

NIDA Clinical Trials Network

Adverse Events (AD1)

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

Adverse Event Onset Date (AEDATE):

Select Sequence Number (AESEQNUM):

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

1. Adverse event name:(A1DESCR)

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

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

3. Severity of event:(A1SEVEVE)

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

4. Relationship to study intervention:(A1RELTB)

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

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

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

If "Other," specify:(A1AEBSP)

5. Action taken with study intervention:(A1ACTBI)

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

6. Outcome of event: (A1OUTCM)

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

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

 (mm/dd/yyyy)

Except for "None of the following" 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: (A1HOSPCD)

 (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 (*AESQNUM*) (key field):

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

Action taken with study intervention:

- 5-Participant terminated from study

Was this event associated with:

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

NIDA Clinical Trials Network

Serious Adverse Event Summary (AD2)

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

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

1. Initial narrative description of serious adverse event:

(A2SUMM)

2. Relevant Past Medical History: (A2SAEMHX) No Yes Unknown
Allergies, pregnancy, smoking and alcohol use, hypertension, diabetes, epilepsy, depression, etc.

(A2MEDHX)

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

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

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

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

Treatment	Indication	Date Treated
(A2_1TNME)	(A2_1TIND)	(A2_1L TDT) (mm/dd/yyyy)
(A2_2TNME)	(A2_2TIND)	(A2_2L TDT) (mm/dd/yyyy)
(A2_3TNME)	(A2_3TIND)	(A2_3L TDT) (mm/dd/yyyy)
(A2_4TNME)	(A2_4TIND)	(A2_4L TDT) (mm/dd/yyyy)
(A2_5TNME)	(A2_5TIND)	(A2_5L TDT) (mm/dd/yyyy)

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

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

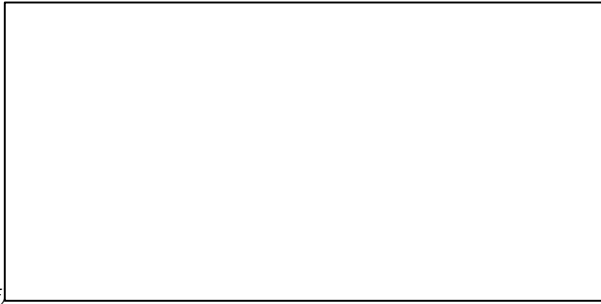
6. Follow-Up:

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

(A2FOLLUP)

7. Additional information requested by the Medical Monitor:

(A2ADDINF)



Have all Medical Monitor requests been addressed?(A2RQADDR)

Yes

Additional Selection Options for AD2

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

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

-

NIDA Clinical Trials Network

Serious Adverse Event Medical Reviewer (AD3)

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

Adverse Event Onset Date (AEDATE):

Select Sequence Number (AESEQNUM):

- 1. Was this determined to be a serious adverse event? (A3DETER) 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)

Reviewed by: (A3REVID)

Comments: (A3COMM)

- Robert Lindblad Radhika Kondapaka
- Robert Lindblad

Additional Selection Options for AD3

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

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

-

NIDA Clinical Trials Network

Adverse Event (AE1)

Web Version: 1.0; 2.00; 08-27-12

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:(A1DESCR1)

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

 (mm/dd/yyyy)

3. Severity of event:(A1SEVEVE)

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

4. Relationship to study intervention:(A1RELTB)

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

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

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

If "Other," specify:(A1AEBSP)

5. Action taken with study intervention:(A1ACTBI)

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

6. Outcome of event: (A1OUTCM)

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

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

(mm/dd/yyyy)

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

8. Was this event associated with: (A1ASSOCI)

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

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

(mm/dd/yyyy)

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

Date of hospital admission: (A1HOSPAD)

(mm/dd/yyyy)

Date of hospital discharge: (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 AE1

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

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

Action taken with study intervention:

- 5-Participant terminated from study

Was this event associated with:

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

NIDA Clinical Trials Network

Serious Adverse Event Summary (AE2)

Web Version: 1.0; 1.00; 08-30-10

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

1. Initial narrative description of serious adverse event:

(A2SUMM)

2. Relevant Past Medical History: (A2SAEMHX) No Yes Unknown
Allergies, pregnancy, smoking and alcohol use, hypertension, diabetes, epilepsy, depression, etc.

(A2MEDHX)

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

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

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

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

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

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

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

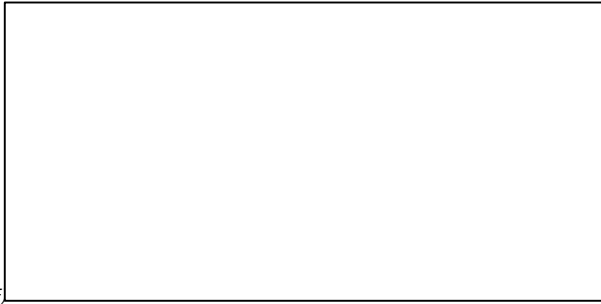
6. Follow-Up:

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

(A2FOLLUP)

7. Additional information requested by the Medical Monitor:

(A2ADDINF)



Have all Medical Monitor requests been addressed?(A2RQADDR)

Yes

Additional Selection Options for AE2

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

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

-

NIDA Clinical Trials Network

Serious Adverse Event Medical Reviewer (AE3)

Web Version: 1.0; 1.01; 10-28-10

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) (A3EXPDA) No Yes
- 5. Is this an expedited/reportable event for other reasons? (A3EXPOTH) No Yes
- 6. Does the protocol need to be modified based on this event? (A3EXPDSM) No Yes
- 7. Does the consent form need to be modified based on this event? (A3CONSEN) No Yes
- 8. Is the review complete? (A3REVDNE) No Yes

If "No", what additional information is required: (A3ADDINF)

Assessed by: (A2ASRID)

Reviewed by: (A3REVID)

Comments: (A3COMM)

- Robert Lindblad Radhika Kondapaka
- Robert Lindblad

Additional Selection Options for AE3

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

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

-

NIDA Clinical Trials Network

Brief Intervention Checklist (BIC)

Web Version: 1.0; 1.00; 09-08-10

Date of assessment: *(BICASMDT)*

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

1. Structuring statement and agenda setting: *(BICSTRUC)*

No Yes

Notes: *(BICSTRNT)*

2. Open motivational interviewing: *(BICOMI)*

No Yes

Notes: *(BICOMINT)*

3. Gives personalized feedback: *(BICGV PFB)*

No Yes

Notes: *(BICPFBNT)*

4. Elicits change talk and clarifies goals: *(BICGOAL)*

No Yes

Notes: *(BIGOLNT)*

5. Discusses action plan: *(BICAP)*

Notes: *(BICAPNT)*

No Yes

6. Closes on good terms: *(BICENDOK)*

Notes: *(BICENDNT)*

No Yes

Comments: *(BICCOMM)*

NIDA Clinical Trials Network

Booster Center Tracking Log (BKT)

Web Version: 1.0; 1.00; 02-27-12

Segment (PROTSEG):

Visit Number (VISNO):

Date	Time (in minutes)	Staff ID
1. (BK01DT) <input type="text"/> (mm/dd/yyyy) Calendar	(BK01TM) <input type="text"/> (xxx)	(BK01ID) <input type="text"/> (xxxxx)
2. (BK02DT) <input type="text"/> (mm/dd/yyyy) Calendar	(BK02TM) <input type="text"/> (xxx)	(BK02ID) <input type="text"/> (xxxxx)
3. (BK03DT) <input type="text"/> (mm/dd/yyyy) Calendar	(BK03TM) <input type="text"/> (xxx)	(BK03ID) <input type="text"/> (xxxxx)
4. (BK04DT) <input type="text"/> (mm/dd/yyyy) Calendar	(BK04TM) <input type="text"/> (xxx)	(BK04ID) <input type="text"/> (xxxxx)
5. (BK05DT) <input type="text"/> (mm/dd/yyyy) Calendar	(BK05TM) <input type="text"/> (xxx)	(BK05ID) <input type="text"/> (xxxxx)
6. (BK06DT) <input type="text"/> (mm/dd/yyyy) Calendar	(BK06TM) <input type="text"/> (xxx)	(BK06ID) <input type="text"/> (xxxxx)
7. (BK07DT) <input type="text"/> (mm/dd/yyyy) Calendar	(BK07TM) <input type="text"/> (xxx)	(BK07ID) <input type="text"/> (xxxxx)
8. (BK08DT) <input type="text"/> (mm/dd/yyyy) Calendar	(BK08TM) <input type="text"/> (xxx)	(BK08ID) <input type="text"/> (xxxxx)
9. (BK09DT) <input type="text"/> (mm/dd/yyyy) Calendar	(BK09TM) <input type="text"/> (xxx)	(BK09ID) <input type="text"/> (xxxxx)
10. (BK10DT) <input type="text"/> (mm/dd/yyyy) Calendar	(BK10TM) <input type="text"/> (xxx)	(BK10ID) <input type="text"/> (xxxxx)

Date	Time (in minutes)	Staff ID
11. (BK11DT) <input type="text"/> (mm/dd/yyyy) Calendar	(BK11TM) <input type="text"/> (xxx)	(BK11ID) <input type="text"/> (xxxxx)
12. (BK12DT) <input type="text"/> (mm/dd/yyyy) Calendar	(BK12TM) <input type="text"/> (xxx)	(BK12ID) <input type="text"/> (xxxxx)
13. (BK13DT) <input type="text"/> (mm/dd/yyyy) Calendar	(BK13TM) <input type="text"/> (xxx)	(BK13ID) <input type="text"/> (xxxxx)
14. (BK14DT) <input type="text"/> (mm/dd/yyyy) Calendar	(BK14TM) <input type="text"/> (xxx)	(BK14ID) <input type="text"/> (xxxxx)
15. (BK15DT) <input type="text"/> (mm/dd/yyyy) Calendar	(BK15TM) <input type="text"/> (xxx)	(BK15ID) <input type="text"/> (xxxxx)
16. (BK16DT) <input type="text"/> (mm/dd/yyyy) Calendar	(BK16TM) <input type="text"/> (xxx)	(BK16ID) <input type="text"/> (xxxxx)
17. (BK17DT) <input type="text"/> (mm/dd/yyyy) Calendar	(BK17TM) <input type="text"/> (xxx)	(BK17ID) <input type="text"/> (xxxxx)
18. (BK18DT) <input type="text"/> (mm/dd/yyyy) Calendar	(BK18TM) <input type="text"/> (xxx)	(BK18ID) <input type="text"/> (xxxxx)
19. (BK19DT) <input type="text"/> (mm/dd/yyyy) Calendar	(BK19TM) <input type="text"/> (xxx)	(BK19ID) <input type="text"/> (xxxxx)
20. (BK20DT) <input type="text"/> (mm/dd/yyyy) Calendar	(BK20TM) <input type="text"/> (xxx)	(BK20ID) <input type="text"/> (xxxxx)

Date	Time (in minutes)	Staff ID
21. (BK21DT) <input type="text"/> (mm/dd/yyyy) Calendar	(BK21TM) <input type="text"/> (xxx)	(BK21ID) <input type="text"/> (xxxxx)
22. (BK22DT) <input type="text"/> (mm/dd/yyyy) Calendar	(BK22TM) <input type="text"/> (xxx)	(BK22ID) <input type="text"/> (xxxxx)
23. (BK23DT) <input type="text"/> (mm/dd/yyyy) Calendar	(BK23TM) <input type="text"/> (xxx)	(BK23ID) <input type="text"/> (xxxxx)
24. (BK24DT) <input type="text"/> (mm/dd/yyyy) Calendar	(BK24TM) <input type="text"/> (xxx)	(BK24ID) <input type="text"/> (xxxxx)
25. (BK25DT) <input type="text"/> (mm/dd/yyyy) Calendar	(BK25TM) <input type="text"/> (xxx)	(BK25ID) <input type="text"/> (xxxxx)
26. (BK26DT) <input type="text"/> (mm/dd/yyyy) Calendar	(BK26TM) <input type="text"/> (xxx)	(BK26ID) <input type="text"/> (xxxxx)
27. (BK27DT) <input type="text"/> (mm/dd/yyyy) Calendar	(BK27TM) <input type="text"/> (xxx)	(BK27ID) <input type="text"/> (xxxxx)
28. (BK28DT) <input type="text"/> (mm/dd/yyyy) Calendar	(BK28TM) <input type="text"/> (xxx)	(BK28ID) <input type="text"/> (xxxxx)
29. (BK29DT) <input type="text"/> (mm/dd/yyyy) Calendar	(BK29TM) <input type="text"/> (xxx)	(BK29ID) <input type="text"/> (xxxxx)
30. (BK30DT) <input type="text"/> (mm/dd/yyyy) Calendar	(BK30TM) <input type="text"/> (xxx)	(BK30ID) <input type="text"/> (xxxxx)

