

NOTE: Boxed annotations indicate supplemental qualifier variables. Result found in QVAL field.

PARTICIPANT LOCATOR FORM

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NIDA-CTN-0017	HIV AND HCV RISK REDUCTION INTERVENTIONS IN DRUG DETOXIFICATION AND TREATMENT SETTINGS
Node: ____	CTP-Site ID: ____ - ____
Assessment Date: ____/____/____	Staff ID: ____

This form is not a CRF and will not be entered into the study database.

Review with the participant:

THIS DATA NOT ENTERED

- Important for us to collect good, accurate locating information to contact participant for follow-up interviews over the next six months
- Information will not be linked with answers given in interview
- Your name and locating information will be kept in confidential locked files separate from the study data.
- If there is certain information that you would rather not give us, we prefer that you let us know rather than provide false information
- If contacting friends/relatives, will say we are calling about a _____ Health Study.

1. Please tell me your full legal name (print response verbatim):

First: _____
Middle: _____
Last: _____
Maiden: _____

2. What other names, nicknames, street names or aliases do you go by?

Alias #1: _____
Alias #2: _____

3. What is your date of birth? ____/____/____ Verified: ☐ Yes ☐ No

4. Description:

Race: _____ Sex: _____
Weight: _____ Other: _____

5. What address would be best to use when we need to reach you again?

Address: _____ Apt: _____
P.O. Box: _____ City: _____
State: _____ Zip: _____

PARTICIPANT LOCATOR FORM

CTP - Site ID ____ - ____	Assessment Date: ____ / ____ / ____ m m d d y y y y
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- A. What is the phone number there? (____) - ____ - ____
- B. Whose name is this listed under (whose house will I be calling)? _____
- C. What is the best time for me to call? _____
- D. Is this your address? YES.....1 (Skip to F)
NO.....0
- E. If NO, whose address is this?
Name: _____ Relationship: _____
- F. Is this your best mailing address? YES.....1 (Skip to Q6)
NO.....0
- G. If NO, what is your best mailing address?
Address: _____ Apt: _____
P.O. Box: _____ City: _____
State: _____ Zip: _____
- H. What is the phone number? (____) - ____ - ____
- I. Whose number is this listed under? _____
- J. What is the best time for me to call? _____
- K. Is there an alternative telephone number that would be a better number at which to contact you? _____

6. I'd like to get some information about people we could contact who usually know where you are, including a boyfriend or girlfriend, a spouse, friends, relatives, or a payee. (If participant feels uncomfortable about you contacting these people, let them know that you will say only that you are with a _____ Health Study and that no personal information will be given.)

Name #1: _____	Name #2: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
Phone: (____) - ____ - ____	Phone: (____) - ____ - ____

THIS DATA NOT ENTERED

CTP - Site ID _____-_____	Assessment Date: ____/____/____ <div style="text-align: center;">m m / d d / v v v v</div>
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8. If you were arrested, who would be the first person you would contact?
- Name: _____ Address: _____
- Relationship: _____ Phone: (_____) - _____ - _____

9. If you had no place to live, where would you go for food and shelter?
- Name: _____ Address: _____
- Relationship: _____ Phone: (_____) - _____ - _____

10. Where do you usually hang out?
- | In the daytime: | At night: |
|-----------------|-----------|
| | |

11. Who do you hang out with?
- Name: _____ Relationship: _____
- Contact information: _____
- Can we contact him/her? YES.....1
NO.....0
- Name: _____ Relationship: _____
- Contact information: _____
- Can we contact him/her? YES.....1
NO.....0
- Name: _____ Relationship: _____
- Contact information: _____
- Can we contact him/her? YES.....1
NO.....0

THIS DATA NOT ENTERED

CTP - Site ID _____-_____	Assessment Date: ____/____/____ m m d d y y y y
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- SSN: - -

13. Participant gave locating information:

- ☐ Willingly
☐ Reluctantly
☐ Refused some
☐ Refused all

14. How accurate do you think this locating information is?
- ___ Locating information given easily, automatically, by rote.
- ___ Participant had some difficulty remembering phone numbers and addresses.
- Participant gave the impression that he/she was guessing at the information

Comments/Observations:

Special Instructions:

STUDY ENROLLMENT (ENR)

DOMAIN: SC

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NIDA-CTN-0017		HIV AND HCV RISK REDUCTION INTERVENTIONS IN DRUG DETOXIFICATION AND TREATMENT SETTINGS		Seq. Num : ____
STUDYID	NODE: ____	STUDY VISIT: (circle one)	EPOCH Screen/Base/Rand. VISITNUM	SCDTC
	CTP-SITE ID: ____ - ____			
	PARTICIPANT ID: USUBJID	Assessment Date: ____ / ____ / ____		
STAFF ID: ____				

SCTEST

SCORRES

1. Date informed consent was signed: ____ / ____ / ____ (mm / dd / yyyy)

INCLUSION/EXCLUSION (IEC)

DOMAIN: IE

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NIDA-CTN-0017		HIV AND HCV RISK REDUCTION INTERVENTIONS IN DRUG DETOXIFICATION AND TREATMENT SETTINGS		Seq. Num: ____
STUDYID	NODE: _____	STUDY VISIT: _____	EPOCH	Screen/Base/Rand.
	CTP-SITE ID: _____	(circle one)	VISITNUM	
PARTICIPANT ID: _____		Assessment Date: ____ / ____ / ____ IEDTC		
STAFF ID: _____		M M D D Y Y Y Y		
FORM COMPLETION STATUS		1=CRF Administered 2=Participant refused 3=Staff Member did not Administer 4=Not enough time to Administer 5=No Participant Contact 6=Other		

(Research Assistant/Site Coordinator Completed)

1. Inclusion Criteria			IECAT	
Yes	No	Unk	IETEST	
1	0	-9	1a.	Participant is present for services at a detoxification clinic.
1	0	-9	1b.	Participant is at least 18 years of age.
1	0	-9	1c.	Participant has been cleared by detox staff to be interviewed/consented.
1	0	-9	1d.	Participant has visible marks of recent injection. OR Participant has self-identified as an injector and describes correct injection practices.
1	0	-9	1e.	Participant has self-reported injection of opiates, cocaine, amphetamine or methamphetamine in the previous 30 days.
1	0	-9	1f.	Participant has passed the consent quiz and signed the informed consent form.
1	0	-9	1g.	Participant plans to remain in the area for the next six months.
1	0	-9	1h.	Participant has agreed to provide contact information to be located for subsequent interviews.
1	0	-9	1i.	Participant agrees to a urine drug screen during each interview to detect the presence of opiates, cocaine, amphetamine or methamphetamine.
1	0	-9	1j.	Participant is sufficiently fluent in English to understand consent and study assessments.
IEORRES				
2. Exclusion Criteria			IECAT	
Yes	No	Unk	IETEST	
1	0	-9	2a.	Participant is unable to provide informed consent.
1	0	-9	2b.	Participant has a medical or psychiatric condition that would, in the opinion of the clinic staff, make participation in this study hazardous.
1	0	-9	2c.	Participant has pending legal action that would prohibit or interfere with participation in the next six months.
1	0	-9	2d.	Participant is known to have a high likelihood of entering long term residential treatment immediately after discharge from detox. (long term is defined as longer than 4 weeks).
1	0	-9	2e.	Participant is not competent to provide informed consent.
1	0	-9	2f.	Participant has previously consented to this study.
IEORRES				
If any of the Inclusion questions above have been answered NO or UNKNOWN then the participant is not eligible and cannot be entered into the study. If any of the Exclusion questions above are answered YES or UNKNOWN, then the participant is not eligible and cannot be entered into the study. Please continue to question 3a.				
3. Eligibility			SC.SCTEST	
Yes	No	Unk	SC.SCORRES	
1	0	-9	3a.	Is the participant eligible for the study? If no or unknown, skip to 3c.
SC.SCORRES			3b.	Date of eligibility: ____ / ____ / ____ (mm / dd / yyyy)
SC.SCORRES			3c.	Specify ineligibility: _____

NOTE: Only exceptions to IE are in the database. That includes "No" responses for inclusion and "yes" responses for exclusion criteria.

RANDOMIZATION (RAN)

DOMAIN: DS, DM, CO

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NIDA-CTN-0017		HIV AND HCV RISK REDUCTION INTERVENTIONS IN DRUG DETOXIFICATION AND TREATMENT SETTINGS		Seq. Num: ____
STUDYID	NODE: _____	STUDY VISIT: (circle one)	EPOCH Screen/Base/Rand.	
CTP-SITE ID: _____	- _____		VISITNUM	
PARTICIPANT ID: _____	USUBJID	Assessment Date: ____ / ____ / ____ M M D Y Y Y Y		
STAFF ID: _____				
FORM COMPLETION STATUS		1=CRF Administered 2=Participant refused 3=Staff Member did not Administer 4=Not enough time to Administer 5=No Participant Contact 6=Other		

(Research Assistant/Site Coordinator Completed)

1. Was Participant randomized? ____ DS.DSTERM

If NO, skip to Question 4a.

0=No

1=Yes

DS.DSOCCUR

2. Randomization Group Assignment: ____ DM.ARM

1=Treatment as Usual

2=Counseling and Education Intervention

3=Therapeutic Alliance Intervention

DM.RFSTDTC

DSCAT: RANDOMIZATION

3. Date of Randomization: ____ / ____ / ____ DS.DSSTDTC

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

Note: Only 'Yes' responses are retained
(EXCEPT FOR RAN001)

Yes	No
1	0

4a. Failed to return to clinic

DS.DSTERM

DSOCCUR

1 0

4b. Declined study participation
Specify in #5.DSCAT: REASON FOR NOT
RANDOMIZING

1 0

4c. Failed to meet inclusion criteria

1 0

4d. Met exclusion criteria

1 0

4e. Other
If yes specify below:
Other, specify: _____
 QNAM=RNDOOTHER
 QLABEL=PATIENT NOT RANDOMIZED SPECIFIED
 IDVAR=DSSEQ

5. Comments:

COVAL

RDOMAIN = DM

IDVAR=VISITNUM

COREF=RANDOMIZATION PAGE 1

DEMOGRAPHICS (DEM)
DOMAIN: DM, SC

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NIDA-CTN-0017		HIV AND HCV RISK REDUCTION INTERVENTIONS IN DRUG DETOXIFICATION AND TREATMENT SETTINGS		Seq. Num: _____
STUDYID	NODE: _____	EPOCH		
CTP-SITE ID: _____		STUDY VISIT: (circle one)	Screen/Base/Rand.	
PARTICIPANT ID: _____	USUBJID		VISITNUM	
STAFF ID: _____		Assessment Date: ____ / ____ / ____	DMDTC/SCDTC Y Y Y Y	
FORM COMPLETION STATUS		1=CRF Administered 2=Participant refused 3=Staff Member did not Administer 4=Not enough time to Administer 5=No Participant Contact 6=Other		

START TIME: _____ (hh:mm, 24 hour clock)

 1. Sex: **DM.SEX**

 1 = Male
2 = Female

 2. Date Of Birth: **DM.BRTHDTC**

m m d d y y y y

 3. a. Ethnicity: **DM.HISPANIC**

 1=Spanish origin, Hispanic or Latino
2=Not of Spanish origin, Hispanic or Latino (skip to question 4)

b. If Hispanic or Latino, for each of the following, please circle '1' for 'Yes' or '0' for 'No'.

SCORES

Yes	No	
1	0	1. Mexican, Mexican-American, or Chicano
1	0	2. Puerto Rican
1	0	3. Cuban
1	0	4. Hispanic or Latino, other (specify)

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

 4. Race: For each of the following, please circle '1' for 'Yes' or '0' for 'No'. Circle '1' for items 'g' or 'h' if participant chooses not to answer or race is unknown. For those categories with further specification, please respond to all sub-category questions. Answer 'Yes' to at least one sub-category. If sub-category is unknown, select 'Other' for the sub-category and write 'Unknown' for the specify.

