

PreScreening Participant Data

FIRST Trial Participant ID _____

Form Creation Date _____

Date of Birth _____

Age (auto-populates) _____

Birth sex (sex as stated on birth certificate) Male Female

Sex from EMR - confirm/update when patient is contacted for AUDIT-C

Ask "What sex is listed on your original birth certificate? Male or female?"

First initial of Last Name _____

Social Security Number : (last 4 digits only) _____

Telephone number for contacting participant (for Audit-C) _____

Clinical Comments: _____

PreScreening Labs Plus Form

MEDICAL RECORDS / LABS REVIEW

If response not otherwise provided, indicate "Unable to Obtain Results" or "Not Applicable" as: **-99**

For FEMALE PATIENTS ONLY, Pregnancy Test is required at BASELINE, all other visits if 'Clinically Indicated'.

Form Creation Date _____

Medical Record /Labs review date:
(mm-dd-yyyy) _____

Exhaled carbon monoxide results:
Only for patients who smoke cigarettes. _____

(For patients who do NOT smoke cigarettes, please enter '-99' for "Not applicable")

HIV Viral Load detectable? Yes
 No

HIV Viral Load Numeric Value _____

HIV Viral Load limit of detection _____

Platelet Count _____

AST(SGOT) _____

ALT (SGPT) _____

Hepatitis C Antibody Negative
 Positive
 Unable to obtain

HEP C Viral Load detectable? No
 Yes
 Unable to obtain
 Not indicated

HEP C Viral Load Numeric Value _____

FIB-4 (Age (yrs) X AST/(Platelet count X (ALT^{1/2}))) _____

Urine Pregnancy Test Negative
 Positive
 Not clinically indicated
 Unable to obtain

IF pregnant during pre-screening, patient is not currently eligible. Delete "PreScreening Participant Data" form and re-screen in the future.

PEth drawn?

- No- Being screened
- Yes- Potentially eligible
- No- Not currently eligible

Date PEth drawn: (mm-dd-yyyy)

Authorization from FIRST Trial study coordinator to send PEth drawn to testing facility :

- Yes
- No

PEth results date:

PEth > 20 ng/mL?

- Yes (enter value)
- No (< = 20 ng/mL, enter value)
- QNS (Quantity Not Sufficient)

PEth (ng/mL)

if value < 8, enter: -8

If PEth test result = QNS, draw a 2nd PEth test and enter the 2nd PEth test information in the following fields:

2nd Test: Date PEth drawn: (mm-dd-yyyy)

2nd Test: Authorization from FIRST Trial study coordinator to send PEth drawn to testing facility :

- Yes
- No

2nd Test: PEth results date:

2nd Test: PEth > 20 ng/mL?

- Yes (enter value)
- No (< = 20 ng/mL, enter value)
- QNS (Quantity Not Sufficient)

2nd Test: PEth (ng/mL)

if value < 8, enter: -8

Clinical Comments:

Baseline Participant Data

Form Creation Date _____

Date of Study Participation Consent: (mm/dd/yyyy) _____

Person obtaining consent: _____

Age:
(auto-populated from PreScreening Participant Data form): _____

Sex at birth _____

(auto-populated from PreScreening Labs Plus Form)

1= Male
2= Female

Self-Identified Gender Identity (self-report)

Ask: "Do you think of yourself as male, female, transman, transwoman, or do you use another word to describe yourself? Choosing not to answer is also an acceptable response. This information is not shared with the Department of Defense."

- Male
- Female
- Transmale, or transman, or female-to-male.
- Transfemale, or transwoman, or male-to-female.
- Other (please specify)
- Individual chooses not to answer

If Self-Identified Gender Identity (self-report) is "Other", please specify: _____

Race

- American Indian/Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Black or African American
- White
- More than one race
- Other
- Unknown/Not reported

Ethnicity

- Not Hispanic or Latino
- Hispanic or Latino
- Unknown/Not reported

Religion

- Protestant
- Catholic
- Jewish
- Muslim/Islam
- Other
- None
- No reply

Marital Status

- Married
- Living as married (i.e., co-habiting)
- Widowed
- Divorced
- Separated
- Never married
- No reply

NAME INFORMATION

First Name _____

Middle Initial _____

Last Name _____

Social Security Number
nnn-nn-nnnn _____

Medical Insurance Carrier

- Medicaid
- Medicare
- Private
- Self-pay
- VA health benefits

How did you hear about this study?

- Doctor Referral
- Friend
- Flyer
- Research coordinator
- Letter
- Clinicaltrials.gov web site
- Other (please specify)

If you chose "Other", please specify how you heard about this study. _____

Clinical Comments: _____

Patient Locator Form

Patient Contact Information

Last Name _____

First Name _____

Home Street Address _____

City _____

State

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Puerto Rico
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

Zipcode

E-mail address

Home Phone (nnn-xxx-nxxx)

Cell Phone (nnn-xxx-nxxx)

Best Times to Call

OK to identify ourselves as study staff

- Yes
- No
- Other

If other, explain

First Alternate Contact Information

Relationship to Patient

- Spouse
- Mother
- Father
- Sibling
- Friend
- Other

Last Name

First Name

Home Street Address

City

State

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Puerto Rico
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

Zipcode

E-mail address

Home Phone (nnn-xxx-nxxx)

Cell Phone (nnn-xxx-nxxx)

Best Times to Call

OK to identify ourselves as study staff

- Yes
- No
- Other

If other, explain

Second Alternate Contact Information

Relationship to Patient

- Spouse
- Mother
- Father
- Sibling
- Friend
- Other

Last Name

First Name

Home Street Address

City

State

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Puerto Rico
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

Zipcode

E-mail address

Home Phone (nnn-xxx-nxxx)

Cell Phone (nnn-xxx-nxxx)

Best Times to Call

OK to identify ourselves as study staff

- Yes
- No
- Other

If other, explain

Third Alternate Contact Information

Relationship to Patient

- Spouse
- Mother
- Father
- Sibling
- Friend
- Other

Last Name

First Name

Home Street Address

City

State

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Puerto Rico
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

Zipcode

E-mail address

Home Phone (nnn-xxx-nxxx)

Cell Phone (nnn-xxx-nxxx)

Best Times to Call

OK to identify ourselves as study staff

- Yes
- No
- Other

If other, explain

Fourth Alternate Contact Information

Relationship to Patient?