Date	Time (in minutes)	Staff ID
31. (BK31DT) <input type="text"/> (mm/dd/yyyy) Calendar	(BK31TM) <input type="text"/> (xxx)	(BK31ID) <input type="text"/> (xxxxx)
32. (BK32DT) <input type="text"/> (mm/dd/yyyy) Calendar	(BK32TM) <input type="text"/> (xxx)	(BK32ID) <input type="text"/> (xxxxx)
33. (BK33DT) <input type="text"/> (mm/dd/yyyy) Calendar	(BK33TM) <input type="text"/> (xxx)	(BK33ID) <input type="text"/> (xxxxx)
34. (BK34DT) <input type="text"/> (mm/dd/yyyy) Calendar	(BK34TM) <input type="text"/> (xxx)	(BK34ID) <input type="text"/> (xxxxx)
35. (BK35DT) <input type="text"/> (mm/dd/yyyy) Calendar	(BK35TM) <input type="text"/> (xxx)	(BK35ID) <input type="text"/> (xxxxx)
36. (BK36DT) <input type="text"/> (mm/dd/yyyy) Calendar	(BK36TM) <input type="text"/> (xxx)	(BK36ID) <input type="text"/> (xxxxx)
37. (BK37DT) <input type="text"/> (mm/dd/yyyy) Calendar	(BK37TM) <input type="text"/> (xxx)	(BK37ID) <input type="text"/> (xxxxx)
38. (BK38DT) <input type="text"/> (mm/dd/yyyy) Calendar	(BK38TM) <input type="text"/> (xxx)	(BK38ID) <input type="text"/> (xxxxx)
39. (BK39DT) <input type="text"/> (mm/dd/yyyy) Calendar	(BK39TM) <input type="text"/> (xxx)	(BK39ID) <input type="text"/> (xxxxx)
40. (BK40DT) <input type="text"/> (mm/dd/yyyy) Calendar	(BK40TM) <input type="text"/> (xxx)	(BK40ID) <input type="text"/> (xxxxx)

Date	Time (in minutes)	Staff ID
41. (BK41DT) <input type="text"/> (mm/dd/yyyy) Calendar	(BK41TM) <input type="text"/> (xxx)	(BK41ID) <input type="text"/> (xxxxx)
42. (BK42DT) <input type="text"/> (mm/dd/yyyy) Calendar	(BK42TM) <input type="text"/> (xxx)	(BK42ID) <input type="text"/> (xxxxx)
43. (BK43DT) <input type="text"/> (mm/dd/yyyy) Calendar	(BK43TM) <input type="text"/> (xxx)	(BK43ID) <input type="text"/> (xxxxx)

44. (BK44DT) <input type="text"/> (mm/dd/yyyy) Calendar (BK44TM) <input type="text"/> (xxx) (BK44ID) <input type="text"/> (xxxxx)
45. (BK45DT) <input type="text"/> (mm/dd/yyyy) Calendar (BK45TM) <input type="text"/> (xxx) (BK45ID) <input type="text"/> (xxxxx)
46. (BK46DT) <input type="text"/> (mm/dd/yyyy) Calendar (BK46TM) <input type="text"/> (xxx) (BK46ID) <input type="text"/> (xxxxx)
47. (BK47DT) <input type="text"/> (mm/dd/yyyy) Calendar (BK47TM) <input type="text"/> (xxx) (BK47ID) <input type="text"/> (xxxxx)
48. (BK48DT) <input type="text"/> (mm/dd/yyyy) Calendar (BK48TM) <input type="text"/> (xxx) (BK48ID) <input type="text"/> (xxxxx)
49. (BK49DT) <input type="text"/> (mm/dd/yyyy) Calendar (BK49TM) <input type="text"/> (xxx) (BK49ID) <input type="text"/> (xxxxx)
50. (BK50DT) <input type="text"/> (mm/dd/yyyy) Calendar (BK50TM) <input type="text"/> (xxx) (BK50ID) <input type="text"/> (xxxxx)

Date	Time (in minutes)	Staff ID
51. (BK51DT) <input type="text"/> (mm/dd/yyyy) Calendar (BK51TM) <input type="text"/> (xxx) (BK51ID) <input type="text"/> (xxxxx)		
52. (BK52DT) <input type="text"/> (mm/dd/yyyy) Calendar (BK52TM) <input type="text"/> (xxx) (BK52ID) <input type="text"/> (xxxxx)		
53. (BK53DT) <input type="text"/> (mm/dd/yyyy) Calendar (BK53TM) <input type="text"/> (xxx) (BK53ID) <input type="text"/> (xxxxx)		
54. (BK54DT) <input type="text"/> (mm/dd/yyyy) Calendar (BK54TM) <input type="text"/> (xxx) (BKR54ID) <input type="text"/> (xxxxx)		
55. (BK55DT) <input type="text"/> (mm/dd/yyyy) Calendar (BK55TM) <input type="text"/> (xxx) (BK55ID) <input type="text"/> (xxxxx)		
56. (BK56DT) <input type="text"/> (mm/dd/yyyy) Calendar (BK56TM) <input type="text"/> (xxx) (BK56ID) <input type="text"/> (xxxxx)		
57. (BK57DT) <input type="text"/> (mm/dd/yyyy) Calendar (BK57TM) <input type="text"/> (xxx) (BK57ID) <input type="text"/> (xxxxx)		
58. (BK58DT) <input type="text"/> (mm/dd/yyyy) Calendar (BK58TM) <input type="text"/> (xxx) (BK58ID) <input type="text"/> (xxxxx)		
59. (BK59DT) <input type="text"/> (mm/dd/yyyy) Calendar (BK59TM) <input type="text"/> (xxx) (BK59ID) <input type="text"/> (xxxxx)		
60. (BK60DT) <input type="text"/> (mm/dd/yyyy) Calendar (BK60TM) <input type="text"/> (xxx) (BK60ID) <input type="text"/> (xxxxx)		

Date	Time (in minutes)	Staff ID
61. (BK61DT) <input type="text"/> (mm/dd/yyyy) Calendar (BK61TM) <input type="text"/> (xxx) (BK61ID) <input type="text"/> (xxxxx)		
62. (BK62DT) <input type="text"/> (mm/dd/yyyy) Calendar (BK62TM) <input type="text"/> (xxx) (BK62ID) <input type="text"/> (xxxxx)		
63. (BK63DT) <input type="text"/> (mm/dd/yyyy) Calendar (BK63TM) <input type="text"/> (xxx) (BK63ID) <input type="text"/> (xxxxx)		
64. (BK64DT) <input type="text"/> (mm/dd/yyyy) Calendar (BK64TM) <input type="text"/> (xxx) (BK64ID) <input type="text"/> (xxxxx)		
65. (BK65DT) <input type="text"/> (mm/dd/yyyy) Calendar (BK65TM) <input type="text"/> (xxx) (BK65ID) <input type="text"/> (xxxxx)		
66. (BK66DT) <input type="text"/> (mm/dd/yyyy) Calendar (BK66TM) <input type="text"/> (xxx) (BK66ID) <input type="text"/> (xxxxx)		
67. (BK67DT) <input type="text"/> (mm/dd/yyyy) Calendar (BK67TM) <input type="text"/> (xxx) (BK67ID) <input type="text"/> (xxxxx)		
68. (BK68DT) <input type="text"/> (mm/dd/yyyy) Calendar (BK68TM) <input type="text"/> (xxx) (BK68ID) <input type="text"/> (xxxxx)		

69. (BK69DT) <input type="text"/> (mm/dd/yyyy) Calendar	(BK69TM) <input type="text"/> (xxx)	(BK69ID) <input type="text"/> (xxxxx)
70. (BK70DT) <input type="text"/> (mm/dd/yyyy) Calendar	(BK70TM) <input type="text"/> (xxx)	(BK70ID) <input type="text"/> (xxxxx)

Comments: (BKTCOMM)

NIDA Clinical Trials Network

Booster Intervention Checklist (BOC)

Web Version: 1.0; 2.00; 10-04-10

Booster Visit (BOCVST):

Date of assessment: (BOCASMDT)

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

No Yes

1. Structuring statement and agenda setting: (BOCSTRUC)

Notes: (BOCSTRNT)

No Yes

2. Open motivational interviewing: (BOCOMI)

Notes: (BOCOMINT)

No Yes

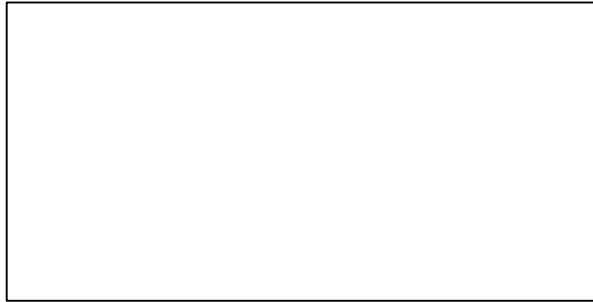
3. Discusses action plan: (BOCAP)

Notes: (BOCAPNT)

No Yes

4. Closes on good terms: (BOCENDOK)

Notes: *(BOENDNT)*

An empty rectangular box with a thin black border, intended for handwritten notes.

Comments: *(BOCCOMM)*

An empty rectangular box with a thin black border, intended for handwritten comments.

Additional Selection Options for BOC

Booster Visit (*BOCVST*) (key field):

01-01

02-02

NIDA Clinical Trials Network

Booster Record Form (BRF)

Web Version: 1.0; 2.00; 07-26-11

Segment (PROTSEG):

Visit Number (VISNO):

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

1. Was this session initiated? (BRSESINI) No Yes

If session not initiated, select reason: (BRREASON)

1-U nreachable at close of assessment window
2-Refused
3-Deceased
4-U navailable
5-O ther

If "Other", specify: (BROTHRSP)

2. Time Start: (hh:mm)
(BRTMSTRT)

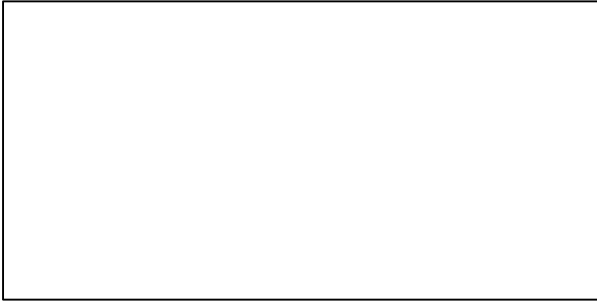
Time End: (hh:mm)
(BRTMEEND)

3. Was this session interrupted? (BRINTRPD) 0-No 1-Yes

If "Yes", total length of interruption(s): (xxxx) minutes
(BRTIMEIP)

4. Were you able to complete the session? (BRSESCOM) 1-Yes 0-No

Summary of session:
(BRSESSUM)

A large, empty rectangular box with a thin black border, intended for writing the summary of the session.

NIDA Clinical Trials Network

Barriers to Treatment Inventory (BTI)

Web Version: 1.0; 1.00; 07-02-10

Segment (PROTSEG):

Visit Number (VISNO):

Date of assessment (BTASMDT)

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

Please respond to each of the statements below by indicating how much you AGREE or DISAGREE with each one. Mark only one choice for each statement. Thank you for your participation.

	Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
1. I do not think I have a problem with drugs.	(BTPRBME) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. No one has told me I have a problem with drugs.	(BTPRBYOU) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My drug use is not causing any problems.	(BTNOPROB) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I do not think treatment will make my life better.	(BTTXLIFE) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I can handle my drug use on my own.	(BTDRGOWN) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I do not think I need treatment.	(BTNOTX) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I will lose my friends if I go to treatment.	(BTLOSEFR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Friends tell me not to go to treatment.	(BTFRNOTX) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. People will think badly of me if I go to treatment.	(BTBADTX) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Someone in my family does not want me to go to treatment.	(BTFAMNO) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. My family will be embarrassed or ashamed if I go to treatment.	(BTEMBFAM) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I have had a bad experience with treatment.	(BTBADEXP) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I am afraid of what might happen in treatment.	(BTAFRAID) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I am afraid of the people I might see in treatment.	(BTAFRPLE) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I am too embarrassed or ashamed to go to treatment.	(BTASHAME) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I do not like to talk in groups.	(BTNOTALK) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I hate being asked personal questions.	(BTPERQS) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I do not like to talk about my personal life with other people.	(BTPERTLK) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I have things to do at home that make it hard for me to get to treatment.	(BTHOMETX) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. It will be hard for me to find a treatment program that fits my schedule.	(BTSCHTX) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. I am moving too far away to get treatment.	(BTFARTX) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I do not know where to go for treatment.	(BTLOCTX) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I have difficulty getting to and from treatment.	(BTTRANTX) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I will have to be on a waiting list for treatment.	(BTWAITTX) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I have to go through too many steps to get into treatment.	(BTSTEPTX) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. I have difficulty finding child care.	(BTCHLDTX) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. I am afraid of losing custody of my child(ren).	(BTCUSTDY) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. I am afraid of child protective services becoming involved.	(BTCHLDPS) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assessment completed by: (BTCOMPLT)

Research Assistant Participant

Comments: (BTICOMM)

NIDA Clinical Trials Network

Additional Demographics (DM2)

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

Segment (PROTSEG):

Visit Number (VISNO):

Date of assessment: (ADASMDT)

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

1. Education completed: (AEDUCTN)

- 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

0047B (ENR)

Web Version: 1.0; 1.02; 11-28-11

Date of assessment:(R3ASMDT)

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

Screening ID:(R3SCRID)

(xxxx)

Bolded items require information from participant.

Inclusion Criteria

In order to meet eligibility ALL Inclusion answers must be "Yes".

