

NIDA Clinical Trials Network

0067P (ENR)

Web Version: 1.0; 1.02; 09-20-18

Date verbal consent and HIPAA authorization/waiver obtained:
(P7VCSTDT)

(mm/dd/yyyy)

NIDA Clinical Trials Network

Pre-Screen Interview (P67)

Web Version: 1.0; 2.01; 08-15-18

Segment (*PROTSEG*): P

Visit number (*VISNO*):

Date of assessment:(*P67ASMDT*) (mm/dd/yyyy)

Pre-Screening Interview

1. Do you have HIV or AIDS? (*PSHIVPOS*) 0-No 1-Yes
2. How old are you?(*PSAGE*) (xx) years old
3. What is your sex at birth? (*PSBRSEX*)
- 1-Male
 2-Female
 97-Don't know
 98-Refused to answer
- a. Are you pregnant or currently breastfeeding?(*PSPREG*) 0-No 1-Yes
4. Are you Hispanic/Latino? (*PSHISPNC*) 0-No 1-Yes 97-Don't know 98-Refused
- If "Yes", what group represents your Hispanic origin or ancestry? (*PSHISPSP*)
- 1-Puerto Rican
 2-Dominican (Republic)
 3-Mexican/Mexican American
 5-Chicano
 6-Cuban/Cuban American
 *Additional Options Listed Below
5. What is your race? (Check all that apply)
- American Indian or Alaska Native:(*PSAMEIND*) 1-Yes
- Asian:(*PSASIAN*) 1-Yes
- Asian Indian:(*PSASAIND*) 1-Yes
- Chinese:(*PSCHINA*) 1-Yes
- Filipino:(*PSFILIPN*) 1-Yes
- Japanese:(*PSJAPAN*) 1-Yes
- Korean:(*PSKOREA*) 1-Yes
- Vietnamese:(*PSVIETNM*) 1-Yes
- Specify other Asian: (*PSASIAOT*)
- Black or African American: (*PSBLACK*) 1-Yes
- Native Hawaiian or Pacific Islander:(*PSHAWAII*) 1-Yes
- Native Hawaiian: (*PSNATHAW*) 1-Yes
- Guamanian or Chamorro: 1-Yes

(PSGUAM)

Samoa:(PSSAMOAN)

1-Yes

Specify other Pacific Islander:
(PSPACISO)

White:(PSWHITE)

1-Yes

Some other race:(PSRACEOT)

1-Yes Specify:(PSRACESP)

-or-

Refused:(PSRACERF)

1-Yes

Don't know:(PSRACEDK)

1-Yes

6. What is your gender?(PSGENDER)

- 1-Male
- 2-Female
- 3-Transgender, male-to-female
- 4-Transgender, female-to-male
- 98-Refused
- *Additional Options Listed Below

7. In the past 12 months, have you used any opioids (such as heroin, prescription opioid medication, or opium)?(PSOPIATE)

0-No 1-Yes

Eligibility for In-Person Screening

8. Is this person eligible to continue with in-person screening?(PSELIG) 0-No 1-Yes

If "Yes", you may be eligible to participate in the study. Are you interested in scheduling an appointment for the next step?
(PSSCHED) 0-No 1-Yes

If "Yes", complete the prescreen contact form and set appointment date and time.

1. If "Yes", in-person screening appointment date:(PSAPTD) (mm/dd/yyyy)

2. If "No", are any of the following reasons why?

1. Declined to schedule:
(PSDECSC) 0-No 1-Yes

2. Not interested in study:
(PSNOSTUD) 0-No 1-Yes

3. Doesn't want extended-release naltrexone:
(PSNOMED) 0-No 1-Yes

4. Prefers buprenorphine or methadone:(PSBUPMTH) 0-No 1-Yes

5. Prefers no medications for treatment of opioid use:
(PSNOTRT) 0-No 1-Yes

6. Other:(PSSCHOTH) 0-No 1-Yes Specify:(PSSCHSP)

9. Was this potential participant previously pre-screened?
(PSPREVSC) 0-No 1-Yes

If "Yes", provide previous pre-screen id(s):(PSPREVID)

9/17/2019

Protocol: 0067 Pre-Screening (0067P)

Comments: *(P67COMM)*



Additional Selection Options for P67

If "Yes", what group represents your Hispanic origin or ancestry?

8-Central or South American

9-Other Latin American

99-Other Hispanic or Latino

98-Refused

97-Don't know

What is your gender?

99-Other