Yes	No	Race
1	0	4.a. American Indian or Alaska Native
1	0	4.b. Asian (If 'Yes', please complete 4.b.1 through 4.b.7, if 'No', please skip to question 4.c.)
		Yes No
		4.b.1. Asian-Indian
		4.b.2. Chinese
		4.b.3. Filipino
		4.b.4. Japanese
		4.b.5. Korean
		4.b.6. Vietnamese
		4.b.7. Asian, other (specify)
1	0	4.c. Black or African American
1	0	4.d. Native Hawaiian or Pacific Islander (If 'Yes', please complete 4.d.1 through 4.d.4, if 'No', please skip to question 4.e.)
		Yes No
		4.d.1. Native Hawaiian
		4.d.2. Guamanian or Chamorro
		4.d.3. Samoan
		4.d.4. Native Hawaiian or Pacific Islander, other (specify)
1	0	4.e. White
1	0	4.f. Other (specify)
1		4.g. Participant chooses not to answer
1		4.h. Unknown

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

SCTEST

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

 QNAM=NOTHERS
 QLABEL=NATIVE HAWAIIAN
 OR PACIFIC ISLANDER:
 OTHER TEXT
 IDVAR=SCSEQ

 QNAM=OOTHERS
 QLABEL=ETHNICITY/RACE:
 OTHER TEXT
 IDVAR=SCSEQ

STOP TIME: _____ (hh:mm, 24 hour clock)*

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

NIDA-CTN-0017		HIV AND HCV RISK REDUCTION INTERVENTIONS IN DRUG DETOXIFICATION AND TREATMENT SETTINGS		Seq. Num: ____
STUDYID	NODE:	____	EPOCH	Screen/Base/Rand.
CTP-SITE ID:	____	STUDY VISIT: (circle one)		
PARTICIPANT ID:	USUBJID	____	VISITNUM	
STAFF ID:	QSEVAL	____	Assessment Date: ____ / ____ / ____	QSDTC
FORM COMPLETION STATUS		1=CRF Administered 2=Participant refused 3=Staff Member did not Administer 4=Not enough time to Administer 5=No Participant Contact 6=Other		

THIS DATA NOT ENTERED

Participant Date of Birth (mm/dd/yyyy): ____ / ____ / ____

Composite Scores (for site use only):

Medical: ____	Legal: ____
Employment: ____	Family: ____
Drug: ____	Psychiatric: ____
Alcohol: ____	

Also used in qsstdtc
and qsendtc

KEY:

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

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

Interviewer Instructions
<ol style="list-style-type: none"> 1. Leave no blanks. 2. Make plenty of Comments (if another person reads this ASI, they should have a relatively complete picture of the client's perceptions of his/her problems). 3. Throughout the ASI, when noted: X = Question not answered. N = Question not applicable. 4. Terminate interview if client misrepresents two or more sections. 5. When noting comments, please write the question number. <p>HALF TIME RULE: If a question asks the number of months, round up periods of 14 days or more to 1 month. Round up 6 months or more to 1 year.</p> <p>CONFIDENCE RATINGS:</p> <ul style="list-style-type: none"> ⇒ Last two items in each section. ⇒ Do not over interpret. ⇒ Denial does not warrant misrepresentation. ⇒ Misrepresentation = overt contradiction in information. <p>Probe and make plenty of comments!</p>

CTP - Site ID _____-_____	Participant ID USUBJID _____	Assessment Date: ____ / ____ / QSDTC m m d d y y y y
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Hollingshead Categories

- 1 = Higher Executive, Major Professionals, Owner of Large Business
- 2 = Business Manager, Owner (medium sized business), Other Professional (nurse, optician, pharmacist, social worker, teacher)
- 3 = Administrative Personnel, Manager, Owner/Proprietor of Small Business (bakery, car dealership, engraving business, plumbing business, florist, decorator, actor, reporter, travel agent)
- 4 = Clerical and Sales, Technician, Owner of Small Business (bank teller, bookkeeper, clerk, draftsman, timekeeper, secretary, car salesperson)
- 5 = Skilled Manual—usually having had training (baker, barber, brakeman, chef, electrician, fireman, lineman, machinist, mechanic, paperhanger, painter, repairman, tailor, welder, police officer, plumber)
- 6 = Semi-skilled (hospital aide, painter, bartender, bus driver, cutter, cook, drill press, garage guard, checker, waiter, spot welder, machine operator)
- 7 = Unskilled (attendant, janitor, construction help, unspecified labor, porter). Include Unemployed.
- 8 = Homemaker
- 9 = Student/No Occupation/Disabled

List of Commonly Used Drugs

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

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

Alcohol/Drug Section Instructions

The following questions look at two time periods: the past 30 days and lifetime. Lifetime refers to the time prior to the last 30 days. However if the client has been incarcerated for more than 1 year, you would only gather lifetime information, unless the client admits to significant alcohol /drug use during incarceration. This guideline only applies to the Alcohol/Drug Section.

- ⇒ 30 day questions only require the number of days used.
- ⇒ Lifetime use is asked to determine extended periods of use.
- ⇒ Regular use = 3+ times per week, binges, or problematic irregular use in which normal activities are compromised.
- ⇒ Alcohol to intoxication does not necessarily mean "drunk", use the words "felt the effects", "got a buzz", "high", etc. instead of intoxication. As a rule of thumb, 3+ drinks in one setting, or within a brief period of time defines "intoxication".
- ⇒ How to ask these questions:
 - "How many days in the past 30 have you used....?"
 - "How many years in your life have you regularly used....?"

CTP - Site ID ____ - ____	Participant ID USUBJID ____	Assessment Date: ____ / ____ / ____ QSDTC m m d d y y y y
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QSSTDTC

START TIME: ____ : ____ (hh:mm, 24 hour clock)

GENERAL INFORMATION**QSORRES****QSTEST**

- G9. Contact code:
1=In person
2=Telephone (Intake ASI must be in person)
3=Mail
X=Not Answered

- G12. Special:
1=Patient terminated
2=Patient refused
3=Patient unable to respond
N=Not Applicable

____ / ____
a. Yrs. b. Mos

- G14. How long have you lived at your current address?
(XX/XX=Not Answered).

- G18. Do you have a religious preference?
1=Protestant
2=Catholic
3=Jewish
4=Islamic
5=Other (specify _____)
6=None
X=Not Answered

QSEVLNT=-P30D

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

- G20. How many days? "NN" if question G19 is "No". Refers to total number of days detained in the past 30 days. (XX=Not Answered)

QSORRESU='DAYS'**QSEVLNT=-P30D****Comments:****THIS DATA NOT ENTERED**

CTP - Site ID _____ - _____	Participant ID USUBJID _____	Assessment Date: _____ / _____ / _____ QSDTC m m d d y y y y
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EMPLOYMENT/SUPPORT STATUS =QSSCAT

QSORRES _____ **QSTEST** _____

a. Yrs. / b. Mos. **QSORRESU='YEARS'** **QSORRESU='MONTHS'**

_____ **QSORRESU='MONTHS'**

_____ Mos.

QSORRESU='MONTHS'

0=No, 1=Yes

0=No, 1=Yes

_____ / _____

a. Yrs. / b. Mos.

QSORRESU='YEARS' **QSORRESU='MONTHS'**

0=No, 1=Yes

E1. Education completed? **QSTEST** _____
GED = 12 years. Include formal education only. (XXX=Not Answered)

E2. Training or technical education completed:
Formal/organized training only. For military training, only include training that can be used in civilian life (i.e., electronics or computers). (XX=Not Answered)

E4. Do you have a valid driver's license? Valid license; not suspended/revoked. (X=Not Answered)

E5. Do you have an automobile available? (If answer to E4 is "No", then E5 must be "No")
Does not require ownership, only requires availability on a regular basis. (X=Not Answered)

E6. How long was your longest full time job?
Full time = 35+ hours weekly; does not necessarily mean most recent job. (XX/XX=Not Answered)

QSORRESU='YEARS' **QSORRESU='MONTHS'**

E7. Usual (or last) occupation? (specify): _____
(use Hollingshead Categories Reference Sheet) (X=Not Answered)

E9. Does someone contribute the majority of your support?
Is patient receiving any regular support (i.e., cash, food, housing) from family/friend? Include spouse's contribution; exclude support by an institution. (X=Not Answered, N=Not Applicable)

QSEVLNT=-P3Y

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

E11. How many days were you paid for working in the past 30 days?
Include "under the table" work, paid sick days, and vacation. (XX=Not Answered)

QSORRESU='DAYS' **QSEVLNT=-P30D**

Max=\$99999 **For questions E12-E17: How much money did you receive from the following sources in the past 30 days?**

\$ _____ E12. Employment (net income)? (Net or "take home" pay, include any "under the table" money.) (XXXXX=Not Answered)

\$ _____ E13. Unemployment Compensation? (XXXXX=Not Answered)

\$ _____ E14. Welfare? (Include food stamps, transportation money provided by an agency to go to and from treatment.) (XXXXX=Not Answered)

\$ _____ E15. Pensions, benefits or Social Security? (Include disability, pensions, retirement, veteran's benefits, SSI & workers' compensation.) (XXXXX=Not Answered)

Comments:

THIS DATA NOT ENTERED

QSEVLNT=-P30D

QSORRESU='DOLLARS'

CTP - Site ID ____ - ____	Participant ID USUBJID _____	Assessment Date: ____ / ____ / ____ QSDTC m m / d d / y y y y
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QSTEST

- \$ **QSORRES** E16. Mate, family or friends? (Money for personal expenses, (i.e., clothing), include unreliable sources of income (e.g., gambling). Record **QSORRESU=** cash payments only, include windfalls (unexpected), money from loans, **'DOLLARS'** gambling, inheritance, tax returns, etc.). (XXXXX=Not Answered)
- \$ _____ E17. Illegal? (XXXXX=Not Answered)
- _____ E18. How many people depend on you for the majority of their food, shelter, etc.?
Max = 99
- _____ E19. How many days have you experienced employment problems in the past 30 days? **QSEVLNT=-P30D**
QSORRESU='DAYS' Include inability to find work, if they are actively looking for work, or problems with present job in which that job is jeopardized. (XX=Not Answered)

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

The patient's ratings in Questions E20 & E21 refer to Question E19. Stress help in finding or preparing for a job, not giving them a job. **QSEVLNT=-P30D**

- _____ E20. How troubled or bothered have you been by these employment problems in the past 30 days?
If the patient has been incarcerated or detained during the past 30 days, they cannot have employment problems. (X=Not Answered)
- _____ E21. How important to you now, is counseling for these employment problems? (X=Not Answered)

CONFIDENCE RATINGS

Is the above information significantly distorted by:

- _____ E23. Patient's misrepresentation?
0=No, 1=Yes
- _____ E24. Patient's inability to understand?
0=No, 1=Yes

Comments:

THIS DATA NOT ENTERED

CTP - Site ID _____	Participant ID USUBJID _____	Assessment Date: ____ / ____ / ____ m m d d y y y y	QSDTC
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DRUG/ALCOHOL USE =QSSCAT**Route of Administration Types:**

1 = Oral 2 = Nasal 3 = Smoking 4 = Non-IV injection 5 = IV injection

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

QSEVLNT=-P30D

Substance QSTEST	a. Past 30 Days QSORRES	b. Lifetime Use (Years) QSORRESU= 'YEARS'	c. Route of Admin.	Comments:
D1. Alcohol (any use at all)	____	____		THIS DATA NOT ENTERED
D2. Alcohol (to intoxication)	____	____		
D3. Heroin	____	____		
D4. Methadone/LAAM (prescribed)	____	____		
D4a. Methadone/LAAM (illicit)	____	____		
D5. Other Opiates/Analgesics	____	____		
D6. Barbiturates	____	____		
D7. Other Sedatives/Hypnotics/Tranquilizers	____	____		
D8. Cocaine	____	____		
D9. Amphetamines	____	____		
D10. Cannabis	____	____		
D11. Hallucinogens	____	____		
D12. Inhalants	____	____		
D36. Nicotine (tobacco products)	____	____		
D13. More than 1 substance per day (including alcohol, excluding nicotine)	____	____		

____ D14. According to the interviewer, which substance(s) is/are the major problem?
Interviewer should determine the major drug or drugs of abuse (excluding Nicotine use). Code the number next to the drug in questions 01-12 (code prescribed or illicit methadone as "04"). "00" = no problem, "15" = alcohol & one or more drugs, "16" = more than one drug, but no alcohol. Ask participant when not clear. (XX=Not Answered)

How many times have you:

____ D17. Had Alcohol DT's? Delirium Tremens (DT's): Occur 24-48 hours after last drink, or significant decrease in alcohol intake. Characterized by shaking, severe disorientation, fever, hallucinations, they usually require medical attention. (XX=Not Answered)

Comments:

CTP - Site ID _____	Participant ID USUBJID _____	Assessment Date: ____ / ____ / ____ m m d d y y y y
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LEGAL STATUS =QSSCAT**QSTEST****QSORRES**

0=No, 1=Yes

L1. Was this admission prompted by the criminal justice system?

Judge, probation/parole officer, etc. (X=Not Answered)

L2. Are you on parole or probation?

0=no, neither

2=yes, parole or post release supervision

3=yes, probation or pre-sentencing diversion

Note duration and level in comments. (X=Not Answered)

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

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

- | | |
|---------------------------------------|-----------------------------------|
| _____ L3. Shoplifting/Vandalism | _____ L10. Assault |
| _____ L4. Parole/Probation Violations | _____ L11. Arson |
| _____ L5. Drug Charges | _____ L12. Rape |
| _____ L6. Forgery | _____ L13. Homicide/Manslaughter |
| _____ L7. Weapons Offense | _____ L14. Prostitution |
| _____ L8. Burglary/Larceny/B&E | _____ L15. Contempt of court |
| _____ L9. Robbery | _____ L16. Other: (specify _____) |
- _____ L17. How many of these charges resulted in convictions?
If L3-L16="00", then L17="NN". Do not include misdemeanor offenses from questions L18-L20 below. Convictions include fines, probation, incarcerations, suspended sentences, and guilty pleas. (XX=Not Answered)

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

- _____ L18. Disorderly conduct, vagrancy, public intoxication? (XX=Not Answered)
- _____ L19. Driving while intoxicated (DWI)? (XX=Not Answered)
- _____ L20. Major driving violations?
Moving violations: speeding, reckless driving, no license, etc. (XX=Not Answered)
- _____ L21. How many months were you incarcerated in your life?
Mos.
If incarcerated 2 weeks or more, round this up to 1 month. List total number of months incarcerated (up to 99). If more than 99, code 99 and enter the number in comments. (XX=Not Answered)
- _____ L24. Are you presently awaiting charges, trial, or sentence? (X=Not Answered)

QSORRESU=
'MONTHS'

0=No, 1=Yes

Comments:**THIS DATA NOT ENTERED**

CTP - Site ID _____	Participant ID USUBJID	Assessment Date: ____ / ____ / QSDTC m m d d y y y y
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QSORRES**QSTEST**

L25. What for? (Refers to L24.) Use code 03-16, 18-20. If more than one, choose most severe.

