



## Addiction Treatment and Harm Reduction Services Utilization (AHU)

Version: 3.00; 11-09-23

Segment (PROTSEG): C

Visit Number (VISNO):

Date of assessment:(AHUASMDT)

 (mm/dd/yyyy)

Please answer the following questions about whether or not you have attended any addiction treatment or harm reduction programs.

**Addiction treatment programs:** are specialized programs for treatment of drug or alcohol use, and do not include community groups like AA or NA.

**Harm reduction programs:** are needle exchange and similar programs that help people who use drugs to stay healthy, without asking them to stop using.

1. In the past 12 months, have you participated in any addiction treatment program?☐ 00-No ☐ 01-Yes ☐ 97-Not sure

**Addiction treatment programs:** are specialized programs for treatment of drug or alcohol use, and do not include community groups like AA or NA.(AHTRTPRG)

a. How many months in total were you in the program(s) over these past 12 months?  
(AHPRGMTH)☐ 01-Less than 1 month ☐ 02-1 month ☐ 03-2 months ☐ 04-3 months ☐ 05-4 months ☐ 06-5 months ☐ 07-6 months ☐ 08-7 months ☐ 09-8 months ☐ 10-9 months ☐ 11-10 months ☐ 12-11 months ☐ 13-12 months

1. How many weeks?(AHPRGWKS)

☐ 01-Less than 1 week ☐ 02-1 week ☐ 03-2 weeks ☐ 04-3 weeks2. In the past 12 months, have you participated in any harm reduction program?☐ 00-No ☐ 01-Yes ☐ 97-Not sure

**Harm reduction programs:** are needle exchange and similar programs that help people who use drugs to stay healthy, without asking them to stop using.(AHHRMRED)

1. How many weeks?(AHHRMWKS)

☐ 01-Less than 1 week ☐ 02-1 week ☐ 03-2 weeks ☐ 04-3 weeks3. In the past 12 months, have you taken medication for treatment of opioid use disorder, such as buprenorphine (Suboxone), methadone, and/or long-acting naltrexone (Vivitrol)?(AHOU DMED)☐ 00-No ☐ 01-Yes ☐ 97-Not surea. How long did you take one or more of these medication(s) over these past 12 months?  
(AHMEDMTH)☐ 01-Less than 1 month ☐ 02-1 month ☐ 03-2 months ☐ 04-3 months ☐ 05-4 months ☐ 06-5 months ☐ 07-6 months ☐ 08-7 months ☐ 09-8 months ☐ 10-9 months ☐ 11-10 months ☐ 12-11 months ☐ 13-12 months

1. How many weeks?(AHMEDWKS)

☐ 01-Less than 1 week ☐ 02-1 week ☐ 03-2 weeks ☐ 04-3 weeks

Participant required research staff assistance in reading the questions in this assessment.

Note: this includes if participant could not see well enough to read the questions or if the participant was unable to read well enough to read the questions. (AHURAHLP)

Comments:(AHUCOMM)



Advantage eClinical

- (\$sitecode)



## Exit Survey on PCP-Delivered Opioid Counseling (BEX)

Version: 4.01; 08-19-21

Segment (PROTSEG): C

Visit Number (VISNO):

Date of assessment: (BEXASMDT)

RC/RA ONLY: Did the patient participant have a primary care visit on the same day as the baseline visit? (BEPCVSBV)

 (mm/dd/yyyy)

☐ 0-No ☐ 1-Yes

## 1. Today, did you speak with your primary care provider about... [check all that apply]

- a. Healthy eating or losing weight? (BEYEATHL) ☐
- b. Physical activity or exercise? (BEYXRSZ) ☐
- c. Depression or anxiety? (BEYDPANX) ☐
- d. Stress? (BEYSTRES) ☐
- e. Insomnia? (BEINSOMN) ☐
- f. Pain? (BEPAIN) ☐
- g. Cigarette smoking? (BEYSMOKE) ☐
- h. Drinking alcohol? (BEYDRKAL) ☐
- i. Opioid pain medications? (BEOPIMED) ☐
- j. Illicit opioids, like heroin or fentanyl? (BEHERFEN) ☐
- k. Other drug use? (BEYOTDRG) ☐
- l. Cancer screening? (BEYCANCR) ☐
- m. None of the above: (BEYNONE) ☐

## 2. Today, did your primary care provider give you information about the danger to your health from any of the following?

- |  | No                       | Yes                      | Not Sure                 |
|--|--------------------------|--------------------------|--------------------------|
| a. High-sugar or high-fat diet: (BESUGINF)                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Cigarette smoking: (BESMKINF)                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Alcohol use: (BEALCINF)                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Use of opioid pain medications or illicit opioids: (BEOPIINF) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Other drug use: (BEDRGINF)                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 3. Today, did your primary care provider advise you to make any changes to any of the following?

- |   | No                       | Yes                      | Not Sure                 |
|---|--------------------------|--------------------------|--------------------------|
| a. Your diet or exercise: (BEEXCADV)                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Your smoking: (BESMKADV)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Your alcohol use: (BEALCADV)                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Your use of opioid pain medications or illicit opioids: (BEOPIADV) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Your other drug use: (BEDRGADV)                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. On a scale from 1-10 with 1 being "Not at all Satisfied" and 10 being "Very Satisfied", overall, how satisfied are you with the care you received from your primary care provider today?

Not at All Satisfied	2	3	4	5	6	7	8	9	Very Satisfied
1									10
(BEPGPSAT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. On a scale of 1-10 with 1 being "Not at all Comfortable" and 10 being "Very Comfortable", how comfortable did you feel talking to your primary care provider today?

Not at All Comfortable	2	3	4	5	6	7	8	9	Very Comfortable
1									10
(BECMFPCP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. On a scale of 1-10 with 1 being "Not at all Satisfied" and 10 being "Very Satisfied", overall, how satisfied are you with your experience in clinic today?

Not at All  
Satisfied  
1

23456789

Very  
Satisfied  
10

(BECLNSAT) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

7. Was an opioid pain prescription or opioid use the main reason you came to the clinic today?(BEOPIRSN) ☐ 00-No ☐ 01-Yes ☐ 97-Not sure

8. On a scale of 1-10 with 1 being "Not at all Helpful" and 10 being "Very Helpful", how helpful was it talking to your primary care provider about opioids today?

Not at All  
Helpful  
1

23456789

Very  
Helpful  
10

(BEPCPHLP) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

9. Did you learn anything new from your primary care provider about how opioids can impact your health?(BEOPINEW) ☐ 00-No ☐ 01-Yes ☐ 97-Not sure

10. Did talking to your primary care provider help you to think about changing how you take opioids?(BEOPICHG) ☐ 00-No ☐ 01-Yes ☐ 97-Not sure

Comments:(BEXCOMM)

Assessment of Blinding (BLI)

Version: 2.00; 04-19-22

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

Date of assessment:(BLIASMDT)

(mm/dd/yyyy)

Answer the following question on your experience with the Healthy Living Study.

1. What do you consider to be the main focus of this study?  
RC/RA - record verbatim response from participant:(BLFOCVRB)

- a. Categorized as:
- Exercise Study:(BLCEXCSE)
  - Weight loss study:(BLCWGTL)
  - Healthy lifestyle study:(BLCHLLIF)
  - Opioid study:(BLCOPI)
  - Other drug study:(BLCOTHDR)
  - Alcohol study:(BLCALC)
  - Other:(BLCOTHER)

- ☐ 01-
- ☐ 01-
- ☐ 01-
- ☐ 01-
- ☐ 01-
- ☐ 01-
- ☐ 01-

Comments:(BLICOMM)



Advantage eClinical

- (\$sitecode)



## Brief Pain Inventory (BPI)

Version: 1.01; 10-15-21

Segment (PROTSEG): C

Visit Number (VISNO):

Date of assessment:(BPIASMDT)

 (mm/dd/yyyy)

Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains, and toothaches). Sometimes the pain from an injury or illness can last longer, beyond the usual healing time expected, and the pain becomes chronic or reoccurring. By chronic, we mean pain that lasted more than 3 months.

The following questions are about this type of chronic or recurring pain. The questions are about your pain in the **past 24 hours**.

1. Please rate your pain by marking the box beside the number that best describes your pain at its **worst** in the past 24 hours.

No Pain	1	2	3	4	5	6	7	8	9	Pain as Bad as You
0										Can Imagine
										10

(BP24WRST) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

2. Please rate your pain by marking the box beside the number that best describes your pain at its **least** in the past 24 hours.

No Pain	1	2	3	4	5	6	7	8	9	Pain as Bad as You
0										Can Imagine
										10

(BP24LEST) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

3. Please rate your pain by marking the box beside the number that best describes your pain on **average**.

No Pain	1	2	3	4	5	6	7	8	9	Pain as Bad as You
0										Can Imagine
										10

(BPPNAV) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

4. Please rate your pain by marking the box beside the number that tells you how much pain you have **right now**.

No Pain	1	2	3	4	5	6	7	8	9	Pain as Bad as You
0										Can Imagine
										10

(BPPNOW) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

5. Mark the box beside the number that describes how, during the past 24 hours, pain has interfered with your:

## a. General activity

Does Not	1	2	3	4	5	6	7	8	9	Completely
Interfere										Interferes
0										10

(BPGENACT) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

## b. Mood

Does Not	1	2	3	4	5	6	7	8	9	Completely
Interfere										Interferes
0										10

(BPMOOD) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

## c. Walking ability

Does Not	1	2	3	4	5	6	7	8	9	Completely
Interfere										Interferes
0										10

(BPWALK) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

## d. Normal work (includes both outside the home and housework)

Does Not	1	2	3	4	5	6	7	8	9	Completely
Interfere										Interferes
0										10

(BPWORK) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

## e. Relations with other people

Does Not	1	2	3	4	5	6	7	8	9	Completely
Interfere										Interferes
0										10

(BPRLTNS) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

## f. Sleep

Does Not	1	2	3	4	5	6	7	8	9	Completely
Interfere										Interferes
0										10

(BPSLEEP) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

## g. Enjoyment of life

Does Not Interfere	1	2	3	4	5	6	7	8	9	Completely Interferes
0										10

(BPENJOY) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Participant required research staff assistance in reading the questions in this assessment.  
*Note: this includes if participant could not see well enough to read the questions or if the participant was unable to read well enough to read the questions.(BPIRAHLP)*

☐ 01-Yes

Comments:(BPICOMM)

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## Select CIDI Questions - Opiates (CIO)

Version: 2.01; 02-05-24

Segment (PROTSEG): C

Visit Number (VISNO):

The following questions are about opioids. "OPIOIDS" include opioid pain medications, illegal opioid drugs like heroin and fentanyl, and medications used for addiction treatment like methadone and buprenorphine (Suboxone). Opioid pain medications include medications like morphine (MS-Contin), oxycodone (OxyContin, Percocet), hydrocodone (Vicodin, Norco), methadone, codeine, tramadol (Ultram) and similar pain medications that require a prescription from a medical provider.

These questions refer to the past 12 months, meaning starting from today and going back to one year ago. Please answer 'yes' or 'no' to each question. If you do not understand the question, I am only able to read it back to you. This survey should take about 10 minutes to complete. Please remember that all of your responses are confidential, and will not be seen by anyone outside of the research team, including your medical providers.

1. Was there ever a time IN THE LAST 12 MONTHS when your use of OPIOIDS frequently interfered with your work or responsibilities at school, on a job, or at home? ☐ 0-No ☐ 1-Yes  
(KEY PHRASE: interfered with your work or school)

(CIINTERF)

2. Was there ever a time IN THE LAST 12 MONTHS when your use of OPIOIDS caused arguments or other serious or repeated problems with your family, friends, neighbors, or co-workers? ☐ 0-No ☐ 1-Yes

(CIARGMNT)

3. Were there times IN THE LAST 12 MONTHS when you were often under the influence of OPIOIDS in situations where you could have gotten hurt - for example when riding a bicycle, driving, operating a machine, or anything else? ☐ 0-No ☐ 1-Yes  
(KEY PHRASE: occurred in situations where you could have gotten hurt)

(CIHURT)

4. IN THE LAST 12 MONTHS, were you arrested or stopped by the police more than once because of driving under the influence of OPIOIDS or because of your behavior while you were under the influence of OPIOIDS? ☐ 0-No ☐ 1-Yes  
(KEY PHRASE: resulted in problems with the police)

(CIPOLICE)

5. Was there ever a time IN THE LAST 12 MONTHS when you often had such a strong desire to use OPIOIDS that you could not stop using or found it difficult to think of anything else? ☐ 0-No ☐ 1-Yes  
(KEY PHRASE: you had a strong and irresistible urge to use OPIOIDS)

(CIDIFSTP)

6. IN THE LAST 12 MONTHS, did you ever need larger amounts of OPIOIDS to get an effect, or did you ever find that you could no longer get high on the amount you used to use? ☐ 0-No ☐ 1-Yes  
(KEY PHRASE: you needed larger amounts of opioids to get an effect)

(CINEEDMR)

7. Was there ever a time IN THE LAST 12 MONTHS when you stopped, cut down, or went without using OPIOIDS and then experienced withdrawal symptoms? ☐ 0-No ☐ 1-Yes  
(KEY PHRASE: you experienced withdrawal symptoms from opioids)

(CIEXPWDL)

8. Did you ever have times IN THE LAST 12 MONTHS when you used OPIOIDS to keep from having withdrawal symptoms? ☐ 0-No ☐ 1-Yes  
(KEY PHRASE: you used opioids to keep from feeling physical problems)

(CIUSEWDL)

9. Did you ever have times IN THE LAST 12 MONTHS when you used OPIOIDS even though you planned not to or when you used a lot more than you intended? ☐ 0-No ☐ 1-Yes  
(KEY PHRASE: you used when you planned not to or you used more than you planned)

(CIUSEMR)

10. Were there times IN THE LAST 12 MONTHS when you used OPIOIDS more frequently or for more days in a row than you intended? ☐ 0-No ☐ 1-Yes  
(KEY PHRASE: you used more frequently than you intended)

(CIMORFRQ)

11. Were there times IN THE LAST 12 MONTHS when you tried to stop or cut down on your use of OPIOIDS and found that you were not able to do so? ☐ 0-No ☐ 1-Yes  
(KEY PHRASE: you tried but weren't able to stop or cut down using)

(CINOSTOP)

12. IN THE LAST 12 MONTHS, did you ever have several days or more when you spent so much time using or getting over the effects of OPIOID use that you had little time for anything else? ☐ 0-No ☐ 1-Yes  
*(KEY PHRASE: you spent periods of several days doing little more than using or getting over the effects of using)*  
*(CINOTIME)*

13. IN THE LAST 12 MONTHS, was there ever a time when you gave up or greatly reduced important activities because of your OPIOID use - for example, sports, work, or seeing friends and family? ☐ 0-No ☐ 1-Yes  
*(KEY PHRASE: you gave up or reduced important activities because of your use)*  
*(CIGAVEUP)*

14. IN THE LAST 12 MONTHS, did you ever continue to use OPIOIDS when you knew you had a serious physical or emotional problem that might have been caused by or made worse by using OPIOIDS? ☐ 0-No ☐ 1-Yes  
*(KEY PHRASE: you continued to use even though it caused or worsened physical or emotional problems)*  
*(CIPROBLM)*

Comments:*(CIOCOMM)*





## Current Opioid Misuse Measure (CMM)

Version: 2.01; 03-10-22

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

Date of assessment: (CMMASMDT)

 (mm/dd/yyyy)

1. In the PAST 6 MONTHS, have you received any prescription for an opioid pain medication?

☐ 1-Yes ☐ 0-No

These include medications like morphine (MS-Contin), oxycodone (OxyContin, Percocet), hydrocodone (Vicodin, Norco), methadone, codeine, tramadol (Ultram) and similar opioid pain medications that require a prescription from a medical provider. (CMOPIRX)

This section includes questions about your use of **opioid pain medications**.

These include medications like morphine (MS-Contin), oxycodone (OxyContin, Percocet), hydrocodone (Vicodin, Norco), methadone, codeine, tramadol (Ultram) and similar opioid pain medications that require a prescription from a medical provider.

Please answer each question as honestly as possible. Keep in mind that we are only asking about the **past 30 days**. There are no right or wrong answers. If you are unsure about how to answer the question, please give the best answer you can.

2. In the PAST 30 DAYS, how often have you had trouble with thinking clearly or had memory problems?

Never Seldom Sometimes Often Very Often

(CMMEMORY) ☐ ☐ ☐ ☐ ☐

3. In the PAST 30 DAYS, how often do people complain that you are not completing necessary tasks? (i.e., doing things that need to be done, such as going to class, work, or appointments)

Never Seldom Sometimes Often Very Often

(CMNOWORK) ☐ ☐ ☐ ☐ ☐

4. In the PAST 30 DAYS, how often have you had to go to someone other than your prescribing physician to get sufficient pain relief from medications? (i.e., another doctor, the Emergency Room, friends, street sources)

Never Seldom Sometimes Often Very Often

(CMPNKPS) ☐ ☐ ☐ ☐ ☐

5. In the PAST 30 DAYS, how often have you taken your medications differently from how they are prescribed?

Never Seldom Sometimes Often Very Often

(CMRXMISU) ☐ ☐ ☐ ☐ ☐

6. In the PAST 30 DAYS, how often have you seriously thought about hurting yourself?

Never Seldom Sometimes Often Very Often

(CMSUID) ☐ ☐ ☐ ☐ ☐

7. In the PAST 30 DAYS, how much of your time was spent thinking about opioid medications (having enough, taking them, dosing schedule, etc.)?

Never Seldom Sometimes Often Very Often

(CMOPITHO) ☐ ☐ ☐ ☐ ☐

8. In the PAST 30 DAYS, how often have you been in an argument?

Never Seldom Sometimes Often Very Often

(CMARGUE) ☐ ☐ ☐ ☐ ☐

9. In the PAST 30 DAYS, how often have you had trouble controlling your anger (e.g., road rage, screaming, etc.)?

Never Seldom Sometimes Often Very Often

(CMANGER) ☐ ☐ ☐ ☐ ☐

10. In the PAST 30 DAYS, how often have you needed to take pain medications belonging to someone else?

**Note:** This question is asking only about your use of **opioid pain medications**.

Never Seldom Sometimes Often Very Often

(CMPNKOTH) ☐ ☐ ☐ ☐ ☐

11. In the PAST 30 DAYS, how often have you been worried about how you are handling your medications?

Never Seldom Sometimes Often Very Often

(CMRXSFWO) ☐ ☐ ☐ ☐ ☐

12. In the PAST 30 DAYS, how often have others been worried about how you are handling your medications?

Never

Seldom

Sometimes

Often

Very Often

(CMRXOTWO)

☐

☐

☐

☐

☐

13. In the PAST 30 DAYS, how often have you had to make an emergency phone call or show up at the clinic without an appointment?

