 0	33
		Yes <input type="checkbox"/> 1	
	<b>5e.</b> From the media (radio/TV/paper)	No <input type="checkbox"/> 0	34
		Yes <input type="checkbox"/> 1	
	<b>5f.</b> Other	No <input type="checkbox"/> 0	35
		Yes <input type="checkbox"/> 1	

**6.** Identifying personal triggers leading to unsafe sex NO, not exposed to the topic  36  
*If NO, skip to Question 7.* YES, exposed to the topic  1

If YES, in which situations? <i>Check all that apply.</i>	<b>6a.</b> In a non- research group	No <input type="checkbox"/> 0	37
		Yes <input type="checkbox"/> 1	
	<b>6b.</b> In an individual session	No <input type="checkbox"/> 0	38
		Yes <input type="checkbox"/> 1	
	<b>6c.</b> From a street outreach worker	No <input type="checkbox"/> 0	39
		Yes <input type="checkbox"/> 1	
	<b>6d.</b> From a friend/acquaintance/another client in treatment	No <input type="checkbox"/> 0	40
		Yes <input type="checkbox"/> 1	
	<b>6e.</b> From the media (radio/TV/paper)	No <input type="checkbox"/> 0	41
		Yes <input type="checkbox"/> 1	
	<b>6f.</b> Other	No <input type="checkbox"/> 0	42
		Yes <input type="checkbox"/> 1	

**QSCAT=INTERVENTION EXPOSURE INVENTORY**

Participant #: _____	USUBJID _____	Visit Date: ____ / ____ / ____	QSDTC _____
		m m / d d / y y y y	

**QSSCAT=TOPICS**      **QSORRES**  
 7. A presentation on communicating with potential sexual partners      NO, not exposed to the topic  43  
    YES, exposed to the topic  1  
*If NO, skip to Question 8.*      **QSTEST**

If YES, in which situations? <i>Check all that apply.</i>	<b>7a.</b> In a non- research group	No <input type="checkbox"/> 44
		Yes <input type="checkbox"/> 1
	<b>7b.</b> In an individual session	No <input type="checkbox"/> 45
		Yes <input type="checkbox"/> 1
	<b>7c.</b> From a street outreach worker	No <input type="checkbox"/> 46
		Yes <input type="checkbox"/> 1
	<b>7d.</b> From a friend/acquaintance/another client in treatment	No <input type="checkbox"/> 47
		Yes <input type="checkbox"/> 1
	<b>7e.</b> From the media (radio/TV/paper)	No <input type="checkbox"/> 48
		Yes <input type="checkbox"/> 1
	<b>7f.</b> Other	No <input type="checkbox"/> 49
		Yes <input type="checkbox"/> 1

8. A presentation on suggestions for improving sleep      NO, not exposed to the topic  50  
*If NO, skip to Question 9.*      YES, exposed to the topic  1

If YES, in which situations? <i>Check all that apply.</i>	<b>8a.</b> In a non- research group	No <input type="checkbox"/> 51
		Yes <input type="checkbox"/> 1
	<b>8b.</b> In an individual session	No <input type="checkbox"/> 52
		Yes <input type="checkbox"/> 1
	<b>8c.</b> From a street outreach worker	No <input type="checkbox"/> 53
		Yes <input type="checkbox"/> 1
	<b>8d.</b> From a friend/acquaintance/another client in treatment	No <input type="checkbox"/> 54
		Yes <input type="checkbox"/> 1
	<b>8e.</b> From the media (radio/TV/paper)	No <input type="checkbox"/> 55
		Yes <input type="checkbox"/> 1
	<b>8f.</b> Other	No <input type="checkbox"/> 56
		Yes <input type="checkbox"/> 1

9. A presentation on sexual dysfunction among men in substance abuse treatment      NO, not exposed to the topic  57  
*If NO, skip to Question 10.*      YES, exposed to the topic  1

QSCAT=INTERVENTION EXPOSURE INVENTORY

DOMAIN: QS

Participant #:        **USUBJID** Visit Date:      /      /      **QSDTC**  
m m / d d / y y y y

If YES, in which situations?  
*Check all that apply.*

**QSSCAT=TOPICS**

**9a.** In a non- research group No  58  
Yes  **QSORRES**

**9b.** In an individual session No  59  
Yes

**QSTEST**

**9c.** From a street outreach worker No  60  
Yes

**9d.** From a friend/acquaintance/another client in treatment No  61  
Yes

**9e.** From the media (radio/TV/paper) No  62  
Yes

**9f.** Other No  63  
Yes

**10.** Watched a demonstration in the use of the female condom NO, not exposed to the topic  64  
If NO, skip to Question 11. YES, exposed to the topic