Don't include civil cases, unless a criminal offense is involved. (XX=Not Answered, NN= Not Applicable)

03 = Shoplifting	12 = Rape
04 = Probation violation	13 = Homicide
05 = Drug	14 = Prostitution
06 = Forgery	15 = Contempt
07 = Weapons	16 = Other
08 = Burglary	18 = Disorderly conduct
09 = Robbery	19 = DWI
10 = Assault	20 = Major driving violation
11 = Arson	

L26. How many days in the past 30, were you detained or incarcerated?

QSEVLNT=-P30D

Include being arrested and released on the same day. (XX=Not Answered)

L27. How many days in the past 30, have you engaged in illegal activities for profit?

QSEVLNT=-P30D

Exclude simple drug possession. Include drug dealing, prostitution, selling stolen goods, etc. May be cross- checked with Question E17 under Employment/Family Support Section. (XX=Not Answered)

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

L28. How serious do you feel your present legal problems are?
Exclude civil problems. (X=Not Answered)

L29. How important to you now is counseling or referral for these legal problems?

Patient is rating a need for additional referral to legal counsel for defense against criminal charges. (X=Not Answered)

CONFIDENCE RATINGS

Is the above information significantly distorted by:

L31. Patient's misrepresentation?

0=No, 1=Yes

L32. Patient's inability to understand?

0=No, 1=Yes

Comments:

THIS DATA NOT ENTERED

CTP - Site ID _____ - _____	Participant ID USUBJID _____	Assessment Date: _____ / _____ / _____ QSDTC m m d d y y y y
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FAMILY/SOCIAL RELATIONSHIPS =QSSCAT**QSORRES**

F1. Marital Status

1 = Married 3 = Widowed 5 = Divorced
 2 = Remarried 4 = Separated 6 = Never Married
 Common-law marriage = "1." (Specify in comments) (X=Not Answered)

QSTEST

_____ F3. Are you satisfied with this situation? (Refers to Question F1)
 0=No, 1=Indifferent, 2=Yes
 Satisfied = generally liking the situation. (X=Not Answered)

QSEVLNT=-P3Y

_____ F4. Usual living arrangements (past 3 years):
 1 = With sexual partner & children 6 = With friends
 2 = With sexual partner alone 7 = Alone
 3 = With children alone 8 = Controlled Environment
 4 = With parents 9 = No stable arrangement
 5 = With family
 Choose arrangements most representative of the past 3 years. If there is an even split in time between these arrangements, choose the most recent arrangement. (X=Not Answered)

_____ F6. Are you satisfied with these arrangements?
 0=No, 1=Indifferent, 2=Yes
 Refers to response in Question F4. (X=Not Answered)

Do you live with anyone who:

_____ F7. Has a current alcohol problem? (X=Not Answered)
 0=No, 1=Yes

_____ F8. Uses non-prescribed drugs? (X=Not Answered)
 0=No, 1=Yes

_____ F9. With whom do you spend most of your free time?
 1=Family, 2=Friends, 3=Alone
 If a girlfriend/boyfriend is considered as a family by patient, then they must refer to them as family throughout this section, not a friend. Family is not to be referred to as "friend." (X=Not Answered)

_____ F10. Are you satisfied with spending your free time this way?
 0=No, 1=Indifferent, 2=Yes
 (Refers to Question F9.)
 A satisfied response must indicate that the person generally likes the situation. (X=Not Answered)

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

a. Past 30 Days**b. Life-time****0= No, 1= Yes, (X= Not Answered, N= Not Applicable)**

_____	_____	F18. Mother
_____	_____	F19. Father
_____	_____	F20. Brothers/Sisters
_____	_____	F21. Sexual Partner/Spouse
_____	_____	F22. Children
_____	_____	F23. Other Significant Family (Specify _____)
_____	_____	F24. Close Friends
_____	_____	F25. Neighbors
_____	_____	F26. Co-workers

Comments:**THIS DATA NOT ENTERED****QSEVLNT=-P30D**

CTP - Site ID ____ - ____	Participant ID USUBJID ____	Assessment Date: ____ / ____ / ____ QSDTC m m d d y y y y
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QSEVLNT=-P30D

a. Past 30 Days b. Life-time

0= No, 1= Yes (X=Not Answered)

Comments:

QSORRES

Did anyone abuse you?

QSTEST

F28. Physically? (Caused you physical harm.)

F29. Sexually? (Forced sexual advances/acts.)

How many days in the past 30 have you had serious conflicts:

F30. With your family? (XX= Not Answered)

For Questions F32 and F34, ask the patient to use the Patient Rating scale.**How troubled or bothered have you been in the past 30 days by these:**

QSEVLNT=-P30D

F32. Family problems (X= Not Answered)

How important to you now is treatment or counseling for these:

F34. Family problems

Patient is rating his/her need for counseling for family problems, not whether the family would be willing to attend. (X= Not Answered)

How many days in the past 30 have you had serious conflicts:

QSEVLNT=-P30D

F31. With other people (excluding family)? (XX= Not Answered)

For Questions F33 and F35, ask the patient to use the Patient Rating scale.**How troubled or bothered have you been in the past 30 days by these:**

QSEVLNT=-P30D

F33. Social problems (X= Not Answered)

How important to you now is treatment or counseling for these:

F35. Social problems

Include patient's need to seek treatment for such social problems as loneliness, inability to socialize, and dissatisfaction with friends. Patient rating should refer to dissatisfaction, conflicts, or other serious problems. Exclude problems that would be eliminated if patient had no substance abuse. (X= Not Answered)

CONFIDENCE RATINGIs the above information significantly distorted by:

F37. Patient's misrepresentation?

0=No, 1=Yes

F38. Patient's inability to understand?

0=No, 1=Yes

THIS DATA NOT ENTERED

CTP - Site ID ____ - ____	Participant ID USUBJID _____	Assessment Date: ____ / ____ / QSDTC m m d d y y y y
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PSYCHIATRIC STATUS =QSSCAT**QSTEST****How many times have you been treated for any psychological or emotional problems:**

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

QSORRES

0=No, 1=Yes

P1. In a Hospital or inpatient setting? (XX= Not Answered)

P2. Outpatient/private patient? (XX= Not Answered)

P3. Do you receive a pension for a psychiatric disability? (X=Not Answered)

Comments:**THIS DATA NOT ENTERED****QSEVLNT=-P30D****Have you had a significant period of time (that was not a direct result of alcohol/drug use) in which you have:**

a. Past 30 Days b. Life-time
____ ____

0=No, 1=Yes, (X= Not Answered)

P4. Experienced serious depression-sadness, hopelessness, loss of interest, difficulty with daily function?

P5. Experienced serious anxiety/tension-uptight, unreasonably worried, inability to feel relaxed?

P6. Experienced hallucinations-saw things or heard voices that other people did not see or hear?

P7. Experienced trouble understanding, concentrating, or remembering?

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

P8. Experienced trouble controlling violent behavior including episodes of rage, or violence? (Patient can be under the influence of alcohol/drugs.)

P9. Experienced serious thoughts of suicide? Patient seriously considered a plan for taking his/her life.

P10. Attempted suicide? (Include actual suicidal gestures or attempts.)

P11. Been prescribed medication for any psychological or emotional problems? (Prescribed for the patient by MD. Record "Yes" if a medication was prescribed even if the patient is not taking it.)

P12. How many days in the past 30 have you experienced these psychological or emotional problems? (This refers to problems noted in Questions P4-P10.) (XX= Not Answered)

CTP - Site ID _____	Participant ID USUBJID _____	Assessment Date: ____/____/____ m m d d y y y y	QSDTC
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For Question P13 & P14, ask the patient to use the Patient Rating scale.

QSORRES

P13. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?
(Patient should be rating the problem days from Question P12.)
(X= Not Answered)

P14. How important to you now is treatment for these psychological or emotional problems?
(X= Not Answered)

CONFIDENCE RATING

QSTEST

Is the above information significantly distorted by:

0=No, 1=Yes

P22. Patient's misrepresentation?

0=No, 1=Yes

P23. Patient's inability to understand?

Comments:

THIS DATA NOT ENTERED

QSENDTC

STOP TIME: ____ : ____ (hh:mm, 24 hour clock)*

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

INTERVENTION SESSION ATTENDANCE (ISA)

DOMAIN: TU

PAGE 1 OF 1

NIDA-CTN-0017		HIV AND HCV RISK REDUCTION INTERVENTIONS IN DRUG DETOXIFICATION AND TREATMENT SETTINGS		Seq. Num : ____
STUDYID	NODE: ____	EPOCH	Intervention/2 Week FUP	
CTP-SITE ID: ____	____ - ____	STUDY VISIT: (circle one)	VISITNUM	
PARTICIPANT ID: ____	USUBJID	Assessment Date: ____ / ____ / ____ TUDTC		
STAFF ID: ____	____	M M D D Y Y Y Y		
FORM COMPLETION STATUS		1=CRF Administered 2=Participant refused 3=Staff Member did not Administer 4=Not enough time to Administer 5=No Participant Contact 6=Other		

(Research Assistant/Site Coordinator Completed)

TUTEST

1. Intervention Session number: ____ TUORRES

2. Did participant attend session? ____

0=No
1=Yes
-9=Unknown

3. Date of session: ____ / ____ / ____ TUSTDTC (mm/dd/yyyy)

4. Interventionist ID: ____

Interventionist signature: _____ THIS DATA NOT ENTERED

INTERVENTION PHASE TERMINATION (IPT)

DOMAIN: DS PAGE 1 OF 1

NIDA-CTN-0017		HIV AND HCV RISK REDUCTION INTERVENTIONS IN DRUG DETOXIFICATION AND TREATMENT SETTINGS		Seq. Num : _____
STUDYID	NODE: _____	STUDY VISIT: (circle one)	EPOCH VISITNUM Intervention/2 Week FUP	
CTP-SITE ID: _____	_____			
PARTICIPANT ID: _____	USUBJID	Assessment Date: _____ / _____ / _____	DSDTC Y Y Y Y	
STAFF ID: _____	_____			
FORM COMPLETION STATUS		1=CRF Administered 2=Participant refused 3=Staff Member did not Administer 4=Not enough time to Administer 5=No Participant Contact 6=Other		

(Research Assistant/Site Coordinator/Interventionist Completed)

DSCAT=INTERVENTION
PHASE COMPLETED

DSTERM

1. Date of Intervention Phase completion or early termination: _____ / _____ / _____
(mm / dd /yyyy)

DSOCCUR

2. Number of Intervention sessions attended by the Participant.

YES	NO	UNK
1	0	-9

3. Did the Participant complete the Intervention Phase? (If Yes, then skip to question 11. If No or Unk, then complete questions 4 through 13.)

QNAM=IPNOSES

QLABEL=# OF INTERVENTION SESSIONS ATTENDED

IDVAR=DSSEQ

REASON FOR EARLY TERMINATION

Complete this section if answered "No" or "Unk" in question 3.

DSCAT=EARLY
TERMINATION

YES	NO	UNK
1	0	-9

4. Was the Participant discharged from the CTP for administrative reasons?
(i.e., active disruption of CTP procedures, non-compliance with CTP rules, etc.)

YES	NO	UNK
1	0	-9

5. Was the Participant discontinued from the intervention phase for administrative reasons?
(i.e., active disruption of counseling, protocol non-compliance, etc.)

YES	NO	UNK
1	0	-9

6. Was the Participant discontinued from the intervention phase for clinical reasons?
(i.e., concurrent illness, serious adverse events, etc.)

YES	NO	UNK
1	0	-9

7. Was the Participant discontinued at his/her request?

YES	NO	UNK
1	0	-9

8. Was the Participant discontinued because he/she did not attend the Intervention visit(s)?

YES	NO	UNK
1	0	-9

9. Was the intervention phase discontinued for another reason?
(If Yes, then specify in question 10.)

10. If any question above was answered Yes, then provide details:

QNAM=DSSPECET

QLABEL=SPECIFY REASON FOR EARLY TERMINATION

IDVAR=DSSEQ

YES	NO	UNK
1	0	-9

CONTINUATION

DSCAT= CONTINUATION

11. Is the participant eligible to continue into the follow-up phase of the study?

YES	NO	UNK
1	0	-9

12. Participant's randomization group assignment

1=Counseling and Education Intervention
2=Therapeutic Alliance Intervention

QNAM=IPRANGRP

QLABEL=RANDOMIZATION GRP ASSIGNMENT

IDVAR=DSSEQ

(If '1', then end questionnaire. If '2', then complete question 13.)