- Spouse
- Mother
- Father
- Sibling
- Friend
- Other

Last Name

First Name

Home Street Address

City

State

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Puerto Rico
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

Zipcode

E-mail address

Home Phone (nnn-xxx-nxxx)

Cell Phone (nnn-xxx-nxxx)

Best Times to Call

OK to identify ourselves as study staff

- Yes
- No
- Other

If other, explain

Fifth Alternate Contact Information

Relationship to Patient

- Spouse
- Mother
- Father
- Sibling
- Friend
- Other

Last Name

First Name

Home Street Address

City

State

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Puerto Rico
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

Zipcode

E-mail address

Home Phone (nnn-xxx-nxxx)

Cell Phone (nnn-xxx-nxxx)

Best Times to Call

OK to identify ourselves as study staff

- Yes
- No
- Other

If other, explain

Clinical Comments:

Baseline Labs Plus Form

Form Creation Date _____

If response not otherwise provided, indicate "Unable to Obtain Results" or "Not Applicable " as: -99

For FEMALE PATIENTS ONLY, Pregnancy Test is required at BASELINE, all other visits if Clinically Indicated.

Visit Date: _____

Breathalyzer results _____

Exhaled carbon monoxide results:
Only for patients who smoke cigarettes.
Value previously collected at Screening: _____

Exhaled carbon monoxide results:
Only for patients who smoke cigarettes. _____

(For patients who do NOT smoke cigarettes, please enter '-99' for "Not applicable")

Please enter both Height fields (e.g., 6'3" =[Height: feet 6] and[Height: Inches 3])

Height: feet _____

Height: Inches _____

Weight (lbs) _____

Body Mass Index (BMI): _____

Absolute CD4 cells/mm³ _____

CD4:CD8 ratio _____

% CD4 _____

HIV Viral Load detectable? _____

Value previously collected at Screening:
1 = YES
0 = NO

HIV Viral Load detectable?

- Yes
- No

HIV Viral Load Numeric Value _____

Value previously collected at Screening:

HIV Viral Load Numeric Value _____

HIV Viral Load limit of detection _____

Value previously collected at Screening: _____

HIV Viral Load limit of detection _____

Hemoglobin (g/dL) _____

Hematocrit (%) _____

Platelet Count _____

Value previously collected at Screening: _____

Platelet Count _____

Serum Creatinine _____

AST (SGOT) _____

Value previously collected at Screening: _____

AST (SGOT) _____

ALT(SGPT) _____

Value previously collected at Screening: _____

ALT(SGPT) _____

Albumin _____

Hepatitis C Antibody _____

Value previously collected at Screening: _____

0 = Negative
1 = Positive
-99 = Unable to obtain

Hepatitis C Antibody Negative
 Positive
 Unable to obtain

HEP C Viral Load detectable? _____

Value previously collected at Screening: _____

0, No
1, Yes
-99, Unable to obtain
-88, Not indicated

HEP C Viral Load detectable? No
 Yes
 Unable to obtain
 Not indicated

HEP C Viral Load Numeric Value _____

Value previously collected at Screening: _____

HEP C Viral Load Numeric Value

PEth (ng/mL)

FIB-4 (Age (yrs) X AST/(Platelet count X (ALT^{1/2})))

Value previously collected at Screening:

FIB-4 (Age (yrs) X AST/(Platelet count X (ALT^{1/2})))

(if this field shows '0', confirm you have collected values in PreScreening or Baseline Age, PreScreening or Baseline AST, PreScreening or Baseline ALT, and PreScreening or Baseline Platelet Count)

Urine Pregnancy Test

- Negative
- Positive
- Not clinically indicated
- Unable to obtain

IF pregnant during baseline, patient is not currently eligible. Delete "PreScreening Participant Data" form and re-screen in the future.

VACS Index: enter result of VACS Index Calculator

To access the VACS Index Calculator, please use the 'VACS Index Calculator' in the Bookmarks on the left of your screen

OR

use this URL:
<https://vacs.med.yale.edu/calculator/IC>

Clinical Comments:

Follow Up Labs Plus Form

Form Creation Date _____

If response not otherwise provided, indicate "Unable to Obtain Results" or "Not Applicable " as: -99

For FEMALE PATIENTS ONLY, Pregnancy Test is required at BASELINE, all other visits if Clinically Indicated.

Study Time Point

- Week 12
- Week 24
- Month 9
- Month 12
- Unscheduled Visit

Visit Date: _____

Age at Visit for calculation accuracy _____

Breathalyzer results _____

Exhaled carbon monoxide results:
Only for patients who smoke cigarettes. _____

(For patients who do NOT smoke cigarettes, please enter '-99' for "Not applicable")

Please enter both Height fields (e.g., 6'3" =[Height: feet 6] and[Height: Inches 3])

Height: feet _____

Height: Inches _____

Weight (lbs) _____

Body Mass Index (BMI): _____

Absolute CD4 cells/mm³ _____

CD4:CD8 ratio _____

% CD4 _____

HIV Viral Load detectable?

- Yes
- No

HIV Viral Load Numeric Value _____

HIV Viral Load limit of detection _____

Hemoglobin (g/dL) _____

Hematocrit (%) _____

Platelet Count _____

Serum Creatinine _____

SGOT (AST) _____

SGPT (ALT) _____

Albumin _____

Hepatitis C Antibody
 Negative
 Positive
 Unable to obtain

HEP C Viral Load detectable?
 No
 Yes
 Unable to obtain
 Not indicated

HEP C Viral Load Numeric Value _____

PEth drawn?
 No- explain below
 Yes

If PEth NOT drawn, please explain why: _____

Date PEth drawn: (mm-dd-yyyy) _____

Authorization from FIRST Trial study coordinator to send PEth drawn to testing facility :
 Yes
 No

PEth results date: _____

PEth < 8 ng/mL?
 Yes (enter value)
 No (enter value)
 QNS

PEth (ng/mL) _____

if value < 8, enter: -8

If PEth test result = QNS, draw a 2nd PEth test and enter the 2nd PEth test information in the following fields:

2nd Test: Date PEth drawn: (mm-dd-yyyy) _____

2nd Test: Authorization from FIRST Trial study coordinator to send PEth drawn to testing facility :
 Yes
 No

2nd Test: PEth results date: _____

2nd Test: PEth < 8 ng/mL?
 Yes (enter value)
 No (enter value)
 QNS

2nd Test: PEth (ng/mL) _____

if value < 8, enter: -8

FIB-4 (Age (yrs) X AST/(Platelet count X (ALT^{1/2}))) _____

Urine Pregnancy Test
 Negative
 Positive
 Not clinically indicated
 Unable to obtain

VACS Index: enter result of VACS Index Calculator

(To access the VACS Index Calculator, please use the 'VACS Index Calculator' in the Bookmarks on the left of your screen

OR

use this URL:
<https://vacs.med.yale.edu/calculator/IC>)

Clinical Comments:

Psychoactive Medications

PSYCHOACTIVE MEDICATIONS THAT MAY INTERACT WITH ALCOHOL

Form Creation Date

Study Time Point

- Screening
- Week 12
- Week 24
- Month 9
- Month 12
- Unscheduled Visit

Visit Date:

Does the patient have an ACTIVE prescription for any of following medications?

