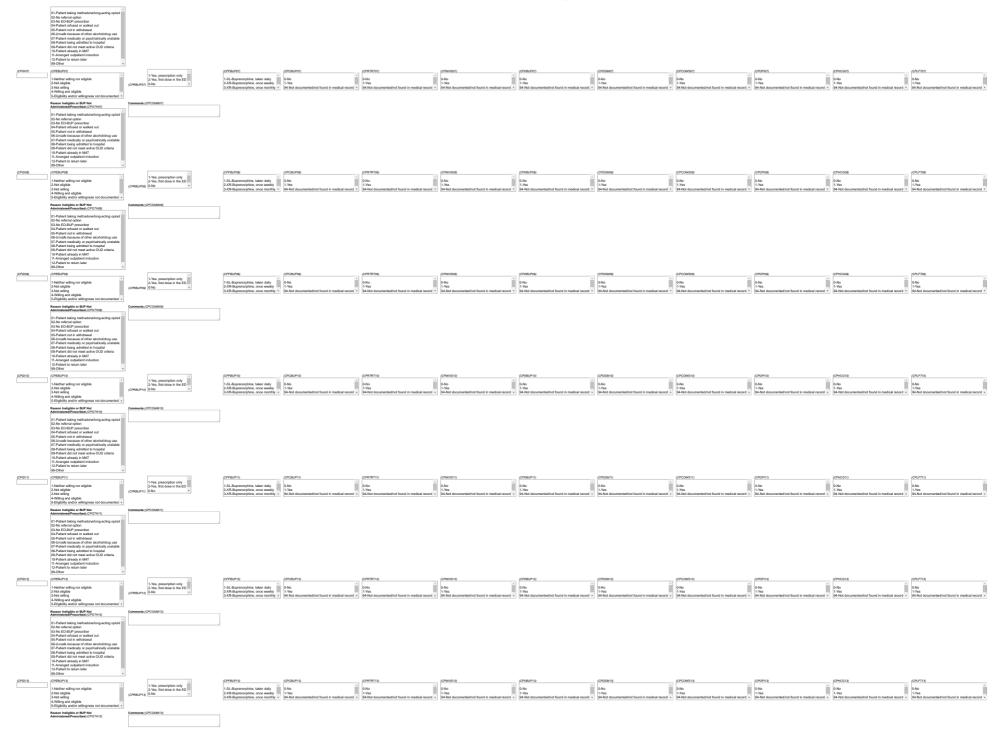
## Protocol: Screening (0079P)