YES	NO	UNK
1	0	-9

13. If participant was randomized to the TA Intervention group, did the participant make an outpatient appointment at the end of the TA session?

QNAM=IPTAPPT

QLABEL=DID PART MAKE APPT

IDVAR=DSSEQ

NIDA-CTN-0017		HIV AND HCV RISK REDUCTION INTERVENTIONS IN DRUG DETOXIFICATION AND TREATMENT SETTINGS		Seq. Num: ____
STUDYID	NODE: ____	EPOCH		
CTP-SITE ID: ____		STUDY VISIT: (circle one)	2 Month FUP	4 Month FUP
PARTICIPANT ID: ____	USUBJID		VISITNUM	
STAFF ID: ____	QSEVAL	Assessment Date: ____ / ____ / ____	QSDTC	
FORM COMPLETION STATUS		1=CRF Administered 2=Participant refused 3=Staff Member did not Administer 4=Not enough time to Administer 5=No Participant Contact 6=Other		

Participant Date of Birth (mm/dd/yyyy): ____ / ____ / ____ **THIS DATA NOT ENTERED**

Composite Scores
(for site use only):

Medical: ____	Legal: ____
Employment: ____	Family: ____
Drug: ____	Psychiatric: ____
Alcohol: ____	

Also used in qsdtdc and qsendtc

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

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

Interviewer Instructions
<ol style="list-style-type: none"> 1. Leave no blanks. 2. Make plenty of comments (if another person reads this ASI, they should have a relatively complete picture of the client's perceptions of his/her problems). 3. Throughout the ASI, when noted X = Question not answered. N = Question not applicable. 4. Terminate interview if client misrepresents two or more sections. 5. When noting comments, please write the question number. <p>HALF TIME RULE: If a question asks the number of months, round up periods of 14 days or more to 1 month. Round up 6 months or more to 1 year.</p> <p>CONFIDENCE RATINGS:</p> <ul style="list-style-type: none"> ⇒ Last two items in each section. ⇒ Do not over interpret. ⇒ Denial does not warrant misrepresentation. ⇒ Misrepresentation = overt contradiction in information. <p align="center">Probe and make plenty of comments!</p>

CTP - Site ID ____ - ____	Participant ID USUBJID _____	Assessment Date: ____ / ____ / QSDTC m m / d d / y y y y
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Hollingshead Categories

- 1 = Higher Executive, Major Professionals, Owner of Large Business
- 2 = Business Manager, Owner (medium sized business), Other Professional (nurse, optician, pharmacist, social worker, teacher)
- 3 = Administrative Personnel, Manager, Owner/Proprietor of Small Business (bakery, car dealership, engraving business, plumbing business, florist, decorator, actor, reporter, travel agent)
- 4 = Clerical and Sales, Technician, Owner of Small Business (bank teller, bookkeeper, clerk, draftsman, timekeeper, secretary, car salesperson)
- 5 = Skilled Manual—usually having had training (baker, barber, brakeman, chef, electrician, fireman, lineman, machinist, mechanic, paperhanger, painter, repairman, tailor, welder, police officer, plumber)
- 6 = Semi-skilled (hospital aide, painter, bartender, bus driver, cutter, cook, drill press, garage guard, checker, waiter, spot welder, machine operator)
- 7 = Unskilled (attendant, janitor, construction help, unspecified labor, porter). Include Unemployed.
- 8 = Homemaker
- 9 = Student/No Occupation/Disabled

List of Commonly Used Drugs

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

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

Alcohol/Drug Section Instructions

The following questions look at two time periods: the past 30 days and lifetime. Lifetime refers to the time prior to the last 30 days. However if the client has been incarcerated for more than 1 year, you would only gather lifetime information, unless the client admits to significant alcohol /drug use during incarceration. This guideline only applies to the Alcohol/Drug Section.

- ⇒ 30 day questions only require the number of days used.
- ⇒ Lifetime use is asked to determine extended periods of use.
- ⇒ Regular use = 3+ times per week, binges, or problematic irregular use in which normal activities are compromised.
- ⇒ Alcohol to intoxication does not necessarily mean "drunk", use the words "felt the effects", "got a buzz", "high", etc. instead of intoxication. As a rule of thumb, 3+ drinks in one setting, or within a brief period of time defines "intoxication".
- ⇒ How to ask these questions:
 - "How many days in the past 30 have you used....?"
 - "How many years in your life have you regularly used....?"

CTP - Site ID _____ - _____	Participant ID USUBJID _____	Assessment Date: _____ / _____ / QSDTC m m d d y y y y
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MEDICAL STATUS =QSSCAT**QSTEST****QSORRES**

_____ M1. Since your last ASI, how many times have you been hospitalized for medical problems?
Include O.D.'s, D.T.'s. Exclude detox, alcohol/drug, and psychiatric treatment and childbirth (if no complications). Enter the number of overnight hospitalizations for medical problems. (X=Not Answered)

_____ M4. Are you taking any prescribed medication on a regular basis for a physical problem?
0=No, 1=Yes
Medication prescribed by a MD for medical conditions; not psychiatric medicines. Include medicines prescribed whether or not the patient is currently taking them. The intent is to verify chronic medical problems. (X= Not Answered)
If "Yes," specify: _____

_____ M5. Do you receive a pension for a physical disability? (X= Not Answered)
0=No, 1=Yes
Include Workers' compensation, exclude psychiatric disability.
If "Yes," specify: _____

_____ M6. How many days have you experienced medical problems in the past 30 days?
QSEVLNT=-P30D
QSORRESU='DAYS'
Do not include ailments directly caused by drugs/alcohol. Include flu, colds, etc. Include serious ailments related to drugs/alcohol, which would continue even if the patient were abstinent (e.g., cirrhosis of liver, abscesses from needles, etc.). (X=Not Answered)

For Questions M7 & M8, please ask the patient to use the Patient Rating scale.

QSEVLNT=-P30D

_____ M7. How troubled or bothered have you been by these medical problems in the past 30 days?
Restrict response to problem days of Question M6. (X=Not Answered)

_____ M8. How important to you now is treatment for these medical problems?
Refers to the need for new or additional medical treatment by the patient. (X=Not Answered)

CONFIDENCE RATINGS

Is the above information significantly distorted by:

_____ M10. Patient's misrepresentation?
0=No, 1=Yes

_____ M11. Patient's inability to understand?
0=No, 1=Yes

Comments:**THIS DATA NOT ENTERED**

CTP - Site ID _____	Participant ID USUBJID _____	Assessment Date: _____ / _____ / QSDTC m m / d d / y y y y
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EMPLOYMENT/SUPPORT STATUS =QSSCAT

- _____/_____
a. Yrs. / b. Mos. E1. Education completed since your last ASI? **QSTEST**
QSORRESU='YEARS' GED = 12 years. Include formal education only. (XX/XX=Not Answered)
QSORRESU='MONTHS'
- _____
Mos. E2. Training or technical education completed since your last ASI:
QSORRESU='MONTHS' Formal/organized training only. For military training, only include training that can be used in civilian life (i.e., electronics or computers). (XX=Not Answered)
- QSORRES**
0=No, 1=Yes E4. Do you have a valid driver's license? Valid license; not suspended/revoked. (X=Not Answered)
- 0=No, 1=Yes E5. Do you have an automobile available? (If answer to E4 is "No", then E5 must be "No")
Does not require ownership, only requires availability on a regular basis. (X=Not Answered)
- _____
E7. Usual (or last) occupation since your last ASI?
(specify: _____)
(Use Hollingshead Categories Reference Sheet) (X=Not Answered)
- 0=No, 1=Yes E9. Does someone contribute the majority of your support?
Is patient receiving any regular support (i.e., cash, food, housing) from family/friend? Include spouse's contribution; exclude support by an institution. (X=Not Answered, N=Not Applicable)
- _____
E11. How many days were you paid for working in the past 30 days?
QSORRESU='DAYS' **QSEVLNT=-P30D**
Include "under the table" work, paid sick days, and vacation. (XX=Not Answered)

Max=\$99999 For questions E12-E17: How much money did you receive from the following sources in the past 30 days?

- \$ _____ E12. Employment? (Net or "take home" pay, include any "under the table" money.) (XXXXX=Not Answered)
- \$ _____ E13. Unemployment Compensation? (XXXXX=Not Answered)
- \$ _____ E14. Welfare? (Include food stamps, transportation money provided by an agency to go to and from treatment.) (XXXXX=Not Answered)
- \$ _____ E15. Pensions, benefits or Social Security? (Include disability, pensions, retirement, veteran's benefits, SSI & workers' compensation.) (XXXXX=Not Answered)
- \$ _____ E16. Mate, family or friends? (Money for personal expenses, (i.e., clothing), include unreliable sources of income (e.g., gambling). Record cash payments only, include windfalls (unexpected), money from loans, gambling, inheritance, tax returns, etc.). (XXXXX=Not Answered)
- \$ _____ E17. Illegal? (XXXXX=Not Answered)
Cash obtained from drug dealing, stealing, fencing stolen goods, gambling, prostitution, etc. Do Not attempt to convert drugs exchanged to a dollar value.
- _____
Max = 99 E18. How many people depend on you for the majority of their food, shelter, etc.? Must be regularly depending on patient, do include alimony/child support, do not include the patient or self-supporting spouse, etc. (XX=Not Answered)

Comments:

THIS DATA NOT ENTERED

QSORRESU='DOLLARS'

QSEVLNT=-P30D

CTP - Site ID ____ - ____	Participant ID USUBJID _____	Assessment Date: ____ / ____ / QSDTC m m d d y y y y
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QSORRES**QSTEST****QSORRESU='DAYS'**

- ____ E19. How many days have you experienced employment problems in the past 30 days? **QSEVLNT=-P30D**
Include inability to find work, if they are actively looking for work, or problems with present job in which that job is jeopardized. (X=Not Answered)

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

The patient's ratings in Questions E20 & E21 refer to Question E19. Stress help in finding or preparing for a job, not giving them a job.

QSEVLNT=-P30D

- ____ E20. How troubled or bothered have you been by these employment problems in the past 30 days?
If the patient has been incarcerated or detained during the past 30 days, they cannot have employment problems. (X=Not Answered)
- ____ E21. How important to you now, is counseling for these employment problems? (X=Not Answered)

CONFIDENCE RATINGS

Is the above information significantly distorted by:

- ____ E23. Patient's misrepresentation?
0=No, 1=Yes
- ____ E24. Patient's inability to understand?
0=No, 1=Yes

Comments:**THIS DATA NOT ENTERED**

CTP - Site ID ____ - ____	Participant ID USUBJID _____	Assessment Date: ____ / ____ / QSDTC m m d d y y y y
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LEGAL STATUS =QSSCAT**QSTEST****QSORRES**

- ____ L2. Are you on parole or probation?
 0=no, neither
 2=yes, parole or post release supervision
 3=yes, probation or pre-sentencing diversion
 Note duration and level in comments. (X=Not Answered)

How many times since your last ASI have you been arrested and charged

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

- | | |
|--------------------------------------|----------------------------------|
| ____ L3. Shoplifting/Vandalism | ____ L10. Assault |
| ____ L4. Parole/Probation Violations | ____ L11. Arson |
| ____ L5. Drug Charges | ____ L12. Rape |
| ____ L6. Forgery | ____ L13. Homicide/Manslaughter |
| ____ L7. Weapons Offense | ____ L14. Prostitution |
| ____ L8. Burglary/Larceny/B&E | ____ L15. Contempt of court |
| ____ L9. Robbery | ____ L16. Other: (specify _____) |

- ____ L17. How many of these charges resulted in convictions?
 If L3-L16= "00", then L17="NN". Do not include misdemeanor offenses from questions L18-L20 below. Convictions include fines, probation, incarcerations, suspended sentences, and guilty pleas. (XX=Not Answered)

How many times since your last ASI have you been charged with the following:

- ____ L18. Disorderly conduct, vagrancy, public intoxication? (XX=Not Answered)
- ____ L19. Driving while intoxicated (DWI)? (XX=Not Answered)
- ____ L20. Major driving violations?
 Moving violations: speeding, reckless driving, no license, etc. (XX=Not Answered)

- ____ Mos. L21. How many months were you incarcerated since your last ASI? (XX=Not Answered)

QSORRESU='MONTHS'

If incarcerated 2 weeks or more, round this up to 1 month. List total number of months incarcerated.