Never

Seldom

Sometimes

Often

Very Often

(CMCLINIC)

☐

☐

☐

☐

☐

14. In the PAST 30 DAYS, how often have you gotten angry with people?

Never

Seldom

Sometimes

Often

Very Often

(CMGOTMAD)

☐

☐

☐

☐

☐

15. In the PAST 30 DAYS, how often have you had to take more of your medication than prescribed?

**Note:** This question is asking only about your use of **opioid pain medications**.

Never

Seldom

Sometimes

Often

Very Often

(CMRXMORE)

☐

☐

☐

☐

☐

16. In the PAST 30 DAYS, how often have you borrowed pain medication from someone else?

**Note:** This question is asking only about your use of **opioid pain medications**.

Never

Seldom

Sometimes

Often

Very Often

(CMPNKBOR)

☐

☐

☐

☐

☐

17. In the PAST 30 DAYS, how often have you used your pain medication for symptoms other than for pain (e.g., to help you sleep, improve your mood, or relieve stress)?

**Note:** This question is asking only about your use of **opioid pain medications**.

Never

Seldom

Sometimes

Often

Very Often

(CMPNKSYM)

☐

☐

☐

☐

☐

18. In the PAST 30 DAYS, how often have you had to visit the Emergency Room?

Never

Seldom

Sometimes

Often

Very Often

(CMERVIST)

☐

☐

☐

☐

☐

Participant required research staff assistance in reading the questions in this assessment.

**Note:** this includes if participant could not see well enough to read the questions or if the participant was unable to read well enough to read the questions.(CMMRAHLP)

Comments:(CMMCOMM)

☐ 01-Yes



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- (\$sitecode)



## Demographics (DEM)

Version: 7.00; 03-14-24

(DENOTREQ)

1. Date of birth:(DEBRTHDT)

2. Sex (at birth):(DESEX)

3. Does the participant self-identify as Hispanic/Latinx?(DEHISPNC)

If "Yes", indicate the group that represents their Hispanic origin or ancestry:(DEHISPSP)

4. With what race(s) does the participant self-identify? (Check all that apply)

American Indian or Alaska Native:(DEAMEIND)

Asian:(DEASIAN)

Asian Indian:(DEASAIND)

Chinese:(DECHINA)

Filipino:(DEFILIPN)

Japanese:(DEJAPAN)

Korean:(DEKOREA)

Vietnamese:(DEVIETNM)

Specify other Asian:(DEASIAOT)

Black or African American:(DEBLACK)

Native Hawaiian or Pacific Islander:(DEHAWAII)

Native Hawaiian:(DENATHAW)

Guamanian or Chamorro:(DEGUAM)

Samoan:(DESAMOAN)

Specify other Pacific Islander:(DEPACISO)

White:(DEWHITE)

Some other race:(DERACEOT)

-or-

Don't know:(DERACEDK)

Refused:(DERACERF)

5. What is the highest grade or level of school the participant has completed or the highest degree they have received?(DEEDUCTN)

6. We would like to know about what the participant does -- are they working now, looking for work, retired, keeping house, a student, or what?(DEJOB)

If "Other", specify:(DEJOBSP)

7. Is the participant currently married, widowed, divorced, separated, never married, or living with a partner?(DEMARTL)

Comments:(DEMCOMM)

☐ 97-Not required (mm/dd/yyyy)☐ 01-Male ☐ 02-Female ☐ 97-Don't know ☐ 98-Refused to answer☐ ☐ ☐ 97-Don't know ☐ 98-Refused to answer

01-Puerto Rican  
02-Dominican (Republic)  
03-Mexican/Mexican American  
05-Chicano  
06-Cuban/Cuban American  
\*Additional Options Listed Below

☐ 01-☐ 01-☐ 01-☐ 01-☐ 01-☐ 01-☐ 01-☐ 01-☐ 01-☐ 01-☐ 01-☐ 01-☐ 01-☐ 01-☐ 01-☐ 01-☐

00-Never attended/kindergarten only  
01-1st grade  
02-2nd grade  
03-3rd grade  
04-4th grade  
\*Additional Options Listed Below

01-Working now  
02-Only temporarily laid off, sick leave, or maternity leave  
03-Looking for work, unemployed  
04-Retired  
05-Disabled, permanently or temporarily  
\*Additional Options Listed Below

01-Married  
02-Widowed  
03-Divorced  
04-Separated  
05-Never married  
\*Additional Options Listed Below

## Additional Selection Options for DEM

**If "Yes", indicate the group that represents their Hispanic origin or ancestry:**

- 08-Central or South American
- 09-Other Latin American
- 99-Other Hispanic or Latinx
- 98-Refused
- 97-Don't know

**What is the highest grade or level of school the participant has completed or the highest degree they have received?**

- 05-5th grade
- 06-6th grade
- 07-7th grade
- 08-8th grade
- 09-9th grade
- 10-10th grade
- 11-11th grade
- 12-12th grade, no diploma
- 13-High school graduate
- 14-GED or equivalent
- 15-Some college, no degree
- 16-Associate's degree: occupational, technical, or vocational program
- 17-Associate's degree: academic program
- 18-Bachelor's degree (e.g., BA, AB, BS, BBA)
- 19-Master's degree (e.g., MA, MS, MEng, MEd, MBA)
- 20-Professional school degree (e.g., MD, DDS, DVM, JD)
- 21-Doctoral degree (e.g., PhD, EdD)
- 98-Refused
- 97-Don't know

**We would like to know about what the participant does -- are they working now, looking for work, retired, keeping house, a student, or what?**

- 06-Keeping house
- 07-Student
- 99-Other

**Is the participant currently married, widowed, divorced, separated, never married, or living with a partner?**

- 06-Living with partner
- 98-Refused
- 97-Don't know



## Documentation of Death (DTH)

Version: 2.01; 03-26-24

1. Date of Death:(*DTDTHDT*)  (mm/dd/yyyy)2. Date staff notified of death:(*DTNTFYDT*)  (mm/dd/yyyy)3. Date of last contact with participant:(*DTCNTCDT*)  (mm/dd/yyyy)4. Primary and secondary causes of death:  
*This should be a 'verbatim' extraction of the text from the source document.*

## Cause of Death

a. Primary Cause of Death: (*DTPCODVB*) b. Secondary Cause of Death: (*DT2CODVB*) 5. Source for cause of death:(*DTSOURCE*)a. If "Other", specify:(*DTSRCESP*)6. Was an autopsy performed?(*DTAUTPSY*)☐ 00-No ☐ 01-Yes ☐ 97-Unknowna. If "Yes", can a copy of the autopsy report be obtained?(*DTAUTCPY*)☐ 00-No ☐ 01-Yes ☐ 97-Unknown7. Did death occur while the participant was hospitalized?(*DTHSPDTH*)☐ 00-No ☐ 01-Yes ☐ 97-Unknowna. If "No", where did the death occur?(*DTDTHLOC*)8. Was participant seen in the emergency department within one week prior to death?  
(*DTED1WK*)☐ 00-No ☐ 01-Yes ☐ 97-Unknowna. If "Yes", date of ED visit:(*DTED1WDT*) (mm/dd/yyyy)9. Was drug use a contributing factor in the death?(*DTDRUG*)☐ 00-No ☐ 01-Yes ☐ 97-Unknown10. Was alcohol a contributing factor in the death?(*D TALCOHL*)☐ 00-No ☐ 01-Yes ☐ 97-Unknown11. Short narrative about the circumstance surrounding the death of the participant:  
(*DTNARRTV*)Comments:(*DTHCOMM*)

If available, upload the redacted autopsy, death report, discharge note, or any other supporting documentation.



ED Visits and Hospitalizations (EDH)

Version: 1.01; 08-04-21

ED or Hospital Visit (EDVISNUM):

ED or Hospital Encounter Information

1. Date site was notified of ED visit or hospitalization:(EHNOTDT)
2. Was this an ED visit or was the participant admitted to the hospital?(EHEDHOSP)

(mm/dd/yyyy)

☐ 00-ED visit    ☐ 01-Hospitalization

Visit-Specific Information

3. ED visit or hospitalization admission date:(EHADMSDT)
4. Primary diagnosis/complaint:(EHPRDIAG)  
*Add any secondary or tertiary diagnoses or complaints if applicable.*
5. Secondary diagnosis/complaint:(EHSEDIAG)
6. Tertiary diagnosis/complaint:(EHTEDIAG)
7. Severity:(EHSEVER)

(mm/dd/yyyy)

00-Grade 1 - Mild  
01-Grade 2 - Moderate  
02-Grade 3 - Severe  
03-Grade 4 - Life-threatening  
04-Grade 5 - Death

8. Outcome:(EHOUTCOM)

9. ED visit or hospitalization discharge date:(EHDISCDT)
- Comments:(EDHCOMM)

(mm/dd/yyyy)

# Additional Selection Options for EDH

ED or Hospital Visit (*EDVISNUM*) (key field):

- 01-1
- 02-2
- 03-3
- 04-4
- 05-5
- 06-6
- 07-7
- 08-8
- 09-9
- 10-10
- 11-11
- 12-12
- 13-13
- 14-14
- 15-15
- 16-16
- 17-17
- 18-18
- 19-19
- 20-20



## Advantage eClinical

- (\$sitecode)



## ED Visits and Hospitalizations (Self-Reported) (EDP)

Version: 3.00; 11-09-23

Segment (PROTSEG): C

Visit Number (VISNO):

Date of assessment:(EDPASMDT)

 (mm/dd/yyyy)

These questions are about times you may have gone to the hospital or emergency room in the past 6 months. Please respond to each question or statement.

1. In the past 6 months, how many times did you go to a hospital emergency room for emergency care?

 (xxx)

Enter '0' if no visits

Include any visits to the emergency room, even if you were admitted to the hospital from there. Please include emergency rooms of psychiatric hospitals.(EDERSVIT)

2. Were these emergency room visits for any of the following?

a. Medical or physical health complaints:(EDERPHLH)

☐ 0-No ☐ 1-Yes

b. Psychological or mental health:(EDERMHLH)

☐ 0-No ☐ 1-Yes

c. Substance use-related health problems or detox:(EDERSUB)

☐ 0-No ☐ 1-Yes

If "Yes", which substances were involved?

1. Alcohol:(EDERALC)

☐ 0-No ☐ 1-Yes

2. Opioids:(EDEROPI)

☐ 0-No ☐ 1-Yes

3. Other drugs:(EDEROTH)

☐ 0-No ☐ 1-Yes

3. Were you a patient in any hospital overnight or longer?(EDHOSP)

☐ 0-No ☐ 1-Yes

You indicated that you had been a patient in a hospital overnight or longer in the past 6 months.

4. How many separate overnight hospital stays did you have during the past 6 months (including psychiatric hospital stays and hospital-based detox)?

 (xxx)

Enter '0' if no hospitalizations

For this question, include stays where you were admitted to a hospital bed overnight. Do not include times when you stayed in the emergency room (even if it was overnight).(EDHOSVST)

Now, think about the hospitalizations where you stayed overnight or longer in the past 6 months for the following questions.

5. Were these hospitalizations for any of the following?

a. Medical or physical health complaints:(EDHOSPHL)

☐ 0-No ☐ 1-Yes

1. How many times were you hospitalized for medical or physical health complaints?  
(EDHOPHVN)

 (xxx)

b. Psychological or mental health:(EDHOSMHL)

☐ 0-No ☐ 1-Yes

1. How many times were you hospitalized for psychological or mental health reasons?  
(EDHOMHVN)

 (xxx)

c. Substance use-related health problems or detox:(EDHPSUB)

☐ 0-No ☐ 1-Yes

1. How many times were you hospitalized for substance use-related health problems or detox?  
(EDHSUBVN)

 (xxx)

2. Which substances were involved?

1. Alcohol:(EDHOSALC)

☐ 0-No ☐ 1-Yes

2. Opioids:(EDHOSOP)

☐ 0-No ☐ 1-Yes

3. Other drugs:(EDHPOTH)

☐ 0-No ☐ 1-Yes☐ 01-Yes

Participant required research staff assistance in reading the questions in this assessment.

Note: this includes if participant could not see well enough to read the questions or if the participant was unable to read well enough to read the questions.(EDPRAHLP)

Comments:(EDPCOMM)



Chart Abstractions - Prescriptions (EMP)

Version: 2.00; 01-20-23

Segment (PROTSEG): C

Visit Number (VISNO):

Document sequence number (SEQNUM):

Date of chart abstraction: (EMABSTDY)

Medical Chart Review Dates

1. Beginning date for medical chart review (12 months prior to baseline visit): (EMBMCRDY)
2. End date for medical chart review (12 months after baseline visit): (EMEMCRDY)

Prescription Orders

(mm/dd/yyyy)

(mm/dd/yyyy)

(mm/dd/yyyy)

Medication Name	Prescriber	Date Prescribed	Dose	Dose Unit	Frequency	Quantity	Number of Refills
<div>(EMMDNM01)</div> <div></div>	<div>(EMPRES01)</div> <div>Study PCP</div> <div>Other</div>	<div>(EM PDT01)</div> <div></div> <div>(mm/dd/yyyy)</div>	<div>(EMDOSE01)</div> <div></div> <div>(xxx.xx)</div>	<div>(EMDSUN01)</div> <div>01- milligram(s)</div> <div>02- microgram(s)</div>	<div>(EMFRQN01)</div> <div>01-Daily (same as at bedtime)</div> <div>02-Twice daily (same as every 12 hours)</div> <div>03-Three times daily (same as every 8 hours)</div> <div>04-4 times daily (same as every 6 hours)</div> <div>05-6 times daily (same as every 4 hours)</div> <div>*Additional Options Listed Below</div>	<div>(EMQNTY01)</div> <div></div> <div>(xxxx)</div>	<div>(EMRFLN01)</div> <div></div> <div>(xx)</div>
<div>(EMMDNM02)</div> <div></div>	<div>(EMPRES02)</div> <div>Study PCP</div> <div>Other</div>	<div>(EM PDT02)</div> <div></div> <div>(mm/dd/yyyy)</div>	<div>(EMDOSE02)</div> <div></div> <div>(xxx.xx)</div>	<div>(EMDSUN02)</div> <div>01- milligram(s)</div> <div>02- microgram(s)</div>	<div>(EMFRQN02)</div> <div>01-Daily (same as at bedtime)</div> <div>02-Twice daily (same as every 12 hours)</div> <div>03-Three times daily (same as every 8 hours)</div> <div>04-4 times daily (same as every 6 hours)</div> <div>05-6 times daily (same as every 4 hours)</div> <div>*Additional Options Listed Below</div>	<div>(EMQNTY02)</div> <div></div> <div>(xxxx)</div>	<div>(EMRFLN02)</div> <div></div> <div>(xx)</div>
<div>(EMMDNM03)</div> <div></div>	<div>(EMPRES03)</div> <div>Study PCP</div> <div>Other</div>	<div>(EM PDT03)</div> <div></div> <div>(mm/dd/yyyy)</div>	<div>(EMDOSE03)</div> <div></div> <div>(xxx.xx)</div>	<div>(EMDSUN03)</div> <div>01- milligram(s)</div> <div>02- microgram(s)</div>	<div>(EMFRQN03)</div> <div>01-Daily (same as at bedtime)</div> <div>02-Twice daily (same as every 12 hours)</div> <div>03-Three times daily (same as every 8 hours)</div> <div>04-4 times daily (same as every 6 hours)</div> <div>05-6 times daily (same as every 4 hours)</div> <div>*Additional Options Listed Below</div>	<div>(EMQNTY03)</div> <div></div> <div>(xxxx)</div>	<div>(EMRFLN03)</div> <div></div> <div>(xx)</div>
<div>(EMMDNM04)</div> <div></div>	<div>(EMPRES04)</div> <div>Study PCP</div> <div>Other</div>	<div>(EM PDT04)</div> <div></div> <div>(mm/dd/yyyy)</div>	<div>(EMDOSE04)</div> <div></div> <div>(xxx.xx)</div>	<div>(EMDSUN04)</div> <div>01- milligram(s)</div> <div>02- microgram(s)</div>	<div>(EMFRQN04)</div> <div>01-Daily (same as at bedtime)</div> <div>02-Twice daily (same as every 12 hours)</div> <div>03-Three times daily (same as every 8 hours)</div> <div>04-4 times daily (same as every 6 hours)</div> <div>05-6 times daily (same as every 4 hours)</div> <div>*Additional Options Listed Below</div>	<div>(EMQNTY04)</div> <div></div> <div>(xxxx)</div>	<div>(EMRFLN04)</div> <div></div> <div>(xx)</div>
<div>(EMMDNM05)</div> <div></div>	<div>(EMPRES05)</div> <div>Study PCP</div> <div>Other</div>	<div>(EM PDT05)</div> <div></div> <div>(mm/dd/yyyy)</div>	<div>(EMDOSE05)</div> <div></div> <div>(xxx.xx)</div>	<div>(EMDSUN05)</div> <div>01- milligram(s)</div> <div>02- microgram(s)</div>	<div>(EMFRQN05)</div> <div>01-Daily (same as at bedtime)</div> <div>02-Twice daily (same as every 12 hours)</div> <div>03-Three times daily (same as every 8 hours)</div> <div>04-4 times daily (same as every 6 hours)</div> <div>05-6 times daily (same as every 4 hours)</div> <div>*Additional Options Listed Below</div>	<div>(EMQNTY05)</div> <div></div> <div>(xxxx)</div>	<div>(EMRFLN05)</div> <div></div> <div>(xx)</div>
<div>(EMMDNM06)</div> <div></div>	<div>(EMPRES06)</div> <div>Study PCP</div> <div>Other</div>	<div>(EM PDT06)</div> <div></div> <div>(mm/dd/yyyy)</div>	<div>(EMDOSE06)</div> <div></div> <div>(xxx.xx)</div>	<div>(EMDSUN06)</div> <div>01- milligram(s)</div> <div>02- microgram(s)</div>	<div>(EMFRQN06)</div> <div>01-Daily (same as at bedtime)</div> <div>02-Twice daily (same as every 12 hours)</div> <div>03-Three times daily (same as every 8 hours)</div> <div>04-4 times daily (same as every 6 hours)</div> <div>05-6 times daily (same as every 4 hours)</div> <div>*Additional Options Listed Below</div>	<div>(EMQNTY06)</div> <div></div> <div>(xxxx)</div>	<div>(EMRFLN06)</div> <div></div> <div>(xx)</div>
<div>(EMMDNM07)</div> <div></div>	<div>(EMPRES07)</div> <div>Study PCP</div> <div>Other</div>	<div>(EM PDT07)</div> <div></div> <div>(mm/dd/yyyy)</div>	<div>(EMDOSE07)</div> <div></div> <div>(xxx.xx)</div>	<div>(EMDSUN07)</div> <div>01- milligram(s)</div> <div>02- microgram(s)</div>	<div>(EMFRQN07)</div> <div>01-Daily (same as at bedtime)</div> <div>02-Twice daily (same as every 12 hours)</div> <div>03-Three times daily (same as every 8 hours)</div> <div>04-4 times daily (same as every 6 hours)</div> <div>05-6 times daily (same as every 4 hours)</div> <div>*Additional Options Listed Below</div>	<div>(EMQNTY07)</div> <div></div> <div>(xxxx)</div>	<div>(EMRFLN07)</div> <div></div> <div>(xx)</div>
<div>(EMMDNM08)</div> <div></div>	<div>(EMPRES08)</div> <div>Study PCP</div> <div>Other</div>	<div>(EM PDT08)</div> <div></div> <div>(mm/dd/yyyy)</div>	<div>(EMDOSE08)</div> <div></div> <div>(xxx.xx)</div>	<div>(EMDSUN08)</div> <div>01- milligram(s)</div> <div>02- microgram(s)</div>	<div>(EMFRQN08)</div> <div>01-Daily (same as at bedtime)</div> <div>02-Twice daily (same as every 12 hours)</div> <div>03-Three times daily (same as every 8 hours)</div> <div>04-4 times daily (same as every 6 hours)</div> <div>05-6 times daily (same as every 4 hours)</div> <div>*Additional Options Listed Below</div>	<div>(EMQNTY08)</div> <div></div> <div>(xxxx)</div>	<div>(EMRFLN08)</div> <div></div> <div>(xx)</div>
<div>(EMMDNM09)</div> <div></div>	<div>(EMPRES09)</div> <div>Study PCP</div> <div>Other</div>	<div>(EM PDT09)</div> <div></div> <div>(mm/dd/yyyy)</div>	<div>(EMDOSE09)</div> <div></div> <div>(xxx.xx)</div>	<div>(EMDSUN09)</div> <div>01- milligram(s)</div> <div>02- microgram(s)</div>	<div>(EMFRQN09)</div> <div>01-Daily (same as at bedtime)</div> <div>02-Twice daily (same as every 12 hours)</div> <div>03-Three times daily (same as every 8 hours)</div> <div>04-4 times daily (same as every 6 hours)</div> <div>05-6 times daily (same as every 4 hours)</div> <div>*Additional Options Listed Below</div>	<div>(EMQNTY09)</div> <div></div> <div>(xxxx)</div>	<div>(EMRFLN09)</div> <div></div> <div>(xx)</div>
<div>(EMMDNM10)</div> <div></div>	<div>(EMPRES10)</div> <div>Study PCP</div> <div>Other</div>	<div>(EM PDT10)</div> <div></div> <div>(mm/dd/yyyy)</div>	<div>(EMDOSE10)</div> <div></div> <div>(xxx.xx)</div>	<div>(EMDSUN10)</div> <div>01- milligram(s)</div> <div>02- microgram(s)</div>	<div>(EMFRQN10)</div> <div>01-Daily (same as at bedtime)</div> <div>02-Twice daily (same as every 12 hours)</div> <div>03-Three times daily (same as every 8 hours)</div> <div>04-4 times daily (same as every 6 hours)</div> <div>05-6 times daily (same as every 4 hours)</div> <div>*Additional Options Listed Below</div>	<div>(EMQNTY10)</div> <div></div> <div>(xxxx)</div>	<div>(EMRFLN10)</div> <div></div> <div>(xx)</div>
<div>(EMMDNM11)</div> <div></div>	<div>(EMPRES11)</div> <div>Study PCP</div> <div>Other</div>	<div>(EM PDT11)</div> <div></div> <div>(mm/dd/yyyy)</div>	<div>(EMDOSE11)</div> <div></div> <div>(xxx.xx)</div>	<div>(EMDSUN11)</div> <div>01- milligram(s)</div> <div>02- microgram(s)</div>	<div>01-Daily (same as at bedtime)</div> <div>02-Twice daily (same as every 12 hours)</div> <div>03-Three times daily (same as every 8 hours)</div> <div>04-4 times daily (same as every 6 hours)</div> <div>05-6 times daily (same as every 4 hours)</div> <div>*Additional Options Listed Below</div>	<div>(EMQNTY11)</div> <div></div> <div>(xxxx)</div>	<div>(EMRFLN11)</div> <div></div> <div>(xx)</div>
<div>(EMMDNM12)</div> <div></div>	<div>(EMPRES12)</div> <div>Study PCP</div> <div>Other</div>	<div>(EM PDT12)</div> <div></div> <div>(mm/dd/yyyy)</div>	<div>(EMDOSE12)</div> <div></div> <div>(xxx.xx)</div>	<div>(EMDSUN12)</div> <div>01- milligram(s)</div> <div>02- microgram(s)</div>	<div>01-Daily (same as at bedtime)</div> <div>02-Twice daily (same as every 12 hours)</div> <div>03-Three times daily (same as every 8 hours)</div> <div>04-4 times daily (same as every 6 hours)</div> <div>05-6 times daily (same as every 4 hours)</div> <div>*Additional Options Listed Below</div>	<div>(EMQNTY12)</div> <div></div> <div>(xxxx)</div>	<div>(EMRFLN12)</div> <div></div> <div>(xx)</div>