1. Registration as patient in the ED during study screening hours.(R3REGPAT) No Yes Unknown
2. Positive screen for problematic use of a non-alcohol, non-nicotine drug.(R3POSSCN) No Yes Unknown
3. At least one day of problematic drug use (excluding alcohol or nicotine) in the past 30 days.(R3DRG30D) No Yes Unknown
4. **Are you 18 years of age or older?**(R3AGE) No Yes Unknown
5. Adequate English Proficiency (based on RA interaction with participant):(R3ENGLISH) No Yes Unknown
6. Ability to provide informed consent (based on observation) (R3CONSNT) No Yes Unknown
7. **Do you have access to a phone?** (for booster sessions) (R3PHONE) No Yes Unknown

Exclusion Criteria

In order to meet eligibility ALL Exclusion answers must be "No".

1. Inability to participate due to emergency treatment (based on observation) .(R3MEDTX) No Yes Unknown
2. Significant impairment of cognition or judgment rendering the person incapable of informed consent (e.g., traumatic brain injury, delirium, intoxication) -(according to patient record and observation). (R3IMPAIR) No Yes Unknown
3. Status as a prisoner or in police custody at the time of treatment. (based on observation). This also includes participants that are on probation, parole, house arrest, and/or electronic monitoring (e.g. ankle bracelet).(R3PRISON) No Yes Unknown
4. **Are you currently engaged in an addiction treatment?** (R3ADDTX) No Yes Unknown

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.

5. **Do you live more than 50 miles from here?** (R3LIVE50) No Yes Unknown
6. Inability to provide sufficient contact information (all participants must provide at least 2 reliable locators). (R3NOCONT) No Yes Unknown
7. Prior participation in the current study.(R3STUDY) No Yes Unknown

Eligibility for Randomization

1. Is the participant eligible for the study?(R3ELGSTY) No Yes
2. Is the participant eligible for randomization?(R3ELGRDM) No Yes

If "No", please specify: *(R3RANOSP)*

- 0-Declined study participation
- 1-Left Emergency Department
- 2-Medical complication
- 3-Death
- 4-Judgment of research staff
- 9-Other

If "Judgment of research staff", please specify: *(R3JUDGSP)*

If "Other", please specify: *(R3OTHRSP)*

3. Audit-C Score: *(R3AUDITC)*

<4 4

4. DAST-10 Score: *(R3DASTSR)*

<8 8

Comments: *(R3COMM)*

NIDA Clinical Trials Network

Hair Sample Form (HS2)

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

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: (HSNORES)

- 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. Initial hair sample collected from: (HSINITCF)

4. Current hair sample collected from: (HSCOLFRM)

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

If the current hair sample was collected from a part of the body other than the initial hair sample, explain why: (HSDIFFCF)

5. Hair sample ID: (HSSAMPID)

Comments: (HSFCOMM)

Additional Selection Options for HS2

Current hair sample collected from:
6-Leg

NIDA Clinical Trials Network

Intervention Record Form (IRF)

Web Version: 1.0; 1.01; 05-20-11

Segment (PROTSEG):

Visit Number (VISNO):

Date of assessment: (IRASMDT)

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

1. Was this session initiated? (IRSESINI)

No Yes

If session not initiated, select reason: (IRREASON)

- 0-Refused
- 1-Left the Emergency Department
- 2-Deceased
- 3-Unavailable
- 4-Other

If "Other", specify: (IROTHRSP)

2. Time Start: (IRTMS TRT)

(hh:mm)

Time End: (IRTMEEND)

(hh:mm)

3. Was this session interrupted? (IRINTRPD)

- 0-No
- 1-Yes

If "Yes", total length of interruption(s): (IRTIMEIP)

(xxx) minutes

4. Were you able to complete the session? (IRSESCOM)

- 0-No
- 1-Yes

If "No", specify:(*IRNOSP*)

5. Was the session recorded?(*IRSESREC*)

No Yes

If "Yes", upload the audio file using the link at the bottom of this form.

6. What was the total session time as indicated by the audio file (round up to whole minute)?(*IRAUDIO*)

(xx) (min)

Personal Rulers Worksheet

Importance Ruler:

0 Not at all important	1	2 Somewhat important	3	4 Fairly important	5	6 Important	7	8 Very important	9	10 Extremely important
(<i>IRIMPRUL</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Confidence Ruler:

0 Not at all confident	1	2 Somewhat confident	3	4 Fairly confident	5	6 Confident	7	8 Very confident	9	10 Extremely confident
(<i>IRCONRUL</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Readiness Ruler:

0 Not at all ready	1	2 Somewhat ready	3	4 Fairly ready	5	6 Ready	7	8 Very ready	9	10 Completely ready
(<i>IRREDRUL</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Summary of session:(*IRSESSUM*)

NIDA Clinical Trials Network

Motivational Interviewing Treatment Integrity Code (MIT)

Web Version: 1.0; 1.01; 10-26-10

Interventionist type (MITTYPE):

Date of assessment (MITASMDT)

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

1. First sentence of audio recording: (MIFSTSNT)

2. Last sentence of audio recording: (MILSTSNT)

Global Ratings

Classification	Low 1	2	3	4	High 5
1. Evocation: (MIEVOCAT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Collaboration: (MICOLLAB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Autonomy/Support: (MIAUTONO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Direction: (MIDIRECT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Empathy: (MIEMPTHY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Behavior Counts

Category	Subcategory	Totals
1. Giving information:	-	(MIGVINF) <input type="text"/> (xxx)
2. MI:	Adherent (Asking permission, affirm, emphasize control, support)	(MIMIADH) <input type="text"/> (xxx)
3. MI:	Non-Adherent (Advise, confront, direct)	(MIMINADH) <input type="text"/> (xxx)
4. Question:	Closed	(MICLDQST) <input type="text"/> (xxx)
5. Question:	Open	(MIOPNQST) <input type="text"/> (xxx)
6. Reflections:	Simple	(MIRFTSIM) <input type="text"/> (xxx)
7. Reflections:	Complex	(MIRFTCPX) <input type="text"/> (xxx)
Total reflections:		(MIRFTTOT) <input type="text"/>

Rating/Scoring Chart

Clinician Behavior-Count	Interventionist	Beginning	Competency

or Summary-Score	Ratings/ Percents	Proficiency	
1. Global clinician rating:	(MIGCRT) <input type="text"/>	Average of 3.5	Average of 4
2. Spirit rating:	(MISPTRT) <input type="text"/>	Average of 3.5	Average of 4
3. Direction rating:	(MIDIRRT) <input type="text"/>	Average of 3.5	Average of 4
4. Empathy rating:	(MIEMPYRT) <input type="text"/>	Average of 3.5	Average of 4
5. Reflection to question ratio:	(MIRFQRO) <input type="text"/>	1	2
6. Percent open questions:	(MIONPC) <input type="text"/> %	50%	70%
7. Percent complex reflections:	(MICXPC) <input type="text"/> %	40%	50%
8. Percent MI-Adherent:	(MIMIADPC) <input type="text"/> %	90%	100%

Comments: (MITCOMM)

Additional Selection Options for MIT

Interventionist type (*MITTYPE*) (key field):

1-Brief

2-Booster Visit 01

3-Booster Visit 02

NIDA Clinical Trials Network

Missed Visit (MV2)

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

Segment (PROTSEG):

Visit Number (VISNO):

Missed visit target date:(MVTGTDT)

Reason for missed visit:(MVREASON)

If "Other", specify:(MVOTHRSP)

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

- 1-Participant refused test
- 2-Participant too ill
- 3-Participant missed the study visit
- 4-Unable to contact participant
- 5-Information or sample not obtained
- *Additional Options Listed Below

Additional Selection Options for MV2

Reason for missed visit:

6- Procedure or assessment not performed

9- Other

NIDA Clinical Trials Network

NIDA-Modified ASSIST V1.0 (NM2)

Web Version: 1.0; 1.01; 08-25-11

Segment (PROTSEG):

Visit Number (VISNO):

Date of assessment (NMASMDT)

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

Introduction (Please read to participant)

The following questions relate to your experience with alcohol, cigarettes, and other drugs. Some of the substances we'll talk about are prescribed by a doctor (like pain medications). But I will only record those if you have taken them for reasons or in doses other than prescribed. I'll also ask you about illicit or illegal drug use.

Instructions: For each substance, mark in the appropriate column. For example, if the patient has ever used cocaine in their lifetime, put a mark in the "Yes" column in the "Cocaine" row.

Prescreen Question: In your lifetime which of the following substances have you ever used? For prescription medications, please report nonmedical use only.	No	Yes
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	(NMTOBCLT) <input type="checkbox"/>	<input type="checkbox"/>
b. Alcoholic beverages (beer, wine, liquor, etc.)	(NMALCLT) <input type="checkbox"/>	<input type="checkbox"/>
c. Cannabis (marijuana, pot, grass, hash, etc.)	(NMCANLT) <input type="checkbox"/>	<input type="checkbox"/>
d. Cocaine (coke, crack, etc.)	(NMCOCNLT) <input type="checkbox"/>	<input type="checkbox"/>
e. Prescribed Amphetamine type stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	(NMSTIMLT) <input type="checkbox"/>	<input type="checkbox"/>
f. Methamphetamine (speed, crystal meth, ice, etc.)	(NMMETHLT) <input type="checkbox"/>	<input type="checkbox"/>
g. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	(NMINHLLT) <input type="checkbox"/>	<input type="checkbox"/>
h. Sedatives or sleeping pills (Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, GHB, etc.)	(NMSEDLT) <input type="checkbox"/>	<input type="checkbox"/>
i. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	(NMHALLT) <input type="checkbox"/>	<input type="checkbox"/>
j. Street opioids (heroin, opium, etc.)	(NMOPDSLTL) <input type="checkbox"/>	<input type="checkbox"/>
k. Prescribed opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	(NMRXOPLT) <input type="checkbox"/>	<input type="checkbox"/>
l. Other	(NMOTHRLT) <input type="checkbox"/>	<input type="checkbox"/>
If "Other", specify: (NMOTLTSP) <input type="text"/>		

Question 1 of the NIDA-Modified ASSIST V1.0

1. In the past three months, how often have you used the substances you mentioned (first drug, second drug, etc)?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	(NMTOBC3M) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Alcoholic beverages (beer, wine, liquor, etc.)	(NMALC3M) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cannabis (marijuana, pot, grass, hash, etc.)	(NMCAN3M) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cocaine (coke, crack, etc.)	(NMCOCN3M) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

e. Prescribed Amphetamine type stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	(NMSTIM3M) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Methamphetamine (speed, crystal meth, ice, etc.)	(NMMETH3M) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	(NMINHL3M) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sedatives or sleeping pills (Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, GHB, etc.)	(NMSED3M) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	(NMHAL3M) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Street opioids (heroin, opium, etc.)	(NMOPDS3M) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Prescribed opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	(NMRXOP3M) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Other -- specify: (NMOT3MSP) _____	(NMOTHR3M) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 2-7 of the NIDA-Modified ASSIST V1.0

2. In the past 3 months, how often have you had a strong desire or urge to use (first drug, second drug, etc)?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	(NMTOBCDR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Alcoholic beverages (beer, wine, liquor, etc.)	(NMALCDR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cannabis (marijuana, pot, grass, hash, etc.)	(NMCANDR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cocaine (coke, crack, etc.)	(NMCOCNDR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Prescribed Amphetamine type stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	(NMSTIMDR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Methamphetamine (speed, crystal meth, ice, etc.)	(NMMETHDR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	(NMINHLDR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sedatives or sleeping pills (Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, GHB, etc.)	(NMSEDDR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	(NMHALDR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Street opioids (heroin, opium, etc.)	(NMOPDSDR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Prescribed opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	(NMRXOPDR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Other -- specify: (NMOTDRSP) _____	(NMOTHRDR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. During the past 3 months, how often has your use of (first drug, second drug, etc) led to health, social, legal or financial problems?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	(NMTOBCPR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Alcoholic beverages (beer, wine, liquor, etc.)	(NMALCPR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cannabis (marijuana, pot, grass, hash, etc.)	(NMCANPR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cocaine (coke, crack, etc.)	(NMCOCNPR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Prescribed Amphetamine type stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	(NMSTIMPR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Methamphetamine (speed, crystal meth, ice, etc.)	(NMMETHPR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	(NMINHPR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