If YES, in which situations?  
*Check all that apply.*

**10a.** In a non- research group No  65  
Yes

**10b.** In an individual session No  66  
Yes

**10c.** From a street outreach worker No  67  
Yes

**10d.** From a friend/acquaintance/another client in treatment No  68  
Yes

**10e.** From the media (radio/TV/paper) No  69  
Yes

**10f.** Other No  70  
Yes

**11.** Watched a demonstration on the correct way to put on and remove a male condom NO, not exposed to the topic  71  
If NO, skip to Question 12. YES, exposed to the topic

If YES, in which situations?  
*Check all that apply.*

**11a.** In a non- research group No  72  
Yes

**11b.** In an individual session No  73  
Yes

**11c.** From a street outreach worker No  74  
Yes

QSCAT=INTERVENTION EXPOSURE INVENTORY

DOMAIN: QS

Participant #: _____	USUBJID	Visit Date: _____ / _____ / _____	QSDTC
		m m / d d / y y y y	

QSSCAT=TOPICS

<b>11d.</b> From a friend/acquaintance/another client in treatment	No <input type="checkbox"/> 0	75
	Yes <input type="checkbox"/> 1	
	<b>QSORRES</b>	
<b>11e.</b> From the media (radio/TV/paper)	No <input type="checkbox"/> 0	76
	Yes <input type="checkbox"/> 1	
<b>QSTEST</b>		
<b>11f.</b> Other	No <input type="checkbox"/> 0	77
	Yes <input type="checkbox"/> 1	

**12.** A discussion on making safe sex enjoyable NO, not exposed to the topic  0  
*If NO, skip to Question 13.* YES, exposed to the topic  1

If YES, in which situations? <i>Check all that apply.</i>	<b>12a.</b> In a non- research group	No <input type="checkbox"/> 0	79
		Yes <input type="checkbox"/> 1	
	<b>12b.</b> In an individual session	No <input type="checkbox"/> 0	80
		Yes <input type="checkbox"/> 1	
	<b>12c.</b> From a street outreach worker	No <input type="checkbox"/> 0	81
		Yes <input type="checkbox"/> 1	
<b>12d.</b> From a friend/acquaintance/another client in treatment	No <input type="checkbox"/> 0	82	
	Yes <input type="checkbox"/> 1		
<b>12e.</b> From the media (radio/TV/paper)	No <input type="checkbox"/> 0	83	
	Yes <input type="checkbox"/> 1		
<b>12f.</b> Other	No <input type="checkbox"/> 0	84	
	Yes <input type="checkbox"/> 1		

**13.** A presentation on anger management strategies NO, not exposed to the topic  0  
*If NO, skip to Question 14.* YES, exposed to the topic  1

If YES, in which situations? <i>Check all that apply.</i>	<b>13a.</b> In a non- research group	No <input type="checkbox"/> 0	86
		Yes <input type="checkbox"/> 1	
	<b>13b.</b> In an individual session	No <input type="checkbox"/> 0	87
		Yes <input type="checkbox"/> 1	
	<b>13c.</b> From a street outreach worker	No <input type="checkbox"/> 0	88
		Yes <input type="checkbox"/> 1	
<b>13d.</b> From a friend/acquaintance/another client in treatment	No <input type="checkbox"/> 0	89	
	Yes <input type="checkbox"/> 1		
<b>13e.</b> From the media (radio/TV/paper)	No <input type="checkbox"/> 0	90	
	Yes <input type="checkbox"/> 1		
<b>13f.</b> Other	No <input type="checkbox"/> 0	91	
	Yes <input type="checkbox"/> 1		

**14.** Sexual and physical risks associated with prostitution NO, not exposed to the topic  0  
*If NO, skip to Question 15.* YES, exposed to the topic  1

QSCAT=INTERVENTION EXPOSURE INVENTORY

Participant #: _____	<b>USUBJID</b>	Visit Date: _____ / _____ / _____	<b>QSDTC</b>
		m m / d d / y y y y	

QSSCAT=TOPICS

QSORRES

If YES, in which situations? <i>Check all that apply.</i>  <b>QSTEST</b>	<b>14a.</b> In a non- research group	No <input type="checkbox"/> 0 <sup>93</sup>
		Yes <input type="checkbox"/> 1
	<b>14b.</b> In an individual session	No <input type="checkbox"/> 0 <sup>94</sup>
		Yes <input type="checkbox"/> 1
	<b>14c.</b> From a street outreach worker	No <input type="checkbox"/> 0 <sup>95</sup>
		Yes <input type="checkbox"/> 1
	<b>14d.</b> From a friend/acquaintance/another client in treatment	No <input type="checkbox"/> 0 <sup>96</sup>
		Yes <input type="checkbox"/> 1
	<b>14e.</b> From the media (radio/TV/paper)	No <input type="checkbox"/> 0 <sup>97</sup>
		Yes <input type="checkbox"/> 1
	<b>14f.</b> Other	No <input type="checkbox"/> 0 <sup>98</sup>
		Yes <input type="checkbox"/> 1