<div>EMMDNM13</div> <div></div>	<div>Study PCP</div> <div>Other</div>	<div>01-</div> <div>99-</div>	<div>EMPD13</div> <div>(mm/dd/yyyy)</div>	<div>EMDOSE13</div> <div>(xxx.xx)</div>	<div>EMDSUN13</div> <div>01-</div> <div>02-</div> <div>milligram(s)</div> <div>microgram(s)</div>	<div>01-Daily (same as at bedtime)</div> <div>02-Twice daily (same as every 12 hours)</div> <div>03-Three times daily (same as every 8 hours)</div> <div>04-4 times daily (same as every 6 hours)</div> <div>05-6 times daily (same as every 4 hours)</div> <div>*Additional Options Listed Below</div>	<div>EMQNTY13</div> <div>(xxxx)</div>	<div>EMRFLN13</div> <div>(xx)</div>
<div>EMMDNM14</div> <div></div>	<div>Study PCP</div> <div>Other</div>	<div>01-</div> <div>99-</div>	<div>EMPD14</div> <div>(mm/dd/yyyy)</div>	<div>EMDOSE14</div> <div>(xxx.xx)</div>	<div>EMDSUN14</div> <div>01-</div> <div>02-</div> <div>milligram(s)</div> <div>microgram(s)</div>	<div>01-Daily (same as at bedtime)</div> <div>02-Twice daily (same as every 12 hours)</div> <div>03-Three times daily (same as every 8 hours)</div> <div>04-4 times daily (same as every 6 hours)</div> <div>05-6 times daily (same as every 4 hours)</div> <div>*Additional Options Listed Below</div>	<div>EMQNTY14</div> <div>(xxxx)</div>	<div>EMRFLN14</div> <div>(xx)</div>
<div>EMMDNM15</div> <div></div>	<div>Study PCP</div> <div>Other</div>	<div>01-</div> <div>99-</div>	<div>EMPD15</div> <div>(mm/dd/yyyy)</div>	<div>EMDOSE15</div> <div>(xxx.xx)</div>	<div>EMDSUN15</div> <div>01-</div> <div>02-</div> <div>milligram(s)</div> <div>microgram(s)</div>	<div>01-Daily (same as at bedtime)</div> <div>02-Twice daily (same as every 12 hours)</div> <div>03-Three times daily (same as every 8 hours)</div> <div>04-4 times daily (same as every 6 hours)</div> <div>05-6 times daily (same as every 4 hours)</div> <div>*Additional Options Listed Below</div>	<div>EMQNTY15</div> <div>(xxxx)</div>	<div>EMRFLN15</div> <div>(xx)</div>
<div>EMMDNM16</div> <div></div>	<div>Study PCP</div> <div>Other</div>	<div>01-</div> <div>99-</div>	<div>EMPD16</div> <div>(mm/dd/yyyy)</div>	<div>EMDOSE16</div> <div>(xxx.xx)</div>	<div>EMDSUN16</div> <div>01-</div> <div>02-</div> <div>milligram(s)</div> <div>microgram(s)</div>	<div>01-Daily (same as at bedtime)</div> <div>02-Twice daily (same as every 12 hours)</div> <div>03-Three times daily (same as every 8 hours)</div> <div>04-4 times daily (same as every 6 hours)</div> <div>05-6 times daily (same as every 4 hours)</div> <div>*Additional Options Listed Below</div>	<div>EMQNTY16</div> <div>(xxxx)</div>	<div>EMRFLN16</div> <div>(xx)</div>
<div>EMMDNM17</div> <div></div>	<div>Study PCP</div> <div>Other</div>	<div>01-</div> <div>99-</div>	<div>EMPD17</div> <div>(mm/dd/yyyy)</div>	<div>EMDOSE17</div> <div>(xxx.xx)</div>	<div>EMDSUN17</div> <div>01-</div> <div>02-</div> <div>milligram(s)</div> <div>microgram(s)</div>	<div>01-Daily (same as at bedtime)</div> <div>02-Twice daily (same as every 12 hours)</div> <div>03-Three times daily (same as every 8 hours)</div> <div>04-4 times daily (same as every 6 hours)</div> <div>05-6 times daily (same as every 4 hours)</div> <div>*Additional Options Listed Below</div>	<div>EMQNTY17</div> <div>(xxxx)</div>	<div>EMRFLN17</div> <div>(xx)</div>
<div>EMMDNM18</div> <div></div>	<div>Study PCP</div> <div>Other</div>	<div>01-</div> <div>99-</div>	<div>EMPD18</div> <div>(mm/dd/yyyy)</div>	<div>EMDOSE18</div> <div>(xxx.xx)</div>	<div>EMDSUN18</div> <div>01-</div> <div>02-</div> <div>milligram(s)</div> <div>microgram(s)</div>	<div>01-Daily (same as at bedtime)</div> <div>02-Twice daily (same as every 12 hours)</div> <div>03-Three times daily (same as every 8 hours)</div> <div>04-4 times daily (same as every 6 hours)</div> <div>05-6 times daily (same as every 4 hours)</div> <div>*Additional Options Listed Below</div>	<div>EMQNTY18</div> <div>(xxxx)</div>	<div>EMRFLN18</div> <div>(xx)</div>
<div>EMMDNM19</div> <div></div>	<div>Study PCP</div> <div>Other</div>	<div>01-</div> <div>99-</div>	<div>EMPD19</div> <div>(mm/dd/yyyy)</div>	<div>EMDOSE19</div> <div>(xxx.xx)</div>	<div>EMDSUN19</div> <div>01-</div> <div>02-</div> <div>milligram(s)</div> <div>microgram(s)</div>	<div>01-Daily (same as at bedtime)</div> <div>02-Twice daily (same as every 12 hours)</div> <div>03-Three times daily (same as every 8 hours)</div> <div>04-4 times daily (same as every 6 hours)</div> <div>05-6 times daily (same as every 4 hours)</div> <div>*Additional Options Listed Below</div>	<div>EMQNTY19</div> <div>(xxxx)</div>	<div>EMRFLN19</div> <div>(xx)</div>
<div>EMMDNM20</div> <div></div>	<div>Study PCP</div> <div>Other</div>	<div>01-</div> <div>99-</div>	<div>EMPD20</div> <div>(mm/dd/yyyy)</div>	<div>EMDOSE20</div> <div>(xxx.xx)</div>	<div>EMDSUN20</div> <div>01-</div> <div>02-</div> <div>milligram(s)</div> <div>microgram(s)</div>	<div>01-Daily (same as at bedtime)</div> <div>02-Twice daily (same as every 12 hours)</div> <div>03-Three times daily (same as every 8 hours)</div> <div>04-4 times daily (same as every 6 hours)</div> <div>05-6 times daily (same as every 4 hours)</div> <div>*Additional Options Listed Below</div>	<div>EMQNTY20</div> <div>(xxxx)</div>	<div>EMRFLN20</div> <div>(xx)</div>
<div>EMMDNM21</div> <div></div>	<div>Study PCP</div> <div>Other</div>	<div>01-</div> <div>99-</div>	<div>EMPD21</div> <div>(mm/dd/yyyy)</div>	<div>EMDOSE21</div> <div>(xxx.xx)</div>	<div>EMDSUN21</div> <div>01-</div> <div>02-</div> <div>milligram(s)</div> <div>microgram(s)</div>	<div>01-Daily (same as at bedtime)</div> <div>02-Twice daily (same as every 12 hours)</div> <div>03-Three times daily (same as every 8 hours)</div> <div>04-4 times daily (same as every 6 hours)</div> <div>05-6 times daily (same as every 4 hours)</div> <div>*Additional Options Listed Below</div>	<div>EMQNTY21</div> <div>(xxxx)</div>	<div>EMRFLN21</div> <div>(xx)</div>
<div>EMMDNM22</div> <div></div>	<div>Study PCP</div> <div>Other</div>	<div>01-</div> <div>99-</div>	<div>EMPD22</div> <div>(mm/dd/yyyy)</div>	<div>EMDOSE22</div> <div>(xxx.xx)</div>	<div>EMDSUN22</div> <div>01-</div> <div>02-</div> <div>milligram(s)</div> <div>microgram(s)</div>	<div>01-Daily (same as at bedtime)</div> <div>02-Twice daily (same as every 12 hours)</div> <div>03-Three times daily (same as every 8 hours)</div> <div>04-4 times daily (same as every 6 hours)</div> <div>05-6 times daily (same as every 4 hours)</div> <div>*Additional Options Listed Below</div>	<div>EMQNTY22</div> <div>(xxxx)</div>	<div>EMRFLN22</div> <div>(xx)</div>
<div>EMMDNM23</div> <div></div>	<div>Study PCP</div> <div>Other</div>	<div>01-</div> <div>99-</div>	<div>EMPD23</div> <div>(mm/dd/yyyy)</div>	<div>EMDOSE23</div> <div>(xxx.xx)</div>	<div>EMDSUN23</div> <div>01-</div> <div>02-</div> <div>milligram(s)</div> <div>microgram(s)</div>	<div>01-Daily (same as at bedtime)</div> <div>02-Twice daily (same as every 12 hours)</div> <div>03-Three times daily (same as every 8 hours)</div> <div>04-4 times daily (same as every 6 hours)</div> <div>05-6 times daily (same as every 4 hours)</div> <div>*Additional Options Listed Below</div>	<div>EMQNTY23</div> <div>(xxxx)</div>	<div>EMRFLN23</div> <div>(xx)</div>
<div>EMMDNM24</div> <div></div>	<div>Study PCP</div> <div>Other</div>	<div>01-</div> <div>99-</div>	<div>EMPD24</div> <div>(mm/dd/yyyy)</div>	<div>EMDOSE24</div> <div>(xxx.xx)</div>	<div>EMDSUN24</div> <div>01-</div> <div>02-</div> <div>milligram(s)</div> <div>microgram(s)</div>	<div>01-Daily (same as at bedtime)</div> <div>02-Twice daily (same as every 12 hours)</div> <div>03-Three times daily (same as every 8 hours)</div> <div>04-4 times daily (same as every 6 hours)</div> <div>05-6 times daily (same as every 4 hours)</div> <div>*Additional Options Listed Below</div>	<div>EMQNTY24</div> <div>(xxxx)</div>	<div>EMRFLN24</div> <div>(xx)</div>

3. Was the participant prescribed Naloxone (Narcan) for overdose prevention?(EMNARP)

a. Date first prescribed:(EMNXFPDT)

b. Date last prescribed:(EMNXLPDT)

Comments:(EMPCOMM)

☐ 0-No

☐ 1-Yes

(mm/dd/yyyy)

(mm/dd/yyyy)

# Additional Selection Options for EMP

Document sequence number (*SEQNUM*) (key field):

- 01-1
- 02-2
- 03-3
- 04-4
- 05-5
- 06-6
- 07-7
- 08-8
- 09-9
- 10-10
- 11-11
- 12-12
- 13-13
- 14-14
- 15-15
- 16-16
- 17-17
- 18-18
- 19-19
- 20-20

## Frequency 01

- 06-8 times daily (same as every 3 hours)
- 07-12 times daily (same as every 2 hours)
- 08-Every 48 hours
- 09-Every 72 hours
- 10-Every week



Chart Abstraction - Toxicology (EMT)

Version: 2.01; 08-30-21

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

Date of chart abstraction:(ETABSTDT)  (mm/dd/yyyy)

Medical Chart Review Dates

1. Beginning date for medical chart review (12 months prior to baseline visit):(ETBMCRTD)  (mm/dd/yyyy)
2. End date for medical chart review (12 months after baseline visit):(ETEMCRDT)  (mm/dd/yyyy)

Urine Toxicology Tests

Number of tests taken:(ETTSTTKN)  (xx)

Record the dates and results of the first 5 tests.