NIDA Clinical	Trials	Network	

					Clinical Proto	ocol Adherence Log 1 (CPA)					Web Ve	ersion: 1.0; 3.00; 12-10-18
Reporting period: (RP Sequence number (SEC												
In this the first review s	e site EMR and paper documentation daily to complete the and entry of this information?(CPENTRY)	seder log to document cirical scheening and acherence to the cirical p	robool, Por each day or review, complete the needer with the total number-	or passents imaged, total number or passents acreaned and total numb		Yes	ona recorded in the clinical documentation. Al columna rec	une a response or 'No'/ Yes'/ Not obcumentecinor round i	n medical Nectro .			
Total patients triaged; / Total patients screener Total patients screener						(coo) (coo) (coo)						
	biga hearth Eighthyllingera le BJ- Russier Pearlie BJ- BJ- Russier Pearlie BJ- BJ- Russier B- Annual Harris Nachal Majer Value Harris Nachal Majer Value Harris Nachal Majer Value Harris Nachal Majer Value Harris Nachal Marce											
(CRIDat)	CPEBUP01 1-Nethor willing nor eligible 2-Not eligible 3-Not willing 4-Willing and eligible 5-Eligibility and/or willingness not documented	1.Yes, prescription only 2.Yes, first dose in the ED (CMREUMOT) 0.No	(CPFBUPot) 1-SL-Buprenorphine, taken dialy 2-XR-Buprenorphine, once weekly 3-XR-Buprenorphine, once monthly 94-Not documented	CPRRT01) CPRRT01) 0-No 1-Yes 94-Not documentedinot four	d in medical record +	(CPX8U/P01) 0-No 1-Nea 1-Nea 94-Not documentedinot found	(CPDSM01) 0-No 1-Yea 94-Not documentedinot foun	d in medical record +	d in medical record +	nd in medical record + 0-No 1-Yes 94-Not documented/not four	d in medical record +	and in medical record *
	Reason Ineligible or BUP Not	Comments:(CPCOMM01)										
	Commentationaria (Control) O F-Related table (Control) O F-Related table (Control) D - Related table (Control) D - Related table (Control) D - Related table (Control) D - Related (Control) D - Relate											
(CP1D02)	CPEEUPO2     Invettor willing nor eligible     Z-Not eligible     S-Not willing     Avet willing     S-Bigble     S-Eligibility and/or willingness not documented v	1-Vies, prescription only 2-Vies, first dose in the ED (CMRBURI02) 0-No	CPFBUP32)  1-SL-Buprenorphine, taken daily 2-XR-Buprenorphine, once weekly 3-XR-Buprenorphine, once monthly × 94-Not documented	CPRTRT02) C-No 1-Yes 94-Not documentedinot four	d in medical record + 94-Not documentedinot found	CPX8UP02) 0-No 1-Yea 64-Not documentedinot found	CPD2M02) 0-No 1-Yes 94-Not documentedinot foun	d in medical record +	d in medical record *	CPHCG02) 0-No 1-Yes 94-Not documented hot four	rd in medical record × 94-Not documented/not four	and in medical record +
	Reason Ineligible or BUP Not	Comments:(CPCOMM02)										
	Administrator trackational (CV-r/no)     Of -Palent tables methodonal fong-acting optical     Other and a patient     Other and other and other     Other and other     Other and other and other     Other and     Other and     Other and     Other and     Other and     Other     Other and     Other     Other and     Other											
(CP1D03)	CPEBURG) 1-Methor willing nor eligible 2-Mot eligible 3-Mot willing 4-Willing and eligible 5-Eligibility and/or willingness not documented	1-Yes, prescription only 2-Yes, first dose in the ED (CPRBUPO2) 0-No	(CPPBUP03) (CPCBUP03) 1-SL-Buprenorphine, taken daily 2-XR-Buprenorphine, cnce weekly 3-XR-Buprenorphine, once membry 94-Not documented	(CPR/R/03) 0-No 1-Yes 94-Net documentations four	(CPM#VIS03)	d in medical record + 94-Not documented inot found	(CPDSM03)	(CPCOWS03)	(CPO/H03) 0-No 1-Yes	CPHCG03	CPLFT03)  O-No 1-Yes 94-Not documented/not four	