- ____ L24. Are you presently awaiting charges, trial, or sentence? (X=Not Answered)
- 0=No, 1=Yes

Comments:**THIS DATA NOT ENTERED**

CTP - Site ID ____ - ____	Participant ID USUBJID _____	Assessment Date: ____ / ____ / ____ QSDTC m m d d y y y y
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QSORRES

QSTEST

- ____ L25. What for? (Refers to L24.) Use code 03-16, 18-20. If more than one, choose most severe.
Don't include civil cases, unless a criminal offense is involved. (XX=Not Answered, NN= Not Applicable)
- | | |
|--------------------------|------------------------------|
| 03 = Shoplifting | 12 = Rape |
| 04 = Probation violation | 13 = Homicide |
| 05 = Drug | 14 = Prostitution |
| 06 = Forgery | 15 = Contempt |
| 07 = Weapons | 16 = Other |
| 08 = Burglary | 18 = Disorderly conduct |
| 09 = Robbery | 19 = DWI |
| 10 = Assault | 20 = Major driving violation |
| 11 = Arson | |

Comments:

THIS DATA NOT ENTERED

- ____ L26. How many days in the past 30, were you detained or incarcerated? **QSEVLNT=-P30D**
Include being arrested and released on the same day. (XX=Not Answered)

- ____ L27. How many days in the past 30, have you engaged in illegal activities for profit? **QSEVLNT=-P30D**
Exclude simple drug possession. Include drug dealing, prostitution, selling stolen goods, etc. May be cross- checked with Question E17 under Employment/Family Support Section. (XX=Not Answered)

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

- ____ L28. How serious do you feel your present legal problems are?
Exclude civil problems. (X=Not Answered)
- ____ L29. How important to you now is counseling or referral for these legal problems?
Patient is rating a need for additional referral to legal counsel for defense against criminal charges. (X=Not Answered)

CONFIDENCE RATINGS

Is the above information significantly distorted by:

- ____ L31. Patient's misrepresentation?
0=No, 1=Yes
- ____ L32. Patient's inability to understand?
0=No, 1=Yes

CTP - Site ID _____	Participant ID USUBJID _____	Assessment Date: ____ / ____ / ____ QSDTC m m d d y y y y
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FAMILY/SOCIAL RELATIONSHIPS =QSSCAT**QSORRES****QSTEST**

F1. Marital Status

1 = Married 3 = Widowed 5 = Divorced
 2 = Remarried 4 = Separated 6 = Never Married
 Common-law marriage = "1." (Specify in comments) (X=Not Answered)

F3. Are you satisfied with this situation? (Refers to Question F1)

Satisfied = generally liking the situation. (X=Not Answered)

0=No,
1=Indifferent,
2=Yes

F4. Living arrangements (Since your last ASI):

1 = With sexual partner & children 6 = With friends
 2 = With sexual partner alone 7 = Alone
 3 = With children alone 8 = Controlled Environment
 4 = With parents 9 = No stable arrangement
 5 = With family

Choose arrangements most representative of the time since your last ASI.
 If there is an even split in time between these arrangements, choose the
 most recent arrangement. (X=Not Answered)

F6. Are you satisfied with these arrangements?

Refers to response in Question F4. (X=Not Answered)

0=No,
1=Indifferent,
2=Yes

Do you live with anyone who:

F7. Has a current alcohol problem? (X=Not Answered)

0=No, 1=Yes

F8. Uses non-prescribed drugs? (X=Not Answered)

0=No, 1=Yes

F9. With whom do you spend most of your free time?

If a girlfriend/boyfriend is considered as a family by patient, then they must
 refer to them as family throughout this section, not a friend. Family is not to
 be referred to as "friend." (X=Not Answered)

1=Family,
2=Friends,
3=Alone

F10. Are you satisfied with spending your free time this way?
(Refers to Question F9.)

A satisfied response must indicate that the person generally likes the
 situation. (X=Not Answered)

0=No,
1=Indifferent,
2=Yes

Have you had significant periods in which you have experienced serious problems getting along with: "Serious problems" mean those that endangered the relationship. A "problem" requires contact of some sort, either by telephone or in person.**a. Past 30 Days****0= No, 1= Yes, (X= Not Answered, N= Not Applicable)**

F18. Mother

F19. Father

F20. Brothers/Sisters

F21. Sexual Partner/Spouse

F22. Children

F23. Other Significant Family (Specify _____)

F24. Close Friends

F25. Neighbors

F26. Co-workers

Comments:**THIS DATA NOT ENTERED****QSEVLNT=-P30D**

CTP - Site ID ____ - ____	Participant ID USUBJID _____	Assessment Date: ____ / ____ / ____ m m d d y y y y
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QSEVLNT=-P30D

a. Past 30
Days

0= No, 1= Yes (X=Not Answered)

QSORRES

Did anyone abuse you?

QSTEST

- ____ F28. Physically? (Caused you physical harm.)
- ____ F29. Sexually? (Forced sexual advances/acts.)

How many days in the past 30 have you had serious conflicts:

F30. With your family? (XX= Not Answered)

QSORRESU=DAYS

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

How troubled or bothered have you been in the past 30 days by these:

- ____ F32. Family problems (X= Not Answered)

How important to you now is treatment or counseling for these:

- ____ F34. Family problems
Patient is rating his/her need for counseling for family problems, not whether the family would be willing to attend. (X= Not Answered)

How many days in the past 30 have you had serious conflicts:

- ____ F31. With other people (excluding family)? (XX= Not Answered)

QSORRESU=DAYS

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

How troubled or bothered have you been in the past 30 days by these:

- ____ F33. Social problems (X= Not Answered)

How important to you now is treatment or counseling for these:

- ____ F35. Social problems
Include patient's need to seek treatment for such social problems as loneliness, inability to socialize, and dissatisfaction with friends. Patient rating should refer to dissatisfaction, conflicts, or other serious problems. Exclude problems that would be eliminated if patient had no substance abuse. (X= Not Answered)

CONFIDENCE RATINGIs the above information significantly distorted by:

- ____ F37. Patient's misrepresentation?
0=No, 1=Yes

- ____ F38. Patient's inability to understand?
0=No, 1=Yes

Comments:

THIS DATA NOT ENTERED

QSEVLNT=-P30D

CTP - Site ID ____ - ____	Participant ID USUBJID ____	Assessment Date: ____ / ____ / ____ QSDTC m m d d y y y y
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QSTEST

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

QSORRES

P13. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days? (Patient should be rating the problem days from Question P12.) (X= Not Answered)

P14. How important to you now is treatment for these psychological or emotional problems? (X= Not Answered)

CONFIDENCE RATING

Is the above information significantly distorted by:

0=No, 1=Yes

P22. Patient's misrepresentation?

0=No, 1=Yes

P23. Patient's inability to understand?

QSENDTC

STOP TIME: ____ : ____ (hh:mm, 24 hour clock)*

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

Comments:**THIS DATA NOT ENTERED**

DRUG USE SCREENING (DUS)
DOMAIN: SU PAGE 1 OF 1

NIDA-CTN-0017		HIV AND HCV RISK REDUCTION INTERVENTIONS IN DRUG DETOXIFICATION AND TREATMENT SETTINGS		Seq. Num: _____
STUDYID	NODE: _____	EPOCH		
CTP-SITE ID: _____	STUDY VISIT: (circle one)	Screen/Base/Rand.		
PARTICIPANT ID: USUBJID		VISITNUM		
STAFF ID: _____	Assessment Date: ____ / ____ / ____		SUDTC	
FORM COMPLETION STATUS		1=CRF Administered 2=Participant refused 3=Staff Member did not Administer 4=Not enough time to Administer 5=No Participant Contact 6=Other		

SUSTDTC
START TIME: ____ : ____ (hh:mm, 24 hour clock)

SUCAT=DRUG/ALCOHOL USE

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

SUBSTANCE	A. PAST 30 DAYS			B. EVER BY INJECTION		
	NO	YES	NOT ASSESSED	NO	YES	NOT ASSESSED
1. Alcohol (any use at all)	0	1	-5			
2. Alcohol (to intoxication)	0	1	-5			
3. Heroin	0	1	-5	0	1	-5
4. Methadone/LAAM (prescribed)	0	1	-5	0	1	-5
5. Methadone/LAAM (illicit)	0	1	-5	0	1	-5
6. Other Opiates/Analgesics	0	1	-5	0	1	-5
7. Barbiturates	0	1	-5	0	1	-5
8. Other Sedatives/Hypnotics/Tranquilizers	0	1	-5	0	1	-5
9. Cocaine	0	1	-5	0	1	-5
10. Amphetamines	0	1	-5	0	1	-5
11. Cannabis	0	1	-5	0	1	-5
12. Hallucinogens	0	1	-5	0	1	-5
13. Inhalants	0	1	-5	0	1	-5
14. Nicotine (tobacco products)	0	1	-5			
15. More than 1 substance per day (including alcohol, excluding nicotine)	0	1	-5	0	1	-5

SUCAT=MAJOR DRUG PROBLEM
16. According to the interviewer, which substance(s) is/are the major problem? SUTRT

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

SUENDTC
STOP TIME: ____ : ____ (hh:mm, 24 hour clock)*

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

NIDA-CTN-0017		HIV AND HCV RISK REDUCTION INTERVENTIONS IN DRUG DETOXIFICATION AND TREATMENT SETTINGS		Seq. Num: _____
STUDYID	NODE: _____	EPOCH	Screen/Base/Rand. Intervention/2 Week FUP	
		STUDY VISIT: (circle one)	VISITNUM 2 Month FUP 4 Month FUP 6 Month FUP	
CTP-SITE ID: _____	USUBJID	Assessment Date: ____ / ____ / ____ QSDTC M M D D Y Y Y Y		
PARTICIPANT ID: _____	QSEVAL			
STAFF ID: _____				
FORM COMPLETION STATUS	1=CRF Administered 2=Participant refused 3=Staff Member did not Administer 4=Not enough time to Administer 5=No Participant Contact 6=Other			

(Research Assistant Completed)

[Using the scale of 1-5 (Strongly Disagree to Strongly Agree) on Handcard TXSELFEEFF], Please tell me how much you agree or disagree with the following statements: **QSORRES**

	QSTEST	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Refuse to answer	Don't know
1	You can imagine a time when you might need a fix so badly that you would inject with previously used works.	1	2	3	4	5	-1	-2
2	You would feel uncomfortable talking to a sex partner about using condoms (barriers).	1	2	3	4	5	-1	-2
3	If you had sex with someone "new", there are things you would not do because of AIDS.	1	2	3	4	5	-1	-2
4	If someone "new" tells you they know they don't have HIV, you would feel alright having unprotected sex.	1	2	3	4	5	-1	-2
5	If you were injecting with someone "new", you would feel comfortable discussing safe injection practices such as bleaching.	1	2	3	4	5	-1	-2
6	If someone "new" offered you their used syringe, you would not use it without bleaching.	1	2	3	4	5	-1	-2
7	If someone "new" objected to condoms (barriers), you would not have sex with that person.	1	2	3	4	5	-1	-2
8	If someone says the works are clean, you would inject with them without cleaning.	1	2	3	4	5	-1	-2

STAGE OF CHANGE (SOC) QSCAT=STAGE OF CHANGE

DOMAIN: QS

PAGE 1 OF 2

NIDA-CTN-0017	HIV AND HCV RISK REDUCTION INTERVENTIONS IN DRUG DETOXIFICATION AND TREATMENT SETTINGS		Seq. Num: ____
STUDYID NODE: ____	EPOCH STUDY VISIT: ____ (circle one)	Screen/Base/Rand. Intervention/2 Week FUP VISITNUM 2 Month FUP 4 Month FUP 6 Month FUP	
CTP-SITE ID: ____	USUBJID PARTICIPANT ID: ____	Assessment Date: ____ / ____ / ____ QSDTC M M D D Y Y Y Y	
STAFF ID: QSEVAL ____	FORM COMPLETION STATUS 1=CRF Administered 4=Not enough time to Administer 2=Participant refused 5=No Participant Contact 3=Staff Member did not Administer 6=Other		

(Research Assistant Completed)

QSTEST

1. ____ Has the client injected drugs (heroin, cocaine, speed, etc.) in the last 30 days?

1 = Yes

0 = No

QSORRES

(If No, skip to Q10. If YES, complete Q2-9 and end questionnaire)

QSEVLINT=-P30D

SERVICES RECEIVED QUESTIONNAIRE (SRQ)

NIDA-CTN-0017		HIV AND HCV RISK REDUCTION INTERVENTIONS IN DRUG DETOXIFICATION AND TREATMENT SETTINGS		Seq. Num: ____
STUDY ID:	____	STUDY VISIT:	Screening/ Baseline/ Randomized/ Intervention/ 2 Week FUP	
CTP-SITE ID:	____	(circle one)		
PARTICIPANT ID:	USUBJID	Assessment Date:	____/____/____ QSDTC	
STAFF ID:	QSEVAL		M M D D Y Y Y Y	
FORM COMPLETION STATUS		1=CRF Administered 2=Participant refused 3=Staff Member did not Administer 4=Not enough time to Administer 5=No Participant Contact 6=Other		

(Study Coordinator or Research Assistant Completed)

For the Baseline visit read:

For the following questions, please think about the services you may have received during your stay here:

For the Intervention/2-Week Follow-Up visit read:

For the following questions, please think about the services you may have received since our last visit:

QSTEST

Yes	No	HIV/HCV									
1	0	1. During your stay, did any treatment staff member conduct an HIV or HCV risk assessment with you? (If NO, skip to question 6)									
____	____	2. Approximately how long did the assessment take? (minutes) QSORRESU='MINUTES'									
1	0	3. Were you referred for HIV or HCV testing? (If NO, skip to question 6)									
1	0	4. If you were referred, have you gone to the referral? (If YES, skip to question 6)									
1	0	5. Do you think you will go to the referral?									
Yes	No	TREATMENT									
1	0	6. During your stay, did any treatment staff member recommend that you attend further treatment once you leave detox? (If NO, end questionnaire)									
____	____	7. Approximately how long was this discussion? (minutes) QSORRESU='MINUTES'									
To what type of treatment were you referred?											
1	0	8a. Outpatient alcohol or drug (AOD) therapy or counseling (If NO, skip to 8b)									
		<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>0</td> <td>Have you gone to the referral? (If YES, skip to Q8b)</td> </tr> <tr> <td>1</td> <td>0</td> <td>Do you think you will go to the referral?</td> </tr> </tbody> </table>	Yes	No		1	0	Have you gone to the referral? (If YES, skip to Q8b)	1	0	Do you think you will go to the referral?
Yes	No										
1	0	Have you gone to the referral? (If YES, skip to Q8b)									
1	0	Do you think you will go to the referral?									
1	0	8b. Residential treatment (AOD) (If NO, skip to 8c)									
		<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>0</td> <td>Have you gone to the referral? (If YES, skip to Q8c)</td> </tr> <tr> <td>1</td> <td>0</td> <td>Do you think you will go to the referral?</td> </tr> </tbody> </table>	Yes	No		1	0	Have you gone to the referral? (If YES, skip to Q8c)	1	0	Do you think you will go to the referral?
Yes	No										
1	0	Have you gone to the referral? (If YES, skip to Q8c)									
1	0	Do you think you will go to the referral?									

