NIDA Clinical Trials Network

Adverse Events (AD1)

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

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

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

1. Adverse event name:*(A1DESCRI)*

2. Date site became aware of the event:*(A1AWARDT)* *(mm/dd/yyyy)* Click here to view calendar

3. Severity of event:*(A1SEVEVE)*

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

4. Relationship to study intervention:*(A1RELTB)*

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

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

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

If "Other," specify:*(A1AEBSP)*

5. Action taken with study intervention:*(A1ACTBI)*

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

6. Outcome of event:*(A1OUTCM)*

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

7. Date of resolution or medically stable:*(A1RESDT)* *(mm/dd/yyyy)*

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

8. Was this event associated with:*(A1ASSOCI)*

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

If "Death", date of death:*(A1DTHDTE)* *(mm/dd/yyyy)*

9. If "Inpatient admission to hospital" or "Prolongation of hospitalization":
Date of hospital admission:*(A1HOSPAD)* *(mm/dd/yyyy)*

Date of hospital discharge:*(A1HOSPDC)* *(mm/dd/yyyy)*

Comments:*(A1COMM)*

Investigator's Signature

I have reviewed all the data recorded on all CRF pages associated with this Adverse Event, as well as any associated documentation, and certify that they are accurate and complete to the best of my knowledge.

Principal Investigator or designee:*(A1PISIGN)*

Date:*(A1PISGDT)* *(mm/dd/yyyy)*

MedDRA:

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

Preferred Term:*(MEDRAPT)* Not Coded

System Organ Class:*(MEDRASOC)*

Additional Selection Options for AD1

Select Sequence Number *(AESEQNUM)* (key field):
01-1st Adverse Event of the day
02-2nd Adverse Event of the day
03-3rd Adverse Event of the day
04-4th Adverse Event of the day
05-5th Adverse Event of the day
06-6th Adverse Event of the day
07-7th Adverse Event of the day
08-8th Adverse Event of the day
09-9th Adverse Event of the day
10-10th Adverse Event of the day
-

Action taken with study intervention:
5-Participant terminated from study

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

NIDA Clinical Trials Network

Serious Adverse Event Summary (AD2)

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

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

1. Initial narrative description of serious adverse event:

(A2SUMM)

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

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

(A2MEDHX)

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

Medication (Generic Name)	Indication
(A2_01DNM)	*(A2_01DIN)*
(A2_02DNM)	*(A2_02DIN)*
(A2_03DNM)	*(A2_03DIN)*
(A2_04DNM)	*(A2_04DIN)*
(A2_05DNM)	*(A2_05DIN)*

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

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

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

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

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

6. Follow-Up:
Include labs/test results as they become available, clinical changes, consultant diagnosis, etc.

(A2FOLLUP)

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7. Additional information requested by the Medical Monitor:

(A2ADDINF)

Have all Medical Monitor requests been addressed?*(A2RQADDR)*

☐ Yes

Additional Selection Options for AD2

Select Sequence Number *(AESEQNUM)* (key field):
01-1st Adverse Event of the day
02-2nd Adverse Event of the day
03-3rd Adverse Event of the day
04-4th Adverse Event of the day
05-5th Adverse Event of the day
06-6th Adverse Event of the day
07-7th Adverse Event of the day
08-8th Adverse Event of the day
09-9th Adverse Event of the day
10-10th Adverse Event of the day
-

NIDA Clinical Trials Network

Serious Adverse Event Medical Reviewer (AD3)

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

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

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

Assessed by:*(A2ASRID)* ☐ Robert Lindblad ☐ Radhika Kondapaka

Reviewed by:*(A3REVID)* ☐ Robert Lindblad

Comments:*(A3COMM)*

Additional Selection Options for AD3

Select Sequence Number *(AESEQNUM)* (key field):
01-1st Adverse Event of the day
02-2nd Adverse Event of the day
03-3rd Adverse Event of the day
04-4th Adverse Event of the day
05-5th Adverse Event of the day
06-6th Adverse Event of the day
07-7th Adverse Event of the day
08-8th Adverse Event of the day
09-9th Adverse Event of the day
10-10th Adverse Event of the day
-

NIDA Clinical Trials Network

Additional Demographics (ADM)

