NIDA Clinical Trials Network

Adverse Events (AD1)

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

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

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

1. Adverse event name:*(A1DESCRI)*

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

3. Severity of event:*(A1SEVEVE)*

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

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

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

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

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

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

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

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

6. Outcome of event:*(A1OUTCM)*

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

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

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

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

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

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

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

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

Comments:*(A1COMM)*

Investigator's Signature

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

Principal Investigator or designee:*(A1PISIGN)*

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

MedDRA:

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

Preferred Term:*(MEDRAPT)* Not Coded

System Organ Class:*(MEDRASOC)*

Additional Selection Options for AD1

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

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

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

NIDA Clinical Trials Network

Serious Adverse Event Summary (AD2)

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

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

1. Initial narrative description of serious adverse event:

(A2SUMM)

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

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

(A2MEDHX)

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

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

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

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

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

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

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

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

(A2FOLLUP)

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7. Additional information requested by the Medical Monitor:

(A2ADDINF)

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

☐ Yes

Additional Selection Options for AD2

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

NIDA Clinical Trials Network

Serious Adverse Event Medical Reviewer (AD3)

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

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

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

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

Reviewed by:*(A3REVID)* ☐ Robert Lindblad

Comments:*(A3COMM)*

Additional Selection Options for AD3

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

NIDA Clinical Trials Network

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:*(A1DESCRI)*

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

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

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

NIDA Clinical Trials Network

Serious Adverse Event Summary (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)	*(A2_01DIN)*
(A2_02DNM)	*(A2_02DIN)*
(A2_03DNM)	*(A2_03DIN)*
(A2_04DNM)	*(A2_04DIN)*
(A2_05DNM)	*(A2_05DIN)*

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

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

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

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

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

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

(A2FOLLUP)

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7. Additional information requested by the Medical Monitor:

(A2ADDINF)

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

☐ Yes

Additional Selection Options for AE2

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

NIDA Clinical Trials Network

Serious Adverse Event Medical Reviewer (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)* *(A3EXPFDA)*	☐ No ☐ Yes
5. Is this an expedited/reportable event for other reasons?*(A3EXPOTH)*	☐ No ☐ Yes
6. Does the protocol need to be modified based on this event?*(A3EXPDSM)*	☐ No ☐ Yes
7. Does the consent form need to be modified based on this event?*(A3CONSEN)*	☐ No ☐ Yes
8. Is the review complete?*(A3REVDNE)*	☐ No ☐ Yes
If "No", what additional information is required:*(A3ADDINF)*	

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

Reviewed by:*(A3REVID)* ☐ Robert Lindblad

Comments:*(A3COMM)*

Additional Selection Options for AE3

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

NIDA Clinical Trials Network

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:*(BICGVPFB)* ☐ No ☐ Yes

Notes:*(BICPFBNT)*

4. Elicits change talk and clarifies goals:*(BICGOAL)* ☐ No ☐ Yes

Notes:*(BICGOLNT)*

5. Discusses action plan:*(BICAP)* ☐ No ☐ Yes

Notes:*(BICAPNT)*

6. Closes on good terms:*(BICENDOK)* ☐ No ☐ Yes

Notes:*(BICENDNT)*

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)* *(mm/dd/yyyy)* Calendar	*(BK01TM)* *(xxx)*	*(BK01ID)* *(xxxxx)*
2. *(BK02DT)* *(mm/dd/yyyy)* Calendar	*(BK02TM)* *(xxx)*	*(BK02ID)* *(xxxxx)*
3. *(BK03DT)* *(mm/dd/yyyy)* Calendar	*(BK03TM)* *(xxx)*	*(BK03ID)* *(xxxxx)*
4. *(BK04DT)* *(mm/dd/yyyy)* Calendar	*(BK04TM)* *(xxx)*	*(BK04ID)* *(xxxxx)*
5. *(BK05DT)* *(mm/dd/yyyy)* Calendar	*(BK05TM)* *(xxx)*	*(BK05ID)* *(xxxxx)*
6. *(BK06DT)* *(mm/dd/yyyy)* Calendar	*(BK06TM)* *(xxx)*	*(BK06ID)* *(xxxxx)*
7. *(BK07DT)* *(mm/dd/yyyy)* Calendar	*(BK07TM)* *(xxx)*	*(BK07ID)* *(xxxxx)*
8. *(BK08DT)* *(mm/dd/yyyy)* Calendar	*(BK08TM)* *(xxx)*	*(BK08ID)* *(xxxxx)*
9. *(BK09DT)* *(mm/dd/yyyy)* Calendar	*(BK09TM)* *(xxx)*	*(BK09ID)* *(xxxxx)*
10. *(BK10DT)* *(mm/dd/yyyy)* Calendar	*(BK10TM)* *(xxx)*	*(BK10ID)* *(xxxxx)*