QSCAT=SERVICES RECEIVED QUESTIONNAIRE

DOMAIN: QS

SRQ

PAGE 2 OF 2

CTP - Site ID ____ - ____	Participant ID USUBJID	Assessment Date: ____ / ____ / ____ QSDTC m m d d y y y y
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QSTEST

Yes	No	TREATMENT									
QSORRES											
1	0	8c. Inpatient hospital treatment (AOD) <i>(If NO, skip to 8d)</i>									
		<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>0</td> <td>Have you gone to the referral? <i>(If YES, skip to Q8d)</i></td> </tr> <tr> <td>1</td> <td>0</td> <td>Do you think you will go to the referral?</td> </tr> </tbody> </table>	Yes	No		1	0	Have you gone to the referral? <i>(If YES, skip to Q8d)</i>	1	0	Do you think you will go to the referral?
Yes	No										
1	0	Have you gone to the referral? <i>(If YES, skip to Q8d)</i>									
1	0	Do you think you will go to the referral?									
1	0	8d. Methadone maintenance or other opiate replacement treatment <i>(If NO, skip to 8e)</i>									
		<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>0</td> <td>Have you gone to the referral? <i>(If YES, skip to Q8e)</i></td> </tr> <tr> <td>1</td> <td>0</td> <td>Do you think you will go to the referral?</td> </tr> </tbody> </table>	Yes	No		1	0	Have you gone to the referral? <i>(If YES, skip to Q8e)</i>	1	0	Do you think you will go to the referral?
Yes	No										
1	0	Have you gone to the referral? <i>(If YES, skip to Q8e)</i>									
1	0	Do you think you will go to the referral?									
1	0	8e. 12-step meetings (AOD) <i>(If NO, skip to 8f)</i>									
		<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>0</td> <td>Have you gone to the referral? <i>(If YES, skip to Q8f)</i></td> </tr> <tr> <td>1</td> <td>0</td> <td>Do you think you will go to the referral?</td> </tr> </tbody> </table>	Yes	No		1	0	Have you gone to the referral? <i>(If YES, skip to Q8f)</i>	1	0	Do you think you will go to the referral?
Yes	No										
1	0	Have you gone to the referral? <i>(If YES, skip to Q8f)</i>									
1	0	Do you think you will go to the referral?									
1	0	8f. Medication treatment (AOD) <i>(If NO, skip to 8g)</i>									
		<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>0</td> <td>Have you gone to the referral? <i>(If YES, skip to Q8g)</i></td> </tr> <tr> <td>1</td> <td>0</td> <td>Do you think you will go to the referral?</td> </tr> </tbody> </table>	Yes	No		1	0	Have you gone to the referral? <i>(If YES, skip to Q8g)</i>	1	0	Do you think you will go to the referral?
Yes	No										
1	0	Have you gone to the referral? <i>(If YES, skip to Q8g)</i>									
1	0	Do you think you will go to the referral?									
1	0	8g. Doctor or medical clinic visit (AOD) treatment <i>(If NO, skip to 8h)</i>									
		<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>0</td> <td>Have you gone to the referral? <i>(If YES, skip to Q8h)</i></td> </tr> <tr> <td>1</td> <td>0</td> <td>Do you think you will go to the referral?</td> </tr> </tbody> </table>	Yes	No		1	0	Have you gone to the referral? <i>(If YES, skip to Q8h)</i>	1	0	Do you think you will go to the referral?
Yes	No										
1	0	Have you gone to the referral? <i>(If YES, skip to Q8h)</i>									
1	0	Do you think you will go to the referral?									
1	0	8h. Other (AOD) <i>(If NO, end questionnaire)</i>									
		<i>(Please Describe: _____)</i> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>									
		<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>0</td> <td>Have you gone to the referral? <i>(If YES, end questionnaire)</i></td> </tr> <tr> <td>1</td> <td>0</td> <td>Do you think you will go to the referral?</td> </tr> </tbody> </table>	Yes	No		1	0	Have you gone to the referral? <i>(If YES, end questionnaire)</i>	1	0	Do you think you will go to the referral?
Yes	No										
1	0	Have you gone to the referral? <i>(If YES, end questionnaire)</i>									
1	0	Do you think you will go to the referral?									

NIDA-CTN-0017	HIV AND HCV RISK REDUCTION INTERVENTIONS IN DRUG DETOXIFICATION AND TREATMENT SETTINGS		Seq. Num : LBGRPID
STUDYID	NODE: _____	EPOCH	Screen/Base/Rand.
CTP-SITE ID: _____	_____	STUDY VISIT: (circle one)	
PARTICIPANT ID: _____	USUBJID	VISITNUM	
STAFF ID: _____	Assessment Date: _____ / _____ / _____ M M D D Y Y Y Y		
FORM COMPLETION STATUS		1=CRF Administered 2=Participant refused 3=Staff Member did not Administer 4=Not enough time to Administer 5=No Participant Contact 6=Other	

START TIME: _____ : _____ (hh:mm, 24 hour clock)

QNAM=LBVISDTC

QLABEL=SALIVA TEST VISIT DATE

LBSTAT/LBREASND

IDVAR = LBSEC

1. Was a Saliva Test performed? _____ (0=No, 1=Yes, 2=Lost Sample, -9=Unknown) *If 0 or -9, skip to Q4 and enter a comment.*

2. Date Saliva Test was performed: _____ / _____ / _____
m m d d y y y y **LBTEST**

LBDTC

3. Saliva Test result: _____ (0=Negative, 1=Positive, 2=Indeterminate) *If sample was lost, skip question 3.*

LBORRES

4. COMMENTS:

DOMAIN: CO

COVAL

RDOMAIN=LB

IDVAR=LBSEQ

COREF=SALIVA TEST

STOP TIME: _____ : _____ (hh:mm, 24 hour clock)*

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

QNAM=LBSTPTM

QLABEL=SALIVA TEST STOP TIME

IDVAR = LBSEQ

LBCAT=URINE DRUG SCREEN

DOMAIN: LB

URINE DRUG SCREEN (UDS)

PAGE 1 OF 1

NIDA-CTN-0017		HIV AND HCV RISK REDUCTION INTERVENTIONS IN DRUG DETOXIFICATION AND TREATMENT SETTINGS		Seq. Num. LBGRPID
STUDYID	NODE: _____	EPOCH	Screen/Base/Rand. Intervention/2 Week FUP	
CTP-SITE ID: _____	_____	STUDY VISIT: (circle one)	2 Month FUP 4 Month FUP 6 Month FUP	
PARTICIPANT ID: _____	USUBJID	VISITNUM		
STAFF ID: _____	Assessment Date: ____ / ____ / ____ M M D D Y Y Y Y			
FORM COMPLETION STATUS		1=CRF Administered 2=Participant refused 3=Staff Member did not Administer 4=Not enough time to Administer 5=No Participant Contact 6=Other		

START TIME: ____ : ____ (hh:mm, 24 hour clock)

QNAM=LBVISDTC

QLABEL=URINE COLLECTION DATE

IDVAR = LBGRPID

1. Was a Urine Drug Screen Performed? _____ (0=No, 1=Yes, 2=Lost Sample, -9=Unknown)
 If 0 or -9, enter stop time and end questionnaire. If 2, answer only questions 1 & 2, enter stop time and end questionnaire.

LBSTAT/LBRESND

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

LBSTC

3. Urine temperature within expected range? _____ (Temperature 92°F ≤ X ≤ 96°F OR ≥ 33.3°C)
 0 = No
 1 = Yes
 -9 = Unknown

QNAM = LBTEMP

QLABEL = URINE TEMP WITHIN EXPECTED RANGE

IDVAR = LBGRPID

4. Was this urine collection supervised? _____

0 = No
 1 = Yes
 -9 = Unknown

QNAM = LBSUPER

QLABEL = URINE COLLECTION SUPERVISED

IDVAR = LBGRPID

LBTEST

(Circle the number representing the result of the screen for each substance below.)	Negative	Positive	Unclear or Equivocal	Results Not Valid	Not Assessed
5. Amphetamines (AMP)	0	LBORRES 2	3	-5	
6. Barbiturates (BAR)	0	1	2	3	-5
7. Benzodiazepines (BZO)	0	1	2	3	-5
8. Methadone (MTD)	0	1	2	3	-5
9. Tricyclic Antidepressants (TCA)	0	1	2	3	-5
10. Cocaine metabolites (COC)	0	1	2	3	-5
11. Methamphetamines (M-AMP)	0	1	2	3	-5
12. Opiates/Morphine (MOR)	0	1	2	3	-5
13. Phencyclidine (PCP)	0	1	2	3	-5
14. Cannabinoids (THC)	0	1	2	3	-5

STOP TIME: ____ : ____ (hh:mm, 24 hour clock)*

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

QNAM=LBSTPTM

QLABEL=URINE COLLECTION STOP TIME

IDVAR = LBGRPID

VISIT FORM (VIS)

DOMAIN: DS

PAGE 1 OF 1

NIDA-CTN-0017		HIV AND HCV RISK REDUCTION INTERVENTIONS IN DRUG DETOXIFICATION AND TREATMENT SETTINGS		Seq. Num: _____
STUDYID	NODE: _____	EPOCH	Screen/Base/Rand. Intervention/2 Week FUP	
CTP-SITE ID: _____		STUDY VISIT: (circle one)	2 Month FUP 4 Month FUP 6 Month FUP	
PARTICIPANT ID: _____	USUBJID	VISITNUM		
STAFF ID: _____	Assessment Date: _____ / _____ / _____		DSDTC	
FORM COMPLETION STATUS		1=CRF Administered 2=Participant refused 3=Staff Member did not Administer 4=Not enough time to Administer 5=No Participant Contact 6=Other		

(Research Assistant Completed)

1. Did participant attend visit? _____

DSCAT=VISIT

DSTERM 0=No
1=Yes
DSOCCUR**If NO, specify the reason(s) participant did not attend visit:**

1a. Declined to continue study participation _____

0=No
1=Yes

1b. Moved from area _____

0=No
1=Yes

1c. Incarceration _____

0=No
1=Yes

1d. Death _____

0=No
1=Yes

1e. Don't know ('no-show') _____

0=No
1=Yes

1f. Other reason _____

*If yes specify below.*0=No
1=Yes

1g. Other, specify: _____

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

**NOTE: ONLY YES RESPONSES ARE
RETAINED (Except for VIS001)**

SUBSTANCE USE DIAGNOSES

NIDA-CTN-0017	HIV AND HCV RISK REDUCTION INTERVENTIONS IN DRUG DETOXIFICATION AND STUDYID		TREATMENT SETTINGS		Seq. Num: ____
NODE: ____	USUBJID		EPOCH STUDY VISIT: (circle one)	VISITNUM Screen/Base/Rand.	
CTP-SITE ID: ____					
PARTICIPANT ID: ____					
STAFF ID: ____	QSEVAL		Assessment Date: ____ / ____ / ____ M M D D Y Y Y Y QSDTC		
FORM COMPLETION STATUS			1=CRF Administered 3=Staff Member did not Administer 5=No Participant Contact 2=Participant refused 4=Not enough time to Administer 6=Other		

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

START TIME: ____ : ____ (hh:mm, 24 hour clock)

QSSTDC

	A. Screened In J1/J1A			B. Abuse J10 QSORRES			C. Abuse Recency Code from J10						D. Dependence Code from J21			E. Dependence Recency Full Criteria Code from J22						F. Dependence Recency Any Criteria Code from J23								
	Y	N	IE	Y	N	IE							Y	N	IE															
1. Alcohol	5	1	-5	5	1	-5	1	2	3	4	5	6	-5	5	1	-5	1	2	3	4	5	6	-5	1	2	3	4	5	6	-5
	A. Screened In L4A			B. Abuse L11			C. Abuse Recency Code from L11						D. Dependence Code from L22			E. Dependence Recency Full Criteria Code from L22						F. Dependence Recency Any Criteria Code from L24								
2. Marijuana	5	1	-5	5	1	-5	1	2	3	4	5	6	-5	5	1	-5	1	2	3	4	5	6	-5	1	2	3	4	5	6	-5
3. Stimulants	5	1	-5	5	1	-5	1	2	3	4	5	6	-5	5	1	-5	1	2	3	4	5	6	-5	1	2	3	4	5	6	-5
4. Sedatives	5	1	-5	5	1	-5	1	2	3	4	5	6	-5	5	1	-5	1	2	3	4	5	6	-5	1	2	3	4	5	6	-5
5. Opioids	5	1	-5	5	1	-5	1	2	3	4	5	6	-5	5	1	-5	1	2	3	4	5	6	-5	1	2	3	4	5	6	-5
6. Cocaine	5	1	-5	5	1	-5	1	2	3	4	5	6	-5	5	1	-5	1	2	3	4	5	6	-5	1	2	3	4	5	6	-5
7. PCP	5	1	-5	5	1	-5	1	2	3	4	5	6	-5	5	1	-5	1	2	3	4	5	6	-5	1	2	3	4	5	6	-5
8. Psychedelics	5	1	-5	5	1	-5	1	2	3	4	5	6	-5	5	1	-5	1	2	3	4	5	6	-5	1	2	3	4	5	6	-5
9. Inhalants	5	1	-5	5	1	-5	1	2	3	4	5	6	-5	5	1	-5	1	2	3	4	5	6	-5	1	2	3	4	5	6	-5
10. Other Specify: _____	5	1	-5	5	1	-5	1	2	3	4	5	6	-5	4	1	-5	1	2	3	4	5	6	-5	1	2	3	4	5	6	-5

STOP TIME: ____ : ____ **QSENDTC** (hh:mm, 24 hour clock) **If time spent completing the form was not continuous, adjust stop time to account for any breaks.