Web Version: 1.0; 2.00; 04-06-11

Segment *(PROTSEG)*:
Visit Number *(VISNO)*:

Date of assessment:*(ADASMDT)* *(mm/dd/yyyy)* Click here to view calendar

1. Education completed:*(ADEDUCTN)*

- 0-1-11 Years
- 1-GED/12 Years
- 2-Some College
- 3-College Degree
- 4-Some Graduate
- 5-Graduate Degree
- 6-Post Graduate Degree

2. Marital Status (Common-law = Married. Specify in comments):*(ADMARITL)*

- 1-Married/Civil Union
- 2-Remarried
- 3-Widowed
- 4-Separated
- 5-Divorced
- 6-Never Married
- 7-Living Together but not Married

Answer the following question to 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.

3. Usual Employment Pattern in past 3 years:*(ADEMP3YR)*

- 1-Full Time (35+ hrs/wk)
- 2-Part Time (regular hrs)
- 3-Part Time (irregular hrs, day-work)
- 4-Student
- 5-In Controlled Environment
- 6-Service
- 7-Retired/Disability
- 8-Homemaker
- 9-Unemployed

Answer the following question to represent the majority of the last 30 days, 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.

4. Usual Employment Pattern in past 30 days:*(ADEMP30D)*

- 1-Full Time (35+ hrs/wk)
- 2-Part Time (regular hrs)
- 3-Part Time (irregular hrs, day-work)
- 4-Student
- 5-In Controlled Environment
- 6-Service
- 7-Retired/Disability
- 8-Homemaker
- 9-Unemployed

5. Annual Household Income:*(ADINCOME)*

1-$0-$15,000
2-$15,001-$30,000
3-$30,001-$50,000
4-$50,001-$75,000
5-$75,001-$100,000
6-more than $100,000
7-Declined to answer

Comments:*(ADMCOMM)*

NIDA Clinical Trials Network

Brief Information Tool (BIT)

Web Version: 1.0; 2.01; 01-24-11

Screening ID *(SCREENID)*:

1. Date of assessment:*(BIASMTDT)* *(mm/dd/yyyy)* Click here to view calendar
2. Age:*(BIAGE)* *(xx)* years
3. Gender:*(BIGENDER)*
   - 1-Male
   - 2-Female
   - 98-Participant chooses not to answer
4. Presenting complaint (from the hospital records):*(BICMPLNT)*
5. Triage level:*(BILEVEL)*
   - A-A
   - B-B
   - C-C
   - D-D
   - E-E
   - *Additional Options Listed Below
6. Was verbal consent obtained?*(BIVECNST)* ☐ No ☐ Yes
7. Does the patient agree to complete the TAD?*(BITAD)* ☐ No ☐ Yes

   If "No", provide reason:*(BITADREA)*
   - 1-Refused
   - 2-Left
   - 3-Medical Complication
   - 4-Exclude
   - 5-Other

   If "Other", please specify:*(BIOTHSP)*

Comments:*(BITCOMM)*

Additional Selection Options for BIT

Triage level:
1-1
2-2
3-3
4-4
5-5
AA-Urgent A
AB-Urgent B
AC-Fast Track
AD-Start
AE-Acute

NIDA Clinical Trials Network

Demographics (DEM)

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

1. Date of birth:*(DEBRTHDT)* _____ *(mm/dd/yyyy)*

2. Sex:*(DEGENDER)* ☐ Male ☐ Female ☐ Participant chooses not to answer

3. Ethnicity:*(DEETHNIC)* ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Participant chooses not to answer

4. Race:

American Indian or Alaska Native*(DEAMEIND)*	☐ No ☐ Yes
Asian*(DEASIAN)*	☐ No ☐ Yes
Black or African American*(DEBLACK)*	☐ No ☐ Yes
Native Hawaiian or Pacific Islander*(DEHAWAII)*	☐ No ☐ Yes
White*(DEWHITE)*	☐ No ☐ Yes
Other*(DEOTHER)*	☐ No ☐ Yes
If "Yes", specify:*(DEOTHRSP)*	_____

OR

Unknown*(DEUNKNOW)*	☐ Yes
Participant chooses not to provide their race*(DENORACE)*	☐ Yes