- Yes
 No
((*exclude cough suppressants (e.g., guaifenesin with codeine)))

Alprazolam
Amitriptyline
Amoxapine
Aripiprazole

Baclofen
Buprenorphine (transdermal only)
Bupropion
Buspirone
Butorphanol

Carbamazepine
Carisoprodol
Chloral hydrate
Chlordiazepoxide
Chlorpromazine
Chlorzoxazone
Citalopram
Clomipramine
Clonazepam
Clorazepate
Clozapine
Codeine
Cyclobenzaprine

Dantrolene
Desipramine
Diazepam
Divalproex
Doxepin
Duloxetine

Escitalopram
Eszopiclone

Fentanyl
Fluoxetine
Fluphenazine
Flurazepam
Fluvoxamine

Haloperidol
Hydrocodone
Hydromorphone

Imipramine

Lacosamide
Lamotrigine
Levetiracetam
Lithium
Lorazepam
Loxapine
Lurasidone

Meperidine
Meprobamate
Mesoridazine besylate
Metaxalone
Methadone
Methocarbamol
Midazolam
Mirtazapine
Molindone
Morphine

Nortriptyline

Olanzapine

Orphenadrine citrate

Oxazepam

Oxcarbazepine

Oxycodone

Paliperidone

Paroxetine

Pentazocine

Perphenazine

Phenelzine sulfate

Phenobarbital

Phenytoin

Primidone

Propoxyphene

Protriptyline

Quetiapine

Ramelteon

Risperidone

Sertraline

Temazepam

Thioridazine

Thiothixene

Tiagabine

Tizanidine

Tramadol

Tranylcypromine

Trazodone

Triazolam

Trifluoperazine

Valproic acid

Venlafaxine

Zaleplon

Ziprasidone

Zolpidem

Zonisamide

If the patient has an ACTIVE prescription for any of these medications, CHOOSE ALL THAT APPLY.

((*exclude cough suppressants (e.g., guaifenesin with codeine)))

- Alprazolam
- Amitriptyline
- Amoxapine
- Aripiprazole
- Baclofen
- Buprenorphine (transdermal only)
- Bupropion
- Buspirone
- Butorphanol
- Carbamazepine
- Carisoprodol
- Chloral hydrate
- Chlordiazepoxide
- Chlorpromazine
- Chlorzoxazone
- Citalopram
- Clomipramine
- Clonazepam
- Clorazepate
- Clozapine
- Codeine
- Cyclobenzaprine
- Dantrolene
- Desipramine
- Diazepam
- Divalproex
- Doxepin
- Duloxetine
- Escitalopram
- Eszopiclone
- Fentanyl
- Fluoxetine
- Fluphenazine
- Flurazepam
- Fluvoxamine
- Haloperidol
- Hydrocodone
- Hydromorphone
- Imipramine
- Lacosamide
- Lamotrigine
- Levetiracetam
- Lithium
- Lorazepam
- Loxapine
- Lurasidone
- Meperidine
- Meprobamate
- Mesoridazine besylate
- Metaxalone
- Methadone
- Methocarbamol
- Midazolam
- Mirtazapine
- Molindone
- Morphine
- Nefazodone
- Nortriptyline
- Olanzapine
- Orphenadrine citrate
- Oxazepam
- Oxcarbazepine
- Oxycodone
- Paliperidone
- Paroxetine
- Pentazocine

- Perphenazine
- Phenezine sulfate
- Phenobarbital
- Phenytoin
- Primidone
- Propoxyphene
- Protriptyline
- Quetiapine
- Ramelteon
- Risperidone
- Sertraline
- Temazepam
- Thioridazine
- Thiothixene
- Tiagabine
- Tizanidine
- Tramadol
- Tranylcypromine
- Trazodone
- Triazolam
- Trifluoperazine
- Valproic acid
- Venlafaxine
- Zalepelon
- Ziprasidone
- Zolpidem
- Zonisamide

ALPRAZOLAM

Alprazolam

What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_alpraz_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Alprazolam

How many days were supplied via this fill?

Alprazolam

Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO

1 = YES

AMITRIPTYLINE

Amitriptyline

What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_amitri_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Amitriptyline

How many days were supplied via this fill?

Amitriptyline

Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

AMOXAPINE

Amoxapine

What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_amoxap_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Amoxapine

How many days were supplied via this fill?

Amoxapine

Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

ARIPIPRAZOLE

Aripiprazole

What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_aripip_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Aripiprazole

How many days were supplied via this fill?

Aripiprazole

Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

BACLOFEN

Baclofen

What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_baclof_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Baclofen

How many days were supplied via this fill?

Baclofen

Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

BUPRENORPHINE (TRANSDERMAL)

Buprenorphine (transdermal)

What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_bupren_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Buprenorphine (transdermal)

How many days were supplied via this fill?

Buprenorphine (transdermal)

Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

BUPROPRION

Bupropion

What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_buprop_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Bupropion

How many days were supplied via this fill?

Bupropion

Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

BUSPIRONE

Buspirone

What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_buspir_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Buspirone

How many days were supplied via this fill?

Buspirone

Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

BUTORPHANOL

Butorphanol

What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_butorp_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Butorphanol

How many days were supplied via this fill?

Butorphanol

Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

CARBAMAZEPINE

Carbamazepine

What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_carbam_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Carbamazepine

How many days were supplied via this fill?

Carbamazepine

Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

CARISOPRODOL

Carisoprodol

What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_cariso_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Carisoprodol

How many days were supplied via this fill?

Carisoprodol

Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

CHLORAL HYDRATE

Chloral hydrate

What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_chlora_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Chloral hydrate

How many days were supplied via this fill?

Chloral hydrate
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

CHLORDIAZEPOXIDE

Chlordiazepoxide
What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_chlord_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Chlordiazepoxide
How many days were supplied via this fill?

Chlordiazepoxide
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

CHLORPROMAZINE

Chlorpromazine
What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_chlorp_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Chlorpromazine
How many days were supplied via this fill?

Chlorpromazine
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

CHLORZOAZONE

Chlorzoxazone

What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_chlorz_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Chlorzoxazone

How many days were supplied via this fill?

Chlorzoxazone

Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

CITALOPRAM

Citalopram

What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_citalo_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Citalopram

How many days were supplied via this fill?

Citalopram

Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

CLOMIPRAMINE

Clomipramine

What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_clomip_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Clomipramine

How many days were supplied via this fill?