BRIEF CODING INSTRUCTIONS FOR THE CIDI CRF
(To be attached to the back of the CRF)

ALCOHOL

Column A	If both J1=1 and J1A = 1 (never had 12+ drinks)	Circle "1" AND skip to Drug Section
	If either J1=5 or J1A = 5	Circle "5" and continue with Column B
	If Interviewer Error	Circle "-5" and skip to Drug Section
Column B	If J10 is coded "5" (Yes) (i.e., at least one "5" coded in J6-J9)	Circle "5" Yes, continue with Column C
	If J10 is coded "1" (No) (i.e., J6, J7 & 7A, J8, J9 are all "1")	Circle "1" No, skip to Column D
	If Interviewer Error	Circle "-5" and skip to Column D
Column C	If column B is coded "5"	Circle the J10 Recency code (1 - 6) in Column C
	If column B is coded "1"	Skip Column C, and go to Column D
	If Interviewer Error	Circle "-5"
Column D	If J21 is coded "5"	Circle "5"
	If J21 is coded "1" or blank due to Skip instruction on J20	Circle "1" and go to Drug Section
	If Interviewer Error	Circle "-5" and go to Drug Section
Column E	If Column D is coded "5"	Circle the J22 Recency code (1 - 6) in Column E
	If Column D is coded "1"	Skip Columns E and F, and go to Drug section
	If Interviewer Error	Circle "-5"
Column F	If J23 is completed AND column D is coded "5"	Circle the J23 Recency code (1 - 6)
	If J23 is not completed, OR if J23 is completed & Column D is coded "1"	Skip Column F and go to the Drug Section
	If Interviewer Error	Circle "-5"

DRUG (repeat for each Drug Category assessed)

Column A	If column A within the chart in question L4A = 1 for that drug category	Circle "1" AND skip to next Drug category
	If column A within the chart in question L4A = 5 for that drug category	Circle "5" and continue with Column B
	If Interviewer Error	Circle "-5" and skip to next drug category
Column B	If L11 is completed for that drug (i.e., at least one "5" coded in L8-L10)	Circle "5" Yes, continue with Column C
	If L11 not completed for that drug (i.e., L8A, L9B, L9C, L10A are all "1")	Circle "1" No, skip to Column D
	If Interviewer Error	Circle "-5" and skip to Column D
Column C	If column B is coded "5"	Circle the L11 Recency code (1 - 6) in Column C
	If column B is coded "1"	Skip Column C, and go to Column D
	If Interviewer Error	Circle "-5"
Column D	If L22 is coded "5" for that drug category	Circle "5", continue with Column E
	If L22 is coded "1" or blank for that drug category	Circle "1" and go to next drug category
	If Interviewer Error	Circle "-5" and go to next drug category
Column E	If Column D is coded "5"	Circle the L22 Recency code (1 - 6) in Column E
	If Column D is coded "1"	Skip Columns E & F, and go to next drug category
	If Interviewer Error	Circle "-5"
Column F	If L24 is completed AND column D is coded "5"	Circle the L24 Recency code (1 - 6)
	If L24 not completed, OR if L24 is completed and Column D is coded "1"	Skip Column F and go to the next drug category
	If Interviewer Error	Circle "-5"

TIMELINE FOLLOWBACK (TFB)

PAGE 1 OF 2

NIDA-CTN-0017		HIV AND HCV RISK REDUCTION INTERVENTIONS IN DRUG DETOXIFICATION AND TREATMENT SETTINGS		Seq. Num: ____	CRF Num ____
NODE:	STUDYID	STUDY VISIT:	Intervention/2 Week FUP 2 Month FUP		
CTP-SITE ID:	USUBJID	(circle one) VISITNUM	4 Month FUP 6 Month FUP		
PARTICIPANT ID:		Assessment Date:	QSDTC		
STAFF ID:	QSEVAL	M M / D D / Y Y Y Y			
FORM COMPLETION STATUS		1=CRF Administered 2=Participant refused 3=Staff Member did not Administer 4=Not enough time to Administer 5=No Participant Contact 6=Other			

(Research Assistant/Site Coordinator Completed)

1. Did the participant receive any treatment for alcohol or drug use since their last study encounter (i.e. since participating in the study intervention, or since their last Study Visit)? (If No, questionnaire is completed. If Yes, follow the instructions below to complete this questionnaire.) 1=Yes, 0=No

Using the Timeline Followback calendar, list all the dates for which the participant indicated treatment in column A (where the date is circled on the calendar). On days when the participant indicated more than one treatment, write the date as many times as necessary in column A to report each treatment on a separate line. Circle the corresponding number in column B for the type of treatment received. Specify the name of the agency in column C if the type of treatment was an outpatient visit (1 or 8). Report if any medication was received as part of the alcohol or drug treatment in column D, and if so, specify in column E.

Treatment List (Alcohol and Drug Treatment Only)														
1= Outpatient therapy or counseling 2= Residential treatment 3= Inpatient hospital treatment 4= Methadone maintenance, other opiate replacement treatment						5= 12-step meetings (AA or NA) 6= Medication treatment 7= Doctor or medical clinic visit 8= Other. Please describe.								
	QSTEST A. DATE (mm/dd/yyyy)	B. TYPE OF TREATMENT								C. NAME OF AGENCY (For Outpatient Visits- B=1 or 8)	D. Did you receive medication as part of this treatment? YES NO		E. What medication did you receive?	
1	___/___/___	1	2	3	4	5	6	7	8	_____		1	0	
2	___/___/___	1	2	3	4	5	6	7	8	_____		1	0	
3	___/___/___	1	2	3	4	5	6	7	8	_____	QSORRES	1	0	
4	___/___/___	1	2	3	4	5	6	7	8	_____		1	0	
5	___/___/___	1	2	3	4	5	6	7	8	_____		1	0	
6	___/___/___	1	2	3	4	5	6	7	8	_____		1	0	
7	___/___/___	1	2	3	4	5	6	7	8	_____		1	0	

TFB

QSCAT=TIMELINE FOLLOWBACK

DOMAIN: QS

PAGE 2 OF 2

CTP - Site ID ____ - ____	Participant ID USUBJID _____	Assessment Date: ____ / ____ / ____ m m d d y y y y
------------------------------	---	--

	A. DATE (mm/dd/yyyy)	B. TYPE OF TREATMENT								C. NAME OF AGENCY (For Outpatient Visits- B=1 or 8)	D. Did you receive medication as part of this treatment?		E. What medication did you receive?
		QSTEST	1	2	3	4	5	6	7		8	YES	
8	____/____/____	1	2	3	4	5	6	7	8		1	0	
9	____/____/____	1	2	3	4	5	6	7	8	QSORRES	1	0	
10	____/____/____	1	2	3	4	5	6	7	8		1	0	
11	____/____/____	1	2	3	4	5	6	7	8		1	0	
12	____/____/____	1	2	3	4	5	6	7	8		1	0	
13	____/____/____	1	2	3	4	5	6	7	8		1	0	
14	____/____/____	1	2	3	4	5	6	7	8		1	0	
15	____/____/____	1	2	3	4	5	6	7	8		1	0	
16	____/____/____	1	2	3	4	5	6	7	8		1	0	
17	____/____/____	1	2	3	4	5	6	7	8		1	0	
18	____/____/____	1	2	3	4	5	6	7	8		1	0	
19	____/____/____	1	2	3	4	5	6	7	8		1	0	
20	____/____/____	1	2	3	4	5	6	7	8		1	0	
21	____/____/____	1	2	3	4	5	6	7	8		1	0	
22	____/____/____	1	2	3	4	5	6	7	8		1	0	
23	____/____/____	1	2	3	4	5	6	7	8		1	0	
24	____/____/____	1	2	3	4	5	6	7	8		1	0	
25	____/____/____	1	2	3	4	5	6	7	8		1	0	
26	____/____/____	1	2	3	4	5	6	7	8		1	0	
27	____/____/____	1	2	3	4	5	6	7	8		1	0	
28	____/____/____	1	2	3	4	5	6	7	8		1	0	

FOLLOW-UP PHASE TERMINATION (FUT)

DOMAIN: DS

PAGE 1 OF 1

NIDA-CTN-0017		HIV AND HCV RISK REDUCTION INTERVENTIONS IN DRUG DETOXIFICATION AND TREATMENT SETTINGS		Seq. Num: _____
STUDYID	MODE: _____	STUDY VISIT: (circle one)	EPOCH VISITNUM Intervention/2 Week FUP 2 Month FUP 4 Month FUP 6 Month FUP	
CTP-SITE ID: _____				
PARTICIPANT ID: _____	Assessment Date: ____ / ____ / ____		DSDTC	
STAFF ID: _____	USUBJID			
FORM COMPLETION STATUS		1=CRF Administered 4=Not enough time to Administer 2=Participant refused 5=No Participant Contact 3=Staff Member did not Administer 6=Other		

(Research Assistant/Site Coordinator Completed)

DSCAT=FOLLOW-UP PHASE COMPLETED

DSOCCUR			1. Date of Follow-Up Phase completion or termination: ____ / ____ / ____ DSSTDTC (mm / dd / yyyy) DSTERM/DSDECOD							
<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>UNK</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>0</td> <td>-9</td> </tr> </tbody> </table>			YES	NO	UNK	1	0	-9	2. Number of Follow-Up Phase visits completed.	
YES	NO	UNK								
1	0	-9								
<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>UNK</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>0</td> <td>-9</td> </tr> </tbody> </table>			YES	NO	UNK	1	0	-9	3. Did the Participant complete the Follow-Up Phase? (If YES, then end questionnaire. If NO or UNK, then complete questions 4 through 8.)	
YES	NO	UNK								
1	0	-9								
REASON FOR TERMINATION DSCAT=TERMINATION Complete this section only if answered, "No" or "Unk" in question 3.										
<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>UNK</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>0</td> <td>-9</td> </tr> </tbody> </table>			YES	NO	UNK	1	0	-9	4. Did the Participant refuse to continue (discontinue at his/her request)?	
YES	NO	UNK								
1	0	-9								
<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>UNK</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>0</td> <td>-9</td> </tr> </tbody> </table>			YES	NO	UNK	1	0	-9	5. Was the Participant lost to follow-up (lost contact)?	
YES	NO	UNK								
1	0	-9								
<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>UNK</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>0</td> <td>-9</td> </tr> </tbody> </table>			YES	NO	UNK	1	0	-9	6. Was the Participant terminated for clinical reasons?	
YES	NO	UNK								
1	0	-9								
<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>UNK</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>0</td> <td>-9</td> </tr> </tbody> </table>			YES	NO	UNK	1	0	-9	6a. Did the participant die?	
YES	NO	UNK								
1	0	-9								
<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>UNK</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>0</td> <td>-9</td> </tr> </tbody> </table>			YES	NO	UNK	1	0	-9	6b. Did the participant withdraw consent?	
YES	NO	UNK								
1	0	-9								
<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>UNK</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>0</td> <td>-9</td> </tr> </tbody> </table>			YES	NO	UNK	1	0	-9	7. Was the Participant terminated for some other reason? (If yes, describe in question 8.)	
YES	NO	UNK								
1	0	-9								
			8. If any question above was answered Yes, then provide details:							
			QNAM=DSSPECT QLABEL=SPECIFY REASON FOR TERMINATION IDVAR=DSSEQ							

QNAM=FTN)OSES
QLABEL=# OF FOLLOWUP VISITS ATTENDED
IDVAR=DSSEQ

ADVERSE EVENTS (AE)