Test #1

1. Date of test:(ETTSTD1)  (mm/dd/yyyy)

Amphetamine (AMP)

(ETAMPRS1) ☐ 00-Negative ☐ 01-Positive  
☐ 97-Not tested

Barbituates (BAR)

(ETBARRS1) ☐ 00-Negative ☐ 01-Positive  
☐ 97-Not tested

Methadone

(ETMTDRS1) ☐ 00-Negative ☐ 01-Positive  
☐ 97-Not tested

Alcohol (EtG)

(ETALCRS1) ☐ 00-Negative ☐ 01-Positive  
☐ 97-Not tested

Cocaine (COC)

(ETCOCRS1) ☐ 00-Negative ☐ 01-Positive  
☐ 97-Not tested

Opioids (OPI)

(ETOPIRS1) ☐ 00-Negative ☐ 01-Positive ☐  
97-Not tested

Fentanyl (FEN)

(ETFENRS1) ☐ 00-Negative ☐ 01-Positive  
☐ 97-Not tested

Phencyclidine (PCP)

(ETPCPRS1) ☐ 00-Negative ☐ 01-Positive  
☐ 97-Not tested

Benzodiazepines (BZD)

(ETBZORS1) ☐ 00-Negative ☐ 01-Positive ☐  
97-Not tested

Buprenorphine (BUP)

(ETBUPRS1) ☐ 00-Negative ☐ 01-Positive ☐  
97-Not tested

6-MAAM

(ETHERRS1) ☐ 00-Negative ☐ 01-Positive ☐  
97-Not tested

Oxycodone (OXY)

(ETOXYRS1) ☐ 00-Negative ☐ 01-Positive ☐  
97-Not tested

Methamphetamine (MET)

(ETMETRS1) ☐ 00-Negative ☐ 01-Positive ☐  
97-Not tested

Marijuana (THC)

(ETTHCRS1) ☐ 00-Negative ☐ 01-Positive ☐  
97-Not tested

Test #2

2. Date of test:(ETTSTD2)  (mm/dd/yyyy)

Amphetamine (AMP)

(ETAMPRS2) ☐ 00-Negative ☐ 01-Positive  
☐ 97-Not tested

Barbituates (BAR)

(ETBARRS2) ☐ 00-Negative ☐ 01-Positive  
☐ 97-Not tested

Methadone

(ETMTDRS2) ☐ 00-Negative ☐ 01-Positive  
☐ 97-Not tested

Alcohol (EtG)

(ETALCRS2) ☐ 00-Negative ☐ 01-Positive  
☐ 97-Not tested

Cocaine (COC)

(ETCOCRS2) ☐ 00-Negative ☐ 01-Positive  
☐ 97-Not tested

Opioids (OPI)

(ETOPIRS2) ☐ 00-Negative ☐ 01-Positive ☐  
97-Not tested

Fentanyl (FEN)

(ETFENRS2) ☐ 00-Negative ☐ 01-Positive  
☐ 97-Not tested

Phencyclidine (PCP)

(ETPCPRS2) ☐ 00-Negative ☐ 01-Positive  
☐ 97-Not tested

Benzodiazepines (BZD)

(ETBZORS2) ☐ 00-Negative ☐ 01-Positive ☐  
97-Not tested

Buprenorphine (BUP)

(ETBUPRS2) ☐ 00-Negative ☐ 01-Positive ☐  
97-Not tested

6-MAAM

(ETHERRS2) ☐ 00-Negative ☐ 01-Positive ☐  
97-Not tested

Oxycodone (OXY)

(ETOXYRS2) ☐ 00-Negative ☐ 01-Positive ☐  
97-Not tested

Methamphetamine (MET)

(ETMETRS2) ☐ 00-Negative ☐ 01-Positive ☐  
97-Not tested

Marijuana (THC)

(ETTHCRS2) ☐ 00-Negative ☐ 01-Positive ☐  
97-Not tested

Test #3

3. Date of test:(ETTSTD3)  (mm/dd/yyyy)

<b>Amphetamine (AMP)</b>  (ETAMPRS3) <input type="checkbox"/> 00-Negative <input type="checkbox"/> 01-Positive <input type="checkbox"/> 97-Not tested	<b>Cocaine (COC)</b>  (ETCOCRS3) <input type="checkbox"/> 00-Negative <input type="checkbox"/> 01-Positive <input type="checkbox"/> 97-Not tested	<b>Benzodiazepines (BZD)</b>  (ETBZORS3) <input type="checkbox"/> 00-Negative <input type="checkbox"/> 01-Positive <input type="checkbox"/> 97-Not tested	<b>Oxycodone (OXY)</b>  (ETOXYRS3) <input type="checkbox"/> 00-Negative <input type="checkbox"/> 01-Positive <input type="checkbox"/> 97-Not tested
<b>Barbituates (BAR)</b>  (ETBARRS3) <input type="checkbox"/> 00-Negative <input type="checkbox"/> 01-Positive <input type="checkbox"/> 97-Not tested	<b>Opioids (OPI)</b>  (ETOPIRS3) <input type="checkbox"/> 00-Negative <input type="checkbox"/> 01-Positive <input type="checkbox"/> 97-Not tested	<b>Buprenorphine (BUP)</b>  (ETBUPRS3) <input type="checkbox"/> 00-Negative <input type="checkbox"/> 01-Positive <input type="checkbox"/> 97-Not tested	<b>Methamphetamine (MET)</b>  (ETMETRS3) <input type="checkbox"/> 00-Negative <input type="checkbox"/> 01-Positive <input type="checkbox"/> 97-Not tested
<b>Methadone</b>  (ETMTDRS3) <input type="checkbox"/> 00-Negative <input type="checkbox"/> 01-Positive <input type="checkbox"/> 97-Not tested	<b>Fentanyl (FEN)</b>  (ETFENRS3) <input type="checkbox"/> 00-Negative <input type="checkbox"/> 01-Positive <input type="checkbox"/> 97-Not tested	<b>6-MAAM</b>  (ETHERRS3) <input type="checkbox"/> 00-Negative <input type="checkbox"/> 01-Positive <input type="checkbox"/> 97-Not tested	<b>Marijuana (THC)</b>  (ETTHCRS3) <input type="checkbox"/> 00-Negative <input type="checkbox"/> 01-Positive <input type="checkbox"/> 97-Not tested
<b>Alcohol (EtG)</b>  (ETALCRS3) <input type="checkbox"/> 00-Negative <input type="checkbox"/> 01-Positive <input type="checkbox"/> 97-Not tested	<b>Phencyclidine (PCP)</b>  (ETPCPRS3) <input type="checkbox"/> 00-Negative <input type="checkbox"/> 01-Positive <input type="checkbox"/> 97-Not tested		

Test #4  
4. Date of test:(ETTSTD4)

(mm/dd/yyyy)

<b>Amphetamine (AMP)</b>  (ETAMPRS4) <input type="checkbox"/> 00-Negative <input type="checkbox"/> 01-Positive <input type="checkbox"/> 97-Not tested	<b>Cocaine (COC)</b>  (ETCOCRS4) <input type="checkbox"/> 00-Negative <input type="checkbox"/> 01-Positive <input type="checkbox"/> 97-Not tested	<b>Benzodiazepines (BZD)</b>  (ETBZORS4) <input type="checkbox"/> 00-Negative <input type="checkbox"/> 01-Positive <input type="checkbox"/> 97-Not tested	<b>Oxycodone (OXY)</b>  (ETOXYRS4) <input type="checkbox"/> 00-Negative <input type="checkbox"/> 01-Positive <input type="checkbox"/> 97-Not tested
<b>Barbituates (BAR)</b>  (ETBARRS4) <input type="checkbox"/> 00-Negative <input type="checkbox"/> 01-Positive <input type="checkbox"/> 97-Not tested	<b>Opioids (OPI)</b>  (ETOPIRS4) <input type="checkbox"/> 00-Negative <input type="checkbox"/> 01-Positive <input type="checkbox"/> 97-Not tested	<b>Buprenorphine (BUP)</b>  (ETBUPRS4) <input type="checkbox"/> 00-Negative <input type="checkbox"/> 01-Positive <input type="checkbox"/> 97-Not tested	<b>Methamphetamine (MET)</b>  (ETMETRS4) <input type="checkbox"/> 00-Negative <input type="checkbox"/> 01-Positive <input type="checkbox"/> 97-Not tested
<b>Methadone</b>  (ETMTDRS4) <input type="checkbox"/> 00-Negative <input type="checkbox"/> 01-Positive <input type="checkbox"/> 97-Not tested	<b>Fentanyl (FEN)</b>  (ETFENRS4) <input type="checkbox"/> 00-Negative <input type="checkbox"/> 01-Positive <input type="checkbox"/> 97-Not tested	<b>6-MAAM</b>  (ETHERRS4) <input type="checkbox"/> 00-Negative <input type="checkbox"/> 01-Positive <input type="checkbox"/> 97-Not tested	<b>Marijuana (THC)</b>  (ETTHCRS4) <input type="checkbox"/> 00-Negative <input type="checkbox"/> 01-Positive <input type="checkbox"/> 97-Not tested
<b>Alcohol (EtG)</b>  (ETALCRS4) <input type="checkbox"/> 00-Negative <input type="checkbox"/> 01-Positive <input type="checkbox"/> 97-Not tested	<b>Phencyclidine (PCP)</b>  (ETPCPRS4) <input type="checkbox"/> 00-Negative <input type="checkbox"/> 01-Positive <input type="checkbox"/> 97-Not tested		

Test #5  
5. Date of test:(ETTSTD5)

(mm/dd/yyyy)

<b>Amphetamine (AMP)</b>  (ETAMPRS5) <input type="checkbox"/> 00-Negative <input type="checkbox"/> 01-Positive <input type="checkbox"/> 97-Not tested	<b>Cocaine (COC)</b>  (ETCOCRS5) <input type="checkbox"/> 00-Negative <input type="checkbox"/> 01-Positive <input type="checkbox"/> 97-Not tested	<b>Benzodiazepines (BZD)</b>  (ETBZORS5) <input type="checkbox"/> 00-Negative <input type="checkbox"/> 01-Positive <input type="checkbox"/> 97-Not tested	<b>Oxycodone (OXY)</b>  (ETOXYRS5) <input type="checkbox"/> 00-Negative <input type="checkbox"/> 01-Positive <input type="checkbox"/> 97-Not tested
<b>Barbituates (BAR)</b>  (ETBARRS5) <input type="checkbox"/> 00-Negative <input type="checkbox"/> 01-Positive <input type="checkbox"/> 97-Not tested	<b>Opioids (OPI)</b>  (ETOPIRS5) <input type="checkbox"/> 00-Negative <input type="checkbox"/> 01-Positive <input type="checkbox"/> 97-Not tested	<b>Buprenorphine (BUP)</b>  (ETBUPRS5) <input type="checkbox"/> 00-Negative <input type="checkbox"/> 01-Positive <input type="checkbox"/> 97-Not tested	<b>Methamphetamine (MET)</b>  (ETMETRS5) <input type="checkbox"/> 00-Negative <input type="checkbox"/> 01-Positive <input type="checkbox"/> 97-Not tested
<b>Methadone</b>  (ETMTDRS5) <input type="checkbox"/> 00-Negative <input type="checkbox"/> 01-Positive <input type="checkbox"/> 97-Not tested	<b>Fentanyl (FEN)</b>  (ETFENRS5) <input type="checkbox"/> 00-Negative <input type="checkbox"/> 01-Positive <input type="checkbox"/> 97-Not tested	<b>6-MAAM</b>  (ETHERRS5) <input type="checkbox"/> 00-Negative <input type="checkbox"/> 01-Positive <input type="checkbox"/> 97-Not tested	<b>Marijuana (THC)</b>  (ETTHCRS5) <input type="checkbox"/> 00-Negative <input type="checkbox"/> 01-Positive <input type="checkbox"/> 97-Not tested
<b>Alcohol (EtG)</b>  (ETALCRS5) <input type="checkbox"/> 00-Negative <input type="checkbox"/> 01-Positive <input type="checkbox"/> 97-Not tested	<b>Phencyclidine (PCP)</b>  (ETPCPRS5) <input type="checkbox"/> 00-Negative <input type="checkbox"/> 01-Positive <input type="checkbox"/> 97-Not tested		

Comments:(EMTCOMM)



Advantage eClinical

- (\$sitecode)



## Chart Abstraction - PCP Visit Description (EMV)

Version: 2.00; 12-16-21

Segment (PROTSEG): C

Visit Number (VISNO):

Document sequence number (SEQNUM):

Date of chart abstraction:(EVABSTD7)

 (mm/dd/yyyy)

## Medical Chart Review Dates

1. Beginning date for medical chart review (12 months prior to baseline visit):(EVBMCRDT)

 (mm/dd/yyyy)

2. End date for medical chart review (12 months after baseline visit):(EVEMCRDT)

 (mm/dd/yyyy)

## PCP Visits and OUD Assessment

Visit

Date

Visit Completed

OUD Diagnosis

- |   |            |                      |              |            |                               |                                |            |                               |                                |
|---|------------|----------------------|--------------|------------|-------------------------------|--------------------------------|------------|-------------------------------|--------------------------------|
| a. Date of scheduled visit 1 with study PCP:  | (EVDRVD01) | <input type="text"/> | (mm/dd/yyyy) | (EVDRCV01) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes | (EVDROD01) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes |
| b. Date of scheduled visit 2 with study PCP:  | (EVDRVD02) | <input type="text"/> | (mm/dd/yyyy) | (EVDRCV02) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes | (EVDROD02) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes |
| c. Date of scheduled visit 3 with study PCP:  | (EVDRVD03) | <input type="text"/> | (mm/dd/yyyy) | (EVDRCV03) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes | (EVDROD03) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes |
| d. Date of scheduled visit 4 with study PCP:  | (EVDRVD04) | <input type="text"/> | (mm/dd/yyyy) | (EVDRCV04) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes | (EVDROD04) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes |
| e. Date of scheduled visit 5 with study PCP:  | (EVDRVD05) | <input type="text"/> | (mm/dd/yyyy) | (EVDRCV05) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes | (EVDROD05) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes |
| f. Date of scheduled visit 6 with study PCP:  | (EVDRVD06) | <input type="text"/> | (mm/dd/yyyy) | (EVDRCV06) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes | (EVDROD06) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes |
| g. Date of scheduled visit 7 with study PCP:  | (EVDRVD07) | <input type="text"/> | (mm/dd/yyyy) | (EVDRCV07) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes | (EVDROD07) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes |
| h. Date of scheduled visit 8 with study PCP:  | (EVDRVD08) | <input type="text"/> | (mm/dd/yyyy) | (EVDRCV08) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes | (EVDROD08) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes |
| i. Date of scheduled visit 9 with study PCP:  | (EVDRVD09) | <input type="text"/> | (mm/dd/yyyy) | (EVDRCV09) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes | (EVDROD09) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes |
| j. Date of scheduled visit 10 with study PCP: | (EVDRVD10) | <input type="text"/> | (mm/dd/yyyy) | (EVDRCV10) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes | (EVDROD10) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes |
| k. Date of scheduled visit 11 with study PCP: | (EVDRVD11) | <input type="text"/> | (mm/dd/yyyy) | (EVDRCV11) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes | (EVDROD11) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes |
| l. Date of scheduled visit 12 with study PCP: | (EVDRVD12) | <input type="text"/> | (mm/dd/yyyy) | (EVDRCV12) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes | (EVDROD12) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes |
| m. Date of scheduled visit 13 with study PCP: | (EVDRVD13) | <input type="text"/> | (mm/dd/yyyy) | (EVDRCV13) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes | (EVDROD13) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes |
| n. Date of scheduled visit 14 with study PCP: | (EVDRVD14) | <input type="text"/> | (mm/dd/yyyy) | (EVDRCV14) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes | (EVDROD14) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes |
| o. Date of scheduled visit 15 with study PCP: | (EVDRVD15) | <input type="text"/> | (mm/dd/yyyy) | (EVDRCV15) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes | (EVDROD15) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes |
| p. Date of scheduled visit 16 with study PCP: | (EVDRVD16) | <input type="text"/> | (mm/dd/yyyy) | (EVDRCV16) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes | (EVDROD16) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes |
| q. Date of scheduled visit 17 with study PCP: | (EVDRVD17) | <input type="text"/> | (mm/dd/yyyy) | (EVDRCV17) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes | (EVDROD17) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes |
| r. Date of scheduled visit 18 with study PCP: | (EVDRVD18) | <input type="text"/> | (mm/dd/yyyy) | (EVDRCV18) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes | (EVDROD18) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes |
| s. Date of scheduled visit 19 with study PCP: | (EVDRVD19) | <input type="text"/> | (mm/dd/yyyy) | (EVDRCV19) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes | (EVDROD19) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes |
| t. Date of scheduled visit 20 with study PCP: | (EVDRVD20) | <input type="text"/> | (mm/dd/yyyy) | (EVDRCV20) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes | (EVDROD20) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes |
| u. Date of scheduled visit 21 with study PCP: | (EVDRVD21) | <input type="text"/> | (mm/dd/yyyy) | (EVDRCV21) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes | (EVDROD21) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes |
| v. Date of scheduled visit 22 with study PCP: | (EVDRVD22) | <input type="text"/> | (mm/dd/yyyy) | (EVDRCV22) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes | (EVDROD22) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes |
| w. Date of scheduled visit 23 with study PCP: | (EVDRVD23) | <input type="text"/> | (mm/dd/yyyy) | (EVDRCV23) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes | (EVDROD23) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes |
| x. Date of scheduled visit 24 with study PCP: | (EVDRVD24) | <input type="text"/> | (mm/dd/yyyy) | (EVDRCV24) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes | (EVDROD24) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes |
| y. Date of scheduled visit 25 with study PCP: | (EVDRVD25) | <input type="text"/> | (mm/dd/yyyy) | (EVDRCV25) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes | (EVDROD25) | <input type="checkbox"/> 0-No | <input type="checkbox"/> 1-Yes |

3. From the date of baseline visit to 12 months after the baseline visit, did the participant have at least one visit with a study PCP who was randomized to the opposite treatment arm than the participant's PCP?(EVOPCVT)

☐ 0-No ☐ 1-Yes

a. If yes, how many visits?(EVOPCVTN)

 (xx)

Comments:(EMVCOMM)

# Additional Selection Options for EMV

Document sequence number (*SEQNUM*) (key field):

- 01-1
- 02-2
- 03-3
- 04-4
- 05-5
- 06-6
- 07-7
- 08-8
- 09-9
- 10-10
- 11-11
- 12-12
- 13-13
- 14-14
- 15-15
- 16-16
- 17-17
- 18-18
- 19-19
- 20-20





Advantage eClinical

- (\$sitecode)



## 0101C (ENR)

Version: 3.00; 02-21-24

Date of baseline visit:(*STARTDT*)

(mm/dd/yyyy)

Date of written/electronic informed consent:(*E01ICFDT*)

(mm/dd/yyyy)

## Additional Demographics

1. Do you currently have health insurance coverage?(*E01HLTIN*)a. If "Yes", specify what kind:(*E01HLTSP*)

07-Insurance through employer (yours or your spouse's or another family member's employer)  
 02-Medicaid  
 03-Medicare  
 04-Both Medicaid and Medicare  
 01-Privately purchased insurance (e.g., that you purchased yourself on the health insurance exchange)  
 \*Additional Options Listed Below

2. In your lifetime, have you ever spent any time in jail or prison?(*E01PRITM*)

0-No 1-Yes

a. If "Yes", have you spent time in jail or prison in the last 12 months?(*E01PRLYR*)

0-No 1-Yes

## Eligibility Criteria (For the Research Coordinator — Do not ask the patient participant)

## Inclusion Criteria

**In order to meet eligibility ALL Inclusion answers must be 'Yes'.**3. Is the patient participant's PCP enrolled in the study?(*E01PCPEN*)

00-No 01-Yes 97-Not assessed

4. Is the patient participant's age 18 years or older at time of prescreening?(*E01AGE*)

00-No 01-Yes 97-Not assessed

5. Is the patient participant proficient in spoken and written English, as determined by patient self-report and research staff evaluation?(*E01ENGLS*)

00-No 01-Yes 97-Not assessed

6. Does the patient participant have risky opioid use in the past 90 days from date of prescreening, as determined by TAPS score ≥1 for heroin and/or prescription opioids and/or a positive response (&gt;Never) to any of the three COMM items indicating taking more opioid medication than prescribed?

00-No 01-Yes 97-Not assessed

COMM items used for determining eligibility:

Item 9: In the PAST 30 DAYS, how often have you needed to take pain medications belonging to someone else?

Item 14: In the PAST 30 DAYS, how often have you had to take more of your medication than prescribed?

Item 15: In the PAST 30 DAYS, how often have you borrowed pain medication from someone else?