15. Using drugs in combination with sexual behavior      NO, not exposed to the topic  99  
*If NO, skip to Question 16.*      YES, exposed to the topic  1

If YES, in which situations? <i>Check all that apply.</i>	<b>15a.</b> In a non- research group	No <input type="checkbox"/> 0 <sup>100</sup>
		Yes <input type="checkbox"/> 1
	<b>15b.</b> In an individual session	No <input type="checkbox"/> 0 <sup>101</sup>
		Yes <input type="checkbox"/> 1
	<b>15c.</b> From a street outreach worker	No <input type="checkbox"/> 0 <sup>102</sup>
		Yes <input type="checkbox"/> 1
	<b>15d.</b> From a friend/acquaintance/another client in treatment	No <input type="checkbox"/> 0 <sup>103</sup>
		Yes <input type="checkbox"/> 1
	<b>15e.</b> From the media (radio/TV/paper)	No <input type="checkbox"/> 0 <sup>104</sup>
		Yes <input type="checkbox"/> 1
	<b>15f.</b> Other	No <input type="checkbox"/> 0 <sup>105</sup>
		Yes <input type="checkbox"/> 1

**ACTIVITIES IN WHICH YOU PARTICIPATED OR WATCHED OTHERS**

**PARTICIPATE: QSSCAT=ACTIVITIES IN WHICH YOU PARTICIPATED OR WATCHED OTHERS PARTICIPATE**

16. Practiced putting a condom on a model      NO, not exposed to the topic  106  
*If NO, skip to Question 17.*      YES, exposed to the topic  1

If YES, in which situations? <i>Check all that apply.</i>	<b>16a.</b> In a non- research group	No <input type="checkbox"/> 0 <sup>107</sup>
		Yes <input type="checkbox"/> 1



QSCAT=INTERVENTION EXPOSURE INVENTORY

Participant #: _____	USUBJID	Visit Date: _____ / _____ / _____	QSDTC
		m m / d d / y y y y	

QSSCAT=ACTIVITIES IN WHICH YOU PARTICIPATED OR WATCHED OTHERS PARTICIPATE QSORRES

QSTEST	<b>16b.</b> In an individual session	No <input type="checkbox"/> 0	108
		Yes <input type="checkbox"/> 1	
	<b>16c.</b> From a street outreach worker	No <input type="checkbox"/> 0	109
		Yes <input type="checkbox"/> 1	
	<b>16d.</b> From a friend/acquaintance/another client in treatment	No <input type="checkbox"/> 0	110
		Yes <input type="checkbox"/> 1	
	<b>16e.</b> From the media (radio/TV/paper)	No <input type="checkbox"/> 0	111
		Yes <input type="checkbox"/> 1	
	<b>16f.</b> Other	No <input type="checkbox"/> 0	112
		Yes <input type="checkbox"/> 1	

**17.** Practiced communication skills in a role play NO, not exposed to the topic  0 113  
*If NO, skip to Question 18.* YES, exposed to the topic  1

If YES, in which situations? <i>Check all that apply.</i>	<b>17a.</b> In a non- research group	No <input type="checkbox"/> 0	114
		Yes <input type="checkbox"/> 1	
	<b>17b.</b> In an individual session	No <input type="checkbox"/> 0	115
		Yes <input type="checkbox"/> 1	
	<b>17c.</b> From a street outreach worker	No <input type="checkbox"/> 0	116
		Yes <input type="checkbox"/> 1	
	<b>17d.</b> From a friend/acquaintance/another client in treatment	No <input type="checkbox"/> 0	117
		Yes <input type="checkbox"/> 1	
	<b>17e.</b> From the media (radio/TV/paper)	No <input type="checkbox"/> 0	118
		Yes <input type="checkbox"/> 1	
	<b>17f.</b> Other	No <input type="checkbox"/> 0	119
		Yes <input type="checkbox"/> 1	

**18.** A brainstorming discussion on the ideal man and ideal woman NO, not exposed to the topic  0 120  
*If NO, skip to Question 19.* YES, exposed to the topic  1

If YES, in which situations? <i>Check all that apply.</i>	<b>18a.</b> In a non- research group	No <input type="checkbox"/> 0	121
		Yes <input type="checkbox"/> 1	
	<b>18b.</b> In an individual session	No <input type="checkbox"/> 0	122
		Yes <input type="checkbox"/> 1	
	<b>18c.</b> From a street outreach worker	No <input type="checkbox"/> 0	123
		Yes <input type="checkbox"/> 1	
	<b>18d.</b> From a friend/acquaintance/another client in treatment	No <input type="checkbox"/> 0	124
		Yes <input type="checkbox"/> 1	