h. Sedatives or sleeping pills (Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, GHB, etc.)	(NMSDPR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	(NMHALPR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Street opioids (heroin, opium, etc.)	(NMOPDSPR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Prescribed opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	(NMRXOPPR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Other -- specify: (NMOTPRSP) _____	(NMOTHRPR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. <u>In the past 3 months</u> , how often have you failed to do what was normally expected of you because of your use of (first drug, second drug, etc)?	Never	Once or twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	(NMTOBCFL) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Alcoholic beverages (beer, wine, liquor, etc.)	(NMALCFL) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cannabis (marijuana, pot, grass, hash, etc.)	(NMCANFL) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cocaine (coke, crack, etc.)	(NMCOCNFL) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Prescribed Amphetamine type stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	(NMSTIMFL) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Methamphetamine (speed, crystal meth, ice, etc.)	(NMMETHFL) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	(NMINHFL) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sedatives or sleeping pills (Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, GHB, etc.)	(NMSDFL) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	(NMHALFL) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Street opioids (heroin, opium, etc.)	(NMOPDSFL) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Prescribed opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	(NMRXOPFL) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Other -- specify: (NMOTFLSP) _____	(NMOTHRFL) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Has a friend or relative or anyone else <u>ever</u> expressed concern about your use of (first drug, second drug, etc)?	No, never	Yes, but not in the past 3 months	Yes, in the past 3 months
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	(NMTOBCCR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Alcoholic beverages (beer, wine, liquor, etc.)	(NMALCCR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cannabis (marijuana, pot, grass, hash, etc.)	(NMCANCR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cocaine (coke, crack, etc.)	(NMCOCNCR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Prescribed Amphetamine type stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	(NMSTIMCR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Methamphetamine (speed, crystal meth, ice, etc.)	(NMMETHCR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	(NMINHCR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sedatives or sleeping pills (Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, GHB, etc.)	(NMSDCR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

i. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	(<i>NMHALCR</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Street opioids (heroin, opium, etc.)	(<i>NMOPDSCR</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Prescribed opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	(<i>NMRXOPCR</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Other -- specify: (<i>NMCROTS</i>) _____	(<i>NMOTHRCR</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Have you ever tried and failed to control, cut down, or stop using (first drug, second drug, etc)?	No, never	Yes, but not in the past 3 months	Yes, in the past 3 months
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	(<i>NMTOBCCL</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Alcoholic beverages (beer, wine, liquor, etc.)	(<i>NMALCCL</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cannabis (marijuana, pot, grass, hash, etc.)	(<i>NMCANCL</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cocaine (coke, crack, etc.)	(<i>NMCOCNCL</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Prescribed Amphetamine type stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	(<i>NMSTIMCL</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Methamphetamine (speed, crystal meth, ice, etc.)	(<i>NMMETHCL</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	(<i>NMINHCL</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sedatives or sleeping pills (Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, GHB, etc.)	(<i>NMSEDCL</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	(<i>NMHALCL</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Street opioids (heroin, opium, etc.)	(<i>NMOPDSCL</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Prescribed opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	(<i>NMRXOPCL</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Other -- specify: (<i>NMOTCLSP</i>) _____	(<i>NMOTHRCL</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Have you ever used any drug by injection (NONMEDICAL USE ONLY)?	No, never	Yes, but not in the past 3 months	Yes, in the past 3 months
	(<i>NMINJECT</i>) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NIDA Clinical Trials Network

NIDA-Modified ASSIST V1.0 (NMA)

Web Version: 1.0; 1.00; 08-18-10

Segment (PROTSEG):

Visit Number (VISNO):

Date of assessment (NMA SMDT)

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

Introduction (Please read to participant)

The following questions relate to your experience with alcohol, cigarettes, and other drugs. Some of the substances we'll talk about are prescribed by a doctor (like pain medications). But I will only record those if you have taken them for reasons or in doses other than prescribed. I'll also ask you about illicit or illegal drug use.

Instructions: For each substance, mark in the appropriate column. For example, if the patient has ever used cocaine in their lifetime, put a mark in the "Yes" column in the "Cocaine" row.

Prescreen Question: In your lifetime which of the following substances have you ever used? <i>For prescription medications, please report nonmedical use only.</i>	No	Yes
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	(NMTOBCLT) <input type="checkbox"/>	<input type="checkbox"/>
b. Alcoholic beverages (beer, wine, liquor, etc.)	(NMALCLT) <input type="checkbox"/>	<input type="checkbox"/>
c. Cannabis (marijuana, pot, grass, hash, etc.)	(NMCANLT) <input type="checkbox"/>	<input type="checkbox"/>
d. Cocaine (coke, crack, etc.)	(NMCOCNLT) <input type="checkbox"/>	<input type="checkbox"/>
e. Prescribed Amphetamine type stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	(NMSTIMLT) <input type="checkbox"/>	<input type="checkbox"/>
f. Methamphetamine (speed, crystal meth, ice, etc.)	(NMMETHLT) <input type="checkbox"/>	<input type="checkbox"/>
g. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	(NMINHLLT) <input type="checkbox"/>	<input type="checkbox"/>
h. Sedatives or sleeping pills (Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, GHB, etc.)	(NMSEDLT) <input type="checkbox"/>	<input type="checkbox"/>
i. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	(NMHALLT) <input type="checkbox"/>	<input type="checkbox"/>
j. Street opioids (heroin, opium, etc.)	(NMOPDSLTL) <input type="checkbox"/>	<input type="checkbox"/>
k. Prescribed opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	(NMRXOPLT) <input type="checkbox"/>	<input type="checkbox"/>
l. Other	(NMOTHRLT) <input type="checkbox"/>	<input type="checkbox"/>
If "Other", specify: (NMOTLTSP) <input type="text"/>		

Question 1 of the NIDA-Modified ASSIST V1.0

1. In the past three months, how often have you used the substances you mentioned (first drug, second drug, etc)?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	(NMTOBC3M) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Alcoholic beverages (beer, wine, liquor, etc.)	(NMALC3M) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cannabis (marijuana, pot, grass, hash, etc.)	(NMCAN3M) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cocaine (coke, crack, etc.)	(NMCOCN3M) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

e. Prescribed Amphetamine type stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	(NMSTIM3M) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Methamphetamine (speed, crystal meth, ice, etc.)	(NMMETH3M) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	(NMINHL3M) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sedatives or sleeping pills (Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, GHB, etc.)	(NMSED3M) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	(NMHAL3M) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Street opioids (heroin, opium, etc.)	(NMOPDS3M) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Prescribed opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	(NMRXOP3M) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Other -- specify: (NMOT3MSP) _____	(NMOTHR3M) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 2-7 of the NIDA-Modified ASSIST V1.0

2. <u>In the past 3 months</u> , how often have you had a strong desire or urge to use (first drug, second drug, etc)?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	(NMTOBCDR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Alcoholic beverages (beer, wine, liquor, etc.)	(NMALCDR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cannabis (marijuana, pot, grass, hash, etc.)	(NMCANDR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cocaine (coke, crack, etc.)	(NMCOCNDR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Prescribed Amphetamine type stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	(NMSTIMDR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Methamphetamine (speed, crystal meth, ice, etc.)	(NMMETHDR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	(NMINHLDR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sedatives or sleeping pills (Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, GHB, etc.)	(NMSEDDR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	(NMHALDR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Street opioids (heroin, opium, etc.)	(NMOPDSDR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Prescribed opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	(NMRXOPDR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Other -- specify: (NMOTDRSP) _____	(NMOTHRDR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. <u>During the past 3 months</u> , how often has your use of (first drug, second drug, etc) led to health, social, legal or financial problems?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	(NMTOBCPR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Alcoholic beverages (beer, wine, liquor, etc.)	(NMALCPR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cannabis (marijuana, pot, grass, hash, etc.)	(NMCANPR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cocaine (coke, crack, etc.)	(NMCOCNPR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Prescribed Amphetamine type stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	(NMSTIMPR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Methamphetamine (speed, crystal meth, ice, etc.)	(NMMETHPR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	(NMINHPR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

h. Sedatives or sleeping pills (Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, GHB, etc.)	(NMSEDPR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	(NMHALPR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Street opioids (heroin, opium, etc.)	(NMOPDSPR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Prescribed opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	(NMRXOPPR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Other -- specify: (NMOTPRSP) _____	(NMOTHRPR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. In the past 3 months, how often have you failed to do what was normally expected of you because of your use of (first drug, second drug, etc)?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	(NMTOBCFL) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Alcoholic beverages (beer, wine, liquor, etc.)	(NMALCFL) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cannabis (marijuana, pot, grass, hash, etc.)	(NMCANFL) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cocaine (coke, crack, etc.)	(NMCOCNFL) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Prescribed Amphetamine type stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	(NMSTIMFL) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Methamphetamine (speed, crystal meth, ice, etc.)	(NMMETHFL) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	(NMINHFL) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sedatives or sleeping pills (Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, GHB, etc.)	(NMSEDFL) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	(NMHALFL) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Street opioids (heroin, opium, etc.)	(NMOPDSFL) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Prescribed opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	(NMRXOPFL) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Other -- specify: (NMOTFLSP) _____	(NMOTHRFL) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Has a friend or relative or anyone else <u>ever</u> expressed concern about your use of (first drug, second drug, etc)?	No, never	Yes, but not in the past 3 months	Yes, in the past 3 months
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	(NMTOBCCR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Alcoholic beverages (beer, wine, liquor, etc.)	(NMALCCR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cannabis (marijuana, pot, grass, hash, etc.)	(NMCANCR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cocaine (coke, crack, etc.)	(NMCOCNCR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Prescribed Amphetamine type stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	(NMSTIMCR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Methamphetamine (speed, crystal meth, ice, etc.)	(NMMETHCR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	(NMINHCR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

h. Sedatives or sleeping pills (Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, GHB, etc.)	(NMSEDCR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	(NMHALCR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Street opioids (heroin, opium, etc.)	(NMOPDSCR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Prescribed opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	(NMRXOPCR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Other -- specify: (NMCROTSP) _____	(NMOTHRCR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Have you ever tried and failed to control, cut down, or stop using (first drug, second drug, etc)?	No, never	Yes, but not in the past 3 months	Yes, in the past 3 months
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	(NMTOBCCL) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Alcoholic beverages (beer, wine, liquor, etc.)	(NMALCCL) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cannabis (marijuana, pot, grass, hash, etc.)	(NMCANCL) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cocaine (coke, crack, etc.)	(NMCOCNCL) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Prescribed Amphetamine type stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	(NMSTIMCL) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Methamphetamine (speed, crystal meth, ice, etc.)	(NMMETHCL) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	(NMINHCL) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sedatives or sleeping pills (Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, GHB, etc.)	(NMSEDCCL) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	(NMHALCL) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Street opioids (heroin, opium, etc.)	(NMOPDSCL) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Prescribed opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	(NMRXOPCL) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Other -- specify: (NMOTCLSP) _____	(NMOTHRCL) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Have you ever used any drug by injection (NONMEDICAL USE ONLY)?	No, never	Yes, but not in the past 3 months	Yes, in the past 3 months
	(NMINJECT) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NIDA Clinical Trials Network

Non-study Treatment Form (NTF)

Web Version: 1.0; 1.00; 01-03-11

Segment (PROTSEG):

Visit Number (VISNO):

Date of baseline assessment:(NTBASMDT)

(mm/dd/yyyy)

Date of assessment:(NTASMDT)

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

1. Did the participant leave the Emergency Department without being seen for their medical issue?
(NTPTSEEN)

No Yes

2. Was the participant hospitalized?(NTHOSPTL)

No Yes

a. If Yes,(NTHOSSDT)

(mm/dd/yyyy) through (NTHOSED); (mm/dd/yyyy)

3. Did the participant receive other substance related interventions during the Emergency Department visit?(NTINTERV)

No Yes

4. Did the participant receive a substance use referral from the Emergency Department (not research)?
(NTREFRL)

No Yes

5. Was the participant discharged with medications for substance use (e.g., with drawal meds)?
(NTDISCRG)

No Yes

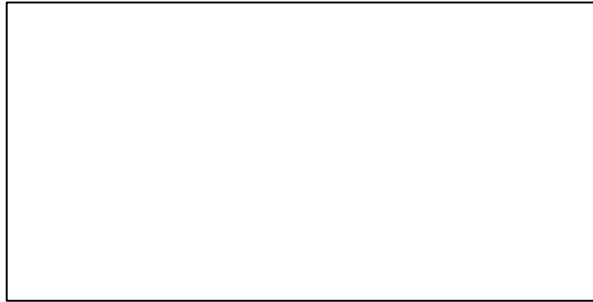
6. Length of time in the Emergency Department:(NTTIMEER)

(xx) hours

7. Emergency Department discharge diagnosis:
(Provide the top 4 diagnoses)(NT1DIAG)

(NT2DIAG)

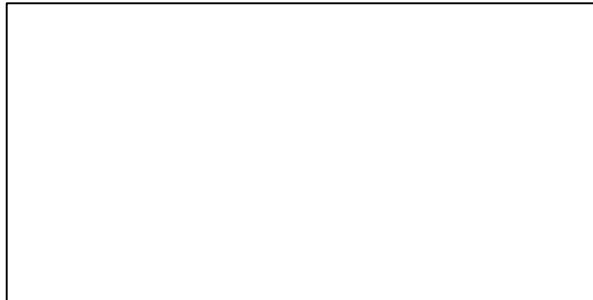
(NT3DIAG)



(NT4DIAG)



Comments: *(NTFCOMM)*



NIDA Clinical Trials Network

Protocol Violation Log (PV2)

Web Version: 1.0; 1.02; 12-15-10

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
O1A - No consent/assent obtained
O1C - Invalid/incomplete informed consent
O1D- Unauthorized assessments and/or procedures conducted prior to obtaining informed consent
O1E - HIPAA release not obtained
*Additional Options Listed Below

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

2. Description of violation:(PVDESC)

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

No Yes

Protocol violation resolution/corrective action:(PVRSCASP)

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

No Yes

If "Yes", provide date reported:(P VIRBDT)

 (mm/dd/yyyy)

Comments:(PVL COMM)

Additional Selection Options for PV2

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-BEHAVORAL 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

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
O1A - No consent/assent obtained
O1C - Invalid/incomplete informed consent
O1D- Unauthorized assessments and/or procedures conducted prior to obtaining informed consent
O1E- 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-BEHAVORAL 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

Referral Form (RLF)

Web Version: 1.0; 1.01; 09-17-10

Segment (PROTSEG):

Visit Number (VISNO):

Date of assessment: (RLASMDT)

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

1. Was the baseline NIDA Modified Assist completed? (RLNMACMP)

No Yes

2. Were TLFBS completed for the 30 days prior to screening? (RLTFBCMP)

No Yes

If "No", run the "Missing TLFBS Forms Report" to determine which TLFBS forms still need to be completed.