Clomipramine
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

[CLONAZEPAM]

Clonazepam
What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_clonaz_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Clonazepam
How many days were supplied via this fill?

Clonazepam
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

CLORAZEPATE

Clorazepate
What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_cloraz_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Clorazepate
How many days were supplied via this fill?

Clorazepate
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

[CLOZAPINE]

Clozapine
What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_clozap_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Clozapine
How many days were supplied via this fill?

Clozapine
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

[CODEINE]

Codeine
What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_codein_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Codeine
How many days were supplied via this fill?

Codeine
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

[CYCLOBENZAPRINE]

Cyclobenzaprine
What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_cyclob_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Cyclobenzaprine
How many days were supplied via this fill?

Cyclobenzaprine
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

DANTROLENE

Dantrolene
What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_dantro_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Dantrolene
How many days were supplied via this fill?

Dantrolene
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

[DESIPRAMINE]

Desipramine
What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_desipr_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Desipramine
How many days were supplied via this fill?

Desipramine
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

[DIAZEPAM]

Diazepam

What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_diazep_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Diazepam

How many days were supplied via this fill?

Diazepam

Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

DIVALPROEX

Divalproex

What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_divalp_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Divalproex

How many days were supplied via this fill?

Divalproex

Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

DOXEPIN

Doxepin

What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_doxepi_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Doxepin

How many days were supplied via this fill?

Doxepin

Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

[DULOXETINE]

Duloxetine

What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_duloxe_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Duloxetine

How many days were supplied via this fill?

Duloxetine

Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

[ESCITALOPRAM]

Escitalopram

What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_escita_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Escitalopram

How many days were supplied via this fill?

Escitalopram

Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

[ESZOPICLONE]

Eszopiclone

What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_eszopi_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Eszopiclone

How many days were supplied via this fill?

Eszopiclone

Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

FENTANYL

Fentanyl

What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrxentan_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Fentanyl

How many days were supplied via this fill?

Fentanyl

Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

FLUOXETINE

Fluoxetine

What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrxluoxe_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Fluoxetine
How many days were supplied via this fill?

Fluoxetine
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

□FLUPHENAZINE□

Fluphenazine
What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrxluphe_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Fluphenazine
How many days were supplied via this fill?

Fluphenazine
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

□FLURAZEPAM□

Flurazepam
What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrxluraz_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Flurazepam
How many days were supplied via this fill?

Flurazepam
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

□FLUVOXAMINE□

Fluvoxamine

What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrxluvox_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Fluvoxamine

How many days were supplied via this fill?

Fluvoxamine

Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

[HALOPERIDOL]

Haloperidol

What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_halope_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Haloperidol

How many days were supplied via this fill?

Haloperidol

Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

[HYDROCODONE]

Hydrocodone

What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_hydroc_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Hydrocodone

How many days were supplied via this fill?

Hydrocodone
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

□HYDROMORPHONE□

Hydromorphone
What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_hydrom_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Hydromorphone
How many days were supplied via this fill?

Hydromorphone
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

□IMIPRAMINE□

Imipramine
What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_imipra_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Imipramine
How many days were supplied via this fill?

Imipramine
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

LACOSAMIDE□

Lacosamide

What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_lacosa_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Lacosamide

How many days were supplied via this fill?

Lacosamide

Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

LAMOTRIGINE

Lamotrigine

What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_lamotr_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Lamotrigine

How many days were supplied via this fill?

Lamotrigine

Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

LEVETIRACETAM

Levetiracetam

What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_leveti_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Levetiracetam

How many days were supplied via this fill?

Levetiracetam

Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

□LITHIUM□

Lithium

What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_lithiu_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Lithium

How many days were supplied via this fill?

Lithium

Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

□LORAZEPAM□

Lorazepam

What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_loraze_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Lorazepam

How many days were supplied via this fill?

Lorazepam

Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

□LOXAPINE□

Loxapine

What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_loxapi_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Loxapine

How many days were supplied via this fill?

Loxapine

Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

LURASIDONE

Lurasidone

What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_lurasi_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Lurasidone

How many days were supplied via this fill?

Lurasidone

Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

MEPERIDINE

Meperidine

What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_meperi_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Meperidine

How many days were supplied via this fill?

Meperidine

Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

□MEPROBAMATE□

Meprobamate

What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_meprob_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Meprobamate

How many days were supplied via this fill?

Meprobamate

Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

□MESORIDAZINE BESYLATE□

Mesoridazine besylate

What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_mesori_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Mesoridazine besylate

How many days were supplied via this fill?

Mesoridazine besylate

Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

□METAXALONE□

Metaxalone

What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_metaxa_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Metaxalone
How many days were supplied via this fill?

Metaxalone
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

[METHADONE]

Methadone
What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_methad_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Methadone
How many days were supplied via this fill?

Methadone
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

[METHOCARBAMOL]

Methocarbamol
What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_methoc_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Methocarbamol
How many days were supplied via this fill?

Methocarbamol

Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

□MIDAZOLAM□

Midazolam

What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_midazo_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Midazolam

How many days were supplied via this fill?

Midazolam

Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

□MIRTAZAPINE□

Mirtazapine

What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_mirtaz_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Mirtazapine

How many days were supplied via this fill?

Mirtazapine

Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

□MOLINDONE□

Molindone

What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_molind_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Molindone
How many days were supplied via this fill?

Molindone
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

□MORPHINE□

Morphine
What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_morphi_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Morphine
How many days were supplied via this fill?

Morphine
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

□NEFAZODONE□

Nefazodone
What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_nefazo_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Nefazodone
How many days were supplied via this fill?

Nefazodone
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

[NORTRIPTYLINE]

Nortriptyline
What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_nortri_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Nortriptyline
How many days were supplied via this fill?

Nortriptyline
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

[OLANZAPINE]

Olanzapine
What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_olanza_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Olanzapine
How many days were supplied via this fill?

Olanzapine
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

[ORPHENADRINE CITRATE]

Orphenadrine citrate
What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_orphen_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Orphenadrine citrate
How many days were supplied via this fill?

Orphenadrine citrate
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

OXAZEPAM

Oxazepam
What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_oxazep_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Oxazepam
How many days were supplied via this fill?

Oxazepam
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

OXCARBAZEPINE

Oxcarbazepine
What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_oxcarb_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Oxcarbazepine
How many days were supplied via this fill?

Oxcarbazepine
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

OXYCODONE

Oxycodone
What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_oxycod_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Oxycodone
How many days were supplied via this fill?

Oxycodone
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

PALIPERIDONE

Paliperidone
What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_palipec_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Paliperidone
How many days were supplied via this fill?

Paliperidone
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

PAROXETINE

Paroxetine
What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_paroxxe_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Paroxetine
How many days were supplied via this fill?