QSCAT=INTERVENTION EXPOSURE INVENTORY

Participant #: _____	USUBJID	Visit Date: ____/____/____	QSDTC
		m m / d d / y y y y	

QSSCAT=ACTIVITIES IN WHICH YOU PARTICIPATED OR WATCHED OTHERS PARTICIPATE

QSTEST	18e. From the media (radio/TV/paper)	No <input type="checkbox"/> 0	125
		Yes <input type="checkbox"/> 1	
	18f. Other	No <input type="checkbox"/> 0	126
		Yes <input type="checkbox"/> 1	

19. A brainstorming discussion on the impact of drugs on sexual enjoyment and sexual functioning  
 If NO, skip to Question 20.

NO, not exposed to the topic  0 127  
 YES, exposed to the topic  1

If YES, in which situations? Check all that apply.	19a. In a non- research group	No <input type="checkbox"/> 0	128
		Yes <input type="checkbox"/> 1	
	19b. In an individual session	No <input type="checkbox"/> 0	129
		Yes <input type="checkbox"/> 1	
	19c. From a street outreach worker	No <input type="checkbox"/> 0	130
		Yes <input type="checkbox"/> 1	
	19d. From a friend/acquaintance/another client in treatment	No <input type="checkbox"/> 0	131
		Yes <input type="checkbox"/> 1	
	19e. From the media (radio/TV/paper)	No <input type="checkbox"/> 0	132
		Yes <input type="checkbox"/> 1	
	19f. Other	No <input type="checkbox"/> 0	133
		Yes <input type="checkbox"/> 1	

20. A brainstorming discussion on sexual myths  
 If NO, skip to Question 21.

NO, not exposed to the topic  0 134  
 YES, exposed to the topic  1

If YES, in which situations? Check all that apply.	20a. In a non- research group	No <input type="checkbox"/> 0	135
		Yes <input type="checkbox"/> 1	
	20b. In an individual session	No <input type="checkbox"/> 0	136
		Yes <input type="checkbox"/> 1	
	20c. From a street outreach worker	No <input type="checkbox"/> 0	137
		Yes <input type="checkbox"/> 1	
	20d. From a friend/acquaintance/another client in treatment	No <input type="checkbox"/> 0	138
		Yes <input type="checkbox"/> 1	
	20e. From the media (radio/TV/paper)	No <input type="checkbox"/> 0	139
		Yes <input type="checkbox"/> 1	
	20f. Other	No <input type="checkbox"/> 0	140
		Yes <input type="checkbox"/> 1	

21. Practiced cleaning injection equipment with bleach  
 If NO, skip to Question 22.

NO, not exposed to the topic  0 141  
 YES, exposed to the topic  1

QSCAT=INTERVENTION EXPOSURE INVENTORY

Participant #: <u>      </u> <b>USUBJID</b>	Visit Date: <u>   </u> <u>   </u> / <u>   </u> <u>   </u> / <u>   </u> <u>   </u> <u>   </u> <u>   </u> <b>QSDTC</b>
	m m d d y y y y

If YES, in which situations? **21a.** In a non- research group No  0 142  
*Check all that apply.* Yes  1

**QSSCAT=ACTIVITIES IN WHICH YOU PARTICIPATED OR** **QSORRES**  
**WATCHED OTHERS PARTICIPATE** **21b.** In an individual session No  0 143  
Yes  1

**21c.** From a street outreach worker No  0 1444  
Yes  1

**QSTEST** **21d.** From a friend/acquaintance/another client in treatment No  0 145  
Yes  1

**21e.** From the media (radio/TV/paper) No  0 146  
Yes  1

**21f.** Other No  0 147  
Yes  1

**22.** Completed a condom preference exercise NO, not exposed to the topic  0 148  
*If NO, end of questionnaire.* YES, exposed to the topic  1

If YES, in which situations? **22a.** In a non- research group No  0 149  
*Check all that apply.* Yes  1

**22b.** In an individual session No  0 150  
Yes  1

**22c.** From a street outreach worker No  0 151  
Yes  1

**22d.** From a friend/acquaintance/another client in treatment No  0 152  
Yes  1

**22e.** From the media (radio/TV/paper) No  0 153  
Yes  1

**22f.** Other No  0 154  
Yes  1

Completed by (Staff #):                             155

ADAI DMC

Treatment Session Attendance

STUDYID

Protocol Number: NIDA-CTN-0018

Participant #:	<u>USUBJID</u> <sup>a</sup>	Sequence Number:	____ <sup>k</sup>	Visit #:	____ <sup>c</sup>	EPOCH	
Form Completion Status:	____ <sup>d</sup>	Visit Date:	____/____/____ <sup>f</sup>	____/____/____ <sup>g</sup>	____/____/____ <sup>h</sup>	TUDTC	
1=CRF administered 2=Participant refused 3=Staff member did not administer 4=Not enough time to administer 5=No participant contact 6=Other (specify: _____) <sup>e</sup>							
Node #:	____ <sup>i</sup>	Site #:	____ <sup>j</sup>				