3. Treatment Assignment: (RLTREAT)

SAR BI-B

4. NM-ASSIST Score: (RLASSIST)

NM-ASSIST Score <27 NM-ASSIST Score ≥ 27

No referral required

Referral required

Initiate brief intervention with interventionist

5. Was participant referred for treatment? (RLREFER)

No Yes

If "Referred" and NM-ASSIST score is <27, explain: (RLREFSP)

Comments: (RLFCOMM)

NIDA Clinical Trials Network

Study Termination (ST2)

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

1. Date of study completion or last attended study visit:(TRTRMDT)

 (mm/dd/yyyy)

2. Did the participant complete the study?(TRCOMPLT)

 No Yes

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

- O1-Participant incarcerated for duration of study
- O2-Participant terminated for clinical reasons
- O3-Participant terminated due to AE /S AE
- O4-Participant withdrew consent
- O5-Participant died
- *Additional Options Listed Below

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

Provide further information concerning above termination reason (if not "Participant terminated for other reason"):(TRTRRSSP)

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)

Additional Selection Options for ST2

If "No", please select the primary reason for study termination:

06-Participant terminated due to protocol violation

99-Participant terminated for other reason

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)

O1-Participant incarcerated for duration of study
O2-Participant terminated for clinical reasons
O3-Participant terminated due to AE / SAE
O4-Participant withdrew consent
O5-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

Time Line Follow Back (T47)

Web Version: 1.0; 1.01; 10-04-12

Segment (PROTSEG):

TLFB Date (TFASMTDT):

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

No Yes

2. Alcoholic beverages:(TFALCOHL)

No Yes

a. Number of standard drinks:(TFNMDRNK)

(xx)

3. Cannabis:(TFCANNAB)

No Yes

a. Route:(TFCANROU)

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

b. Amount used:(TFCANUSE)

1-Single use
2-Several uses
3-Steady or Heavy use

c. Street value of amount used (enter dollar amount, no decimals):(TFCANVAL)

\$ (xxx)

4. Cocaine:(TFCOCAIN)

No Yes

a. Route:(TFCOCROU)

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

b. Amount used:(TFCOCUSE)

1-Single use
2-Several uses
3-Steady or Heavy use

c. Street value of amount used (enter dollar amount, no decimals):(TFCOCVAL)

\$ (xxxx)

5. Prescribed Amphetamines type stimulants:(TFPRAMPH)

No Yes

a. Route:(TFPAMROU)

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

b. Amount used:(TFPAMUSE)

1-Single use
 2-Several uses
 3-S teady or Heavy use

c. Street value of amount used (enter dollar amount, no decimals):(TFPAMVAL)

\$ (xxx)

6. Methamphetamine:(TFMETAMP)

a. Route:(TFMETROU)

No Yes

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

b. Amount used:(TFMETUSE)

1-Single use
 2-Several uses
 3-S teady or Heavy use

c. Street value of amount used (enter dollar amount, no decimals):(TFMETVAL)

\$ (xxx)

7. Inhalants:(TFINHALE)

a. Route:(TFINHROU)

No Yes

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

b. Amount used:(TFINHUSE)

1-Single use
 2-Several uses
 3-S teady or Heavy use

c. Street value of amount used (enter dollar amount, no decimals):(TFINHVAL)

\$ (xxx)

8. Sedatives or sleeping pills:(TFSEDSLPL)

a. Route:(TFSSPROU)

No Yes

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

b. Amount Used(TFSSPUSE)

1-Single use
 2-Several uses
 3-S teady or Heavy use

c. Street value of amount used (enter dollar amount, no decimals):(TFSSPVAL)

\$ (xxx)

9. Hallucinogens:(TFHALLCN)

No Yes

a. Route:(TFHALROU)

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

b. Amount used:(TFHALUSE)

1-Single use
2-Several uses
3-Steady or Heavy use

c. Street value of amount used (enter dollar amount, no decimals):(TFHALVAL)

\$ (xxx)

10. Street opioids:(TFSTOPID)

No Yes

a. Route:(TFSOPROU)

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

b. Amount used:(TFSOPUSE)

1-Single use
2-Several uses
3-Steady or Heavy use

c. Street value of amount used (enter dollar amount, no decimals):(TFSOPVAL)

\$ (xxx)

11. Prescribed opioids:(TFPROPIO)

No Yes

a. Route:(TFPOPROU)

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

b. Amount used:(TFPOPUSE)

1-Single use
2-Several uses
3-Steady or Heavy use

c. Street value of amount used (enter dollar amount, no decimals):(TFPOPVAL)

\$ (xxx)

12. Other drugs:(TFOTHDRG)

No Yes

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

(x)

Other Drug 1

b. Specify Other Drug 1:(TFOTH1SP)

c. Route Other Drug 1:(TFOTH1RT)

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

d. Amount used:(TFOT1USE)

1-Single use
2-Several uses
3-Steady or Heavy use

e. Street value of amount used (enter dollar amount, no decimals):(TFOT1VAL)

\$ (xxx)

Other Drug 2

f. Specify Other Drug 2:(TFOTH2SP)

g. Route Other Drug 2:(TFOTH2RT)

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

h. Amount used:(TFOT2USE)

1-Single use
2-Several uses
3-Steady or Heavy use

i. Street value of amount used (enter dollar amount, no decimals):(TFOT2VAL)

\$ (xxx)

Other Drug 3

j. Specify Other Drug 3:(TFOTH3SP)

k. Route Other Drug 3:(TFOTH3RT)

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

l. Amount used:(TFOT3USE)

1-Single use
2-Several uses
3-Steady or Heavy use

m. Street value of amount used (enter dollar amount, no decimals):(TFOT3VAL)

\$ (xxx)

Other Drug 4

n. Specify Other Drug 4:(TFOTH4SP)

o. Route Other Drug 4:(TFOTH4RT)

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

p. Amount used:(TFOT4USE)

1-Single use
2-Several uses
3-Steady or Heavy use

q. Street value of amount used (enter dollar amount, no decimals):(TFOT4VAL)

\$ (xxx)

Other Drug 5

r. Specify Other Drug 5:(TFOTH5SP)

s. Route Other Drug 5:(TFOTH5RT)

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

t. Amount used:(TFOT5USE)

1-Single use
2-Several uses
3-Steady or Heavy use

u. Street value of amount used (enter dollar amount, no decimals):(TFOT5VAL)

\$ (xxx)

Other Drug 6

v. Specify Other Drug 6:(TFOTH6SP)

w. Route Other Drug 6:(TFOTH6RT)

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

x. Amount used:(TFOT6USE)

1-Single use
2-Several uses
3-Steady or Heavy use

y. Street value of amount used (enter dollar amount, no decimals):(TFOT6VAL)

\$ (xxx)

Other Drug 7

z. Specify Other Drug 7:(TFOTH7SP)

aa. Route Other Drug 7:(TFOTH7RT)

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

ab. Amount used:(TFOT7USE)

1-Single use
2-Several uses
3-Steady or Heavy use

ac. Street value of amount used (enter dollar amount, no decimals):(TFOT7VAL)

\$ (xxx)

Other Drug 8

ad. Specify Other Drug 8:(TFOTH8SP)

--

ae. Route Other Drug 8:(TFOTH8RT)

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

af. Amount used:(TFOT8USE)

- 1-Single use
- 2-Several uses
- 3-Steady or Heavy use

ag. Street value of amount used (enter dollar amount, no decimals):(TFOT8VAL)

\$ (xxx)

Other Drug 9

ah. Specify Other Drug 9:(TFOTH9SP)

ai. Route Other Drug 9:(TFOTH9RT)

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

aj. Amount used:(TFOT9USE)

- 1-Single use
- 2-Several uses
- 3-Steady or Heavy use

ak. Street value of amount used (enter dollar amount, no decimals):(TFOT9VAL)

\$ (xxx)

Comments:(TFBCOMM)

Additional Selection Options for T47

Route:

99-99-Other

Route:

6-06-Inhale

99-99-Other

NIDA Clinical Trials Network

TLFB Assessment Period (TA2)

Web Version: 1.0; 1.00; 02-27-12

Segment (PROTSEG):

Visit Number (VISNO):

1. Date of assessment:(TAASMTDT)

2. Assessment period:(TATFSTDT)

3. Assessment period:(TATFSTDT)

4. Assessment period:(TATFSTDT)

5. Assessment period:(TATFSTDT)

6. Assessment period:(TATFSTDT)

(TATFENDT)

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

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

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

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

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

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

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

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

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

No Yes

No Yes

NIDA Clinical Trials Network

TLFB Assessment Period (TAP)

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

Segment (*PROTSEG*):

Visit Number (*VISNO*):

1. Date of assessment: (*TAASMTDT*)

2. Assessment period: (*TATFSTDT*)

3. Assessment period: (*TATFSTDT*)

(*TATFENDT*)

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

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

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

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

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

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

No Yes

No Yes

NIDA Clinical Trials Network

Time Line Follow Back (TF2)

Web Version: 1.0; 2.01; 01-23-13

Segment (PROTSEG):

TLFB Date (TFASMTDT):

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

No Yes

2. Alcoholic beverages:(TFALCOHL)

No Yes

a. Number of standard drinks:(TFNMDRNK)

(xxx)

3. Cannabis:(TFCANNAB)

No Yes

a. Route:(TFCANROU)

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

b. Amount used:(TFCANUSE)

1-Single use
2-Several uses
3-Steady or Heavy use

c. Street value of amount used (enter dollar amount, no decimals):(TFCANVAL)

\$ (xxxx)

4. Cocaine:(TFCOCAIN)

No Yes

a. Route:(TFCOCROU)

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

b. Amount used:(TFCOCUSE)

1-Single use
2-Several uses
3-Steady or Heavy use

c. Street value of amount used (enter dollar amount, no decimals):(TFCOCVAL)

\$ (xxxx)

5. Prescribed Amphetamines type stimulants:(TFPRAMPH)

No Yes

a. Route:(TFPAMROU)

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

b. Amount used:(TFPAMUSE)

1-Single use
 2-Several uses
 3-Steady or Heavy use

c. Street value of amount used (enter dollar amount, no decimals):(TFPAMVAL)

\$ (xxxx)

6. Methamphetamine:(TFMETAMP)

a. Route:(TFMETROU)

No Yes

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

b. Amount used:(TFMETUSE)

1-Single use
 2-Several uses
 3-Steady or Heavy use

c. Street value of amount used (enter dollar amount, no decimals):(TFMETVAL)

\$ (xxxx)

7. Inhalants:(TFINHALE)

a. Route:(TFINHROU)

No Yes

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

b. Amount used:(TFINHUSE)

1-Single use
 2-Several uses
 3-Steady or Heavy use

c. Street value of amount used (enter dollar amount, no decimals):(TFINHVAL)

\$ (xxxx)

8. Sedatives or sleeping pills:(TFSEDSLPL)

a. Route:(TFSSPROU)

No Yes

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

b. Amount Used:(TFSSPUSE)

1-Single use
 2-Several uses
 3-Steady or Heavy use

c. Street value of amount used (enter dollar amount, no decimals):(TFSSPVAL)

\$ (xxxx)

9. Hallucinogens:(TFHALLCN)

No Yes

a. Route:(TFHALROU)

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

b. Amount used:(TFHALUSE)

1-Single use
2-Several uses
3-Steady or Heavy use

c. Street value of amount used (enter dollar amount, no decimals):(TFHALVAL)

\$ (xxxx)

10. Street opioids:(TFSTOPIO)

No Yes

a. Route:(TFSOPROU)

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

b. Amount used:(TFSOPUSE)

1-Single use
2-Several uses
3-Steady or Heavy use

c. Street value of amount used (enter dollar amount, no decimals):(TFSOPVAL)

\$ (xxxx)

11. Prescribed opioids:(TFPROPIO)

No Yes

a. Route:(TFPOPROU)

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

b. Amount used:(TFPOPUSE)

1-Single use
2-Several uses
3-Steady or Heavy use

c. Street value of amount used (enter dollar amount, no decimals):(TFPOPVAl)

\$ (xxxx)

12. Other drugs:(TFOTHDRG)

No Yes

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

(x)

Other Drug 1

b. Specify Other Drug 1:(TFOTH1SP)

c. Route Other Drug 1:(TFOTH1RT)

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

d. Amount used:(TFOT1USE)

1-Single use
 2-Several uses
 3-Steady or Heavy use

e. Street value of amount used (enter dollar amount, no decimals):(TFOT1VAL)

\$ (xxxx)