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

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

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

Date	Time (in minutes)	Staff ID
41. *(BK41DT)* *(mm/dd/yyyy)* Calendar	*(BK41TM)* *(xxx)*	*(BK41ID)* *(xxxxx)*
42. *(BK42DT)* *(mm/dd/yyyy)* Calendar	*(BK42TM)* *(xxx)*	*(BK42ID)* *(xxxxx)*
43. *(BK43DT)* *(mm/dd/yyyy)* Calendar	*(BK43TM)* *(xxx)*	*(BK43ID)* *(xxxxx)*

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

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

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

69. *(BK69DT)* *(mm/dd/yyyy)* Calendar	*(BK69TM)* *(xxx)*	*(BK69ID)* *(xxxxx)*
70. *(BK70DT)* *(mm/dd/yyyy)* Calendar	*(BK70TM)* *(xxx)*	*(BK70ID)* *(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

1. Structuring statement and agenda setting:*(BOCSTRUC)* ☐ No ☐ Yes

Notes:*(BOCSTRNT)*

2. Open motivational interviewing:*(BOCOMI)* ☐ No ☐ Yes

Notes:*(BOCOMINT)*

3. Discusses action plan:*(BOCAP)* ☐ No ☐ Yes

Notes:*(BOCAPNT)*

4. Closes on good terms:*(BOCENDOK)* ☐ No ☐ Yes

Notes: *(BOCENDNT)*

Comments: *(BOCCOMM)*

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: *(BRASMDT)* _____ *(mm/dd/yyyy)* Click here to view calendar

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

If session not initiated, select reason: *(BRREASON)*

1-Unreachable at close of assessment window
2-Refused
3-Deceased
4-Unavailable
5-Other

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

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

Time End: *(BRTMEEND)* _____ *(hh:mm)*

3. Was this session interrupted? *(BRINTRPD)*

0-No
1-Yes

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

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

0-No
1-Yes

If "No", specify:
(BRNOSP)

If "Yes", did the session resume on the same day?*(BRSAMEDY)* ☐ No ☐ Yes

If "No", what was the date that it was completed?
(BRSES2DT)
(mm/dd/yyyy) Click here for calendar

If "No", explain:
(BRNOSAME)

5. Was the session recorded?
(BRSESREC) ☐ 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)?
(BRAUDIO) *(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
(BRIMPRUL) ☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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
(BRCONRUL) ☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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
(BRREDRUL) ☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Summary of session:
(BRSESSUM)

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

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

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:*(ADEDUCTN)*

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

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

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

Answer the following question to represent the majority of the last 3 years, not just the most recent selection. If there are equal times for more than one category, select that which best represents the more current situation.

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

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

Answer the following question to represent the majority of the last 30 days, not just the most recent selection. If there are equal times for more than one category, select that which best represents the more current situation.

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

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

5. Annual Household Income:*(ADINCOME)*

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

Comments:*(ADMCOMM)*

NIDA Clinical Trials Network

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):*(R3ENGLSH)*	☐ 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:*(HSNORESN)*

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

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

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

3. 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:*(IRTMSTRT)* _____ *(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
(IRIMPRUL) ☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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
(IRCONRUL) ☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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
(IRREDRUL) ☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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)*				
2. Collaboration:	*(MICOLLAB)*				
3. Autonomy/Support:	*(MIAUTONO)*				
4. Direction:	*(MIDIRECT)*				
5. Empathy:	*(MIEMPTHY)*				

Behavior Counts

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

Rating/Scoring Chart

Clinician Behavior-Count	Interventionist	Beginning	Competency

or Summary-Score	Ratings/ Percents	Proficiency	
1. Global clinician rating:	*(MIGCRT)*	Average of 3.5	Average of 4
2. Spirit rating:	*(MISPTRT)*	Average of 3.5	Average of 4
3. Direction rating:	*(MIDIRRT)*	Average of 3.5	Average of 4
4. Empathy rating:	*(MIEMPYRT)*	Average of 3.5	Average of 4
5. Reflection to question ratio:	*(MIRFQRO)*	1	2
6. Percent open questions:	*(MIOPNPC)* %	50%	70%
7. Percent complex reflections:	*(MICPXPC)* %	40%	50%
8. Percent MI-Adherent:	*(MIMIADPC)* %	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:*(MVTRGTDT)* *(mm/dd/yyyy)* Click here to view calendar

Reason for missed visit:*(MVREASON)*

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

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

Additional Selection Options for MV2

Reason for missed visit:
6-Procedure or assessment not performed
9-Other