Paroxetine
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

□PENTAZOCINE□

Pentazocine
What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_pentaz_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Pentazocine
How many days were supplied via this fill?

Pentazocine
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

□PERPHENAZINE□

Perphenazine
What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_perphe_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Perphenazine
How many days were supplied via this fill?

Perphenazine
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

□PHENELZINE SULFATE□

Phenelzine sulfate
What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_phenel_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Phenelzine sulfate
How many days were supplied via this fill?

Phenelzine sulfate
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

PHENOBARBITAL□

Phenobarbital
What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_phenob_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Phenobarbital
How many days were supplied via this fill?

Phenobarbital
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

□PHENYTOIN□

Phenytoin
What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_phenyt_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Phenytoin
How many days were supplied via this fill?

Phenytoin
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

□PRIMIDONE□

Primidone
What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_primid_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Primidone
How many days were supplied via this fill?

Primidone
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

□PROPOXYPHENE□

Propoxyphene
What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_propox_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Propoxyphene
How many days were supplied via this fill?

Propoxyphene
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

□PROTRIPTYLINE□

Protriptyline
What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_protri_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Protriptyline
How many days were supplied via this fill?

Protriptyline
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

□QUETIAPINE□

Quetiapine
What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_quetia_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Quetiapine
How many days were supplied via this fill?

Quetiapine
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

□RAMELTEON□

Ramelteon
What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_ramelte_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Ramelteon
How many days were supplied via this fill?

Ramelteon
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

[RISPERIDONE]

Risperidone
What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_risper_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Risperidone
How many days were supplied via this fill?

Risperidone
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

[SERTRALINE]

Sertraline
What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_sertra_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Sertraline
How many days were supplied via this fill?

Sertraline

Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

□TEMAZEPAM□

Temazepam

What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_temaze_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Temazepam

How many days were supplied via this fill?

Temazepam

Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

□THIORIDAZINE□

Thioridazine

What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_thiori_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Thioridazine

How many days were supplied via this fill?

Thioridazine

Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

□THIOTHIXENE□

Thiothixene

What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_thioth_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Thiothixene
How many days were supplied via this fill?

Thiothixene
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

TIAGABINE

Tiagabine
What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_tilagab_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Tiagabine
How many days were supplied via this fill?

Tiagabine
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

TIZANIDINE

Tizanidine
What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_tizani_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Tizanidine
How many days were supplied via this fill?

Tizanidine

Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

☐TRAMADOL☐

Tramadol

What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_tramad_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Tramadol

How many days were supplied via this fill?

Tramadol

Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

☐TRANLYCYPROMINE☐

Tranlycypromine

What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_tranyl_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Tranlycypromine

How many days were supplied via this fill?

Tranlycypromine

Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

☐TRAZODONE☐

Trazodone

What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_trazod_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Trazodone
How many days were supplied via this fill?

Trazodone
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

□TRIAZOLAM□

Triazolam
What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_triazo_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Triazolam
How many days were supplied via this fill?

Triazolam
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

□TRIFLUOPERAZINE□

Trifluoperazine
What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_triflu_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Trifluoperazine
How many days were supplied via this fill?

Trifluoperazine
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

[VALPROIC ACID]

Valproic Acid
What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_valpro_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Valproic Acid
How many days were supplied via this fill?

Valproic Acid
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

[VENLAFAXINE]

Venlafaxine
What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_venlaf_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Venlafaxine
How many days were supplied via this fill?

Venlafaxine
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

[ZALEPELON]

Zalepelon
What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_zalepe_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Zalepelon
How many days were supplied via this fill?

Zalepelon
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

[ZIPRASIDONE]

Ziprasidone
What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_zipras_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Ziprasidone
How many days were supplied via this fill?

Ziprasidone
Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

[ZOLPIDEM]

Zolpidem
What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_zolpid_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Zolpidem
How many days were supplied via this fill?

Zolpidem

Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

ZONISAMIDE

Zonisamide

What was the date of the most recent fill of at least a 30 days supply within the past 90 days?

This fill date was [psyrx_zonisa_days] days from the date of record review.

The fill date provided is NOT within the past 90 days.

Please review information.

Zonisamide

How many days were supplied via this fill?

Zonisamide

Is this a CURRENT and ACTIVE supply of at least 30 days?

0 = NO
1 = YES

Does the patient meet criteria for receiving a psychoactive medication that may interact with alcohol? (autopopulated based on the above)

1= YES
0= NO

CLINICAL COMMENTS:

Initial EMR Screening

Form Creation Date _____

Has patient been previously screened for FIRST Trial study?

- Yes
 No

If patient has been previously screened for FIRST Trial study, how many times? _____

ELECTRONIC MEDICAL RECORD REVIEW FOR INITIAL STUDY SCREENING:

a. Has patient NOT been PREVIOUSLY ENROLLED in the FIRST Trial?

- Yes
 No

b. Is HIV infected

- Yes
 No

c. NOT currently engaged in formal alcohol treatment (i.e. intensive outpatient program; currently prescribed disulfiram, acamprosate or naltrexone)

- Yes
 No

d. NOT currently pregnant

- Yes
 No
 Not applicable (male)

e. NOT terminally medically ill

- Yes
 No

f. NOT psychiatrically unstable

- Yes
 No

BASED ON REVIEW OF THE ELECTRONIC MEDICAL RECORD, IS THE PARTICIPANT ELIGIBLE FOR INITIAL STUDY SCREENING: _____

1= Yes

0= No

IF "YES" TO ALL ABOVE ITEMS (a - f), PROCEED TO "AUDIT-C".

IF "NO" to ANY of the above items (a - f), patient is not currently eligible. Delete "PreScreening Participant Data" form and re-screen in the future.

Clinical Comments: _____

Audit C And NIAAA Screener

Form Creation Date _____

AUDIT-C Questionnaire

Date of Visit
(mm-dd-yyyy) _____

1. How often do you have a drink containing alcohol?
- a. Never
 b. Monthly or less
 c. 2-4 times a month
 d. 2-3 times a week
 e. 4 or more times a week
2. How many standard drinks containing alcohol do you have on a typical day?
- a. 1 or 2
 b. 3 or 4
 c. 5 or 6
 d. 7 to 9
 e. 10 or more
3. How often do you have six or more drinks on one occasion?
- a. Never
 b. Less than monthly
 c. Monthly
 d. Weekly
 e. Daily or almost daily

AUDIT-C Score: _____

NIAAA Single Item Screener

1. "How many times in the past year have you had 5 or more drinks in a day?" _____

1. "How many times in the past year have you had 4 or more drinks in a day?" _____

The patient is NOT currently eligible for the FIRST Trial Study.

Please SAVE this form. No further assessments should be collected for this patient.