1. Did participant attend session? **TUTEST** **TUORRES**

*A participant has attended a REMAS session if he has attended 60 minutes or more of the session. A participant has attended an HIV Ed session if he has attended 40 minutes or more of the session.*

*If Yes, answer Questions 2-6.*

*If No or Unknown, answer Question 2, then skip to Question 6.*

No  0<sup>1</sup>

Yes  1

Unknown  9
2. Session number: **VISITNUM** \_\_\_\_<sup>2</sup>
3. Date of session: **TUSTDTC** \_\_\_\_/\_\_\_\_/\_\_\_\_<sup>3-5</sup>

MM/DD/YYYY
4. Was participant on time for the session? **TUTEST** **TUORRES**

No  0<sup>6</sup>

Yes  1
5. Did the participant participate in the discussion? **TUORRES**

Not at all  0<sup>7</sup>

A little  1

Somewhat/moderately  2

A lot  3
6. Therapist ID: **THIS DATA NOT ENTERED** \_\_\_\_<sup>8</sup>

Therapist signature: **THIS DATA NOT ENTERED** \_\_\_\_\_<sup>9</sup>

Completed by (Staff #): \_\_\_\_\_<sup>9</sup>

ADAI DMC

Study Termination—Treatment

STUDYID  
Protocol Number: NIDA-CTN-0018

Participant #: <u>      </u> <sup>a</sup> <b>USUBJID</b>	Sequence Number: <u>      </u> <sup>k</sup>	Visit #: <u>      </u> <sup>c</sup> <b>VISITNUM</b>
Form Completion Status: <u>      </u> <sup>d</sup>	<b>EPOCH</b>	Visit Date: <u>      </u> / <u>      </u> / <u>      </u> <sup>f g</sup> <b>DSDTC</b> <sup>h</sup>
1=CRF administered 2=Participant refused 3=Staff member did not administer 4=Not enough time to administer 5=No participant contact 6=Other (specify: <u>                    </u> ) <sup>e</sup>		<b>DSCAT=DISPOSITION EVENT</b>
Node #: <u>      </u> <sup>i</sup>	Site #: <u>      </u> <sup>j</sup>	

1. Date of Treatment Phase Termination or Cohort Completion date:       /      /      <sup>DSSTDTC</sup> 1-3  
m m d d y y y y

2. Was the participant terminated early from the treatment phase? No  4  
*Refers to participant being unable to attend groups due to external circumstances.* Yes  1  
*If No, then skip to question 5. If Yes, then complete questions 3a through 4.*

3. REASON FOR EARLY TREATMENT TERMINATION

Complete this section only if answer to question 2 is "Yes". Please provide a response to each item 3a-3g.

3a. Participant was discharged from the CTP for administrative reasons <i>(i.e., active disruption of CTP procedures, non-compliance with CTP rules, etc.)</i>	No <input type="checkbox"/> 5 Yes <input type="checkbox"/> 1 Unknown <input type="checkbox"/> 9
<b>Note: Only 'Yes' responses are retained</b>	
3b. Participant discontinued from study for clinical reasons <i>(i.e., concurrent illness, serious adverse events, etc.)</i>	No <input type="checkbox"/> 6 Yes <input type="checkbox"/> 1 Unknown <input type="checkbox"/> 9
3c. Participant discontinued treatment at his request	No <input type="checkbox"/> 7 Yes <input type="checkbox"/> 1 Unknown <input type="checkbox"/> 9
3d. Participant is in a controlled environment	No <input type="checkbox"/> 8 Yes <input type="checkbox"/> 1 Unknown <input type="checkbox"/> 9
3e. Participant dropped out of treatment program	No <input type="checkbox"/> 9 Yes <input type="checkbox"/> 1 Unknown <input type="checkbox"/> 9
3f. Participant transferred to another treatment program	No <input type="checkbox"/> 10 Yes <input type="checkbox"/> 1 Unknown <input type="checkbox"/> 9
3g. Participant discontinued for other reason <i>(If yes, then specify in question 4)</i>	No <input type="checkbox"/> 11 Yes <input type="checkbox"/> 1 Unknown <input type="checkbox"/> 9

**DOMAIN: DS**

Participant #: <b>USUBJID</b> _____	Visit Date: ____ / ____ / ____ <small>m m d d y y y y</small> <b>DSDTC</b>
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4. If any question above (3a-3g) was answered Yes, then provide details: 12