(E01RIOPI)

7. Does the patient participant have access to phone that can receive text messages, and access to internet (via smartphone, tablet, or computer), per patient self-report?(*E01PHONE*)

00-No 01-Yes 97-Not assessed

8. Is the patient participant able to provide informed consent?(*E01CNSNT*)

00-No 01-Yes 97-Not assessed

9. Is the patient participant able to provide sufficient contact information (minimum of 1 locator)? (*E01CNTCT*)

00-No 01-Yes 97-Not assessed

## Exclusion Criteria

**In order to meet eligibility ALL Exclusion answers must be 'No' or 'Not applicable'.**10. Does the patient participant have moderate-severe OUD, defined as meeting 4 or more DSM-5 criteria for OUD at screening, as assessed by research staff using the modified-CIDI opioid items?(*E01MSOUD*)

00-No 01-Yes 97-Not assessed

11. Is the patient participant receiving MOUD or engaged in an opioid treatment program in the past 30 days from screening date, per patient self-report?(*E01MOUD*)

00-No 01-Yes 97-Not assessed

12. Is the patient participant receiving opioids for end of life care, per patient self-report?(*E01OPIEL*)

00-No 01-Yes 97-Not assessed

13. Is the patient participant pregnant (females 18-50), as determined by patient self-report at the time of screening?(*E01PREG*)

00-No 01-Yes 96-Not applicable 97-Not assessed

14. Is the patient participant currently in jail, prison, or other overnight facility as required by court of law or have pending legal action that could prevent participation in study activities?(*E01PRISN*)

00-No 01-Yes 97-Not assessed

15. Does the patient participant plan to leave the area or the clinical practice within the next 12 months, per patient participant self-report?(*E01LEAVE*)

00-No 01-Yes 97-Not assessed

16. Are there other factors that may cause harm or increased risk to the patient participant or close contacts or preclude the patient participant's full adherence with or completion of the study? (*E01HARM*)

00-No 01-Yes 97-Not assessed

## Eligibility for Enrollment into Study

17. Is the patient participant eligible for enrollment into the study?(*E01ELGRM*)

0-No 1-Yes

18. If the patient participant is eligible, will they be enrolled into the study?(*E01ENROL*)a. If "No", specify:(*E01NORSP*)

00-No longer interested in participating in the study  
 02-Judgment of site/research staff  
 05-Time commitment  
 07-Left prior to completion  
 92-COVID-19: Illness  
 \*Additional Options Listed Below

1. If "Other", specify:(*E01OTHSP*)Comments:(*E01COMM*)

## Main Study Consent

Original main study consent

IRB approval date of ICF:(E01IRBDT)	(mm/dd/yyyy)
<b>Main study re-consent</b>	
IRB approval date of ICF:(E01IB2DT)	(mm/dd/yyyy)
Date informed consent signed:(E01CT2DT)	(mm/dd/yyyy)
<b>Main study re-consent</b>	
IRB approval date of ICF:(E01IB3DT)	(mm/dd/yyyy)
Date informed consent signed:(E01CT3DT)	(mm/dd/yyyy)
<b>Main study re-consent</b>	
IRB approval date of ICF:(E01IB4DT)	(mm/dd/yyyy)
Date informed consent signed:(E01CT4DT)	(mm/dd/yyyy)
<b>Main study re-consent</b>	
IRB approval date of ICF:(E01IB5DT)	(mm/dd/yyyy)
Date informed consent signed:(E01CT5DT)	(mm/dd/yyyy)
<b>Main study re-consent</b>	
IRB approval date of ICF:(E01IB6DT)	(mm/dd/yyyy)
Date informed consent signed:(E01CT6DT)	(mm/dd/yyyy)

# Additional Selection Options for ENR

If "Yes", specify what kind:

06-TRICARE or other military healthcare, including VA health care

99-Other

If "No", specify:

93-COVID-19: Public health measures

94-COVID-19: Other

99-Other

Mental Health Follow-Up Assessment (MHA)

Version: 5.00; 02-21-24

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

This form has been triggered by the following: [PLACEHOLDER]

Participant response(s) on mental health-related forms indicate that a mental health assessment may have been required. Please answer the following questions to document the actions taken.

1. In what setting were the participant's responses collected?  
"Remotely" means the participant is not in the direct physical presence of research staff.  
(MHSETTING)

01-In person      02-Remotely

2. Was the participant evaluated by a clinician?  
If "No", submit a PD for a missed mental health assessment, if required. (MHPEVAL)

0-No      1-Yes

a. If "Yes", date of clinician assessment:(MHPCLNDT)

(mm/dd/yyyy)

b. If "Yes", were the participant's mental health concerns evaluated by the clinician prior to concluding the study visit?  
If "No", submit a PD for a late mental health assessment, if required. (MHPEVSV)

0-No      1-Yes

3. If the participant received a clinician mental health assessment, did that assessment result in a diagnosis of acute suicidality or need for urgent/emergent medical intervention(s)?  
If "Yes", complete an AE/SAE submission or other protocol documentation, if required.  
(MHPDIAG)

0-No      1-Yes

4. Was the participant provided with either national or local mental health resource referral/contact information (e.g., National/local suicide hotlines, 911, other emergency response resources)?  
If "No", submit a PD for a missed provision of mental health resources, if required.  
(MHRRESOR)

0-No      1-Yes

a. If "Yes", date information provided:(MHRRESDT)

(mm/dd/yyyy)

5. Beyond provision of the above referral/contact information, were any additional mental health follow up actions taken by members of the research team?(MHRADACT)

0-No      1-Yes

a. If "Yes", enter a brief description of the actions taken:(MHRADASP)

Comments:(MHACOMM)

wfbui:9220/WFB/navigateReportList.action

36/89



Advantage eClinical

- (\$sitecode)



## Marijuana Use Assessment (MJA)

Version: 3.00; 10-15-21

Segment (PROTSEG): C

Visit Number (VISNO):

**Please remember that all of your responses are confidential, and will not be seen by anyone outside of the research team. Your medical providers will not see your responses.**

Date of assessment:(MJAASMDT)

(mm/dd/yyyy)

When we use the term 'marijuana/cannabis' we are referring to marijuana, cannabis concentrates, edibles, tinctures and other inhaled or consumed products made with marijuana or cannabis. We are not referring to lotions, ointment, and CBD-only (e.g., hemp) products.

1. How often in the past 12 months have you used marijuana/cannabis?

Daily or Almost Daily

Weekly

Monthly

Less Than Monthly

Never

(MJYRFREQ)

2. When you used marijuana/cannabis during the past 12 months, was it:(MJREASON)

01-For medical reasons  
02-For non-medical reasons  
03-For both medical and non-medical reasons

3. During the past 12 months, have you used marijuana/cannabis to help you manage any of the following:

No

Yes

a. Pain:

(MJPAIN)

b. Muscle spasm:

(MJMSPASM)

c. Seizures:

(MJSEIZUR)

d. Nausea or vomiting:

(MJNAUSEA)

e. Sleep:

(MJSLEEP)

f. Stress:

(MJSTRESS)

g. Appetite:

(MJAPPETI)

h. Worry or anxiety:

(MJANXTY)

i. Depression or sadness:

(MJDEPRES)

j. Focus or concentration:

(MJFOCUS)

k. Other symptoms (please specify):(MJMOTHSP)

(MJUSEOTH)

l. None of the above:

(MJNONE)

4. During the past 12 months, did you use marijuana/cannabis to *replace, reduce* or *stop* use of opioids (such as oxycodone, heroin, fentanyl, codeine, Vicodin, OxyContin or methadone)? (MJSTOP1)

0-No

1-Yes

5. During the past 12 months, how did you use marijuana/cannabis? *Please select all that apply.*

a. Smoked it (for example, in a joint, bong, blunt, spliff or pipe):(MJSMOKE)

01-

b. Vaporized it (for example, hash oil in an e-cigarette-like vaporizer, vape pen or another vaporizing device):(MJVAPE)

01-

c. Ate it (for example, in brownies, cakes, cookies or candy):(MJATE)

01-

d. Used it some other way:(MJUOTHER)

01-

1. If "Used it some other way", please specify:(MJUOTHSP)

These next questions ask you to consider all the ways you typically use marijuana/cannabis.

6. How many days per week do you typically use marijuana/cannabis?(MJWKFREQ)

7. On a typical day that you use any marijuana/cannabis, how many times per day do you use it? (MJDYFREQ)

02-1  
03-2  
04-3-4  
05-5-9  
06-10 or more

8. How do you feel your marijuana use affects your life?(MJLIFE)

(xxxx)

9. Do you have a certificate or card for medical marijuana?(MJCARD)

0-No

1-Yes

Participant required research staff assistance in reading the questions in this assessment.  
*Note: this includes if participant could not see well enough to read the questions or if the participant was unable to read well enough to read the questions. (MJARAHLP)*  
Comments:(MJACOMM)

01-Yes



Non-Fatal Overdose Questionnaire (NFO)

Version: 6.00; 04-12-24

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

Date of assessment:(NFOASMDT) (mm/dd/yyyy)

The following question is about your experiences with taking too much drugs or medications/pills, and/or drinking too much alcohol. This is sometimes called 'poisoning,' 'passing out,' 'nodding out,' 'blacking out,' or an 'overdose' or 'OD.'

(xxx) times  
Enter "0" for never

In the past 6 months, how many times has this kind of situation happened to you?(NFODNUM)

Participant required research staff assistance in reading the questions in this assessment: 01-Yes

Note: this includes if participant could not see well enough to read the questions or if the participant was unable to read well enough to read the questions.(NFORAHL P)

Comments:(NFOCOMM)



NCM Intervention Checklist (NIC)

Version: 2.00; 12-16-20

Segment (PROTSEG): C

Key Substance Use Intervention Activities

- 1. Educated patient participant on overdose prevention:(NIODPREV)
  - a. If "Yes", specify date:(NIODPRDT)
- 2. Gave the patient participant the workbook:(NIWRKBK)
  - a. If "Yes", specify date:(NIWKBKDT)
- 3. Patient participant received naloxone:(NIRECNAR)

0-No      1-Yes  
(mm/dd/yyyy)

0-No      1-Yes  
(mm/dd/yyyy)

a. If received, specify date:(NINARDT)

(mm/dd/yyyy)

Key Substance Use Intervention Activities Log



Date	Type of Communication	Used the Bathing Method	Discussed Mixing Opioids with Other Sedatives	Discussed Potential for Addiction	Discussed Using Only as Prescribed	Educated on Self-Management Skills	Counseled on the Following (select all that apply)	Made Referrals for Pain, Mental Health, SUD Treatment, Other Services
@6(NIACDT1) (mm/dd/yyyy)	@6(NICOMM1) 01-Face to face visit 02-Video visit 03-Telephone call 04-Text/email	@6(NIBATHE1) 0-No 1-Yes	@6(NIMXOPI1) 0-No 1-Yes	@6(NIADDCT1) 0-No 1-Yes	@6(NIUSERX1) 0-No 1-Yes	@6(NISMGMT1) 0-No 1-Yes	(NICTOB1) 01- Tobacco	@6(NIREFER1) 0-No 1-Yes
							(NICALC1) 01- Alcohol	
							(NICTHC1) 01- Marijuana	
							(NICSED1) 01- Sedatives	
							(NICSTM1) 01- Stimulants	
							(NICOTH1) 99- Other illegal/recreational drugs	
@6(NIACDT2) (mm/dd/yyyy)	@6(NICOMM2) 01-Face to face visit 02-Video visit 03-Telephone call 04-Text/email	@6(NIBATHE2) 0-No 1-Yes	@6(NIMXOPI2) 0-No 1-Yes	@6(NIADDCT2) 0-No 1-Yes	@6(NIUSERX2) 0-No 1-Yes	@6(NISMGMT2) 0-No 1-Yes	(NICTOB2) 01- Tobacco	@6(NIREFER2) 0-No 1-Yes
							(NICALC2) 01- Alcohol	
							(NICTHC2) 01- Marijuana	
							(NICSED2) 01- Sedatives	
							(NICSTM2) 01- Stimulants	
							(NICOTH2) 99- Other illegal/recreational drugs	
@6(NIACDT3) (mm/dd/yyyy)	@6(NICOMM3) 01-Face to face visit 02-Video visit 03-Telephone call 04-Text/email	@6(NIBATHE3) 0-No 1-Yes	@6(NIMXOPI3) 0-No 1-Yes	@6(NIADDCT3) 0-No 1-Yes	@6(NIUSERX3) 0-No 1-Yes	@6(NISMGMT3) 0-No 1-Yes	(NICTOB3) 01- Tobacco	@6(NIREFER3) 0-No 1-Yes
							(NICALC3) 01- Alcohol	
							(NICTHC3) 01- Marijuana	
							(NICSED3) 01- Sedatives	
							(NICSTM3) 01- Stimulants	
							(NICOTH3) 99- Other illegal/recreational drugs	
@6(NIACDT4) (mm/dd/yyyy)	@6(NICOMM4) 01-Face to face visit 02-Video visit 03-Telephone call 04-Text/email	@6(NIBATHE4) 0-No 1-Yes	@6(NIMXOPI4) 0-No 1-Yes	@6(NIADDCT4) 0-No 1-Yes	@6(NIUSERX4) 0-No 1-Yes	@6(NISMGMT4) 0-No 1-Yes	(NICTOB4) 01- Tobacco	@6(NIREFER4) 0-No 1-Yes
							(NICALC4) 01- Alcohol	
							(NICTHC4) 01- Marijuana	

							(NICS <sup>SED</sup> 4) 01- Sedatives	
							(NICS <sup>STM</sup> 4) 01- Stimulants	
							(NICO <sup>TH</sup> 4) 99- Other illegal/recreational drugs	
@6(NIAC <sup>TD</sup> T5)  (mm/dd/yyyy)	@6(NICOMM5) <div>01-Face to face visit 02-Video visit 03-Telephone call 04-Text/email</div>	@6(NIBAT <sup>HE</sup> 5) <div>0-No 1-Yes</div>	@6(NIMXO <sup>PI</sup> 5) <div>0-No 1-Yes</div>	@6(NIADD <sup>CT</sup> 5) <div>0-No 1-Yes</div>	@6(NIU <sup>SER</sup> X5) <div>0-No 1-Yes</div>	@6(NISMG <sup>MT</sup> 5) <div>0-No 1-Yes</div>	(NICTO <sup>B</sup> 5) 01- Tobacco	@6(NIREF <sup>ER</sup> 5) <div>0-No 1-Yes</div>
							(NICAL <sup>C</sup> 5) 01- Alcohol	
							(NICTH <sup>C</sup> 5) 01- Marijuana	
							(NICS <sup>ED</sup> 5) 01- Sedatives	
							(NICS <sup>TM</sup> 5) 01- Stimulants	
							(NICO <sup>TH</sup> 5) 99- Other illegal/recreational drugs	

### Summary of Interactions with Patient Participant

Indicate the total number of interactions you have had with the patient participant each month since the start of the study. Enter the number of times you used each method of interaction and enter "0" if you haven't interacted with the participant using that method. Do not include any unsuccessful contacts (e.g., missed calls, voicemails, etc.).

#### Month 1

- |   |      |
|---|------|
| 1. Face to face visits: (NIFAC <sup>M</sup> 01) | (xx) |
| 2. Video visits: (NIVID <sup>M</sup> 01)        | (xx) |
| 3. Telephone calls: (NITEL <sup>M</sup> 01)     | (xx) |
| 4. Text/email: (NITXT <sup>M</sup> 01)          | (xx) |

#### Month 2

- |   |      |
|---|------|
| 1. Face to face visits: (NIFAC <sup>M</sup> 02) | (xx) |
| 2. Video visits: (NIVID <sup>M</sup> 02)        | (xx) |
| 3. Telephone calls: (NITEL <sup>M</sup> 02)     | (xx) |
| 4. Text/email: (NITXT <sup>M</sup> 02)          | (xx) |

#### Month 3

- |   |      |
|---|------|
| 1. Face to face visits: (NIFAC <sup>M</sup> 03) | (xx) |
| 2. Video visits: (NIVID <sup>M</sup> 03)        | (xx) |
| 3. Telephone calls: (NITEL <sup>M</sup> 03)     | (xx) |
| 4. Text/email: (NITXT <sup>M</sup> 03)          | (xx) |

#### Month 4

- |   |      |
|---|------|
| 1. Face to face visits: (NIFAC <sup>M</sup> 04) | (xx) |
| 2. Video visits: (NIVID <sup>M</sup> 04)        | (xx) |
| 3. Telephone calls: (NITEL <sup>M</sup> 04)     | (xx) |
| 4. Text/email: (NITXT <sup>M</sup> 04)          | (xx) |

#### Month 5

- |   |      |
|---|------|
| 1. Face to face visits: (NIFAC <sup>M</sup> 05) | (xx) |
| 2. Video visits: (NIVID <sup>M</sup> 05)        | (xx) |
| 3. Telephone calls: (NITEL <sup>M</sup> 05)     | (xx) |
| 4. Text/email: (NITXT <sup>M</sup> 05)          | (xx) |

#### Month 6

- |   |      |
|---|------|
| 1. Face to face visits: (NIFAC <sup>M</sup> 06) | (xx) |
| 2. Video visits: (NIVID <sup>M</sup> 06)        | (xx) |
| 3. Telephone calls: (NITEL <sup>M</sup> 06)     | (xx) |
| 4. Text/email: (NITXT <sup>M</sup> 06)          | (xx) |

#### Month 7

- |   |      |
|---|------|
| 1. Face to face visits: (NIFAC <sup>M</sup> 07) | (xx) |
| 2. Video visits: (NIVID <sup>M</sup> 07)        | (xx) |
| 3. Telephone calls: (NITEL <sup>M</sup> 07)     | (xx) |
| 4. Text/email: (NITXT <sup>M</sup> 07)          | (xx) |

#### Month 8

- |   |      |
|---|------|
| 1. Face to face visits: (NIFAC <sup>M</sup> 08) | (xx) |
| 2. Video visits: (NIVID <sup>M</sup> 08)        | (xx) |

3. Telephone calls:(NITELM08)	(xx)
4. Text/email:(NITXTM08)	(xx)
Month 9	
1. Face to face:(NIFACM09)	(xx)
2. Video visits:(NIVIDM09)	(xx)
3. Telephone calls:(NITELM09)	(xx)
4. Text/email:(NITXTM09)	(xx)
Month 10	
1. Face to face visits:(NIFACM10)	(xx)
2. Video visits:(NIVIDM10)	(xx)
3. Telephone calls:(NITELM10)	(xx)
4. Text/email:(NITXTM10)	(xx)
Month 11	
1. Face to face:(NIFACM11)	(xx)
2. Video visits:(NIVIDM11)	(xx)
3. Telephone calls:(NITELM11)	(xx)
4. Text/email:(NITXTM11)	(xx)
Month 12	
1. Face to face:(NIFACM12)	(xx)
2. Video visits:(NIVIDM12)	(xx)
3. Telephone calls:(NITELM12)	(xx)
4. Text/email:(NITXTM12)	(xx)
Comments:(NICCOMM)	

# Additional Selection Options for NIC

Patient participant received naloxone:  
00-No

Overdose Risk Behavior (ORB)

Version: 2.00; 02-21-24

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

Date of assessment:(ORBASMDT) (mm/dd/yyyy)

The next questions are about your use of opioid medications and illicit opioids (like *heroin* or *fentanyl*) in the **past 6 months**. We are interested in your use of opioids that have been prescribed to you by a doctor as well as opioids that you got from someone other than a doctor.  
Opioids include **pain medications** like morphine (MS-Contin), oxycodone (OxyContin, Percocet), hydrocodone (Vicodine, Norco), methadone, codeine, tramadol (Ultram) and similar pain medications that require a prescription from a medical provider. Opioids also include **methadone** from treatment programs, and drugs like **heroin** or **fentanyl**.