Confirm DELETION of this patient's "Screening Participant Data" form per "Compound Authorization and Consent for Screening Research Project".

Clinical Comments: _____

Gambling Assessment Screener

Form Creation Date _____

Have you ever tried to stop or reduce gambling because it was causing you problems?

- No
 Yes

If no, you have completed this form.

Thank you.

Date of Visit
(mm-dd-yyyy) _____

Directions: Answer each item as NO or YES or N/A (not applicable).

1a. Have there ever been periods lasting two weeks or longer when you spent a lot of time thinking about your gambling experiences or planning out future gambling ventures or bets?

- No
 Yes

1b. Have there ever been periods lasting two weeks or longer when you spent a lot of time thinking about ways of getting money to gamble with?

- No
 Yes

2a. Have there ever been periods when you needed to gamble with increasing amounts of money or with larger bets than before in order to get the same feeling of excitement?

- No
 Yes

3. Have you ever tried to stop, cut down, or control your gambling?

- No
 Yes

3a. If you have ever tried to stop, cut down or control your gambling, were you restless or irritable during those times?

- N/A
 No
 Yes

4. Have you ever tried but not succeeded in stopping, cutting down, or controlling your gambling?

- No
 Yes

4a. If you have ever tried to stop, cut down, or control your gambling, has this happened three or more times?

- N/A
 No
 Yes

5a. Have you ever gambled to relieve uncomfortable feelings such as guilt, anxiety, helplessness, or depression?

- No
 Yes

5b. Have you ever gambled as a way to escape from personal problems?

- No
 Yes

6a. Has there ever been a period when, if you lost money gambling one day, you would return another day to get even?

- No
 Yes

7. Have you ever lied to family members, friends, or others about how much you gamble, or how much money you lost on gambling? No Yes

7a. If you have ever lied to family members, friends or others about gambling, has this happened three or more times? N/A No Yes

9a. Has your gambling ever caused serious or repeated problems in your relationships with any of your family members or friends? No Yes

9b. If you are in school, has your gambling caused you any problems in school, such as missing classes or days of school or your grades dropping? No Yes

9c. Has your gambling ever caused you to lose a job, have trouble with your job, or miss out on an important job or career opportunity? No Yes

10a. Have you ever needed to ask family members or anyone else to loan you money or otherwise bail you out of a desperate money situation that was largely caused by your gambling? No Yes

NODS Score: _____

Clinical Comments: _____

The patient is not currently eligible for participation in the FIRST Trial. Please delete the "PreScreening Participant Data" form and consider re-screening in the future.

Q: 1a-10aNational Opinion Research Center DSM Screen for Gambling Problems (NODS)

TLFB Past 21 Days

Form Creation Date _____

TLFB Details of Last 21 Days

Study Time Point

- Screening
- Week 12
- Week 24
- Month 9
- Month 12
- Unscheduled Visit

Date of TLFB completion by participant (mm-dd-yyyy) _____

Start Date (Day 1) (mm-dd-yyyy) _____

End Date (Day 21, yesterday) (mm-dd-yyyy) _____

The reporting dates above do not reflect a 21 day period. Please review.

Day 1 _____

Day 2 _____

Day 3 _____

Day 4 _____

Day 5 _____

Day 6 _____

Day 7 _____

Day 8 _____

Day 9 _____

Day 10 _____

Day 11 _____

Day 12 _____

Day 13 _____

Day 14 _____

Day 15 _____

Day 16 _____

Day 17 _____

Day 18 _____

Day 19 _____

Day 20 _____

Day 21 (yesterday) _____

Timeline Followback Calendar- Summary
(use past 21 days)

1. What is the total number of average drinks per week? _____

2. Did the patient drink more than 4 drinks on any given day? _____

1 = Yes
 0 = No

2. Did the patient drink more than 3 drinks on any given day? _____

1 = Yes
 0 = No

3. Does the patient drink an average of one or more drinks per day? _____

1 = Yes
 0 = No

The patient is NOT currently eligible for the FIRST Trial study.

Please SAVE this form. No further assessments should be collected for this patient.

Confirm DELETION of this patient's "PreScreening Participant Data" form per "Compound Authorization and Consent for Screening Research Project".

Clinical Comments: _____

Screening At Risk Drinking HivHcvFib4Psymed

Form Creation Date _____

SCREENING: AT-RISK DRINKING and HIV/HCV/FIB-4/PSY MED Criteria

SCREENING: AT-RISK DRINKING determination for PETH

Date (mm-dd-yyyy): _____

Average drinks per week (TLFB)

Total number of average drinks per week > 14: Men < = 65 years old _____

Total number of average drinks per week > 7: Men > 65 years old _____

Total number of average drinks per week > 7: Women _____

Drinks on any given day (TLFB)

Drinks more than 4 drinks on any given day: Men < = 65 years old _____

Drinks more than 3 drinks on any given day: Men > 65 years old or ALL women: _____

1=Yes
0=No

Does the patient meet the screening criteria for At-Risk Drinking based on the following? _____

1= YES, if the patient is drinking an average of one or more drinks per day, AND if one or more of the above questions is "Yes"

0= NO, if the patient is NOT drinking an average of one or more drinks per day, OR if ALL of the above questions are "No"

YES - Patient meets screening criteria for At-Risk Drinking. Save this form and SEND PATIENT FOR PETH.

No further assessments collected until PETH result is received.

SCREENING HIV, HCV, FIB-4, PSYCHOACTIVE MEDICATION determination for PETH

a. Detectable HIV viral load, defined as >200 copies/mL, in the past 60 days? _____

1=Yes
0=No

b. Detectable HCV viral load, defined as >0 IU/L, based on most recent labs? _____

1=Yes
0=No

c.Liver fibrosis with a FIB-4 score > 1.45 in the past 60 days?

1=Yes
0=No

d.Psychoactive medication that potentially interacts with alcohol?

1=Yes
0=No

Does the patient meet the screening criteria for HIV, HCV, FIB-4, or PSYCHOACTIVE MEDICATIONS determining order for PETH?

1= YES, if the patient is drinking an average of one or more drinks per day, AND if one or more of the above questions is "Yes"

0= NO, if the patient is NOT drinking an average of one or more drinks per day, OR if ALL of the above questions are "No"

YES - Patient meets criteria for HIV, HCV, FIB-4, or PSYCHOACTIVE MEDICATIONS. Save this form and SEND PATIENT FOR PETH.

NO - Patient does NOT meet above interim criteria for eligibility for the FIRST Trial. Save this form, and CONTINUE SCREENING ASSESSMENTS.

Clinical Comments:

Gambling Assessment Baseline

This form was completed at "SCREENING". Please 'SAVE' this form and proceed to next form.