Other Drug 2

f. Specify Other Drug 2:(TFOTH2SP)

g. Route Other Drug 2:(TFOTH2RT)

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

h. Amount used:(TFOT2USE)

1-Single use
 2-Several uses
 3-Steady or Heavy use

i. Street value of amount used (enter dollar amount, no decimals):(TFOT2VAL)

\$ (xxxx)

Other Drug 3

j. Specify Other Drug 3:(TFOTH3SP)

k. Route Other Drug 3:(TFOTH3RT)

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

l. Amount used:(TFOT3USE)

1-Single use
 2-Several uses
 3-Steady or Heavy use

m. Street value of amount used (enter dollar amount, no decimals):(TFOT3VAL)

\$ (xxx)

Other Drug 4

n. Specify Other Drug 4:(TFOTH4SP)

o. Route Other Drug 4:(TFOTH4RT)

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

p. Amount used:(TFOT4USE)

- 1-Single use
- 2-Several uses
- 3-Steady or Heavy use

q. Street value of amount used (enter dollar amount, no decimals):(TFOT4VAL)

\$ (xxxx)

Other Drug 5

r. Specify Other Drug 5:(TFOTH5SP)

s. Route Other Drug 5:(TFOTH5RT)

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

t. Amount used:(TFOT5USE)

- 1-Single use
- 2-Several uses
- 3-Steady or Heavy use

u. Street value of amount used (enter dollar amount, no decimals):(TFOT5VAL)

\$ (xxxx)

Other Drug 6

v. Specify Other Drug 6:(TFOTH6SP)

w. Route Other Drug 6:(TFOTH6RT)

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

x. Amount used:(TFOT6USE)

- 1-Single use
- 2-Several uses
- 3-Steady or Heavy use

y. Street value of amount used (enter dollar amount, no decimals):(TFOT6VAL)

\$ (xxxx)

Other Drug 7

z. Specify Other Drug 7:(TFOTH7SP)

aa. Route Other Drug 7:(TFOTH7RT)

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

ab. Amount used:(TFOT7USE)

- 1-Single use
- 2-Several uses
- 3-Steady or Heavy use

ac. Street value of amount used (enter dollar amount, no decimals):(TFOT7VAL)

\$ (xxxx)

Other Drug 8

ad. Specify Other Drug 8:(TFOTH8SP)

ae. Route Other Drug 8:(TFOTH8RT)

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

af. Amount used:(TFOT8USE)

- 1-Single use
- 2-Several uses
- 3-Steady or Heavy use

ag. Street value of amount used (enter dollar amount, no decimals):(TFOT8VAL)

\$ (xxxx)

Other Drug 9

ah. Specify Other Drug 9:(TFOTH9SP)

ai. Route Other Drug 9:(TFOTH9RT)

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

aj. Amount used:(TFOT9USE)

- 1-Single use
- 2-Several uses
- 3-Steady or Heavy use

ak. Street value of amount used (enter dollar amount, no decimals):(TFOT9VAL)

\$ (xxxx)

Comments:(TFBCOMM)

Additional Selection Options for TF2

Route:

99-99-Other

Route:

6-06-Inhale

99-99-Other

NIDA Clinical Trials Network

Participant Tracking Log (TRK)

Web Version: 1.0; 2.00; 02-01-12

Segment (PROTSEG):

Visit Number (VISNO):

Date	Time (in minutes)	Staff ID
1. (TR01DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR01TM) <input type="text"/> (xxx)	(TR01ID) <input type="text"/> (xxxxx)
2. (TR02DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR02TM) <input type="text"/> (xxx)	(TR02ID) <input type="text"/> (xxxxx)
3. (TR03DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR03TM) <input type="text"/> (xxx)	(TR03ID) <input type="text"/> (xxxxx)
4. (TR04DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR04TM) <input type="text"/> (xxx)	(TR04ID) <input type="text"/> (xxxxx)
5. (TR05DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR05TM) <input type="text"/> (xxx)	(TR05ID) <input type="text"/> (xxxxx)
6. (TR06DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR06TM) <input type="text"/> (xxx)	(TR06ID) <input type="text"/> (xxxxx)
7. (TR07DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR07TM) <input type="text"/> (xxx)	(TR07ID) <input type="text"/> (xxxxx)
8. (TR08DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR08TM) <input type="text"/> (xxx)	(TR08ID) <input type="text"/> (xxxxx)
9. (TR09DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR09TM) <input type="text"/> (xxx)	(TR09ID) <input type="text"/> (xxxxx)
10. (TR10DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR10TM) <input type="text"/> (xxx)	(TR10ID) <input type="text"/> (xxxxx)

Date	Time (in minutes)	Staff ID
11. (TR11DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR11TM) <input type="text"/> (xxx)	(TR11ID) <input type="text"/> (xxxxx)
12. (TR12DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR12TM) <input type="text"/> (xxx)	(TR12ID) <input type="text"/> (xxxxx)
13. (TR13DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR13TM) <input type="text"/> (xxx)	(TR13ID) <input type="text"/> (xxxxx)
14. (TR14DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR14TM) <input type="text"/> (xxx)	(TR14ID) <input type="text"/> (xxxxx)
15. (TR15DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR15TM) <input type="text"/> (xxx)	(TR15ID) <input type="text"/> (xxxxx)
16. (TR16DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR16TM) <input type="text"/> (xxx)	(TR16ID) <input type="text"/> (xxxxx)
17. (TR17DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR17TM) <input type="text"/> (xxx)	(TR17ID) <input type="text"/> (xxxxx)
18. (TR18DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR18TM) <input type="text"/> (xxx)	(TR18ID) <input type="text"/> (xxxxx)
19. (TR19DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR19TM) <input type="text"/> (xxx)	(TR19ID) <input type="text"/> (xxxxx)
20. (TR20DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR20TM) <input type="text"/> (xxx)	(TR20ID) <input type="text"/> (xxxxx)

Date	Time (in minutes)	Staff ID
21. (TR21DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR21TM) <input type="text"/> (xxx)	(TR21ID) <input type="text"/> (xxxxxx)
22. (TR22DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR22TM) <input type="text"/> (xxx)	(TR22ID) <input type="text"/> (xxxxxx)
23. (TR23DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR23TM) <input type="text"/> (xxx)	(TR23ID) <input type="text"/> (xxxxxx)
24. (TR24DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR24TM) <input type="text"/> (xxx)	(TR24ID) <input type="text"/> (xxxxxx)
25. (TR25DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR25TM) <input type="text"/> (xxx)	(TR25ID) <input type="text"/> (xxxxxx)
26. (TR26DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR26TM) <input type="text"/> (xxx)	(TR26ID) <input type="text"/> (xxxxxx)
27. (TR27DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR27TM) <input type="text"/> (xxx)	(TR27ID) <input type="text"/> (xxxxxx)
28. (TR28DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR28TM) <input type="text"/> (xxx)	(TR28ID) <input type="text"/> (xxxxxx)
29. (TR29DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR29TM) <input type="text"/> (xxx)	(TR29ID) <input type="text"/> (xxxxxx)
30. (TR30DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR30TM) <input type="text"/> (xxx)	(TR30ID) <input type="text"/> (xxxxxx)

Date	Time (in minutes)	Staff ID
31. (TR31DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR31TM) <input type="text"/> (xxx)	(TR31ID) <input type="text"/> (xxxxxx)
32. (TR32DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR32TM) <input type="text"/> (xxx)	(TR32ID) <input type="text"/> (xxxxxx)
33. (TR33DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR33TM) <input type="text"/> (xxx)	(TR33ID) <input type="text"/> (xxxxxx)
34. (TR34DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR34TM) <input type="text"/> (xxx)	(TR34ID) <input type="text"/> (xxxxxx)
35. (TR35DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR35TM) <input type="text"/> (xxx)	(TR35ID) <input type="text"/> (xxxxxx)
36. (TR36DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR36TM) <input type="text"/> (xxx)	(TR36ID) <input type="text"/> (xxxxxx)
37. (TR37DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR37TM) <input type="text"/> (xxx)	(TR37ID) <input type="text"/> (xxxxxx)
38. (TR38DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR38TM) <input type="text"/> (xxx)	(TR38ID) <input type="text"/> (xxxxxx)
39. (TR39DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR39TM) <input type="text"/> (xxx)	(TR39ID) <input type="text"/> (xxxxxx)
40. (TR40DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR40TM) <input type="text"/> (xxx)	(TR40ID) <input type="text"/> (xxxxxx)

Date	Time (in minutes)	Staff ID
41. (TR41DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR41TM) <input type="text"/> (xxx)	(TR41ID) <input type="text"/> (xxxxxx)
42. (TR42DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR42TM) <input type="text"/> (xxx)	(TR42ID) <input type="text"/> (xxxxxx)
43. (TR43DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR43TM) <input type="text"/> (xxx)	(TR43ID) <input type="text"/> (xxxxxx)

44. (TR44DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR44TM) <input type="text"/> (xxx)	(TR44ID) <input type="text"/> (xxxxxx)
45. (TR45DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR45TM) <input type="text"/> (xxx)	(TR45ID) <input type="text"/> (xxxxxx)
46. (TR46DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR46TM) <input type="text"/> (xxx)	(TR46ID) <input type="text"/> (xxxxxx)
47. (TR47DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR47TM) <input type="text"/> (xxx)	(TR47ID) <input type="text"/> (xxxxxx)
48. (TR48DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR48TM) <input type="text"/> (xxx)	(TR48ID) <input type="text"/> (xxxxxx)
49. (TR49DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR49TM) <input type="text"/> (xxx)	(TR49ID) <input type="text"/> (xxxxxx)
50. (TR50DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR50TM) <input type="text"/> (xxx)	(TR50ID) <input type="text"/> (xxxxxx)

Date	Time (in minutes)	Staff ID
51. (TR51DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR51TM) <input type="text"/> (xxx)	(TR51ID) <input type="text"/> (xxxxxx)
52. (TR52DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR52TM) <input type="text"/> (xxx)	(TR52ID) <input type="text"/> (xxxxxx)
53. (TR53DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR53TM) <input type="text"/> (xxx)	(TR53ID) <input type="text"/> (xxxxxx)
54. (TR54DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR54TM) <input type="text"/> (xxx)	(TR54ID) <input type="text"/> (xxxxxx)
55. (TR55DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR55TM) <input type="text"/> (xxx)	(TR55ID) <input type="text"/> (xxxxxx)
56. (TR56DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR56TM) <input type="text"/> (xxx)	(TR56ID) <input type="text"/> (xxxxxx)
57. (TR57DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR57TM) <input type="text"/> (xxx)	(TR57ID) <input type="text"/> (xxxxxx)
58. (TR58DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR58TM) <input type="text"/> (xxx)	(TR58ID) <input type="text"/> (xxxxxx)
59. (TR59DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR59TM) <input type="text"/> (xxx)	(TR59ID) <input type="text"/> (xxxxxx)
60. (TR60DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR60TM) <input type="text"/> (xxx)	(TR60ID) <input type="text"/> (xxxxxx)

Date	Time (in minutes)	Staff ID
61. (TR61DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR61TM) <input type="text"/> (xxx)	(TR61ID) <input type="text"/> (xxxxxx)
62. (TR62DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR62TM) <input type="text"/> (xxx)	(TR62ID) <input type="text"/> (xxxxxx)
63. (TR63DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR63TM) <input type="text"/> (xxx)	(TR63ID) <input type="text"/> (xxxxxx)
64. (TR64DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR64TM) <input type="text"/> (xxx)	(TR64ID) <input type="text"/> (xxxxxx)
65. (TR65DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR65TM) <input type="text"/> (xxx)	(TR65ID) <input type="text"/> (xxxxxx)
66. (TR66DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR66TM) <input type="text"/> (xxx)	(TR66ID) <input type="text"/> (xxxxxx)
67. (TR67DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR67TM) <input type="text"/> (xxx)	(TR67ID) <input type="text"/> (xxxxxx)
68. (TR68DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR68TM) <input type="text"/> (xxx)	(TR68ID) <input type="text"/> (xxxxxx)

69. (TR69DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR69TM) <input type="text"/> (xxx)	(TR69ID) <input type="text"/> (xxxxx)
70. (TR70DT) <input type="text"/> (mm/dd/yyyy) Calendar	(TR70TM) <input type="text"/> (xxx)	(TR70ID) <input type="text"/> (xxxxx)

Comments: (TRKCOMM)

NIDA Clinical Trials Network

Treatment Services Review - Part 2 (TS2)

Web Version: 1.0; 3.00; 02-27-12

Segment (PROTSEG):

Visit Number (VISNO):

D. DRUG PROBLEMS:

How many **days** in this assessment period have you:

	IN	OUT	OUT	OUT
1. been in inpatient treatment for a drug problem?	(TSDTI) <input type="text"/> (xxx)	(TSDTIO) <input type="text"/> (xxx)	(TSDTIO2) <input type="text"/> (xxx)	(TSDTIO3) <input type="text"/> (xxx)
a. Location of OUT service:		(TSDTIO1) <input type="text"/>	(TSDTIO2) <input type="text"/>	(TSDTIO3) <input type="text"/>
2. received medication to help you detoxify/come off a drug?	(TSDDM1) <input type="text"/> (xxx)	(TSDDMO) <input type="text"/> (xxx)	(TSDDMO2) <input type="text"/> (xxx)	(TSDDMO3) <input type="text"/> (xxx)
a. Location of OUT service:		(TSDDMOL) <input type="text"/>	(TSDDMOL2) <input type="text"/>	(TSDDMOL3) <input type="text"/>
3. received medication to maintain/stabilize your drug use?	(TSDMD1) <input type="text"/> (xxx)	(TSDMDO) <input type="text"/> (xxx)	(TSDMDO2) <input type="text"/> (xxx)	(TSDMDO3) <input type="text"/> (xxx)
a. Location of OUT service:		(TSDMDOL) <input type="text"/>	(TSDMDOL2) <input type="text"/>	(TSDMDOL3) <input type="text"/>
4. received medication to block the effects of drugs?	(TSDBD1) <input type="text"/> (xxx)	(TSDBDO) <input type="text"/> (xxx)	(TSDBDO2) <input type="text"/> (xxx)	(TSDBDO3) <input type="text"/> (xxx)
a. Location of OUT service:		(TSDBDOL) <input type="text"/>	(TSDBDOL2) <input type="text"/>	(TSDBDOL3) <input type="text"/>
5. received a urinalysis or other test for drug use?	(TSDUAI) <input type="text"/> (xxx)	(TSDUAO) <input type="text"/> (xxx)	(TSDUAO2) <input type="text"/> (xxx)	(TSDUAO3) <input type="text"/> (xxx)
a. Location of OUT service:		(TSDUAOL) <input type="text"/>	(TSDUAOL2) <input type="text"/>	(TSDUAOL3) <input type="text"/>
6. attended a drug education session?	(TSDEDI) <input type="text"/> (xxx)	(TSDEDO) <input type="text"/> (xxx)	(TSDEDO2) <input type="text"/> (xxx)	(TSDEDO3) <input type="text"/> (xxx)
a. Location of OUT service:		(TSDGEDOL) <input type="text"/>	(TSDEDO2) <input type="text"/>	(TSDEDO3) <input type="text"/>
7. attended a session of NA or CA?	(TSNCSI) <input type="text"/> (xxx)	(TSNCSO) <input type="text"/> (xxx)	(TSNCSO2) <input type="text"/> (xxx)	(TSNCSO3) <input type="text"/> (xxx)
a. Location of OUT service:		(TSNCSOL) <input type="text"/>	(TSNCSOL2) <input type="text"/>	(TSNCSOL3) <input type="text"/>

8. attended a drug relapse prevention group or session?	(TSDPGI) <input type="text"/> (xxx)	(TSDPGO) <input type="text"/> (xxx)	(TSDPGO2) <input type="text"/> (xxx)	(TSDPGO3) <input type="text"/> (xxx)
a. Location of OUT service:		(TSDPGOL) <input type="text"/>	(TSDPGOL2) <input type="text"/>	(TSDPGOL3) <input type="text"/>
9. attended an individual session where there was a significant discussion regarding your drug problem(s)?	(TSDSI) <input type="text"/> (xxx)	(TSDSIO) <input type="text"/> (xxx)	(TSDSIO2) <input type="text"/> (xxx)	(TSDSIO3) <input type="text"/> (xxx)
a. Location of OUT service:		(TSDSIOL) <input type="text"/>	(TSDSIOL2) <input type="text"/>	(TSDSIOL3) <input type="text"/>
10. attended a general group session where there was a significant discussion regarding your drug problem(s)?	(TSDSGI) <input type="text"/> (xxx)	(TSDSGO) <input type="text"/> (xxx)	(TSDSGO2) <input type="text"/> (xxx)	(TSDSGO3) <input type="text"/> (xxx)
a. Location of OUT service:		(TSDSGOL) <input type="text"/>	(TSDSGOL2) <input type="text"/>	(TSDSGOL3) <input type="text"/>

E. LEGAL PROBLEMS

How many **days** in this assessment period have you:

1. been incarcerated? (TSJAIL) (xxx)
2. engaged in illegal activities for profit? (TSILLEGL) (xxx)

	IN	OUT	OUT	OUT
3. the courts, criminal justice system, probation/parole office been contacted regarding your legal problem (either by patient or program)?	(TSCCLI) <input type="text"/> (xxx)	(TSCCLO) <input type="text"/> (xxx)	(TSCCLO2) <input type="text"/> (xxx)	(TSCCLO3) <input type="text"/> (xxx)
a. Location of OUT service:		(TSCCLOL) <input type="text"/>	(TSCCLOL2) <input type="text"/>	(TSCCLOL3) <input type="text"/>
4. attended an individual session where there was a significant discussion regarding your legal problem(s)?	(TSLSI) <input type="text"/> (xxx)	(TSLSIO) <input type="text"/> (xxx)	(TSLSIO2) <input type="text"/> (xxx)	(TSLSIO3) <input type="text"/> (xxx)
a. Location of OUT service:		(TSLSIOL) <input type="text"/>	(TSLSIOL2) <input type="text"/>	(TSLSIOL3) <input type="text"/>
5. attended a general group session where there was a significant discussion regarding your legal problem(s)?	(TSLSGI) <input type="text"/> (xxx)	(TSLSGO) <input type="text"/> (xxx)	(TSLSGO2) <input type="text"/> (xxx)	(TSLSGO3) <input type="text"/> (xxx)
a. Location of OUT service:		(TSLSGOL) <input type="text"/>	(TSLSGOL2) <input type="text"/>	(TSLSGOL3) <input type="text"/>

F. FAMILY PROBLEMS

How many **days** in this assessment period have you:

1. experienced significant family/social problems? (TSFAMPRB) (xxx)
2. experienced significant loneliness and/or boredom? (TSLONELY) (xxx)

	IN	OUT	OUT	OUT
--	----	-----	-----	-----

3. had a significant discussion pertinent to your family problems with family present: Family specialist?	(TSFSFI) <input type="text"/> (xxx)	(TSFSFO) <input type="text"/> (xxx)	(TSFSFO2) <input type="text"/> (xxx)	(TSFSFO3) <input type="text"/> (xxx)
a. Location of OUT service:		(TSFSFOL) <input type="text"/>	(TSFSFOL2) <input type="text"/>	(TSFSFOL3) <input type="text"/>
4. had a significant discussion pertinent to your family problems with family present: Counselor/social worker?	(TSFCFI) <input type="text"/> (xxx)	(TSFCFO) <input type="text"/> (xxx)	(TSFCFO2) <input type="text"/> (xxx)	(TSFCFO3) <input type="text"/> (xxx)
a. Location of OUT service:		(TSFCFOL) <input type="text"/>	(TSFCFOL2) <input type="text"/>	(TSFCFOL3) <input type="text"/>
5. attended an individual session where there was a significant discussion regarding your family problem(s)?	(TSFSII) <input type="text"/> (xxx)	(TSFSIO) <input type="text"/> (xxx)	(TSFSIO2) <input type="text"/> (xxx)	(TSFSIO3) <input type="text"/> (xxx)
a. Location of OUT service:		(TSFSIOL) <input type="text"/>	(TSFSIOL2) <input type="text"/>	(TSFSIOL3) <input type="text"/>
6. attended a general group session where there was a significant discussion regarding your family problem(s)?	(TSFSGI) <input type="text"/> (xxx)	(TSFSGO) <input type="text"/> (xxx)	(TSFSGO2) <input type="text"/> (xxx)	(TSFSGO3) <input type="text"/> (xxx)
a. Location of OUT service:		(TSFSGOL) <input type="text"/>	(TSFSGOL2) <input type="text"/>	(TSFSGOL3) <input type="text"/>

G. PSYCHOLOGICAL/EMOTIONAL PROBLEMS:

How many **days** in this assessment period have you:

1. experienced significant emotional problems? (TSEMOTNL) (xxx)

	IN	OUT	OUT	OUT
2. been hospitalized for an emotional or psychological problem?	(TSHPEI) <input type="text"/> (xxx)	(TSHPEO) <input type="text"/> (xxx)	(TSHPEO2) <input type="text"/> (xxx)	(TSHPEO3) <input type="text"/> (xxx)
a. Location of OUT service:		(TSHPEOL) <input type="text"/>	(TSHPEOL2) <input type="text"/>	(TSHPEOL3) <input type="text"/>
3. received medication for your psychological or emotional problems?	(TSMDEI) <input type="text"/> (xxx)	(TSMDEO) <input type="text"/> (xxx)	(TSMDEO2) <input type="text"/> (xxx)	(TSMDEO3) <input type="text"/> (xxx)
a. Location of OUT service:		(TSMDEOL) <input type="text"/>	(TSMDEOL2) <input type="text"/>	(TSMDEOL3) <input type="text"/>
4. received testing for psychological or emotional problems?	(TSTPEI) <input type="text"/> (xxx)	(TSTPEO) <input type="text"/> (xxx)	(TSTPEO2) <input type="text"/> (xxx)	(TSTPEO3) <input type="text"/> (xxx)
a. Location of OUT service:		(TSTPEOL) <input type="text"/>	(TSTPEOL2) <input type="text"/>	(TSTSEOL3) <input type="text"/>
5. received a session in which you practiced a form of relaxation training, biofeedback, or meditation: Psych specialist?	(TSRPSI) <input type="text"/> (xxx)	(TSRPSO) <input type="text"/> (xxx)	(TSRPSO2) <input type="text"/> (xxx)	(TSRPSO3) <input type="text"/> (xxx)
a. Location of OUT service:		(TSRPSOL) <input type="text"/>	(TSRPSOL2) <input type="text"/>	(TSRPSOL3) <input type="text"/>

6. received a session in which you practiced a form of relaxation training, biofeedback, or meditation: Counselor/social worker?	(TSRCI) <input type="text"/> (xxx)	(TSRCO) <input type="text"/> (xxx)	(TSRCO2) <input type="text"/> (xxx)	(TSRCO3) <input type="text"/> (xxx)
a. Location of OUT service:		(TSRCOL) <input type="text"/>	(TSRCOL2) <input type="text"/>	(TSRCOL3) <input type="text"/>
7. received a session in which you practiced a form of behavior modification (e.g., role play, rehearsal, psychodrama, etc.): Psych specialist?	(TSBHP1) <input type="text"/> (xxx)	(TSBHPO) <input type="text"/> (xxx)	(TSBHPO2) <input type="text"/> (xxx)	(TSBHPO3) <input type="text"/> (xxx)
a. Location of OUT service:		(TSBHPOL) <input type="text"/>	(TSBHPOL2) <input type="text"/>	(TSBHPOL3) <input type="text"/>
8. received a session in which you practiced a form of behavior modification (e.g., role play, rehearsal, psychodrama, etc.): Counselor/social worker?	(TSBHCI) <input type="text"/> (xxx)	(TSBHCO) <input type="text"/> (xxx)	(TSBHCO2) <input type="text"/> (xxx)	(TSBHCO3) <input type="text"/> (xxx)
a. Location of OUT service:		(TSBHCOL) <input type="text"/>	(TSBHCOL2) <input type="text"/>	(TSBHCOL3) <input type="text"/>
9. had a significant discussion pertinent to your psychological or emotional problems: Psych specialist?	(TSPSII) <input type="text"/> (xxx)	(TSPSIO) <input type="text"/> (xxx)	(TSPSIO2) <input type="text"/> (xxx)	(TSPSIO3) <input type="text"/> (xxx)
a. Location of OUT service:		(TSPSIOL) <input type="text"/>	(TSPSIOL2) <input type="text"/>	(TSPSIOL3) <input type="text"/>
10. attended a general group session where there was a significant discussion regarding your psychological or emotional problem(s)?	(TSPSGI) <input type="text"/> (xxx)	(TSPSGO) <input type="text"/> (xxx)	(TSPSGO2) <input type="text"/> (xxx)	(TSPSGO3) <input type="text"/> (xxx)
a. Location of OUT service:		(TSPSGOL) <input type="text"/>	(TSPSGOL2) <input type="text"/>	(TSPSGOL3) <input type="text"/>

H. CHILD PROTECTIVE SERVICES PROBLEMS

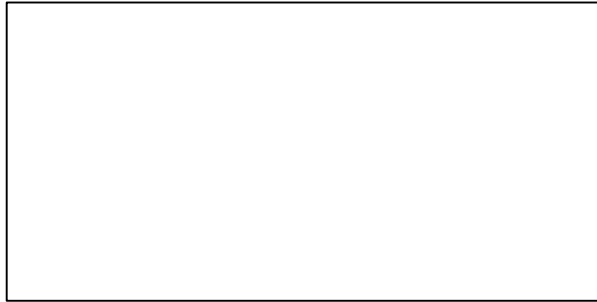
1. Are you active, or have an open case with child protective services?(TSOPNCPS)

No Yes

How many **days** in this assessment period have you:

	IN	OUT	OUT	OUT
2. attended an individual session where there was a significant discussion regarding your child protective services problem(s)?	(TSCPII) <input type="text"/> (xxx)	(TSCPIO) <input type="text"/> (xxx)	(TSCPIO2) <input type="text"/> (xxx)	(TSCPIO3) <input type="text"/> (xxx)
a. Location of OUT service:		(TSCPIOL) <input type="text"/>	(TSCPIOL2) <input type="text"/>	(TSCPIOL3) <input type="text"/>
3. attended a general group session where there was a significant discussion regarding your child protective services problem(s)?	(TSCPGI) <input type="text"/> (xxx)	(TSCPGO) <input type="text"/> (xxx)	(TSCPGO2) <input type="text"/> (xxx)	(TSCPGO3) <input type="text"/> (xxx)
a. Location of OUT service:		(TSCPGOL) <input type="text"/>	(TSCPGOL2) <input type="text"/>	(TSCPGOL3) <input type="text"/>

Comments: (TSRCOMM)



NIDA Clinical Trials Network

Treatment Services Review (TSR)

Web Version: 1.0; 3.00; 06-07-12

Segment (PROTSEG):

Visit Number (VISNO):

Date of assessment:(TSASMDT)

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

Beginning of assessment period:(TSBEGDT)

(mm/dd/yyyy)

End of assessment period:(TSENDDT)

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

Number of days in the assessment period:(TSDA YSPD)

(xxx)

Please record services as (IN) separately from those provided by other sources (OUT) as specified in your local SOP.