	3-Not willing 4-Willing and eligible 5-Eligibility and/or willingness not documented v	Company of the Children of the	3-XR-Buprenorphine, once monthly   94-Not documented	not found in medical record  94-Not documented not four	Id in medical record 💌 94-Not documented/not found	d in medical record  94-Not documented inot found	in medical record × 94-Not documentedinot foun	d in medical record  94-Not documented not four	d in medical record • [94-Not documented/not fou	nd in medical record * 94-Not documented not four	d in medical record *  94-Not documented not four	td in medical record *
	Reason Unrights or BDP Not demonstrated/exercised.ci/O170200 10.7-Peter taking methodonolog-acting opioid 02.Not obtain of goints: Peter Net Peter strategies of a water of a Net Peter strategies of a water of a 0.6-Peter of the networks of the Network 0.6-Peter of the networks of the Networks 0.6-Peter of	Sementer, (PC0002)										
(CPID04)	CPEBUP99 - Addrew Willing nor eligible 2-Mot willing 4-Willing and eligible 5-Eligibility and/or willingness not documented	1-Yes, prescription only 2-Yes, first dose in the ED (CPREUPo4) 0-No ×	(CPPBUP04) 1-SL-Buprenorphine, taken daily 2-XR-Buprenorphine, noce weekly 3-XR-Buprenorphine, noce weekly 94-Not documented	(CPRTRT04)	(CPM/VISO4)	(CPXBL/PC4)	in medical second v	(CPCOWS04)	(CPC/H04) 0-No 1-Yes	(CPHC204) 0-No 1-Yes	(CPLFT04)	×
	2-Printing update 2-Printing update 2-Righthy other within the served contraction <b>Factors insights at UPP Not</b> <b>Manimum UPP Notestice (10)</b> 1990 11-Printing update (10) 10-Printing update (	Commeth.(2/COMP4)	(2464.64464000000000000000000000000000000	(2MT Tanks in medical record * ) (e-Mod documentation of that provide the second record (e-Mod documentation) and (e- Mod documentation) and (e-Mod documentation) and (e-M	n media noor + je-no dooneneord tun	n metal room + ) pixel commenter bod	n meka roos + ) pikko zoonuntend tun	n madai incon + je Au doomeniand su	e medical recort = (e-Hot documentend fou	en marcal recent to	o medical accor = perfect documentante tou	to in meacul record *
(24203)	1-Nether willing nor eligible     2-Not eligible     3-Not willing     4-Willing and eligible     5-Eligibility and/or willingness not documented +	1-Yes, prescription only 2-Yes, first dose in the ED (CIMBUROS) 0-No ×	1-SL-Buprenorphine, taken daily 2-XR-Buprenorphine, once weekly 3-XR-Buprenorphine, once monthly 94-Not documented	not found in medical record v 94-Not documented/not four	d in medical record +	d in medical record + 94-Not documentedinot found	in medical record v	d in medical record v 94-Not documented/not four	d in medical record v 94-Not documented not fou	nd in medical record v	nd in medical record + 94-Not documented/not four	nd in medical record a
	Reach height - C BP No. Administer of the Control of C	Germatik (0*0000)										to in medical record +
(CP1D06)	CPEBUPO8 1Nebhar willing nor atigible 2-Net atigible 3-Net willing 4-Willing and eligible 5-Eigibly and/or willingness not documented - Reason Instigible or BUP Not AdministeratifyRearches/(2071/Hd)	(CPR8Lung) (2-Xes, find dose in the ED (	CP48UR00 1-SL-Bupenorphine, taken dally 2-XR-Bupenorphine, once mentify = 3-XR-Bupenorphine, once mentify = 64-Not documented	not found in medical record v	d in medical record u	d in medical record + 0-No 1-Vec 04-Not documented inct found	in medical record +	d in medical record v	d in medical record v	nd in medical record +	d in medical record +	nd in medical record +
	and the second sec											