DIRECTIONS: ANSWER EACH ITEM AS: NO or YES, or N/A (not applicable) .

Visit Date: _____

- 1a. Have there ever been periods lasting two weeks or longer when you spent a lot of time thinking about your gambling experiences or planning out future gambling ventures or bets? No
 Yes
- 1b. Have there ever been periods lasting two weeks or longer when you spent a lot of time thinking about ways of getting money to gamble with? No
 Yes
- 2a. Have there ever been periods when you needed to gamble with increasing amounts of money or with larger bets than before in order to get the same feeling of excitement? No
 Yes
3. Have you ever tried to stop, cut down, or control your gambling? No
 Yes
- 3a. If you have ever tried to stop, cut down or control your gambling, were you restless or irritable during those times? N/A
 No
 Yes
4. Have you ever tried but not succeeded in stopping, cutting down, or controlling your gambling? No
 Yes
- 4a. If you have ever tried to stop, cut down, or control your gambling, has this happened three or more times? N/A
 No
 Yes
- 5a. Have you ever gambled as a way to escape from personal problems? No
 Yes
- 5b. Have you ever gambled to relieve uncomfortable feelings such as guilt, anxiety, helplessness, or depression? No
 Yes
- 6a. Has there ever been a period when, if you lost money gambling one day, you would return another day to get even? No
 Yes
7. Have you ever lied to family members, friends, or others about how much you gamble, or how much money you lost on gambling? No
 Yes
- 7a. If you have ever lied to family members, friends or others about gambling, has this happened three or more times? N/A
 No
 Yes

9a. Has your gambling ever caused serious or repeated problems in your relationships with any of your family members or friends?

- No
- Yes

9b. If you are in school, has your gambling caused you any problems in school, such as missing classes or days of school or your grades dropping?

- No
- Yes

9c. Has your gambling ever caused you to lose a job, have trouble with your job, or miss out on an important job or career opportunity?

- No
- Yes

10a. Have you ever needed to ask family members or anyone else to loan you money or otherwise bail you out of a desperate money situation that was largely caused by your gambling?

- No
- Yes

NODS Score:

Clinical Comments:

Q: 1a-10aNational Opinion Research Center DSM Bleen for Gambling Problems (NODS)

HRBS

CTN HIV RISK BEHAVIOR SCALE

Form Creation Date _____

Study Time Point

- Baseline
- Week 12
- Week 24
- Month 9
- Month 12
- Unscheduled Visit

CTN HIV RISK BEHAVIOR SCALE

Date assessment completed: _____

Injected Drug Use

1. How many times have you hit up (i.e., injected yourself with any drugs or were injected by someone else) in the last month?

- No times
- Once
- More than once
- Once a day
- 2-3 times a day
- More than three times a day

If no needle use in the last month, skip to question 7.

2. How many times in the last month have you used a needle after someone else had already used it? Please include the number of times you used a needle after your partner in addition to the number of times you used a needle after others.

- No times
- One time
- Two times
- 3-5 times
- 6-10 times
- More than 10 times

3. How many different people (including your partner) have used a needle before you in the last month?

- None
- One person
- Two people
- 3-5 people
- 6-10 people
- More than 10 people

4. How many times in the last month has someone else used a needle after you used it?

- No times
- One time
- Two times
- 3-5 times
- 6-10 times
- More than 10 times

5. How often, in the last month have you cleaned needles before re-using them?

- Does not re-use
- Every time
- Often
- Sometimes
- Rarely
- Never

6. Before using needles again, how often in the last month did you use bleach to clean them?

- Does not re-use
- Every time
- Often
- Sometimes
- Rarely
- Never

Sexual Behavior

7. How many people, including any regular partners, casual acquaintances and clients, have you had sex with in the last month?

- None
- One person
- Two people
- 3-5 people
- 6-10 people
- More than 10 people

If no sex in the last 30 days, you have completed the questionnaire.

THANK YOU FOR YOUR TIME.

8. How often, in the last month, have you used condoms when having sex with your regular partner(s)?

- No regular partner / No penetrative sex
- Every time
- Often
- Sometimes
- Rarely
- Never

9. How often, in the last month, have you used condoms when having sex with casual partners (acquaintances)?

- No casual partners / No penetrative sex
- Every time
- Often
- Sometimes
- Rarely
- Never

10. How often, in the last month, have you used condoms when you have been paid for sex with money or drugs or when you have paid for sex with money or drugs?

- No paid sex / No penetrative sex
- Every time
- Often
- Sometimes
- Rarely
- Never

11. How many times have you had anal sex in the last month?

- No times
- One time
- Two times
- 3-5 times
- 6-10 times
- More than 10 times

12. How often have you used condoms during anal sex in the last month?

- No regular partner / No penetrative sex
- Every time
- Often
- Sometimes
- Rarely
- Never

Clinical Comments:

You have completed the questionnaire.

THANK YOU FOR YOUR TIME.

ASI Lite CF

ADDICTION SEVERITY INDEX LITE - CF

Items in a black border, such as this one, are questions for the interviewer. Do not ask these questions of the client.

GENERAL INFORMATION

Form Creation Date _____

Study Time Point

- Baseline
- Week 24
- Month 12
- Unscheduled Visit

G5. Date of Interview: _____

G19. Have you been in a controlled environment in the past 30 days?

- No
- Jail
- Alcohol / Drug Treat.
- Medical Treatment
- Psychiatric Treatment
- Other
(A place, theoretically, without access to drugs/alcohol.)

If other, describe controlled environment: _____

G20. How many days?

(Refers to TOTAL number of days detained in the past 30 days.)

MEDICAL STATUS

M1. How many times in your life have you been hospitalized for medical problems?

(Include O.D.'s and D.T.'s. Exclude detox, alcohol/drug, psychiatric treatment and childbirth (if no complications). Enter the number of overnight hospitalizations for medical problems.)

M3. Do you have any chronic medical problems which continue to interfere with your life?

- Yes
- No
(If "Yes", specify in comments. A chronic medical condition is a serious physical condition that requires regular care, (i.e., medication, dietary restriction) preventing full advantage of their abilities.)

M3. Comments: _____

M4. Are you taking any prescribed medication on a regular basis for a physical problem?

- Yes
 No
 (If "Yes", specify in comments. Medication prescribed by a MD for medical conditions; not psychiatric medicines. Include medicines prescribed whether or not the patient is currently taking them. The intent is to verify chronic medical problems.)

M4. Comments:

M5. Do you receive a pension for a physical disability?

- Yes
 No
 (If Yes, specify in comments. Include Workers' compensation, exclude psychiatric disability)

M5. Comments:

M6. How many days have you experienced medical problems in the past 30 days?