DOMAIN: AE

PAGE 1 OF 2

NIDA-CTN-0017		HIV AND HCV RISK REDUCTION INTERVENTIONS IN DRUG DETOXIFICATION AND TREATMENT SETTINGS		Seq. Num: ____
STUDYID	NODE: ____	EPOCH	Intervention/2 Week FUP 2 Month FUP	
CTP-SITE ID: ____		STUDY VISIT: (circle one)	4 Month FUP 6 Month FUP	
PARTICIPANT ID: ____	USUBJID	VISITNUM		
STAFF ID: ____	Assessment Date: ____ / ____ / ____		AEDTC M M D D Y Y Y Y	
FORM COMPLETION STATUS		1=CRF Administered 4=Not enough time to Administer 2=Participant refused 5=No Participant Contact 3=Staff Member did not Administer 6=Other		

(Research Assistant/Site Coordinator/Interventionist Completed)

____	1.	Did the participant have any new or changed serious or study-related AE since the last assessment? AEs are reflected in the AE file. Otherwise this field not databased. 0=No (<i>End questionnaire</i>) 1=Yes
AESPID	2.	AE Number
	3.	AE Term (<i>Brief Description</i>): AETERM
____	4a.	Change in severity of previously reported AE? 0=No (<i>Skip to question 5</i>) 1=Yes
	4b.	(If Yes) Previous AE Number: ____
AESER	5.	Serious 0=No 1=Yes*
	6.	Onset Date ____ / ____ / ____ (mm/dd/yyyy) AESTDTC
AESEV	7.	Severity 1=Mild 2=Moderate 3=Severe
AEREL	8.	Study Related? 1=Reasonable 2=Not Reasonable
AEACN	9.	Action Taken 1=None 2=Stop Intervention 3=Medical Care 4=Hospitalization*

AE

PAGE 2 OF 2

CTP - Site ID ____ - ____	Participant ID USUBJID ____	Assessment Date: ____ / ____ / ____ AEDTC m m d d y y y y
------------------------------	--	---

AEOU ____

10. Final Outcome
1=Resolved
2=Resolved with Sequelae (*Explain in comments*)
3=Not resolved (*Skip question 11*)
4=Death*
5=Change in Severity (worsened or improved)

11. Final Outcome Date ____ / ____ / ____ (mm/dd/yyyy) **AEENDTC**

12. Comments (100 Characters Max):

DOMAIN: CO
COVAL
RDOMAIN=AE
IDVAR=VISITNUM
COREF+AE PAGE TWO

13. Signature: **THIS DATA NOT ENTERED** Date signed: ____ / ____ / ____ (mm/dd/yyyy)

* All Serious Adverse Events (SAE) must have a complete AE CRF, SAE Form, SAE Summary Report. Initial and date the AE Log once these steps are completed.

- Report AE/SAEs in accordance with the study protocol and local IRB requirements
- SAEs must be reported within 24 hours

SERIOUS ADVERSE EVENTS FORM

DOMAIN: AE PAGE 1 OF 4

STUDYID NIDA-CTN-0017		HIV AND HCV RISK REDUCTION INTERVENTIONS IN DRUG DETOXIFICATION AND TREATMENT SETTINGS	
Participant ID: USUBJID	Node: ____	CTP-Site ID: ____ - ____	
Assessment Date: ____/____/____ AEDTC		Staff ID: ____	

AESER=Y

AESPID

A. Adverse Event number

1. Type of Report:
- 1=Initial
 - 2=Follow-Up

QNAM=AEREPT
QLABEL=TYPE OF REPORT
IDVAR=AESEQ

SERIOUS ADVERSE EVENT DETAILS

2a. AE Term(s) (brief description):

AETERM

2b. Determination of Serious (Select one):

- 1=Death
- 2=Life-threatening
- 3=Required inpatient or prolonged hospitalization
- 4=Resulted in persistent or significant disability/incapacity
- 5=Congenital anomaly/birth defect
- 6=Required intervention to prevent any of the above
- 7=Suicidal ideation with a plan
- 8=Suicide attempt since last study visit
- 9=Homicidal ideation with a plan
- 10=Homicidal attempt since last study visit

AESDISAB=4

AESCONG=5

2c. Onset date: ____/____/____ (mm/dd/yyyy)

AESTDTC

2d. Study Intervention (Select one):

- 1=Pharmacologic
- 2=Behavioral

QNAM=AEINT
QLABEL= STUDY INTERVENTION
IDVAR=AESEQ

[Note: section describing study medication removed. There is no study medication for this protocol.]

QNAM=AESERS
QLABEL=DETERMINATION OF SERIOUS
IDVAR=AESEQ

PARTICIPANT DETAILS

3a. Race/Ethnicity (Select one):

- 1=Caucasian
- 2=African American
- 3=Native Hawaiian or Pacific Islander
- 4=Native American or Native Alaskan
- 5=Hispanic/Latino
- 6=Asian
- 8=Other (Specify _____)

QNAM=AEETHNIC
QLABEL=RACE/ETHNICITY (SAE PAGE)
IDVAR=AESEQ

QNAM=AEETHOTH
QLABEL=RACE/ETHNICITY OTHER, SPECIFY
IDVAR=AESEQ

3b. Date of Birth: ____/____/____ (mm/dd/yyyy)

QNAM=AEDOB
QLABEL=DATE OF BIRTH (SAE PAGE)
IDVAR=AESEQ

3c. Sex:

- 1=Male
- 2=Female

QNAM=AESEX
QLABEL=SEX (SAE PAGE)
IDVAR=AESEQ

4. DESCRIPTION OF THE ADVERSE EVENT

DOMAIN: CO

COVAL

RDOMAIN=AE

IDVAR=AESEQ

COREF=SAE PAGE ONE

SAE FORM

DOMAIN: AE

PAGE 2 OF 4

CTP - Site ID _____ - _____	Participant ID <u>USUBJID</u>	Assessment Date: ____ / ____ / ____ m m d d y y y y
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YES	NO	Medical/Psychiatric History
1	0	5a. Psychotic episodes?
1	0	5b. Homicidal ideation?
1	0	5c. Homicidal/violent behavior?
1	0	5d. Suicidal gesture/attempt?
1	0	5e. Suicidal ideation?
1	0	5f. Taking Neuroleptic Meds? (If yes, record in Concomitant Medications section, Q7)
1	0	5g. Other relevant history including preexisting medical and psychiatric conditions? (If yes, specify in Q5h)
		5h. Specify: _____

YES	NO	Substance Use (in past 7 days)
1	0	6a. Is there increased drug use?
1	0	6b. Is there increased alcohol use?
		6c. Describe drug/alcohol use: _____
		6d. Amount/Days of drug/alcohol use: _____

QNAM=RELHIST
QLABEL=RELEVANT HISTORY, MEDICAL/PSYCHIATRIC
IDVAR=AESEQ
QVAL=LABEL WHERE 'YES'

QNAM=DRUGUSE
QLABEL=INCREASED DRUG USE IN PAST 7 DAYS
IDVAR=AESEQ

QNAM=ALCUSE
QLABEL=INCREASED ALCOHOL USE IN PAST 7 DAYS
IDVAR=AESEQ

QNAM=SUBUSESP
QLABEL=DESCRIBE DRUG/ALCOHOL USE
IDVAR=AESEQ

QNAM=AMTDAYS
QLABEL=AMOUNT/DAYS OF DRUG/ALCOHOL USE
IDVAR=AESEQ

QNAM=RELHIST0
QLABEL=RELEVANT HISTORY, SPECIFY
IDVAR=AESEQ

SAE FORM

CMCAT=SAE FORM

DOMAIN: CM

PAGE 3 OF 4

CTP - Site ID ____ - ____	Participant ID USUBJID _____	Assessment Date: ____ / ____ / CMDTC m m d d y y y y
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YES	NO	7. Are there any prescription concomitant medications currently being taken by the participant or were there any being taken by the participant when the SAE occurred? (Circle Yes or No. If YES, list medications below. If NO, go to question 9.)
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8. Concomitant Medications

CMSTRF

(1) Medication Name CMGRPID	(2) Dosage Quantity	(3) Dosage Units	(4) Start Date (mm/dd/yyyy) CMSTDT	(5) Cont'd 0=NO 1=YES	(6) Stop Date (mm/dd/yyyy) CMENDTC	(7) Notes
a. CMTRT	CMDOSE	CMDOSU	____/____/____	____	____/____/____	DOMAIN: CO
b.	____	____	____/____/____	____	____/____/____	COVAL
c.	____	____	____/____/____	____	____/____/____	RDOMAIN=CM
d.	____	____	____/____/____	____	____/____/____	IDVAR=CMSEQ
e.	____	____	____/____/____	____	____/____/____	CORRF=SAE FORM
f.	____	____	____/____/____	____	____/____/____	CONCOMITANT
g.	____	____	____/____/____	____	____/____/____	MEDICATIONS

YES	NO	9. Were any relevant lab tests performed? (Circle Yes or No. If YES, list lab tests below.. If NO, go to question 11.)
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10. Relevant Lab Tests

LBCAT=SAE FORM

DOMAIN: LB

(1) Tests LBGRPID	(2) Date (mm/dd/yyyy) LBDTC	(3) Value/Results LBORRES	(4) Normal Range NOT COLLECTED
a. LBTEST	____/____/____	LBORRES	NOT COLLECTED
b.	____/____/____		
c.	____/____/____		
d.	____/____/____		
e.	____/____/____		
f. Report attached: __ (0=No, 1=Yes)			

Dosage Units

1 = grain(s)
 2 = gram(s)
 3 = international units
 4 = microcurie(s)
 5 = microgram(s)
 6 = microgram(s) / kilogram
 7 = microgram(s) / sq. meter
 8 = microlitre(s)
 9 = millicurie(s)
 10 = milliequivalent(s)
 11 = milligram(s)
 12 = milligram(s) / kilogram
 13 = milligram(s) / sq. meter
 14 = millilitre(s)
 88 = Other
 99 = Unknown

CTP - Site ID _____	Participant ID _____	Assessment Date: ____/____/____ m m d d y y y y
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Assessment

11a. Severity:

- 1=Mild
2=Moderate
3=Severe

AESEV

11b. Expected/Unexpected:

- 1=Expected
2=Unexpected
9=Unknown

QNAM=AEEXPECT
QLABEL=AE EXPECTED/UNEXPECTED
IDVAR=AESEQ

11c. Related to study:

- 1=Reasonable
2=Not Reasonable

AEREL

11d. Outcome at time of report (Select only one):

- 1=Resolved (Complete Q11e, then skip to Q12a)
2=Resolved with sequelae (Complete Q11e, then skip to Q12a)
3=Unresolved (Skip to Q12a)
4=Death (Complete Q11e thru Q11g)

QNAM=OUTRPT
QLABEL=OUTCOME AT TIME OF REPORT
IDVAR=AESEQ

11e. Date resolved/stopped: ____/____/____ (mm/dd/yyyy)

AEENDTC

11f. Autopsy:

- 0=No
1=Yes

QNAM=AUTOPSY
QLABEL=AUTOPSY
IDVAR=AESEQ

11g. Probable cause of death:

QNAM=CAUSEDTH
QLABEL=PROBABLE CAUSE OF DEATH
IDVAR=AESEQ

11h. Requires Follow-up?

- 0=No
1=Yes

QNAM=AEFUP
QLABEL=OUTCOME REQUIRES FOLLOW-UP
IDVAR=AESEQ

Information Source

12a. Staff Id of person completing form: _____

QNAM=STAFFID
QLABEL=STAFF ID OF PERSON COMPLETING FORM
IDVAR=AESEQ

12b. Person completing form: _____

QNAM=PERCOMPL
QLABEL=PERSON
COMPLETING FORM
IDVAR=AESEQ

12c. Date Lead Investigator notified of event: ____/____/____ (mm/dd/yyyy)

QNAM=LIDT
QLABEL=DATE LEAD INV
NOTIFIED
IDVAR=AESEQ

12d. Date NIDA medical officer notified of event: ____/____/____ (mm/dd/yyyy)

QNAM=COORSIG
QLABEL=SITE COORDINATOR
SIGNATURE
IDVAR=AESEQ

12e. Site Coordinator (or Site PI or designee) name: _____

QNAM=NMODT
QLABEL=DATE NIDA
MEDICAL OFFICER
NOTIFIED
IDVAR=AESEQ

Site Coordinator (or Site PI or designee) signature: _____

12f. Date of signature: ____/____/____ (mm/dd/yyyy)

QNAM=PHONENUM
QLABEL=PHONE NUMBER
IDVAR=AESEQ

12g. Phone #: (____) - ____ - ____

QNAM=COORDNAME
QLABEL=SITE COORDINATOR NAME
IDVAR=AESEQ

12h. Fax #: (____) - ____ - ____

QNAM=CORSIGDT
QLABEL=DATE SITE COORDINATOR
SIGNED
IDVAR=AESEQ

Participant Randomization Group

2. Group Assignment:

- 1=Treatment as usual
2=Counseling and Education Intervention
3=Therapeutic Alliance Intervention
4=Not applicable (not randomized)

QNAM=FAXNUM
QLABEL=FAX NUMBER
IDVAR=AESEQ

QNAM=AEGRP
QLABEL=PARTICIPANT RANDOMIZATION GROUP
IDVAR=AESEQ