Comments:*(DEMCOMM)* _____

NIDA Clinical Trials Network

0047A (ENR)

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

Date of assessment:*(S3ASMDT)* *(mm/dd/yyyy)* Click here to view calendar

Screening ID:*(S3SCRID)* *(xxxx)*

Date informed consent signed:*(S3INFMDT)* *(mm/dd/yyyy)* Click here to view calendar

Presenting complaint (as reported by the participant):*(S3COMPLT)*

Comments:*(S3COMM)*

NIDA Clinical Trials Network

Hair Sample Form (HSF)

Web Version: 1.0; 1.00; 02-24-11

Segment *(PROTSEG)*:
Visit Number *(VISNO)*:

Date of assessment:*(HSASMDT)* *(mm/dd/yyyy)* Click here to view calendar

1. Hair sample collected:*(HSCOLLTD)* ☐ No ☐ Yes

   a. If "No", why was hair sample not collected:*(HSNORESN)*

   1-Refused
   2-Insufficient hair
   3-Phone interview
   9-Other

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

2. Date hair sample collected:*(HSCOLLDT)* *(mm/dd/yyyy)* Click here to view calendar

3. Hair sample collected from:*(HSCOLFRM)*

   1-Head
   2-Face
   3-Arm
   4-Underarm
   5-Chest
   *Additional Options Listed Below

4. Hair sample ID:*(HSSAMPID)*

Comments:*(HSFCOMM)*

Additional Selection Options for HSF

Hair sample collected from:
6-Leg

NIDA Clinical Trials Network

Protocol Violation Log (PVL)

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

Date of Violation *(PVDATE)*:
Protocol Violation Number *(PVSEQNUM)*:

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

1. Violation type:*(PVTYPE47)*

Z01-INFORMED CONSENT PROCEDURES
01A - No consent/assent obtained
01C - Invalid/incomplete informed consent
01D - Unauthorized assessments and/or procedures conducted prior to obtaining informed consent
01E - HIPAA release not obtained
*Additional Options Listed Below

If "Other" is indicated, provide the specification:*(PVTPSP47)*

2. Description of violation:*(PVDESC)*

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

☐ No ☐ Yes

Protocol violation resolution and corrective action: *(PVRSCASP)*

4. Does this protocol violation require IRB reporting? *(PVIRB)* ☐ No ☐ Yes

If "Yes", provide date reported: *(PVIRBDT)* *(mm/dd/yyyy)* Click here for calendar

Comments: *(PVLCOMM)*

Additional Selection Options for PVL

Protocol Violation Number *(PVSEQNUM)* (key field):
01-1st Protocol Violation of the day
02-2nd Protocol Violation of the day
03-3rd Protocol Violation of the day
04-4th Protocol Violation of the day
05-5th Protocol Violation of the day
06-6th Protocol Violation of the day
07-7th Protocol Violation of the day
08-8th Protocol Violation of the day
09-9th Protocol Violation of the day
10-10th Protocol Violation of the day

Violation type:
01Z- Other (specify)
02-INCLUSION/EXCLUSION CRITERIA
Z04-LABORATORY ASSESSMENTS/PROCEDURES
04B- Testing completed outside window
04C- Testing not completed as per protocol
04D- Unauthorized test/procedure obtained
04Z- Other (specify)
Z05-STUDY PROCEDURES/ASSESSMENTS
05A- Protocol required procedures not obtained
05B- Procedures/Assessments not completed as per protocol
05C- Procedures/Assessments obtained outside the visit timeframes
05Z- Other (specify)
Z06-ADVERSE EVENT
06A- SAE not reported
06B- SAE reported out of time window
06Z- Other (specify)
Z07-RANDOMIZATION PROCEDURES
07A- Randomization procedures not followed (e.g., outside window, out of sequence, etc.)
07B- Ineligible participant randomized
07E- Incorrect treatment assignment
07Z- Other (specify)
Z09-BEHAVIORAL INTERVENTION
09A- Intervention not provided per protocol schedule or visit window timeframe
09B- Incorrect intervention assignment
09C- Referral not performed per protocol
09Z- Other (specify)
Z10-VISIT SCHEDULE/INTERVAL
10A- Visit conducted outside of window
10Z- Other (specify)
Z99-OTHER SIGNIFICANT VIOLATIONS
99A- Destroying study materials prior to authorization from Lead Node
99B- Site starting the study prior to obtaining appropriate IRB(s) and/or CTM approvals
99C- Using advertising materials or brochures without prior IRB approval
99Z- Other (specify)