Protocol: Screening (0079P)

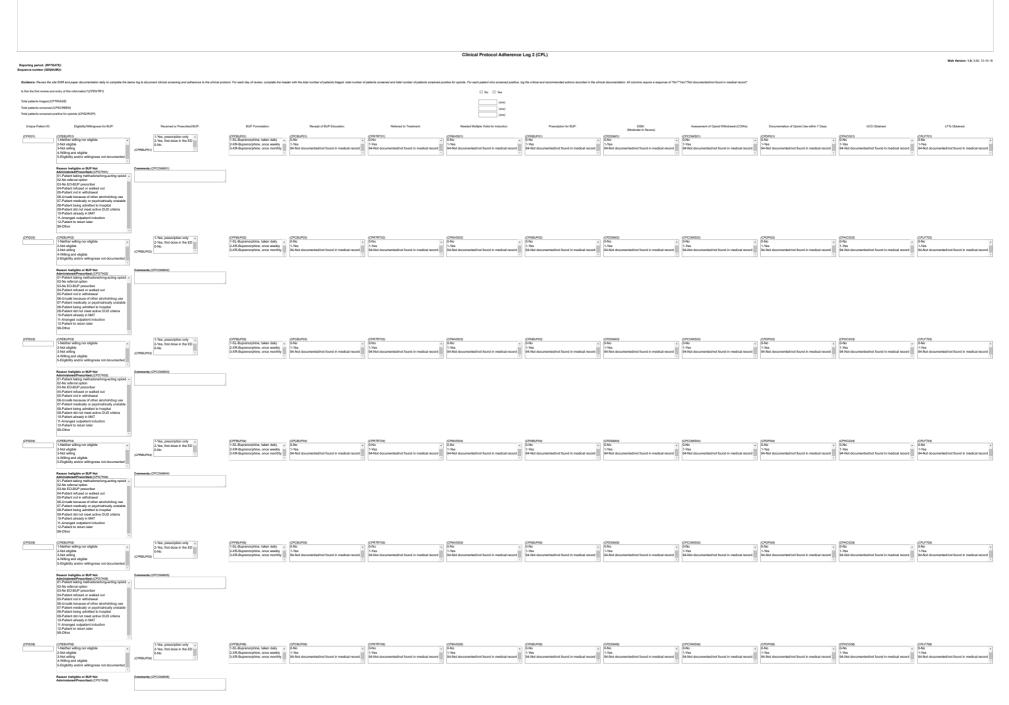


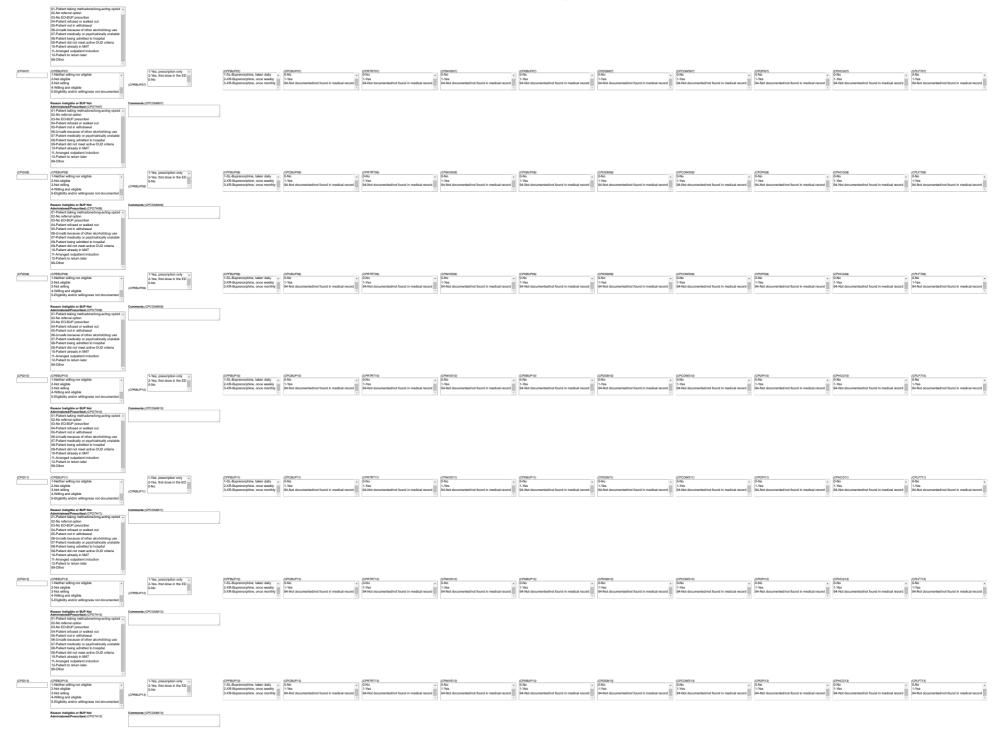
Additional Selection Options for CPA

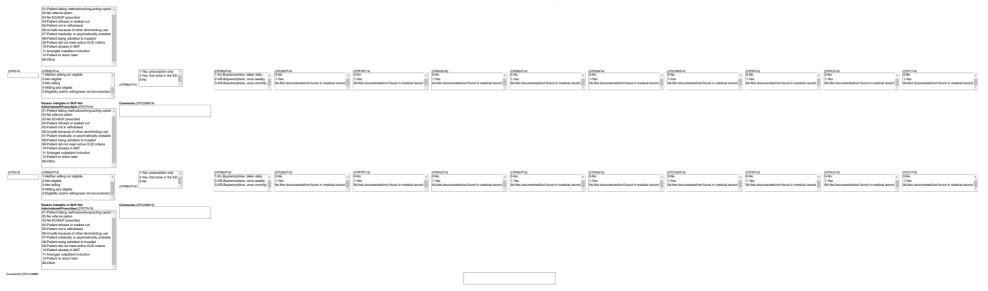


#### Protocol: Screening (0079P)

NIDA	Clinical	Trials	Network	







Additional Selection Options for CPL

Additional Selection Options sequence number (SEQNUM2) (key field): 01-1 02-2 02-4 03-3 03-3 03-4 04-4 05-5 05-5 05-5 05-5 05-5 05-0 15-10