<b>QNAM=STTOTHER</b> <b>QLABEL=PATIENT EARLY TREATMENT TERM SPECIFIED</b> <b>IDVAR=VISITNUM</b>
---

5. Will the participant continue into the Follow-up phase of the study? No  0 <sup>13</sup>

<b>QNAM=FUPCONT</b> <b>QLABEL=PATIENT CONTINUE INTO FOLLOW-UP PHASE</b> <b>IDVAR=VISITNUM</b>
---

Yes  1  
Unknown  9

Completed by (Staff #): _____
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14

**Addiction Severity Index Lite**

STUDYID

Protocol Number: NIDA-CTN-0018

Participant #:	<u>USUBJID</u>	<sup>a</sup>	EPOCH	Visit #:	<u>      </u>	<sup>c</sup>	VISITNUM
Form Completion Status:	<u>      </u>	<sup>d</sup>	Sequence Num:	<u>      </u>	<sup>k</sup>	Visit Date:	<u>      </u> / <u>      </u> / <u>      </u>
1=CRF administered						<sup>f</sup>	<sup>g</sup>
2=Participant refused						<sup>h</sup>	
3=Staff member did not administer						m	m
4=Not enough time to administer						d	d
5=No participant contact						y	y
6=Other (specify: <u>      </u> )		<sup>e</sup>				y	y
Node #:	<u>      </u>	<sup>i</sup>	Site #:	<u>      </u>	<sup>j</sup>	QSSTDTC/QSENDTC	

Participant Date of Birth:       /      /       THIS DATA NOT ENTERED  
m m d d y y y y

<b>Composite Scores (for site use only):</b>	
Medical:	Legal:
Employment:	Family:
Drug:	Psychiatric:
Alcohol:	

<b>Patient Rating Scale</b>
0 = Not at all
1 = Slightly
2 = Moderately
3 = Considerably
4 = Extremely

**Introducing the ASI**

Seven potential problem areas: Medical, Employment/Support Status, Alcohol, Drug, Legal, Family/Social, and Psychological. All clients receive this same standard interview. All information gathered is confidential.

There are two time periods we will discuss:

1. The past 30 days
2. Lifetime Data

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

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

If you are uncomfortable giving an answer, then don't answer.  
**Please do not give inaccurate information!**

**DOMAIN: QS**

Participant #: <u>    </u> <b>USUBJID</b> <u>    </u>	Visit Date: <b>QSSTDTC/QSENDTC</b> <div style="text-align: center; font-size: small;">             m m / d d / y y y y           </div>
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**Start Time:** **QSSTDTC** 1-2

$\frac{\quad}{h} \frac{\quad}{h} : \frac{\quad}{m} \frac{\quad}{m}$   
 (24 hour clock)\*

**ALCOHOL/DRUG USE =QSSCAT**

*Note the usual or most recent route. For more than one route, choose the most severe. The routes are listed from least severe to most severe. If Past 30 Days is zero, route should be coded as "-3"  
 -9=Not answered.*

**QSTEST**

**QSORRES**

<b>D1.</b> Alcohol (any use at all)	<b>QSEVLNT=-P30D</b>	a. Past 30 Days	____	3
<b>D2.</b> Alcohol (to intoxication)	<b>QSEVLNT=-P30D</b>	a. Past 30 Days	____	4
<b>D3.</b> Heroin	<b>QSEVLNT=-P30D</b>	a. Past 30 Days	____	5
		c. Route of Administration		6
			Oral <input type="checkbox"/> 1	
			Nasal <input type="checkbox"/> 2	
			Smoking <input type="checkbox"/> 3	
			Non-IV injection <input type="checkbox"/> 4	
			IV injection <input type="checkbox"/> 5	
			Not applicable <input type="checkbox"/> -3	
			Not answered <input type="checkbox"/> -9	
<b>D4.</b> Methadone/LAAM (prescribed)	<b>QSEVLNT=-P30D</b>	a. Past 30 Days	____	7
		c. Route of Administration		8
			Oral <input type="checkbox"/> 1	
			Nasal <input type="checkbox"/> 2	
			Smoking <input type="checkbox"/> 3	
			Non-IV injection <input type="checkbox"/> 4	
			IV injection <input type="checkbox"/> 5	
			Not applicable <input type="checkbox"/> -3	
			Not answered <input type="checkbox"/> -9	
<b>D4a.</b> Methadone/LAAM (illicit)	<b>QSEVLNT=-P30D</b>	a. Past 30 Days	____	9
		c. Route of Administration		10
			Oral <input type="checkbox"/> 1	
			Nasal <input type="checkbox"/> 2	
			Smoking <input type="checkbox"/> 3	
			Non-IV injection <input type="checkbox"/> 4	
			IV injection <input type="checkbox"/> 5	
			Not applicable <input type="checkbox"/> -3	
			Not answered <input type="checkbox"/> -9	



