



## Advantage eClinical

🏠 - (\$sitecode)



### Demographics (DEM)

Version: 7.00; 03-14-24

(DENOTREQ)

1. Date of birth:(DEBRTHDT)

☐ 97-Not required

(mm/dd/yyyy)

2. Sex (at birth):(DESEX)

☐ 01-Male ☐ 02-Female ☐ 97-Don't know ☐ 98-Refused to answer

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

☐ ☐ ☐ 97-Don't know ☐ 98-Refused to answer

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

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

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

American Indian or Alaska Native:(DEAMEIND)

☐ 01-

Asian:(DEASIAN)

☐ 01-

Asian Indian:(DEASAIND)

☐ 01-

Chinese:(DECHINA)

☐ 01-

Filipino:(DEFILIPN)

☐ 01-

Japanese:(DEJAPAN)

☐ 01-

Korean:(DEKOREA)

☐ 01-

Vietnamese:(DEVIETNM)

☐ 01-

Specify other Asian:(DEASIAOT)

Black or African American:(DEBLACK)

☐ 01-

Native Hawaiian or Pacific Islander:(DEHAWAII)

☐ 01-

Native Hawaiian:(DENATHAW)

☐ 01-

Guamanian or Chamorro:(DEGUAM)

☐ 01-

Samoan:(DESAMOAN)

☐ 01-

Specify other Pacific Islander:(DEPACISO)

White:(DEWHITE)

☐ 01-

Some other race:(DERACEOT)

☐ 01- Specify:(DERACESP)

-or-

Don't know:(DERACEDK)

☐ 01-

Refused:(DERACERF)

☐ 01-

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

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

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*)

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

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

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

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

Comments:(*DEMCOMM*)

# 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



## Advantage eClinical

🏠 - (\$sitecode)



**0101Z (ENR)**

Version: 1.00; 02-21-24

Date of PCP appointment:  (mm/dd/yyyy)  
(STARTDT)

Date of written/electronic informed consent:(E01ICFDT)  (mm/dd/yyyy)

### Additional Demographics

1. Do you currently have health insurance coverage?(E01HLTIN) ☐ 00-No ☐ 01-Yes ☐ 97-Don't know

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 ☐ 00-No ☐ 01-Yes ☐ 97-Not assessed  
 risky opioid use in the past 90 days from date of prescreening, as determined by TAPS score  $\geq 1$  for heroin and/or prescription opioids and/or a positive response (>Never) to any of the three COMM items indicating taking more opioid medication than prescribed?  
*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 ☐ 00-No ☐ 01-Yes ☐ 97-Not assessed  
 access to phone that can receive text messages, and access to internet (via smartphone, tablet, or computer), per patient self-report?(E01PHONE)
8. Is the patient participant able to ☐ 00-No ☐ 01-Yes ☐ 97-Not assessed  
 provide informed consent?  
 (E01CNSNT)
9. Is the patient participant able to ☐ 00-No ☐ 01-Yes ☐ 97-Not assessed  
 provide sufficient contact information (minimum of 1 locator)?(E01CNTCT)

#### **Exclusion Criteria**

***In order to meet eligibility ALL Exclusion answers must be 'No' or 'Not applicable'.***

10. Does the patient participant have ☐ 00-No ☐ 01-Yes ☐ 97-Not assessed  
 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)
11. Is the patient participant ☐ 00-No ☐ 01-Yes ☐ 97-Not assessed  
 receiving MOUD or engaged in an opioid treatment program in the past 30 days from screening date, per patient self-report?  
 (E01MOUD)
12. Is the patient participant ☐ 00-No ☐ 01-Yes ☐ 97-Not assessed  
 receiving opioids for end of life care, per patient self-report?  
 (E01OPIEL)

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) ☐ 0-No ☐ 1-Yes
- 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:  (mm/dd/yyyy)  
(E01IRBDT)

### Main study re-consent

IRB approval date of ICF:  (mm/dd/yyyy)  
(E01IB2DT)

Date informed consent signed:(E01CT2DT)  (mm/dd/yyyy)

### Main study re-consent

IRB approval date of ICF:  (mm/dd/yyyy)  
(E01IB3DT)

Date informed consent signed:(E01CT3DT)  (mm/dd/yyyy)

### Main study re-consent

IRB approval date of ICF:  (mm/dd/yyyy)  
(E01IB4DT)

Date informed consent signed:(E01CT4DT)  (mm/dd/yyyy)

**Main study re-consent**

IRB approval date of ICF:  (mm/dd/yyyy)  
(E01IB5DT)

Date informed consent signed:(E01CT5DT)  (mm/dd/yyyy)

**Main study re-consent**

IRB approval date of ICF:  (mm/dd/yyyy)  
(E01IB6DT)

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