## NIDA Clinical Trials Network

#### Clinical Protocol Adherence Log Monitoring (CPM)

Web Version: 1.0; 1.00; 07-03-18

h

## Date of CPA completion (CPADATE):

Date form completed:(CPASMDT)	(mm/dd/yyyy)
1. Number of fields reviewed:(CPREVIEW)	(xxx)
2. Number of discrepancies identified: (CPDESCRP)	(xxx)
3. Number of discrepancies updated:(CPUPDATE)	(xxx)
Comments:(CPCOMM)	

NIDA Clinical Trials Network									
	Demographics (DEM)	<b>n: 1.0;</b> 4.06; 12-04-17							
	web versio	<b>II. I.V, 7</b> .00, 12-04-17							
1. Date of birth:(DEBRTHDT)	(mm/dd/yyyy)								
2. Age:(DEAGE)	(xx)								
3. Sex:(DESEX)	Male Female Don't know Refused to answer								
4. Does the participant consider him or herself to be Hispanic/Latino? (DEHISPNC)	No Yes Don't know Refused to answer								
If "Yes", indicate the group that represents his or her Hispanic origin or ancestry:( <i>DEHISPSP</i> )	1-Puerto Rican 2-Dominican (Republic) 3-Mexican/Mexican American 5-Chicano 6-Cuban/Cuban American *Additional Options Listed Below								
	sider him or herself to represent? (Check all that apply)								
American Indian or Alaska Native: <i>(DEAMEIND)</i> Asian: <i>(DEASIAN)</i>									
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:( <i>DEHAWAII</i> )									
Native Hawaiian: <i>(DENATHAW)</i>									
Guamanian or Chamorro: (DEGUAM)									
Samoan:(DESAMOAN)									
Specify other Pacific Islander: <i>(DEPACISO)</i>									
White:(DEWHITE)									
Some other race:(DERACEOT)	Specify:(DERACESP)								
-or-									
Don't know:(DERACEDK)									
Refused:(DERACERF)									

6. 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	
7. We would like to know about what the participant does is he/she working now, looking for work, retired, keeping house, a student, or what?( <i>DEJOB</i> )	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)		
8. Is the participant currently married, widowed, divorced, separated, never married, or living with a partner?( <i>DEMARTL</i> )	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 his or her 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 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 -- is he/she 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

NIDA Clinical Trials Network								
00	79P (ENR) Web Version: 1.0; 1.00; 11-17-17							
Date verbal consent obtained:(STARTDT)	(mm/dd/yyyy)							

NIDA Clinical Trials Network									
		Patient E	Eligibility Summary (P79)						
Segment ( <i>PROTSEG</i> ): P Visit number ( <i>VISNO</i> ):	Web Version: 1.0; 1.01; 01-11-19								
Reminder: This form can be saved a	nd update	ed multiple	times.						
Date of assessment:(P79ASMDT)			(mm/dd/yyyy)						
Is the patient eligible for and willing to receive ED-initiated buprenorphine? ( <i>PEBUPOK</i> ) Ask the Participant:	No	Yes	Unknown						
1. Are you currently (at the time of index ED visit) enrolled in medication assisted treatment? <i>This includes any</i> <i>medications such as methadone,</i> <i>buprenorphine (Suboxone) or</i> <i>naltrexone (Vivitrol).</i> Must be "No" in order to be eligible.( <i>PECURMAT</i> )		Yes							
2. Have you ever been enrolled in ED- CONNECT, the project we are talking about today? Must be "No" in order to be eligible.( <i>PEPRVENR</i> )	No	Yes							
3. Are you currently enrolled in a substance use intervention research study? Must be "No" in order to be eligible.( <i>PECURSUB</i> )	No	Yes							
<ol> <li>If you were to be enrolled in the study, would you be able to provide reliable locator information including 2 unique means of contact? Must be "Yes" in order to be eligible. (PELOCATR)</li> </ol>	No No	Yes							
<ol> <li>Are you willing to complete two research visits, one within 72 hours of your ED visit and a second visit 30 days after your ED visit? Must be "Yes" in order to be eligible. (PERSCHVS)</li> </ol>	No	Yes							
6. Are you currently in jail, prison or any inpatient overnight facility as required by court of law or have pending legal action that could prevent participation in the study? Must be "No" in order to be eligible.(PECURPRI)	No No	Yes							
7. Are you willing and able to provide written informed consent, sign a release of medical records and participate in study procedures? Must be "Yes" in order to be eligible. ( <i>PECNSNT</i> )	No No	Yes							
Inclusion Criteria	aible Al		n questions below must	he answered "Vec"					
<ul> <li>In order for the participant to be elig</li> <li>1. Is the participant 18 years of age or older?(<i>PEAGEOK</i>)</li> <li>Exclusion Criteria</li> </ul>	Dible, AL	Yes	Unknown	DE GIISWEIEU IES .					