**DOMAIN: QS**

Participant #:	<b>USUBJID</b>	Visit Date:	<b>QSSTDTC/QSENDTC</b>	
	_ _ _ _ _		m m d d y y y y	
<b>D5. Other Opiates/Analgesics</b>	<b>QSEVLNT=-P30D</b>	a. Past 30 Days	<b>QSORRES</b>	11
<b>QSTEST</b>		c. Route of Administration	Oral <input type="checkbox"/> 1	12
			Nasal <input type="checkbox"/> 2	
			Smoking <input type="checkbox"/> 3	
			Non-IV injection <input type="checkbox"/> 4	
			IV injection <input type="checkbox"/> 5	
			Not applicable <input type="checkbox"/> -3	
			Not answered <input type="checkbox"/> -9	
<b>D6. Barbiturates</b>	<b>QSEVLNT=-P30D</b>	a. Past 30 Days	_ _ _	13
		c. Route of Administration	Oral <input type="checkbox"/> 1	14
			Nasal <input type="checkbox"/> 2	
			Smoking <input type="checkbox"/> 3	
			Non-IV injection <input type="checkbox"/> 4	
			IV injection <input type="checkbox"/> 5	
			Not applicable <input type="checkbox"/> -3	
			Not answered <input type="checkbox"/> -9	
<b>D7. Sedatives/Hypnotics/Tranquilizers</b>	<b>QSEVLNT=-P30D</b>	a. Past 30 Days	_ _ _	15
		c. Route of Administration	Oral <input type="checkbox"/> 1	16
			Nasal <input type="checkbox"/> 2	
			Smoking <input type="checkbox"/> 3	
			Non-IV injection <input type="checkbox"/> 4	
			IV injection <input type="checkbox"/> 5	
			Not applicable <input type="checkbox"/> -3	
			Not answered <input type="checkbox"/> -9	
<b>D8. Cocaine</b>	<b>QSEVLNT=-P30D</b>	a. Past 30 Days	_ _ _	17
		c. Route of Administration	Oral <input type="checkbox"/> 1	18
			Nasal <input type="checkbox"/> 2	
			Smoking <input type="checkbox"/> 3	
			Non-IV injection <input type="checkbox"/> 4	
			IV injection <input type="checkbox"/> 5	
			Not applicable <input type="checkbox"/> -3	
			Not answered <input type="checkbox"/> -9	
<b>D9. Amphetamines</b>	<b>QSEVLNT=-P30D</b>	a. Past 30 Days	_ _ _	19
		c. Route of Administration	Oral <input type="checkbox"/> 1	20
			Nasal <input type="checkbox"/> 2	
			Smoking <input type="checkbox"/> 3	
			Non-IV injection <input type="checkbox"/> 4	
			IV injection <input type="checkbox"/> 5	
			Not applicable <input type="checkbox"/> -3	
			Not answered <input type="checkbox"/> -9	

Participant #:	USUBJID	Visit Date:	QSSTDTC/QSENDTC	
	_ _ _ _ _		m m / d d / y y y y	
<b>D10. Cannabis</b>	<b>QSEVLNT=-P30D</b>	a. Past 30 Days	<b>QSORRES</b>	21
<b>QSTEST</b>				
		c. Route of Administration	Oral <input type="checkbox"/> 1	22
			Nasal <input type="checkbox"/> 2	
			Smoking <input type="checkbox"/> 3	
			Non-IV injection <input type="checkbox"/> 4	
			IV injection <input type="checkbox"/> 5	
			Not applicable <input type="checkbox"/> -3	
			Not answered <input type="checkbox"/> -9	
<b>D11. Hallucinogens</b>	<b>QSEVLNT=-P30D</b>	a. Past 30 Days	_ _ _ _	23
		c. Route of Administration	Oral <input type="checkbox"/> 1	24
			Nasal <input type="checkbox"/> 2	
			Smoking <input type="checkbox"/> 3	
			Non-IV injection <input type="checkbox"/> 4	
			IV injection <input type="checkbox"/> 5	
			Not applicable <input type="checkbox"/> -3	
			Not answered <input type="checkbox"/> -9	
<b>D12. Inhalants</b>	<b>QSEVLNT=-P30D</b>	a. Past 30 Days	_ _ _ _	25
		c. Route of Administration	Oral <input type="checkbox"/> 1	26
			Nasal <input type="checkbox"/> 2	
			Smoking <input type="checkbox"/> 3	
			Non-IV injection <input type="checkbox"/> 4	
			IV injection <input type="checkbox"/> 5	
			Not applicable <input type="checkbox"/> -3	
			Not answered <input type="checkbox"/> -9	
<b>D36. Nicotine (tobacco products)</b>	<b>QSEVLNT=-P30D</b>	Past 30 Days	_ _ _ _	27
<b>D13. More than 1 substance per day (including alcohol, excluding nicotine)</b>	<b>QSEVLNT=-P30D</b>	Past 30 Days	_ _ _ _	28