A. MEDICAL PROBLEMS:

How many **days** in this assessment period have you:

1. experienced significant physical medical problems?(TSEXPPHY)

(xxx)

	IN	OUT	OUT	OUT
2. been in the ED for physical medical problems?	(TSEDIN) <input type="text"/> (xxx)	(TSEDOT) <input type="text"/> (xxx)	(TSEDOT2) <input type="text"/> (xxx)	(TSEDOT3) <input type="text"/> (xxx)
a. Location of OUT service:		(TSEDOTL) <input type="text"/>	(TSEDOTL2) <input type="text"/>	(TSEDOTL3) <input type="text"/>
3. been hospitalized as an inpatient for physical medical problems?	(TSHPIN) <input type="text"/> (xxx)	(TSHPOT) <input type="text"/> (xxx)	(TSHPOT2) <input type="text"/> (xxx)	(TSHPOT3) <input type="text"/> (xxx)
a. Location of OUT service:		(TSHPOTL) <input type="text"/>	(TSHPOTL2) <input type="text"/>	(TSHPOTL3) <input type="text"/>
4. received medication for a medical problem?	(TSMIDIN) <input type="text"/> (xxx)	(TSMIDOT) <input type="text"/> (xxx)	(TSMIDOT2) <input type="text"/> (xxx)	(TSMIDOT3) <input type="text"/> (xxx)
a. Location of OUT service:		(TSMIDOTL) <input type="text"/>	(TSMIDOTL2) <input type="text"/>	(TSMIDOTL3) <input type="text"/>
5. made any outpatient visits to any healthcare provider?	(TSOPIN) <input type="text"/> (xxx)	(TSOPOT) <input type="text"/> (xxx)	(TSOPOT2) <input type="text"/> (xxx)	(TSOPOT3) <input type="text"/> (xxx)
a. Location of OUT service:		(TSOPOTL) <input type="text"/>	(TSOPOTL2) <input type="text"/>	(TSOPOTL3) <input type="text"/>
6. attended an individual session where there was a significant discussion regarding your medical problem(s)?	(TSMIDI) <input type="text"/> (xxx)	(TSMIDO) <input type="text"/> (xxx)	(TSMIDO2) <input type="text"/> (xxx)	(TSMIDO3) <input type="text"/> (xxx)
a. Location of OUT service:		(TSMIDOL) <input type="text"/>	(TSMIDOL2) <input type="text"/>	(TSMIDOL3) <input type="text"/>

7. attended a general group session where there was a significant discussion regarding your medical problem(s)?	(TSMGPI) <input type="text"/> (xxx)	(TSMGPO) <input type="text"/> (xxx)	(TSMGPO2) <input type="text"/> (xxx)	(TSMGPO3) <input type="text"/> (xxx)
a. Location of OUT service:		(TSMGPOL) <input type="text"/>	(TSMGPOL2) <input type="text"/>	(TSMGPOL3) <input type="text"/>

B. EMPLOYMENT AND SUPPORT PROBLEMS:

How many **days** in this assessment period have you:

1. been paid for working?(TSPAIDWK)

(xxx)

a. amount paid per day:(TSAMNTPD)

\$ (xxx)

2. been in school or training?(TSSCHTRN)

(xxx)

	IN	OUT	OUT	OUT
3. seen someone regarding employment opportunities, training, or education: Employment specialist?	(TSEMPI) <input type="text"/> (xxx)	(TSEMP0) <input type="text"/> (xxx)	(TSEMP02) <input type="text"/> (xxx)	(TSEMP03) <input type="text"/> (xxx)
a. Location of OUT service:		(TSEMPOL) <input type="text"/>	(TSEMPOL2) <input type="text"/>	(TSEMPOL3) <input type="text"/>
4. seen someone regarding employment opportunities, training, or education: Counselor/social worker?	(TSCONI) <input type="text"/> (xxx)	(TSCONO) <input type="text"/> (xxx)	(TSCONO2) <input type="text"/> (xxx)	(TSCONO3) <input type="text"/> (xxx)
a. Location of OUT service:		(TSCONOL) <input type="text"/>	(TSCONOL2) <input type="text"/>	(TSCONOL3) <input type="text"/>
5. seen someone regarding unemployment compensation, welfare, social security, housing, or other income: Benefits specialist?	(TSBNFI) <input type="text"/> (xxx)	(TSBNFO) <input type="text"/> (xxx)	(TSBNFO2) <input type="text"/> (xxx)	(TSBNFO3) <input type="text"/> (xxx)
a. Location of OUT service:		(TSBNFOL) <input type="text"/>	(TSBNFOL2) <input type="text"/>	(TSBNFOL3) <input type="text"/>
6. seen someone regarding unemployment compensation, welfare, social security, housing, or other income: Counselor/social worker?	(TSUNEI) <input type="text"/> (xxx)	(TSUNEO) <input type="text"/> (xxx)	(TSUNEO2) <input type="text"/> (xxx)	(TSUNEO3) <input type="text"/> (xxx)
a. Location of OUT service:		(TSUNEOL) <input type="text"/>	(TSUNEOL2) <input type="text"/>	(TSUNEOL3) <input type="text"/>
7. attended an individual session where there was a significant discussion regarding your employment or support problem(s)?	(TSEMI) <input type="text"/> (xxx)	(TSEMI0) <input type="text"/> (xxx)	(TSEMI02) <input type="text"/> (xxx)	(TSEMI03) <input type="text"/> (xxx)
a. Location of OUT service:		(TSEMIOL) <input type="text"/>	(TSEMIOL2) <input type="text"/>	(TSEMIOL3) <input type="text"/>
8. attended a general group session where there was a significant discussion regarding your employment or support problem(s)?	(TSEMI) <input type="text"/> (xxx)	(TSEMI0) <input type="text"/> (xxx)	(TSEMI02) <input type="text"/> (xxx)	(TSEMI03) <input type="text"/> (xxx)

a. Location of OUT service:		(TSEMGOL)	(TSEMGOL2)	(TSEMGOL3)

C. ALCOHOL PROBLEMS:

How many **days** in this assessment period have you:

	IN	OUT	OUT	OUT
1. been in inpatient treatment for an alcohol problem?	(TSATI) <input type="text"/> (xxx)	(TSATIO) <input type="text"/> (xxx)	(TSATIO2) <input type="text"/> (xxx)	(TSATIO3) <input type="text"/> (xxx)
a. Location of OUT service:		(TSATIO1) <input type="text"/>	(TSATIO2) <input type="text"/>	(TSATIO3) <input type="text"/>
2. received medication to help you detoxify from alcohol?	(TSADMI) <input type="text"/> (xxx)	(TSADMO) <input type="text"/> (xxx)	(TSADMO2) <input type="text"/> (xxx)	(TSADMO3) <input type="text"/> (xxx)
a. Location of OUT service:		(TSADMOL) <input type="text"/>	(TSADMOL2) <input type="text"/>	(TSADMOL3) <input type="text"/>
3. received medication to prevent you from drinking?	(TSMPTDI) <input type="text"/> (xxx)	(TSMPTDO) <input type="text"/> (xxx)	(TSMPTDO2) <input type="text"/> (xxx)	(TSMPTDO3) <input type="text"/> (xxx)
a. Location of OUT service:		(TSMPTDOL) <input type="text"/>	(TSMPTDOL2) <input type="text"/>	(TSMPTDOL3) <input type="text"/>
4. received a blood alcohol test (e.g., breathalyzer)?	(TSBATI) <input type="text"/> (xxx)	(TSBATO) <input type="text"/> (xxx)	(TSBATO2) <input type="text"/> (xxx)	(TSBATO3) <input type="text"/> (xxx)
a. Location of OUT service:		(TSBATOL) <input type="text"/>	(TSBATOL2) <input type="text"/>	(TSBATOL3) <input type="text"/>
5. attended an alcohol education session?	(TSAEDI) <input type="text"/> (xxx)	(TSAEDO) <input type="text"/> (xxx)	(TSAEDO2) <input type="text"/> (xxx)	(TSAEDO3) <input type="text"/> (xxx)
a. Location of OUT service:		(TSAEDOL) <input type="text"/>	(TSAEDOL2) <input type="text"/>	(TSAEDOL3) <input type="text"/>
6. attended an AA or 12-step meeting?	(TSAAMI) <input type="text"/> (xxx)	(TSAAMO) <input type="text"/> (xxx)	(TSAAMO2) <input type="text"/> (xxx)	(TSAAMO3) <input type="text"/> (xxx)
a. Location of OUT service:		(TSAAMOL) <input type="text"/>	(TSAAMOL2) <input type="text"/>	(TSAAMOL3) <input type="text"/>
7. attended an alcohol relapse prevention meeting?	(TSAPMI) <input type="text"/> (xxx)	(TSAPMO) <input type="text"/> (xxx)	(TSAPMO2) <input type="text"/> (xxx)	(TSAPMO3) <input type="text"/> (xxx)
a. Location of OUT service:		(TSAPMOL) <input type="text"/>	(TSAPMOL2) <input type="text"/>	(TSAPMOL3) <input type="text"/>
8. attended an individual session where there was a significant discussion regarding your alcohol problem(s)?	(TSASII) <input type="text"/> (xxx)	(TSASIO) <input type="text"/> (xxx)	(TSASIO2) <input type="text"/> (xxx)	(TSASIO3) <input type="text"/> (xxx)
a. Location of OUT service:		(TSASIO1) <input type="text"/>	(TSASIO2) <input type="text"/>	(TSASIO3) <input type="text"/>
9. attended a general group session where there was a	(TSASGI) <input type="text"/>	(TSASGO) <input type="text"/> (xxx)	(TSASGO2) <input type="text"/> (xxx)	(TSASGO3) <input type="text"/> (xxx)

significant discussion regarding your alcohol problem(s)?	<input type="text"/> (xxx)			
a. Location of OUT service:		(TSASGOL) <input type="text"/>	(TSASGOL2) <input type="text"/>	(TSASGOL3) <input type="text"/>

NIDA Clinical Trials Network

Working Alliance Inventory - Short Form - Revised (WAI)

Web Version: 1.0; 1.01; 10-26-10

Segment (PROTSEG):

Visit Number (VISNO):

Assessment completed by: (WACOMPHY)

Participant RA who did not serve as interventionist

Date of assessment: (WAASMDT)

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

Instructions: Below is a series of statements about experiences people might have with their therapy or therapist. Some items refer directly to your therapist with an underlined space -- as you read the sentences, mentally insert the name of your therapist in place of _____ in the text. For each statement, please take your time to consider your own experience and then fill in the appropriate checkbox. **Important:** The rating scale is not the same for all the statements. **PLEASE READ CAREFULLY!**

1. As a result of this counseling session I am clearer as to how I might be able to change.

(WACHANGE) Seldom Sometimes Fairly Often Very Often Always

2. This counseling session gave me new ways of looking at my problem.

(WANWLOOK) Seldom Sometimes Fairly Often Very Often Always

3. I believe _____ likes me.

(WALIKE) Always Very Often Fairly Often Sometimes Seldom

4. _____ and I collaborated on setting goals for my counseling session.

(WACOLBRT) Seldom Sometimes Fairly Often Very Often Always

5. _____ and I respect each other.

(WARESPCT) Always Very Often Fairly Often Sometimes Seldom

6. _____ and I worked towards mutually agreed upon goals.

(WAGOALS) Always Very Often Fairly Often Sometimes Seldom

7. I feel that _____ appreciates me.

(WAAPPRCT) Always Very Often Fairly Often Sometimes Seldom

8. _____ and I agreed on what is important for me to work on.

(WAIMPT) Seldom Sometimes Fairly Often Very Often Always

9. I feel _____ cares about me even if I do things that he/she does not approve of.

(WACARES) Always Very Often Fairly Often Sometimes Seldom

10. I felt that the things I did in this counseling session will help me to accomplish the changes that I want.

(WAACMLPH) Seldom Sometimes Fairly Often Very Often Always

11. _____ and I established a good understanding of the kind of changes that would be good for me.

(WAGDCHGS) Seldom Sometimes Fairly Often Very Often Always

12. I believe the way we worked with my problem is correct.

(WAPRBLM) Always Very Often Fairly Often Sometimes Seldom