1. In the **past 6 months**, how often have you used opioid medications or illicit opioids (such as heroin or fentanyl) alone, when nobody else was around?

Very Often      Often      Sometimes      Rarely      Never

(OROPIALN)

2. In the **past 6 months**, how often have you used opioid medications or illicit opioids in a place where you don't usually use them?

Very Often      Often      Sometimes      Rarely      Never

(OROPILOC)

3. In the **past 6 months**, how often did you drink alcohol within 2 hours before or after using opioid medications or illicit opioids?

Very Often      Often      Sometimes      Rarely      Never

(OROPIALC)

4. In the **past 6 months**, how often did you take sedatives (benzodiazepines, such as Xanax, Ativan, or Klonopin) within 2 hours before or after using opioid medications or illicit opioids?

Very Often      Often      Sometimes      Rarely      Never

(OROPISED)

5. In the **past 6 months**, how often did you use opioid medications and illicit opioids within 2 hours of one another?

Very Often      Often      Sometimes      Rarely      Never

(OROPIOTH)

6. In the **past 6 months**, how often did you use uppers (such as crack, cocaine, crystal/meth) within 2 hours before or after using opioid medications or illicit opioids?

Very Often      Often      Sometimes      Rarely      Never

(OROIUUPP)

7. In the **past 6 months**, how often have you increased the amount of opioid medications or illegal opioids you used to more than you usually use?(ORINCUSE) 03-More than once      02-Once      01-Never

8. In the **past 6 months**, how often have you snorted any drugs?

Very Often      Often      Sometimes      Rarely      Never

(ORSNTDRG)

9. In the **past 6 months**, how often have you injected any drugs?

Very Often      Often      Sometimes      Rarely      Never

(ORINJDRG)

Participant required research staff assistance in reading the questions in this assessment. 01-Yes  
Note: this includes if participant could not see well enough to read the questions or if the participant was unable to read well enough to read the questions. (ORBRAHLP)

Comments:(ORBCOMM)

Psychiatric Diagnostic Screening Questionnaire (PDSQ) (PDQ)

Version: 1.00; 10-15-21

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

Date of assessment:(PDQASMDT) (mm/dd/yyyy)

During the past 2 weeks...

	Yes	No
1. Did you think that you were drinking too much?	(PQDRINK)	
2. Did anyone in your family think or say that you were drinking too much, or that you had an alcohol problem?	(PQDRKPRB)	
3. Did friends, a doctor, or anyone else think or say that you were drinking too much?	(PQDRKOTH)	
4. Did you think about cutting down or limiting your drinking?	(PQDRKLMT)	
5. Did you think that you had an alcohol problem?	(PQALCPRB)	
6. Because of your drinking did you have problems in your marriage, at your job, with your friends or family, doing household chores, or in any other important area of your life?	(PQALCSCL)	

During the past 2 weeks...

	Yes	No
7. Did you think that you were using drugs too much?	(PQDRUGS)	
8. Did anyone in your family think or say that you were using drugs too much, or that you had a drug problem?	(PQFMDRGS)	
9. Did friends, a doctor, or anyone else think or say that you were using drugs too much?	(PQDRGOTH)	
10. Did you think about cutting down or limiting your drug use?	(PQDRGLMT)	
11. Did you think that you had a drug problem?	(PQDRGPRB)	
12. Because of your drug use did you have problems in your marriage, at your job, with your friends or family, doing household chores, or in any other important area of your life?	(PQDRGSCL)	

Participant required research staff assistance in reading the questions in this assessment. 01-Yes  
Note: this includes if participant could not see well enough to read the questions or if the participant was unable to read well enough to read the questions. (PDQRAHLP)

Comments:(PDQCOMM)

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Protocol Deviation (PDV)

Version: 5.01; 03-15-24

- Date of deviation (PDDATE):
- Protocol deviation number (PDSEQNO):
1. Is this deviation related to one or more participants?(PDPPTREL)
- a. If "Yes", how many participants?(PDPRELNO)

Select related participants:

Participant ID 1:(PDPPT01)

Participant ID 2:(PDPPT02)

Participant ID 3:(PDPPT03)

Participant ID 4:(PDPPT04)

Participant ID 5:(PDPPT05)

Participant ID 6:(PDPPT06)

Participant ID 7:(PDPPT07)

Participant ID 8:(PDPPT08)

Participant ID 9:(PDPPT09)

Participant ID 10:(PDPPT10)

Participant ID 11:(PDPPT11)

Participant ID 12:(PDPPT12)

Participant ID 13:(PDPPT13)

Participant ID 14:(PDPPT14)

Participant ID 15:(PDPPT15)

Participant ID 16:(PDPPT16)

Participant ID 17:(PDPPT17)

Participant ID 18:(PDPPT18)

Participant ID 19:(PDPPT19)

Participant ID 20:(PDPPT20)

2. Date deviation identified:(PDVDATE)

(mm/dd/yyyy)

3. Deviation type:(PDTYPE)

010-INFORMED CONSENT/ASSENT PROCEDURES

01A--- No consent/assent obtained

01B--- Unauthorized assessments and/or procedures conducted prior to obtaining informed consent/assent

01C--- Non IRB approved/outdated/obsolete informed consent/assent documents used

01Y--- Other major informed consent/assent procedures issues (specify)

\*Additional Options Listed Below

a. If "Other", specify:(PDTYPEPSP)

4. Reason for Protocol Deviation: (select all that apply)

a. Research staff error:(PDRSSTFF)

0-No 1-Yes

b. Hospital error:(PDRSHSP)

0-No 1-Yes

c. Facility (e.g., hospital, clinic) error:(PDRSHSP)

0-No 1-Yes

d. Laboratory error: <i>(PDRSLAB)</i>	0-No	1-Yes
e. Pharmacy error: <i>(PDRSPHRM)</i>	0-No	1-Yes
f. Equipment/supply failure: <i>(PDRSEQSP)</i>	0-No	1-Yes
g. Issue with Advantage eClinical (e.g., system down, system glitch): <i>(PDRSEDC)</i>	0-No	1-Yes
h. Participant unable to comply: <i>(PDRSPTNC)</i>	0-No	1-Yes
i. Participant refusal: <i>(PDRSPTRF)</i>	0-No	1-Yes
j. Investigator/study decision: <i>(PDRSINDC)</i>	0-No	1-Yes
k. Other: <i>(PDRSOTHR)</i>	0-No	1-Yes
1. If "Other", specify: <i>(PDRSOTSP)</i>		
5. Is this deviation related to COVID-19? <i>(PDCVD19)</i>	0-No	1-Yes
6. Brief description of what occurred: <i>(PDDESCPT)</i>		
7. Was/will there be corrective action for this event? <i>(PDCORRNY)</i>	0-No	1-Yes
a. If "No", describe why corrective action was not or will not be taken: <i>(PDNOCRSP)</i>		
b. If "Yes", which of the following corrective actions were taken: <i>(select all that apply)</i>		
1. Participant consent/reconsent was/will be obtained: <i>(PDCACNST)</i>	0-No	1-Yes
2. Research staff corrected/will correct error(s) and/or completed/will complete document(s): <i>(PDCASTCR)</i>	0-No	1-Yes
3. Participant corrected/will correct error(s) and/or completed/will complete document(s): <i>(PDCAPTCR)</i>	0-No	1-Yes
4. Document(s) was/will be moved to correct file location(s): <i>(PDCADCMV)</i>	0-No	1-Yes
5. Participant was/will be withdrawn from study: <i>(PDCAPTWD)</i>	0-No	1-Yes
6. Study drug administration was/will be halted: <i>(PDCADGSP)</i>	0-No	1-Yes
7. Study assessment was/will be performed or repeated: <i>(PDCAASAD)</i>	0-No	1-Yes
8. Other: <i>(PDCAOTHR)</i>	0-No	1-Yes
1. 1. If "Other", specify: <i>(PDCAOTSP)</i>		
c. As needed or requested, provide additional details about the corrective action plan: <i>(PDCAPSP)</i>		
8. Brief description of the plan to prevent recurrence: <i>(select all that apply)</i>		
a. Complete local retraining: <i>(PDPLPTRN)</i>	0-No	1-Yes
1. If "Complete location retraining", specify: <i>(PDPLPSP)</i>		
b. Revise local SOP(s): <i>(PDPLPRV)</i>	0-No	1-Yes
c. Recalibrate/fix or replace faulty equipment/supplies: <i>(PDPLPEQ)</i>	0-No	1-Yes
d. Remove and/or replace incorrect/outdated document(s) from file(s) <i>(PDPLPDO)</i>	0-No	1-Yes
e. No site action needed: <i>(PDPLPNAN)</i>	0-No	1-Yes
f. Other: <i>(PDPLPOTH)</i>	0-No	1-Yes
1. If "Other", specify: <i>(PDPLPOSP)</i>		
9. Is this deviation reportable to your IRB? <i>(PDIRBREP)</i>	0-No	1-Yes
10. Is this deviation reportable to the IRB of record? <i>(PDIRBREP)</i>	0-No	1-Yes
a. If "Yes", will the IRB be notified at the time of continuing review? <i>(PDIRBCON)</i>	0-No	1-Yes
b. If "Yes", date of planned submission: <i>(PDIRBPDT)</i>		<i>(mm/dd/yyyy)</i>
c. If "No", date of actual submission: <i>(PDIRBADT)</i>		<i>(mm/dd/yyyy)</i>
Comments: <i>(PDVCOMM)</i>		



## Additional Selection Options for PDV

### Protocol deviation number (*PDSEQNO*) (key field):

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

### If "Yes", how many participants?

06-6  
 07-7  
 08-8  
 09-9  
 10-10  
 11-11  
 12-12  
 13-13  
 14-14  
 15-15  
 16-16  
 17-17  
 18-18  
 19-19  
 20-20

### Deviation type:

01Z--- Other informed consent/assent procedures issues (specify)  
 020-INCLUSION/EXCLUSION CRITERIA  
 02A--- Ineligible participant enrolled/inclusion/exclusion criteria not met or eligibility not fully ass  
 02B--- Ineligible participant randomized/inclusion/exclusion criteria not met or eligibility not fully a  
 02Z--- Other inclusion/exclusion criteria issues (specify)  
 040-LABORATORY ASSESSMENTS  
 04Y--- Other laboratory assessment issues - Minor (specify)  
 04Z--- Other laboratory assessments issues - Major (specify)  
 050-STUDY PROCEDURES/ASSESSMENTS  
 05A--- Study assessment/procedures not followed in accordance with study protocol  
 05B--- Inappropriate unblinding  
 05Z--- Other study procedures/assessments issues (specify)  
 060-ADVERSE EVENT  
 06A--- AE not reported  
 06B--- SAE not reported  
 06C--- AE/SAE reported out of protocol specified reporting timeframe  
 06D--- AE/SAE not elicited, observed and/or documented as per protocol  
 06E--- Safety assessment (e.g., labs, ECG, clinical referral to care) not conducted per protocol  
 06Z--- Other adverse events issues (specify)  
 070-RANDOMIZATION PROCEDURES  
 07A--- Stratification error  
 07Z--- Other randomization procedures issues (specify)  
 080-STUDY MEDICATION MANAGEMENT  
 08A--- Medication not dispensed/administered in accordance with the study protocol  
 08B--- Participant use of protocol prohibited medication  
 08Z--- Other study medication management issues (specify)  
 090-STUDY BEHAVIORAL INTERVENTION  
 09A--- Study behavioral intervention was not provided/performed as per protocol  
 09Z--- Other study behavioral intervention issues (specify)  
 100-STUDY DEVICES  
 10A--- Study devices dispensed to ineligible participant  
 10Z--- Other study devices issues (specify)  
 110-SAFETY EVENT  
 11A--- Safety event not reported  
 11B--- Safety event reported out of protocol specified reporting timeframe  
 11C--- Safety event not elicited, observed and/or documented as per protocol

11D--- Safety event assessment not conducted per protocol  
11Z--- Other safety event issues (specify)  
990-OTHER SIGNIFICANT DEVIATIONS  
99A--- Destruction of study materials without prior authorization from sponsor  
99B--- Breach of Confidentiality  
99Y--- Other significant deviations issues - Minor (specify)  
99Z--- Other significant deviations issues - Major (specify)


**Advantage eClinical**

- (\$sitecode)



## PCP Intervention Checklist (PIC)

Version: 3.00; 08-23-21

Segment (PROTSEG): C

Date PCP completed this checklist:(PICASMDT)

(mm/dd/yyyy)

Providers: Please fill out the following after contact with each Healthy Living Study patient participant.

1. Did you deliver any component of the brief advice?(PIBRIADV)

0-No

1-Yes

a. If "Yes", when was the advice delivered?(PIBRADDT)

(mm/dd/yyyy)

2. Visit type:(PIVISTYP)

01-In-person

02-Video

03-Telephone

96-N/A (brief advice not delivered)

3. How was the brief advice delivered?(PIBRADVS)

01-In-person

02-Video

03-Telephone

96-N/A (brief advice not delivered)

4. I gave the patient the Healthy Living Study Report Card.(PIREPCRD)

00-No

01-Yes

96-N/A (televisit/telephone- research staff to mail)

5. I gave the patient the opioid overdose educational pamphlet.(PIPMPLT)

00-No

01-Yes

96-N/A (televisit/telephone- research staff to mail)

6. How many minutes did you spend discussing opioid use with this patient?(PIOPIMIN)

(xx) (Enter 0 if opioids not discussed)

7. I think this patient will accept advice about reducing their risky opioid use.

Strongly Disagree Disagree Neither Agree Agree Strongly Agree  
or Disagree

(PIOPIADV)

8. Substance ^2Other Substances I Counseled on While Giving Brief Advice

No

Yes

Tobacco:

(PICNSTOB)

Alcohol:

(PICNSALC)

Marijuana:

(PICNSTHC)

Sedatives: (including benzodiazepines)

(PICNSSED)

Stimulants: (including cocaine, methamphetamine)

(PICNSSTM)

Other illegal or recreational drugs:

(PICNSOTH)

Comments:(PICCOMM)

### For RC/RA only

1. If applicable, did you send the patient participant the Healthy Living Study report card?

(PIRARPCD)

00-No

01-Yes

96-N/A

2. If applicable, did you send the patient participant the Opioid Overdose Educational Pamphlet?

(PIRAPAMP)

00-No

01-Yes

96-N/A

3. Did you show the patient participant the video doctor?(PIRAVIDO)

00-No

01-Yes

03-Telehealth only - link sent to patient participant

Comments (For RC/RA use only):(PIRACOMM)



PROMIS Anxiety Short Form (PMA)

Version: 1.00; 10-15-21

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

Date of assessment:(PMAASMDT) (mm/dd/yyyy)

Please respond to each question or statement by marking one box per row.  
In the past 7 days...

	Never	Rarely	Sometimes	Often	Always
1. I felt fearful: (PMFEAR)					
2. I found it hard to focus on anything other than my anxiety: (PMFOCUS)					
3. My worries overwhelmed me: (PMWRRIES)					
4. I felt uneasy: (PMUNEASY)					
5. I felt nervous: (PMNRRVOUS)					
6. I felt like I needed help for my anxiety: (PMHLPANX)					
7. I felt anxious: (PMFLTANX)					
8. I felt tense: (PMTENSE)					

Participant required research staff assistance in reading the questions in this assessment. 01-Yes  
Note: this includes if participant could not see well enough to read the questions or if the participant was unable to read well enough to read the questions. (PMARAHLP)  
Comments:(PMACOMM)



PROMIS Instrumental and Emotional Health Measures (PMH)

Version: 1.01; 10-15-21

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

Date of assessment:(PMHASMDT) (mm/dd/yyyy)  
Please respond to each item by marking one box per row.

	Never	Rarely	Sometimes	Usually	Always
1. I have someone who will listen to me when I need to talk.	(PHLISTEN)				
2. I have someone to confide in or talk to about myself or my problems.	(PHTLKPRO)				
3. I have someone who makes me feel appreciated.	(PHFELAPP)				
4. I have someone to talk with when I have a bad day.	(PHTLKBDD)				
	Never	Rarely	Sometimes	Usually	Always
5. Do you have someone to help you if you are confined to bed?	(PHHLPBED)				
6. Do you have someone to take you to the doctor if you need it?	(PHTAKEDR)				
7. Do you have someone to help with your daily chores if you are sick?	(PHCHORES)				
8. Do you have someone to run errands if you need it?	(PHERRAND)				

Participant required research staff assistance in reading the questions in this assessment.  
Note: this includes if participant could not see well enough to read the questions or if the participant was unable to read well enough to read the questions.(PMHRAHLP) 01-Yes

Comments:(PMHCOMM)



PROMIS Sleep Disturbance Short Form (PMS)

Version: 1.00; 10-15-21

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

Date of assessment:(PMSASMDT) (mm/dd/yyyy)

Please respond to each question or statement by marking one box per row.

In the past 7 days...

Very Poor      Poor    Fair    Good    Very Good

1. My sleep quality was... (PMSLQUAL)

In the past 7 days...

Not at All      A Little Bit    Somewhat    Quite a Bit    Very Much

2. My sleep quality was refreshing. (PMREFRSH)

3. I had a problem with my sleep. (PMSLPROB)

4. I had difficulty falling asleep. (PMFLASLP)

Participant required research staff assistance in reading the questions in this assessment. 01-Yes  
Note: this includes if participant could not see well enough to read the questions or if the participant was unable to read well enough to read the questions.(PMSRAHLP)  
Comments:(PMSCOMM)



Patient Health Questionnaire - Depression Scale (PHQ-8) (PQ8)

Version: 2.01; 02-21-24

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

Please remember that all of your responses are confidential, and will not be seen by anyone outside of the research team, including your medical providers.  
Date of assessment:(PQ8ASMDT) (mm/dd/yyyy)

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at All	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things:	(P8INTPLE)			
2. Feeling down, depressed, or hopeless:	(P8DEPRES)			
3. Trouble falling or staying asleep, or sleeping too much:	(P82SLEEP)			
4. Feeling tired or having little energy:	(P82TIRED)			
5. Poor appetite or overeating:	(P8APPEAT)			
6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down:	(P8FAILURE)			
7. Trouble concentrating on things, such as reading the newspaper or watching television:	(P82CONC)			
8. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual:	(P8MOVSPK)			

Comments:(PQ8COMM)

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

Patient Experience Questionnaire - EUC (PQE)

Version: 4.00; 04-09-24

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

Please remember that all of your responses are confidential, and will not be seen by anyone outside of the research team. Your medical providers will not see your responses.  
Date of assessment:(PQEASMDT) (mm/dd/yyyy)

Please answer the following questions about your experience participating in the Healthy Living Study.