**D14.** According to the interviewer, which substance(s) is/are the major problem? \_\_\_\_\_ 29  
*Interviewer should determine the major drug or drugs of abuse (excluding Nicotine use). Code the number next to the drug in Questions 01-12 (code prescribed or illicit methadone as "04"). "00"=no problem, "15"=alcohol & one or more drugs, "16"=more than one drug, but no alcohol. Ask participant when not clear. -9=Not answered.*

**D17.** How many times since your last ASI have you had Alcohol DT's? \_\_\_\_\_ 30  
*Delirium Tremens (DT's): Occur 24-48 hours after last drink, or significant decrease in alcohol intake. Characterized by shaking, severe disorientation, fever, hallucinations, they usually require medical attention. -9=Not answered.*

Participant #: <u>          </u> <b>USUBJID</b>	Visit Date: <u>          </u> <b>QSSTDTC/QSENDTC</b> m m d d y y y y
---	---

**QSTEST**

**How many times since your last ASI have you been treated for:** **QSORRES**  
*Include detoxification, halfway houses, in/outpatient counseling, and AA or NA (if 3+ meetings within one month period). XX=Not answered.*

**D19. Alcohol abuse?** \_\_\_\_\_ 31

**D20. Drug abuse?** \_\_\_\_\_ 32

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

**D21. Alcohol?** \_\_\_\_\_ 33  
*If Question D19 = "00", then Question D21 is "-3". -9=Not answered.*

**D22. Drugs?** \_\_\_\_\_ 34  
*If Question D20 = "00", then Question D22 is "-3". -9=Not answered.*

**How much money would you say you spent during the past 30 days on:**  
*Max=\$99999. Only count actual money spent. What is the financial burden caused by alcohol/drugs? -9=Not answered.*

**D23. Alcohol?** **QSEVLNT=-P30D** **QSORRESU=DOLLAR** \$ \_\_\_\_\_ 35

**D24. Drugs?** **QSEVLNT=-P30D** **QSORRESU=DOLLAR** \$ \_\_\_\_\_ 36

**D25. How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days?** \_\_\_\_\_ 37  
*Include AA/NA. -9=Not answered.* **QSEVLNT=-P30D**

**For Questions D28-D31, please ask the patient to use the Patient Rating scale.**  
*The Patient is rating the need for additional substance abuse treatment.*

**D26. How many days in the past 30 have you experienced alcohol problems?** \_\_\_\_\_ 38  
*-9=Not answered.* **QSEVLNT=-P30D**

**D28. How troubled or bothered have you been in the past 30 days by these alcohol problems?** **QSEVLNT=-P30D**  
Not at all  0 39  
Slightly  1  
Moderately  2  
Considerably  3  
Extremely  4  
Not answered  -9

**D30. How important to you now is treatment for these alcohol problems?** **QSEVLNT=-P30D**  
Not at all  0 40  
Slightly  1  
Moderately  2  
Considerably  3  
Extremely  4  
Not answered  -9

Participant #: <u>      USUBJID      </u>	Visit Date: <u>      QSSTDTC/QSENDTC      </u> m m d d y y y y
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**QSTEST** **D27.** How many days in the past 30 have you experienced drug problems? **QSORRES** 41  
*Include only: Craving, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to. -9=Not answered.*

**D29.** How troubled or bothered have you been in the past 30 days by these drug problems? 0 42  
 Slightly 1  
 Moderately 2  
 Considerably 3  
 Extremely 4  
 Not answered -9

**D31.** How important to you now is treatment for drug problems? 0 43  
 Slightly 1  
 Moderately 2  
 Considerably 3  
 Extremely 4  
 Not answered -9

**CONFIDENCE RATINGS**

Is the above information significantly distorted by:

**D34.** Patient's misrepresentation? 0 44  
 Yes 1

**D35.** Patient's inability to understand? 0 45  
 Yes 1

<p><b><u>ALCOHOL/DRUG COMMENTS:</u></b> <i>(Include question number with your notes.)</i></p> <p style="text-align: center; color: red;">DATA NOT COLLECTED</p>	46
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**Stop Time:**

*\*If time spent completing form was not continuous, add just stop time to account for any breaks.*

**QSENDTC**  
 \_\_\_\_\_  
 h h m m  
 (24 hour clock)\*

47-48

Completed by (Staff #): <u>      QSEVAL      </u>	49
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