NIDA Clinical Trials Network

Secondary Screening Form (SSF)

Web Version: 1.0; 3.00; 04-26-11

Screening ID *(SCREENID)*:

Date of assessment:*(SSASMDT)* _____ *(mm/dd/yyyy)* Click here to view calendar

I have a few more general questions that I need to ask you.

1. Are you currently engaged in an addiction treatment?

   This is defined according to participant self report for the past 30 days. Answer yes if participant either:
   ***a)** Received therapy from a professional in which the primary goal was to treat an alcohol or non-nicotine drug addiction [INCLUDES: individual, group, inpatient, residential, and/or outpatient treatment, DOES NOT INCLUDE: Any 12-step/self-help groups (NA, AA, CA, Women for Sobriety, Moderation Management, Double Trouble)], or*
   ***b)** Has taken medications as prescribed to treat an alcohol or non-nicotine drug addiction.(SSADDTX)*

   0-No
   1-Yes

2. Do you reside more than 50 miles from the location of _____ (follow-up visit location)?*(SSLOCTN)*

   0-No
   1-Yes

3. Are you able to provide sufficient contact information, including 2 locators?
   These locators should be people who will know your whereabouts if we are unable to contact you using the contact information you provide. These people do not need to be told about the research; we can simply say that we are calling from the university.*(SSCONTCT)*

   0-No
   1-Yes

4. Do you have access to a phone?*(SSPHONE)*

   0-No
   1-Yes

5. Are you currently on probation, parole, house arrest, and/or electronic monitoring (e.g. ankle bracelet), or, based on RA observation, is the participant currently a prisoner or in police custody?*(SSPRISNR)*

   0-No
   1-Yes

---

6. Did the participant sign the Informed Consent Form?*(SSVECNST)*

   0-No
   1-Yes

   If "No" specify:*(SSCNSTSP)*

   1-Declined study participation
   2-Left Emergency Department
   3-Medical complication
   4-Death
   5-Judgment of the research staff
   6-Other

If "Judgment of research staff", specify:*(SSCNTJDS)*

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

Comments:*(SSFCOMM)*

NIDA Clinical Trials Network

Study Termination (STT)

Web Version: 1.0; 3.00; 05-10-12

1. Date of study completion or last attended study visit:*(TRTRMDT)* *(mm/dd/yyyy)* Click here for calendar

2. Did the participant complete the study?*(TRCOMPLT)* ☐ No ☐ Yes

If "No", select the primary reason for study termination:*(TRTRMRES)*

- 01-Participant incarcerated for duration of study
- 02-Participant terminated for clinical reasons
- 03-Participant terminated due to AE/SAE
- 04-Participant withdrew consent
- 05-Participant died
- *Additional Options Listed Below

If "Participant terminated for other reason", provide other reason:*(TRTRMOSP)*

3. Comments:*(STTCOMM)*

Investigator's Signature

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

Principal Investigator or designee:*(TRPISIGN)*

Date:*(TRPISGDT)* *(mm/dd/yyyy)* Click here for calendar

Additional Selection Options for STT

If "No", select the primary reason for study termination:
06-Participant terminated due to protocol violation
99-Participant terminated for other reason

NIDA Clinical Trials Network

Tobacco, Alcohol, and Drug Questionnaire (TAD)

Web Version: 1.0; 1.00; 10-28-10

Screening ID *(SCREENID)*:

Date of assessment:*(TAFASMDT)* _____ *(mm/dd/yyyy)* Click here to view calendar

1. Do you smoke cigarettes or use any other form of tobacco?*(TASMOKE)* ☐ No ☐ Yes
2. Do you smoke or use tobacco every day?*(TASMKEVD)* ☐ No ☐ Yes
3. How many cigarettes do you smoke per day?*(TANUMBRC)*
   - 0-10 or less
   - 1-11-20
   - 2-21-30
   - 3-31 or more
   - 9-I use smokeless tobacco
4. How soon after you wake up do you smoke your first cigarette or use smokeless tobacco?*(TAWAKEUP)*
   - 0-After 60 minutes
   - 1-31-60 minutes
   - 2-6-30 minutes
   - 3-Within 5 minutes
5. How often have you had a drink containing alcohol in the last year? Consider a drink to be a 12-oz can or bottle of beer, a 4-oz glass of wine, a wine cooler, 1 cocktail or a shot (1.25 oz) of hard liquor (like gin or vodka).*(TAALCYR)*
   - 0-Never
   - 1-Monthly or less
   - 2-2 to 4 times a month
   - 3-2 to 3 times a week
   - 4-4 to 5 times a week
   - 5-6 or more times a week
6. How many drinks containing alcohol did you have on a typical day when you were drinking in the last year?*(TAALCDAY)*
   - 0-1 to 2 drinks
   - 1-3 to 4 drinks
   - 2-5 to 6 drinks
   - 3-7 to 9 drinks
   - 4-10 or more drinks
7. How often in the last year have you had 6 or more drinks on one occasion?*(TAALCSIX)*
   - 0-Never
   - 1-Less than monthly
   - 2-Monthly
   - 3-Weekly
   - 4-Daily or almost daily

The following list of questions (#8-17) ask for information concerning your potential involvement with drugs, excluding alcohol and tobacco.

During the past 12 months:

8. Have you used drugs other than those required for medical reasons?*(TAOTHDRG)* ☐ No ☐ Yes
9. Do you abuse more than one drug at a time?*(TAABUSED)* ☐ No ☐ Yes
10. Are you unable to stop using drugs when you want to?*(TAUNSTOP)* ☐ No ☐ Yes
11. Have you ever had blackouts or flashbacks as a result of drug use?*(TABLKOUT)* ☐ No ☐ Yes
12. Do you ever feel bad or guilty about your drug use?*(TAGUILTY)* ☐ No ☐ Yes

13. Does your spouse (or parents) ever complain about your involvement with drugs?*(TACOMPLN)* ☐ No ☐ Yes

14. Have you neglected your family because of your use of drugs?*(TANEGFAM)* ☐ No ☐ Yes

15. Have you engaged in illegal activities in order to obtain drugs?*(TAILLEGL)* ☐ No ☐ Yes

16. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs? *(TAWTHDRL)* ☐ No ☐ Yes

17. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?*(TAMEDPRB)* ☐ No ☐ Yes

18. Excluding alcohol and tobacco, what drug has caused the most difficulties recently? (If no recent difficulties, what drug have you used most often in recent months?)*(TADIFSUB)*

0-No recent difficulties or drug use
3-Cannabis
4-Cocaine
5-Prescribed Amphetamine type stimulants
6-Methamphetamine
7-Inhalants
8-Sedatives or sleeping pills
9-Hallucinogens
10-Street opioids
11-Prescribed opioids
99-Other

*Review the table below. If you are certain that the substance is **not listed**, then type your substance here:(TAOTHRSP)*

Cannabis	Marijuana, pot, grass, hash, etc.
Cocaine	Coke, crack, etc.
Prescribed Amphetamine type stimulants	Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.
Methamphetamine	Speed, crystal meth, ice, etc.
Inhalants	Nitrous oxide, glue, gas, paint thinner, etc.
Sedatives or sleeping pills	Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, GHB, etc.
Hallucinogens	LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.
Street opioids	Heroin, opium, etc.
Prescribed opioids	Fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.

19. In the past 30 days, how many days have you used *(TAPST30D)*

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

20. Do you think that this emergency room visit is related to any of the substances you use?*(TAERVIST)*

1-Visit is not at all related to substance use
2-Substance use played a minor role
3-Substance use played a major role
4-Visit happened because of substance use

Assessment completed by:*(TACOMPLT)* ☐ Research Assistant ☐ Participant

Additional Selection Options for TAD

In the past 30 days, how many days have you used

5-5
6-6
7-7
8-8
9-9
10-10
11-11
12-12
13-13
14-14
15-15
16-16
17-17
18-18
19-19
20-20
21-21
22-22
23-23
24-24
25-25
26-26
27-27
28-28
29-29
30-30