Primary Care Provider Contacts

Did you see or talk to your primary care provider for a visit during the last 3 months? This includes any type of in-person visit, telehealth visit, or telephone call.(PQPC3MO) 0-No 1-Yes

In the last 3 months...  
Did you speak with your primary care provider about...[check all that apply]

- Healthy eating or losing weight? (PQPCEAT)
- Physical activity or exercise? (PQPCEXER)
- Depression or anxiety? (PQPCDPAX)
- Stress? (PQPCSTRE)
- Insomnia? (PQPCINSO)
- Pain? (PQPCPAIN)
- Cigarette smoking? (PQPCCIG)
- Drinking alcohol? (PQPCALC)
- Opioid pain medications? (PQPCOPIP)
- Illicit opioids, like heroin or fentanyl? (PQPCOPIS)
- Other drug use? (PQPCODRG)
- Cancer screening? (PQPCCANG)
- Some other topic? (PQPCOTHR)

How satisfied were you with the care you received from your primary care provider?

Not at all Satisfied 2 3 4 5 6 7 8 9 Very Satisfied 10  
(PQPCSATI)

How comfortable did you feel talking to your primary care provider?

Not at all Comfortable 2 3 4 5 6 7 8 9 Very Comfortable 10  
(PQPCCOMF)

Was opioid use the main reason you saw or talked to your primary care provider?(PQPCOPIM) 00-No 01-Yes 97-Not sure

How helpful was it talking to your primary care provider about your opioid use?



Not at all  
Helpful  
1

23456789

Very  
Helpful  
10

(PQPCOPIH)

Did you learn anything new from your primary care provider about how opioid use can impact your health?(PQPCOPIL)

00-No01-Yes97-Not sure

Did talking to your primary care provider help you to think about changing your opioid use?(PQPCOPIC)

00-No01-Yes97-Not sure

Participant required research staff assistance in reading the questions in this assessment.  
Note: this includes if participant could not see well enough to read the questions or if the participant was unable to read well enough to read the questions.(PQERAHLP)

01-Yes

Comments:(PQECOMM)

Patient Experience Questionnaire - STOP (PQS)

Version: 3.01; 12-08-23

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

Please remember that all of your responses are confidential, and will not be seen by anyone outside of the research team. Your medical providers will not see your responses.  
Date of assessment:(PQSASMDT) (mm/dd/yyyy)

Please answer the following questions about your experience participating in the Healthy Living Study.

Nurse Care Manager Contacts

As part of being in the study, you had the opportunity to speak with a nurse about healthy living.

Did you speak with the Healthy Living Study nurse at all during the last 3 months?(PQNM3MO)00-No01-Yes97-Not sure

In the last 3 months...  
Did the Healthy Living Study nurse try to reach you?(PQNMTRCT)00-No01-Yes97-Not sure

Did you want to speak with the Healthy Living Study nurse?(PQNMSPK)00-No01-Yes97-Not sure

What kept you from speaking with the Healthy Living Study nurse?(PQNMNSRN)01-No time02-Not interested03-Not sure what they could do for me99-Other reason  
If "Other reason", specify:(PQNMNSSP)

In the last 3 months...  
When you spoke with the Healthy Living Study nurse, was it...[check all that apply]  
In person?(PQNMINPE)01-  
By phone?(PQNMPHON)01-  
By video?(PQNMVIDE)01-

Did you speak with the Healthy Living Study nurse about... [check all that apply]

Healthy eating or losing weight?  
(PQNMEAT)

Physical activity or exercise?  
(PQNMEXER)

Depression or anxiety?  
(PQNMDPAX)

Stress?  
(PQNMSTRE)

Insomnia?  
(PQNMINSO)

Pain?  
(PQNMMPAIN)

Cigarette smoking?  
(PQNMCCIG)

Drinking alcohol?  
(PQNMALC)

Opioid pain medications?  
(PQNMOPIP)

Illicit opioids, like heroin or fentanyl?  
(PQNMOPIS)

Other drug use?  
(PQNMODRG)

Cancer screening?  
(PQNMCCANC)

Some other topic?  
(PQNMOTHR)

Thinking about your interactions with the Healthy Living Study nurse in the last 3 months, How satisfied were you with the care you received from the Healthy Living Study nurse?

Not at allSatisfied123456789Very Satisfied10  
(PQNMSATI)

How comfortable did you feel talking to the Healthy Living Study nurse?

Not at all      2   3   4   5   6   7   8   9      Very  
Comfortable                                              Comfortable  
1                                              10

(PQNMCOMF)

Did you receive any referrals from the Healthy Living Study nurse? For example, to see a pain specialist, nutritionist, therapist, etc.?(PQNMREFE)      00-No      01-Yes      97-Not sure

If "Yes", were the referrals helpful?(PQNMREHP)      00-No      01-Yes      97-Not sure

Was opioid use the main reason you spoke with the Healthy Living Study nurse?(PQNMOPIM)      00-No      01-Yes      97-Not sure

How helpful was it talking to the Healthy Living Study nurse about your opioid use?

Not at all      2   3   4   5   6   7   8   9      Very  
Helpful                                              Helpful  
1                                              10

(PQNMOPIH)

Did you learn anything new from the Healthy Living Study nurse about how opioid use can impact your health?(PQNMOPIL)      00-No      01-Yes      97-Not sure

Did talking to the Healthy Living Study nurse help you to think about changing your opioid use?(PQNMOPIC)      00-No      01-Yes      97-Not sure

## Primary Care Provider Contacts

Did you talk to your primary care provider for a visit during the last 3 months? This includes any type of in-person visit, telehealth visit, or telephone call.(PQPC3MO)      0-No      1-Yes

When you talked with your primary care provider, was it...[check all that apply]

In person?(PQPCINPE)      01-

By phone?(PQPCPHON)      01-

By video?(PQPCVIDE)      01-

In the last 3 months...

Did you speak with your primary care provider about...[check all that apply]

Healthy eating or losing weight?      (PQPCEAT)

Physical activity or exercise?      (PQPCEXER)

Depression or anxiety?      (PQPCDPAX)

Stress?      (PQPCSTRE)

Insomnia?      (PQPCINSO)

Pain?      (PQPCPAIN)

Cigarette smoking?      (PQPCCIG)

Drinking alcohol?      (PQPCALC)

Opioid pain medications?      (PQPCOPIP)

Illicit opioids, like heroin or fentanyl?      (PQPCOPIS)

Other drug use?      (PQPCODRG)

Cancer screening?      (PQPCCANC)

Some other topic?      (PQPCOTHR)

How satisfied were you with the care you received from your primary care provider?

Not at all23456789Very Satisfied

110

1.(PQPCSATI)

How comfortable did you feel talking to your primary care provider?

Not at all23456789Very Comfortable

110

(PQPCCOMF)

Over the past 3 months, was opioid use the main reason you talked to your primary care provider?(PQPCOPIM)

00-No01-Yes97-Not sure

How comfortable were you discussing opioids when talking with your primary care provider?

Not at all23456789Very Comfortable

110

(PQPCCFOP)

Based off your experience, how comfortable would you feel if opioids were asked about or discussed during every primary care visit?

Not at all23456789Very Comfortable

110

(PQPCCFVT)

How helpful was it talking to your primary care provider about your opioid use?

Not at all23456789Very Helpful

110

(PQPCOPIH)

Did you learn anything new from your primary care provider about how opioid use can impact your health?(PQPCOPIL)

00-No01-Yes97-Not sure

Did talking to your primary care provider help you to think about changing your opioid use?(PQPCOPIC)

00-No01-Yes97-Not sure

Did you speak with the telephone health coach about...[check all that apply]

Participant required research staff assistance in reading the questions in this assessment.  
Note: this includes if participant could not see well enough to read the questions or if the participant was unable to read well enough to read the questions.(PQSRAHLP)

01-Yes

Comments:(PQSCOMM)



Patient Safety Screener (PSD)

Version: 1.01; 08-12-20

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

Date of assessment:(PSDASMDT)

(mm/dd/yyyy)

The following questions are about your mood. Because some topics are hard to bring up, we ask the following questions of everyone.

1. Over the past two weeks, have you had thoughts of killing yourself?(PDTHTKIL)

01-Yes

00-No

02-Unable to complete

2. Have you ever attempted to kill yourself?(PDATMKIL)

a. When did this last happen?(PDHAPPEN)

01-Within the past 24 hours (including today)

02-Within the last month (but not today)

03-Between 1 and 6 months ago

04-More than 6 months ago

Comments:(PSDCOMM)



## Advantage eClinical

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## Readiness to Change (RTC)

Version: 1.01; 10-15-21

Segment (**PROTSEG**): CVisit Number (**VISNO**):Date of assessment:(**RTCASMDT**)

(mm/dd/yyyy)

*Please answer the following questions on a scale of 1 to 10, where 1 indicates lowest and 10 indicates highest.*1. On a scale of 1 to 10, **how ready** are you to change the amount that you exercise?*A response of 1 indicates not ready at all, while a 10 corresponds to very ready.*

Not Ready	2	3	4	5	6	7	8	9	Very Ready
at All									10
1									

(RTRDEXER)

2. On a scale of 1 to 10, **how confident** are you in your ability to change the amount that you exercise?*A response of 1 indicates not confident at all, while a 10 corresponds to very confident.*

Not Confident	2	3	4	5	6	7	8	9	Very Confident
at All									10
1									

(RTCNEXER)

3. On a scale of 1 to 10, **how ready** are you to change your alcohol, opioid, or other drug use?*A response of 1 indicates not ready at all, while a 10 corresponds to very ready.*

Not Ready	2	3	4	5	6	7	8	9	Very Ready
at All									10
1									

(RTRDDRGU)

4. On a scale of 1 to 10, **how confident** are you in your ability to change your alcohol, opioid, or other drug use?*A response of 1 indicates not confident at all, while a 10 corresponds to very confident.*

Not Confident	2	3	4	5	6	7	8	9	Very Confident
at All									10
1									

(RTCNDRGU)

5. On a scale of 1 to 10, **how ready** are you to change your diet?*A response of 1 indicates not ready at all, while a 10 corresponds to very ready.*

Not Ready	2	3	4	5	6	7	8	9	Very Ready
at All									10
1									

(RTRDDIET)

6. On a scale of 1 to 10, **how confident** are you in your ability to change your diet?*A response of 1 indicates not confident at all, while a 10 corresponds to very confident.*

Not Confident	2	3	4	5	6	7	8	9	Very Confident
at All									10
1									

(RTCNDIET)

Participant required research staff assistance in reading the questions in this assessment.

*Note: this includes if participant could not see well enough to read the questions or if the participant was unable to read well enough to read the questions.(RTCRAHLP)*

01-Yes

Comments:(RTCCOMM)



Advantage eClinical

- (\$sitecode)



## SF-12 Health Survey (SFM)

Version: 1.01; 10-15-21

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

## Your Health and Well-Being

Date of assessment: (*SFMASMDT*)

(mm/dd/yyyy)

This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities.

For each of the following questions, please select the one response that best describes your answer

1. In general, would you say your health is: (*SFHEALTH*)

01-Excellent	▲
02-Very good	
03-Good	
04-Fair	
05-Poor	▼

2. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

a. Moderate activities (such as moving a table, pushing a vacuum cleaner, bowling, or playing golf): (*SFMODACT*)

01-Yes, limited a lot	▲
02-Yes, limited little	
03-No, not limited at all	▼

b. Climbing several flights of stairs: (*SFSTAIRS*)

01-Yes, limited a lot	▲
02-Yes, limited little	
03-No, not limited at all	▼

3. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

a. Accomplished less than you would like: (*SFPACCOMP*)

01-All of the time	▲
02-Most of the time	
03-Some of the time	
04-A little of the time	
05-None of the time	▼

b. Were limited in the kind of work or other activities: (*SFPKDWK*)

01-All of the time	▲
02-Most of the time	
03-Some of the time	
04-A little of the time	
05-None of the time	▼

4. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

a. Accomplished less than you would like: (*SFEACCOMP*)

	▲
	▼

b. Did work or other activities less carefully than usual: (*SFEWORK*)

	▲
	▼

5. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? (*SFNRMRWK*)

01-Not at all	▲
02-A little bit	
03-Moderately	
04-Quite a bit	
05-Extremely	▼

6. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks...

a. Have you felt calm and peaceful? (*SFCALM*)

01-All of the time	▲
02-Most of the time	
03-Some of the time	
04-A little of the time	
05-None of the time	▼



b. Did you have a lot of energy?(SFENERGY)

c. Have you felt downhearted and depressed?(SFDEPRSS)

7. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (such as visiting friends, relatives, etc.)?  
(SFSOCIAL)

01-All of the time

02-Most of the time

03-Some of the time

04-A little of the time

05-None of the time

Participant required research staff assistance in reading the questions in this assessment:  
*Note: this includes if participant could not see well enough to read the questions or if the participant was unable to read well enough to read the questions.*(SFMRAHLP)  
Comments:(SFMCOMM)

01-Yes

Study Completion (STC)

Version: 6.00; 11-06-23

Segment (PROTSEG): C

1. Did the participant complete their last study activity?(STCOMPLT)
- a. If "No", select the primary reason for study discontinuation:(STEARLY)

40-Unable to contact

02-Participant stopped participation due to practical problems (e.g., no childcare or transportation)

04-Participant incarcerated

08-Participant withdrew consent/assent

09-Participant deceased

\*Additional Options Listed Below

1. If "Participant terminated for administrative issues" or "Participant terminated for other reason", specify:(STCMPOSP)
2. Date of last data collection with participant or date of withdrawn consent:(STCOMPDT)
3. Date of last medical record abstraction:(STABSTDY)
- Comments:(STCCOMM)

(mm/dd/yyyy)

(mm/dd/yyyy)

Investigator's Signature

With this act of signing, I confirm that all data collected for this participant was under my guidance and the data submitted to Advantage eClinical are complete and accurate to the best of my knowledge.

- Principal Investigator:(STPISIGN)
- Date:(STPISGDT)
- (mm/dd/yyyy)

## Additional Selection Options for STC

**If "No", select the primary reason for study discontinuation:**

- 10-Participant terminated for administrative issues
- 11-Participant terminated due to pressure or advice from outsiders
- 14-Participant in hospital, in-patient, or residential treatment (not for substance use treatment)
- 23-Clinical deterioration: New onset of psychiatric or medical condition
- 28-Participant in detox, residential, or intensive outpatient treatment for substance abuse treatment
- 36-Participant refused, non-specific
- 92-COVID-19: Illness
- 93-COVID-19: Public health measures
- 94-COVID-19: Other
- 99-Participant terminated for other reason

Timeline Followback (T01)

Version: 1.00; 10-12-20

TFB week start date (TFWKSTDY):

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Date	(TLDATE1) <input type="text"/>	(TLDATE2) <input type="text"/>	(TLDATE3) <input type="text"/>	(TLDATE4) <input type="text"/>	(TLDATE5) <input type="text"/>	(TLDATE6) <input type="text"/>	(TLDATE7) <input type="text"/>	
1. Have you used any alcohol, cannabis, or any other drugs during this assessment period?  Have you taken medications like opioids, sedatives, or stimulants <i>more than prescribed</i> or that were not prescribed to you (including medication that you borrowed or that belonged to someone else) during this assessment period?	(TLSUBAL1) <input type="checkbox"/> 0-No <input type="checkbox"/> 1-Yes	(TLSUBAL2) <input type="checkbox"/> 0-No <input type="checkbox"/> 1-Yes	(TLSUBAL3) <input type="checkbox"/> 0-No <input type="checkbox"/> 1-Yes	(TLSUBAL4) <input type="checkbox"/> 0-No <input type="checkbox"/> 1-Yes	(TLSUBAL5) <input type="checkbox"/> 0-No <input type="checkbox"/> 1-Yes	(TLSUBAL6) <input type="checkbox"/> 0-No <input type="checkbox"/> 1-Yes	(TLSUBAL7) <input type="checkbox"/> 0-No <input type="checkbox"/> 1-Yes	
2. Number of alcoholic standard drinks:	(TLALCHL1) <input type="text"/>	(TLALCHL2) <input type="text"/>	(TLALCHL3) <input type="text"/>	(TLALCHL4) <input type="text"/>	(TLALCHL5) <input type="text"/>	(TLALCHL6) <input type="text"/>	(TLALCHL7) <input type="text"/>	
3. Cannabinoids/Marijuana:	(TLTHCR1) <div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	(TLTHCR2) <div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	(TLTHCR3) <div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	(TLTHCR4) <div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	(TLTHCR5) <div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	(TLTHCR6) <div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	(TLTHCR7) <div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	
4. Cocaine (including crack):	(TLCOCRK1) <div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	(TLCOCRK2) <div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	(TLCOCRK3) <div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	(TLCOCRK4) <div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	(TLCOCRK5) <div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	(TLCOCRK6) <div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	(TLCOCRK7) <div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	
5. Amphetamine-type stimulants: For prescription stimulants, record <i>non-medical use only</i> , which includes taking amphetamine medications: <ul style="list-style-type: none"><li>More than prescribed</li><li>Not belonging to you</li><li>Not prescribed to you</li></ul>	(TLAMPR1) <div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	(TLAMPR2) <div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	(TLAMPR3) <div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	(TLAMPR4) <div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	(TLAMPR5) <div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	(TLAMPR6) <div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	(TLAMPR7) <div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	
6. Prescription opioids: Record <i>non-medical use only</i> , which includes taking opioids: <ul style="list-style-type: none"><li>More than prescribed</li><li>Not belonging to you</li><li>Not prescribed to you</li></ul>	<div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	<div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	<div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	<div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	<div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	<div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	<div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	
7. Heroin/fentanyl:	<div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	<div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	<div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	<div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	<div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	<div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	<div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	
8. Benzodiazepines: Record <i>non-medical use only</i> , which includes taking benzos: <ul style="list-style-type: none"><li>More than prescribed</li><li>Not belonging to you</li><li>Not prescribed to you</li></ul>	<div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	<div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	<div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	<div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	<div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	<div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	<div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	
Other Drugs								
9. Other drug 1 use:	<div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	<div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	<div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	<div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	<div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	<div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	<div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	<div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>
Specify other drug 1:	(TLOTSP11) <input type="text"/>	(TLOTSP12) <input type="text"/>	(TLOTSP13) <input type="text"/>	(TLOTSP14) <input type="text"/>	(TLOTSP15) <input type="text"/>	(TLOTSP16) <input type="text"/>	(TLOTSP17) <input type="text"/>	
10. Other drug 2 use:	<div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	<div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	<div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	<div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	<div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	<div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	<div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>	<div>00-(00) No use 01-(01) Oral 02-(02) Nasal 03-(03) Smoking 04-(04) Non-IV injection *Additional Options Listed Below</div>
Specify other drug 2:	(TLOTSP21) <input type="text"/>	(TLOTSP22) <input type="text"/>	(TLOTSP23) <input type="text"/>	(TLOTSP24) <input type="text"/>	(TLOTSP25) <input type="text"/>	(TLOTSP26) <input type="text"/>	(TLOTSP27) <input type="text"/>	

Comments: (TFBCOMM)

Additional Selection Options for T01

D1 cannabinoids  
05-(05) IV injection  
99-(99) Other



TLFB Assessment Period (TAP)

Version: 3.03; 05-23-23

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

Date of assessment:(TAPASMDT)

(mm/dd/yyyy)

1. Assessment period:(TATFSTDT)

(TATFENDT)

From:(mm/dd/yyyy)

To:(mm/dd/yyyy)

2. Have you eaten any fast food meals during this assessment period?(TAFFOOD)

0-No

1-Yes

3. Have you used any alcohol, cannabis, or any other drugs during this assessment period?

0-No

1-Yes

Have you taken medications like opioids, sedatives, or stimulants *more than prescribed* or that were *not prescribed to you* (including medication that you borrowed or that belonged to someone else) during this assessment period?(TASUBALC)

4. Have you had any days when you exercised for at least 20 minutes during this assessment period?(TAEXRCSE)

0-No

1-Yes

Comments:(TAPCOMM)

## THC Intervention Checklist (TIC)

Version: 2.00; 12-08-23

**Segment (*PROTSEG*):** C

Document sequence number (SEQNUM):

Please fill out the following after each health coaching session with a Healthy Living Study patient participant.