	In order for the participant to be elig	jible, <i>l</i>	ALL	. exc	lusio	n qu	estions below must be answered "No".
1.	Is the participant not able to speak English sufficiently to understand study procedures and provide written informed consent?( <i>PEENGLIS</i> )	N	lo		Yes		Unknown
2.	Is the participant currently receiving medication treatment for OUD at the time of index ED visit?(PECURTRT)	N	lo		Yes		Unknown
3.	Is the participant a current research participant in a substance use intervention study or does the participant have previous participation in the current study? (PECURRCH) Eligibility for Enrollment	N	lo		Yes		Unknown
1.	Is the participant eligible for the study?( <i>PEELIGB</i> )	N	lo		Yes		
	Complete this section only if the pa	rticipa	ınt i	is pr	esent		
2.	Did the participant provide informed consent?( <i>PEINFORM</i> )	N	lo		Yes		
	If "Yes", date informed consent signed:( <i>PEINFMDT</i> )					(mn	n/dd/yyyy)
3.	Did the participant sign the medical release form?( <i>PEMDRCRL</i> )	<b>N</b>	lo		Yes		
	If "Yes", date medical records release signed:( <i>PEMDRCDT</i> )					(mn	n/dd/yyyy)
4.	Will the participant be enrolled? (PEENROLL)	<b>N</b>	lo		Yes		
	If "No", specify: <i>(PENOENRO)</i>	<ul> <li>1-Declined study participation</li> <li>2-Death</li> <li>3-Failed to return to clinic and unable to contact prior to end of screening period</li> <li>4-Became a prisoner</li> <li>5-Current research participant</li> <li>6-Other inclusion/exclusion criteria met</li> <li>99-Other</li> </ul>					
	If "Other", specify:(PEENORSP)						
	If "Declined study participation", specify reason:( <i>PEDECLIN</i> )	<ul> <li>1-No time</li> <li>2-Do not want to answer questions about possibly sensitive information</li> <li>3-Worried about privacy</li> <li>4-Don't have an opioid use problem</li> <li>5-Unable to be scheduled</li> <li>99-Other</li> </ul>					
	If "Other", specify: (PEDCLSP)						
5.	Was this participant previously screened: (PEPRVERL)	N	lo		Yes		
	If "Yes", what is the previous screening ID?(PEPRVID)						Please use format Px-79-xxxxx.
	Comments:(P79COMM)						

NIDA Clinical Trials Network									
Prison	er Status A	ssessment (I	PSA)						
				Web Version: 1.0; 1.01; 06-08-18					
Segment ( <i>PROTSEG</i> ): P Visit number ( <i>VISNO</i> ):									
Date of assessment(PSAASMDT)			(mm/dd/yyyy)						
A response of "Yes" to any question indicates that t study visit.	he partic	cipant mee	ts the OHRP defin	ition of prisoner; do not conduct					
1. Are you currently being detained or made to stay in an institution (such as a substance use treatment program) due to a criminal or civil proceeding or parole and is your ability to leave the institution restricted? ( <i>PSINST</i> )	No No	Yes							
If "Yes", please describe the situation: (PSINSTSP)									
<ol> <li>Are you currently being detained while awaiting trial, arraignment, or sentencing?(PSTRIAL)</li> </ol>	🔲 No	🦲 Yes							
3. Are you currently on probation or under house arrest, such that you are escorted to treatment or, upon discharge from treatment, you will be escorted to jail, prison, or any inpatient overnight facility as required by law?(PSPROBHA)	No No	Yes							
4. Does the participant meet the definition of "prisoner" by any local or state regulations?( <i>PSPRISON</i> )	No	Yes							
Comments:(PSACOMM)				//					