1. Date of counseling session?:(TICNSLDT)	(mm/dd/yyyy)		
2. How long was today's counseling session?(TICNSMIN)	(xx) minutes		
3. What modality was the session?(TIMODLTY)	01-Telephone	02-Video	
4. Were there distractions during the session (such as children in the background, restaurant noise, bad connection, street noise)?(TIDSTRCT)	00-None	01-Some	02-A great deal
5. What proportion of the session was devoted to counseling on opioids?(TICNSOPI)	03-All of the session		

6. Did you try to redirect the session to counseling on the patient's opioid use? (*TIRDOPI*)

7. How comfortable did you feel with counseling the participant on their use of opioids in today's session (handling the topics/material covered by the session and working with the patient)? (*TICOMFRT*)

8. How did the patient rate their willingness to quit or reduce their opioid use (scale of 1 to 10 where 1 is not at all willing and 10 is very willing)? (*TIGTOPNA*)

Not at All Willing    2    3    4    5    6    7    8    9    Very Willing  
1                                  10

(TIQTOPI)

9. Did you counsel the patient on other substances today?

Substance	No	Yes
-----------	----	-----

Tobacco: (TICNSTOB)

Alcohol: (TICNSALC)

**Marijuana:** *(TICNSTHC)*

**Sedatives:** (TICNSSSD)

**Stimulants: (including cocaine, methamphetamine)** (TICNSSTM)

Other illegal or recreational drugs: (TICNSOTH)

10. Which other topics/problems were discussed during the session? [check all that apply]  
(TINOOTTP)

96-No other topics discussed

Pain management: (TIDSPAIN)

Physical health problems: (TIDSPHYS)

Sleep problems: (TIDSSLP)

Emotional problems: (TIDSEMOT)

Family problems: \_\_\_\_\_ (TIDSFMLY)

Employment issues: (TIDSEMP)

Financial insecurity: (TIDSFNCL)

COVID-19: (TIDSCVD)

Domestic violence: (TIDSDMVI)

Food insecurity: (TIDSFOOD)

Homelessness or housing issues: (TIDSHOME)

Racism: (TIDSPACE)

Community violence: (TIDSCMVI)

Other: (TIDSOTH)

11. Were the other topics discussed in this session *directly related* to the patient's opioid use?  
(TIOTHOP)

0-No      1-Yes

12. What referrals (if any) did you make during this session? *[check all that apply](TINOREFR)*

96-No referrals made

- Nurse Care Manager at clinic:

(TIRFNCM)
- Doctor/PCP at clinic

(TIRFPCP)
- On-line resource(s) or hotline

(TIRFONLI)
- Local community resources

(TIRFLOCA)
- Other:

(TIRFOTH)
- If "Yes", specify:(TIRFOTSP)

13. What level of rapport did you feel you had with the patient in today's session?

Poor Rapport   Fair Rapport   Good Rapport   Very Good Rapport   Excellent Rapport

(TIRPPORT)  
Comments:(TICCOMM)



# Additional Selection Options for TIC

Document sequence number (*SEQNUM*) (key field):

- 01-1
- 02-2
- 03-3
- 04-4
- 05-5
- 06-6
- 07-7
- 08-8
- 09-9
- 10-10
- 11-11
- 12-12
- 13-13
- 14-14
- 15-15
- 16-16
- 17-17
- 18-18
- 19-19
- 20-20


**Advantage eClinical**

- (\$sitecode)



## TAPS Tool (TPS)

Version: 2.01; 02-29-24

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

Date of assessment:(TPSASMDT)

(mm/dd/yyyy)

The next set of questions will ask about your tobacco, alcohol, prescription medication, and drug use in the past year.

1. In the PAST 12 MONTHS, how often have you used any tobacco or any other nicotine delivery product (i.e., e-cigarette, vaping or chewing tobacco)?

Daily or Almost Daily      Weekly      Monthly      Less than Monthly      Never

(TPTOBACO)

2. In the PAST 12 MONTHS, how often have you had 4 or more drinks containing alcohol in one day?

\*1 standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor.

Daily or Almost Daily      Weekly      Monthly      Less than Monthly      Never

(TPALCOHL)

3. In the PAST 12 MONTHS, how often have you had 5 or more drinks containing alcohol in one day?

\*1 standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor.

Daily or Almost Daily      Weekly      Monthly      Less than Monthly      Never

(TPALCOHL)

4. In the PAST 12 MONTHS, how often have you used any drugs including marijuana, cocaine or crack, heroin, fentanyl, methamphetamine (crystal meth), hallucinogens, ecstasy/MDMA?

Daily or Almost Daily      Weekly      Monthly      Less than Monthly      Never

(TPILLDRG)

5. In the PAST 12 MONTHS, how often have you used any prescription medications just for the feeling, more than prescribed or that were not prescribed for you? Prescription medications that may be used this way include:

Opiate pain relievers (for example, OxyContin, Vicodin, Percocet, Methadone)

Medications for anxiety or sleeping (for example, Xanax, Ativan, Klonopin)

Medications for ADHD (for example, Adderall or Ritalin)

Daily or Almost Daily      Weekly      Monthly      Less than Monthly      Never

(TPRXMED)

6. In the PAST 3 MONTHS, did you smoke a cigarette containing tobacco?(TPTOBSMK)

1-Yes      0-No

a. In the PAST 3 MONTHS, did you usually smoke more than 10 cigarettes each day?  
(TPBS10C)

1-Yes      0-No

b. In the PAST 3 MONTHS, did you usually smoke within 30 minutes after waking?(TPTBSWAK)

1-Yes      0-No

7. In the PAST 3 MONTHS, did you have a drink containing alcohol?(TPALCDK)

1-Yes      0-No

a. In the PAST 3 MONTHS, did you have 4 or more drinks containing alcohol in a day?\*

(TPALCNUM)

1-Yes      0-No

b. In the PAST 3 MONTHS, did you have 5 or more drinks containing alcohol in a day?\*

(TPALCNUM)

1-Yes      0-No

\*1 standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor.

c. In the PAST 3 MONTHS, have you tried and failed to control, cut down or stop drinking?  
(TPALCSTP)

1-Yes      0-No

d. In the PAST 3 MONTHS, has anyone expressed concern about your drinking?(TPALCCRN)

1-Yes      0-No

8. In the PAST 3 MONTHS, did you use marijuana (hash, weed)?(TPTHC)

1-Yes      0-No

a. In the PAST 3 MONTHS, have you had a strong desire or urge to use marijuana at least once a week or more often?(TPTHC1WK)

1-Yes      0-No

b. In the PAST 3 MONTHS, has anyone expressed concern about your use of marijuana?  
(TPTHCCRN)

1-Yes      0-No

9. In the PAST 3 MONTHS, did you use cocaine, crack, or methamphetamine (crystal meth)?  
(TPCOCMET)

1-Yes      0-No

a. In the PAST 3 MONTHS, did you use cocaine, crack, or methamphetamine (crystal meth) at least once a week or more often?(TPCMT1WK)

1-Yes      0-No

b. In the PAST 3 MONTHS, has anyone expressed concern about your use of cocaine, crack, or methamphetamine (crystal meth)?(TPCMTCRN)

1-Yes      0-No

10. In the PAST 3 MONTHS, did you use heroin or fentanyl?( <i>TPHEROIN</i> )	1-Yes	0-No
a. In the PAST 3 MONTHS, have you tried and failed to control, cut down or stop using heroin or fentanyl?( <i>TPHERSTP</i> )	1-Yes	0-No
b. In the PAST 3 MONTHS, has anyone expressed concern about your use of heroin or fentanyl?( <i>TPHERCRN</i> )	1-Yes	0-No
11. In the PAST 3 MONTHS, did you use a prescription opiate pain reliever (for example, Percocet, Vicodin) not as prescribed or that was not prescribed for you?( <i>TPOPIOID</i> )	1-Yes	0-No
a. In the PAST 3 MONTHS, have you tried and failed to control, cut down or stop using an opiate pain reliever?( <i>TPOPISTP</i> )	1-Yes	0-No
b. In the PAST 3 MONTHS, has anyone expressed concern about your use of an opiate pain reliever?( <i>TPOPICRN</i> )	1-Yes	0-No
12. In the PAST 3 MONTHS, did you use a medication for anxiety or sleep (for example, benzodiazepines such as Xanax, Ativan, or Klonopin) not as prescribed or that was not prescribed for you?( <i>TPSEDIV</i> )	1-Yes	0-No
a. In the PAST 3 MONTHS, have you had a strong desire or urge to use medications for anxiety or sleep at least once a week or more often?( <i>TPSED1WK</i> )	1-Yes	0-No
b. In the PAST 3 MONTHS, has anyone expressed concern about your use of medication for anxiety or sleep?( <i>TPSEDCRN</i> )	1-Yes	0-No
13. In the PAST 3 MONTHS, did you use a medication for ADHD (for example, Adderall, Ritalin) not as prescribed or that was not prescribed for you?( <i>TPSTMLT</i> )	1-Yes	0-No
a. In the PAST 3 MONTHS, did you use a medication for ADHD (for example, Adderall, Ritalin) at least once a week or more often?( <i>TPSTM1WK</i> )	1-Yes	0-No
b. In the PAST 3 MONTHS, has anyone expressed concern about your use of medication for ADHD (for example, Adderall or Ritalin)?( <i>TPSTMCRN</i> )	1-Yes	0-No
14. In the PAST 3 MONTHS, did you use any other illegal or recreational drug (for example, ecstasy/molly, GHB, poppers, LSD, mushrooms, special K, bath salts, synthetic marijuana ('spice'), whip-its, etc.)?( <i>TPOTDRUG</i> )	1-Yes	0-No
a. In the PAST 3 MONTHS, what were the other drug(s) you used?( <i>TPOTDGSP</i> )		
Participant required research staff assistance in reading the questions in this assessment. Note: this includes if participant could not see well enough to read the questions or if the participant was unable to read well enough to read the questions.( <i>TPSRAHLP</i> ) Comments:( <i>TPSCOMM</i> )	01-Yes	

Urine Drug Screen (UDS)

Version: 6.00; 04-09-24

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

Date of assessment:(UDSASMDT) (mm/dd/yyyy)

1. Was a urine drug screen performed?(UDTEST1)

a. If "No", reason:(UDNORSN1)

01-Participant reported being unable to provide sample  
98-Participant refused to provide sample  
03-Study staff error  
92-COVID-19: Illness  
93-COVID-19: Public health measures  
\*Additional Options Listed Below

1. If "Other", specify:(UDNOSP1)

1st Urine Drug Screen

2. Date 1st urine specimen collected:(UDCOLDT)

3. Was the 1st urine specimen temperature within range? (90 - 100 °F)(UDTEMP1)

4. Was the 1st urine specimen determined to be adulterated?(UDADULT1)

5. 1st Urine Drug Screen Result(s):

Drug Name (Abbreviation)	Negative	Positive	Invalid
Amphetamine (500 ng) (AMP):	(UDAMP1)		
Barbiturate (300 ng) (BAR):	(UDBAR1)		
Buprenorphine (10 ng) (BUP):	(UDBUP1)		
Benzodiazepines (300 ng) (BZO):	(UDBZO1)		
Cocaine (150 ng) (COC):	(UDCOC1)		
Ecstasy (500 ng) (MDMA):	(UDMDA1)		
Methamphetamine (500 ng) (MET):	(UDMET1)		
Methadone (300 ng) (MTD):	(UDMTD1)		
^4Turn Urine Dip Card Over			
Opiates (300 ng) (OPI):	(UDOPI31)		
Oxycodone (100 ng) (OXY):	(UDOXY1)		
Phencyclidine (25 ng) (PCP):	(UDPCP1)		
Marijuana (50 ng) (THC):	(UDTHC1)		
^4Single Dipstick			
Fentanyl (20 ng) (FEN):	(UDFEN1)		

(mm/dd/yyyy)

00-No 01-Yes 97-Not measured  
00-No 01-Yes

2nd Urine Drug Screen

6. If the 1st urine specimen was determined to be adulterated or the temperature was not within range, was a second specimen collected?(UDTEST2)

a. If "No", reason:(UDNORSN2)

1. If "Other", specify:(UDNOSP2)

7. Was the 2nd urine specimen temperature within range? (90 - 100 °F)(UDTEMP2)

8. Was the 2nd urine specimen determined to be adulterated?(UDADULT2)

9. 2nd Urine Drug Screen Result(s):

0-No 1-Yes

01-Participant reported being unable to provide sample  
98-Participant refused to provide sample  
03-Study staff error  
92-COVID-19: Illness  
93-COVID-19: Public health measures  
\*Additional Options Listed Below

00-No 01-Yes 97-Not measured  
00-No 01-Yes

Drug Name (Abbreviation)	Negative	Positive	Invalid
Amphetamine (500 ng) (AMP):	(UDAMP2)		
Barbiturate (300 ng) (BAR):	(UDBAR2)		
Buprenorphine (10 ng) (BUP):	(UDBUP2)		
Benzodiazepines (300 ng) (BZO):	(UDBZO2)		
Cocaine (150 ng) (COC):	(UDCOC2)		
Ecstasy (500 ng) (MDMA):	(UDMDA2)		
Methamphetamine (500 ng) (MET):	(UDMET2)		
Methadone (300 ng) (MTD):	(UDMTD2)		
^4Turn Urine Dip Code Over			
Opiates (300 ng) (OPI):	(UDOPI32)		
Oxycodone (100 ng) (OXY):	(UDOXY2)		
Phencyclidine (25 ng) (PCP):	(UDPCP2)		
Marijuana (50 ng) (THC):	(UDTHC2)		
^4Single Dipstick			
Fentanyl (20 ng) (FEN):	(UDFEN2)		
Comments:(UDSCOMM)			

# Additional Selection Options for UDS

If "No", reason:  
94-COVID-19: Other  
99-Other

Missed Visit and Visit Documentation (V01)

Version: 1.01; 12-16-20

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

1. Did the visit occur?(VFATTEND) 0-No 1-Yes

Reason for Missed Visit  
Select the one option that best describes the reason for the missed visit.  
2. If visit did not occur, indicate why:(VFNQATND)

01-Participant on vacation  
02-Participant illness  
03-Participant in hospital, in-patient, or residential treatment  
05-Participant incarcerated  
06-Site closed  
\*Additional Options Listed Below

a. If "Other", specify:(VFOTHSP)

Visit Attendance Information

3. Where did the visit occur: (select all that apply)  
a. In clinic:(VFINCLIN)

01-

b. Telehealth (remote):(VFTELHLT)

01-

c. Offsite location:(VFOFFSIT)

01-

If "In clinic" or "Offsite location", indicate the physical location for the following:

1. Urine sample:(VFUDSLOC)

01-Collected offsite  
02-Collected in clinic  
00-Not collected

1. If "Collected offsite", specify where:  
Reminder: do not include PII. This includes names, addresses and local places of business.(VFUDSLSP)

4. Were any assessments at this visit collected outside of the expected window?(VFVISWIN)

0-No 1-Yes

a. If "Yes", was it outside of the window due to COVID-19?(VFWINCVD)

1. If "Yes", which of the following was the reason?(VFCVDRSN)

5. Did the participant visit the ED or become hospitalized since the last visit?  
If "Yes", submit an RC/RA administered ED Visits and Hospitalization form (EDH).(VFEDVST)  
Comments:(VFMCMM)

0-No 1-Yes

## Additional Selection Options for V01

**If visit did not occur, indicate why:**

07-Participant withdrew consent

08-Participant deceased

12-Unable to contact

13-Site decision/error

92-COVID-19: Illness

93-COVID-19: Public health measures

94-COVID-19: Other

99-Other



E-Cigarette and Vaping Assessment (VPG)

Version: 1.00; 10-15-21

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

Date of assessment:(VPGASMDT) (mm/dd/yyyy)

1. In the PAST 6 MONTHS, how often did you vape (this includes: **Juul**, e-cigarettes, or other electronic products [e.g., vape pens, e-hookah])?

Daily or Almost Daily      Weekly      Monthly      Less Than Monthly      Never

(VPVAPFRQ)

If anything other than "Never", answer the following questions:

a. In the PAST 6 MONTHS, did your vape device contain nicotine?(VPDEVNIC)      0-No      1-Yes

b. In the PAST 6 MONTHS, did your vape device contain marijuana/THC?(VPDEVTHC)      0-No      1-Yes

Participant required research staff assistance in reading the questions in this assessment.      01-Yes

Note: this includes if participant could not see well enough to read the questions or if the participant was unable to read well enough to read the questions.(VPGRAHLP)

Comments:(VPGCOMM)