(Do not include ailments directly caused by drugs/alcohol. Include flu, colds, etc. Include serious ailments related to drugs/alcohol, which would continue even if the patient were abstinent (e.g., cirrhosis of liver, abscesses from needles, etc.).)

M7. How troubled or bothered have you been by these medical problems in the past 30 days?

- Not at all
 Slightly
 Moderately
 Considerably
 Extremely
 (Restrict response to problem days of Question M6.)

M8. How important to you now is treatment for these medical problems?

- Not at all
 Slightly
 Moderately
 Considerably
 Extremely
 (Refers to the need for new or additional medical treatment by the patient.)

CONFIDENCE RATINGS

Is the above information significantly distorted by:

M10. Patient's misrepresentation?

- Yes
 No

M11. Patient's inability to understand?

- Yes
 No

Medical Comments (Include question number with your notes)

EMPLOYMENT / SUPPORT STATUS

E1. Education completed: years and months

(Enter number of years in first field, and the number of months in second field:
e.g., Years: 10 and Months: 5

E1. Education completed - years:

(GED = 12 years, note in comments. Include formal education only.)

E1. Education completed - months:

(Include formal education only.)

E1. Comments:

E2. Training or Technical education completed - months:

(Formal/organized training only. For military training, only include training that can be used in civilian life, i.e., electronics or computers.)

E4. Do you have a valid driver's license?

- Yes
 No
 (Valid license; not suspended/revoked.)

E5. Do you have an automobile available?

- Yes
 No
 (If answer to E4 is "No", then E5 must be "No". Does not require ownership, only requires availability on a regular basis.)

E6. How long was your longest full time job: years and months

(Enter number of years in first field, and the number of months in second field:
e.g., Years: 10 and Months: 5

E6. How long was your longest full time job- years:

(Full time = 35+ hours weekly; does not necessarily mean most recent job.)

E6. How long was your longest full time job- months:

(Full time = 35+ hours weekly; does not necessarily mean most recent job.)

E6. Comments:

E7. Usual (or last) occupation? (SPECIFY)

- Higher execs, major professionals, owners of large businesses
 Business managers if medium sized businesses, lesser professions
 Administrative personnel, managers, minor professionals, owners/proprietors of small businesses
 Clerical and sales, technicians, small businesses
 Skilled manual - usually having had training
 Semi-skilled
 Unskilled, including unemployed
 Homemaker
 Student, disabled, no occupation
 (Use Hollingshead Categories Reference Sheet)

E9. Does someone contribute the majority of your support?

- Yes
 No

E10. Usual employment pattern, past three years?

- Full time (35+ hours)
 Part time (regular hours)
 Part time (irregular hours)
 Student
 Service
 Retired/Disability
 Unemployed
 In controlled environment

(Answer should represent the majority of the last 3 years, not just the most recent selection. If there are equal times for more than one category, select that which best represents more current situation.)

E11. How many days were you paid for working in the past 30 days?

_____ (Include "under the table" work, paid sick days and vacation.)

FOR QUESTIONS E12-17:

HOW MUCH MONEY DID YOU RECEIVE FROM THE FOLLOWING SOURCES IN THE PAST 30 DAYS?

E12. Employment?

_____ (Received in the past 30 days- Net or "take home" pay, include any "under the table" money.)

E13. Unemployment Compensation?

_____ (Received in the past 30 days)

E14. Welfare?

_____ (Received in the past 30 days- Include food stamps, transportation money provided by an agency to go to and from treatment.)

E15. Pensions, benefits or Social Security?

_____ (Received in the past 30 days . Include disability, pensions, retirement, veteran's benefits, SSI & workers' compensation)

E16. Mate, family, or friends?

_____ (Received in past 30 days . Money for personal expenses, (i.e. clothing), include unreliable sources of income (e.g. gambling). Record cash payments only, include windfalls (unexpected), money from loans, gambling, inheritance, tax returns, etc.)

E17. Illegal?

_____ (Received in past 30 days .Cash obtained from drug dealing, stealing, fencing stolen goods, gambling, prostitution, etc. Do not attempt to convert drugs exchanged to a dollar value.)

E18. How many people depend on you for the majority of their food, shelter, etc.?

_____ (Must be regularly depending on patient, do include alimony/child support, do not include the patient or self-supporting spouse, etc.)

E19. How many days have you experienced employment problems in the past 30 ?

_____ (Include inability to find work, if they are actively looking for work, or problems with present job in which that job is jeopardized.)

E20. How troubled or bothered have you been by these employment problems in the past 30 days?

- Not at all
 Slightly
 Moderately
 Considerably
 Extremely

(The patient's ratings in Question E20 refer to Question E19. If the patient has been incarcerated or detained during the past 30 days, they cannot have employment problems.)

E21. How important to you now is counseling for these employment problems?

- Not at all
 Slightly
 Moderately
 Considerably
 Extremely

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

CONFIDENCE RATINGS

Is the above information significantly distorted by:

E23. Patient's misrepresentation

- Yes
 No

E24. Patient's inability to understand?

- Yes
 No

Employment / Support Comments (Include question number with your notes)

ALCOHOL / DRUGS

ALCOHOL/DRUG USE INSTRUCTIONS:

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

***30 day questions only require the number of days used.**

***Lifetime use is asked to determine extended periods of use.**

***Regular use = 3+ times per week, binges, or problematic irregular use in which normal activities are compromised.**

***Alcohol to intoxication does not necessarily mean "drunk", use the words felt the effects", "got a buzz", "high", etc. instead of intoxication. As a rule of thumb, 5+ drinks in one setting, or within a brief period of time defines "intoxication".**

***"How to ask these questions:**

- "How many days in the past 30 have you used....?"

- "How many years in your life have you regularly used....?"

ROUTE OF ADMINISTRATION TYPES:

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

-- Note the usual or most recent route. For more than one route, choose the most severe. The routes are listed from least severe to most severe.

D1. Alcohol (any use at all) Past 30 Days

(From "LIST OF COMMONLY USED DRUGS": Alcohol:
Beer, wine, liquor)

D1. Alcohol (any use at all) Lifetime (years)

(From "LIST OF COMMONLY USED DRUGS": Alcohol:
Beer, wine, liquor)

D2. Alcohol (to intoxication) Past 30 Days

(From "LIST OF COMMONLY USED DRUGS": Alcohol:
Beer, wine, liquor)

D2. Alcohol (to intoxication) Lifetime (years)

(From "LIST OF COMMONLY USED DRUGS": Alcohol:
Beer, wine, liquor)

D3. Heroin -Past 30 Days

D3. Heroin - Lifetime (years)

D3. Heroin Route

- Oral
- Nasal
- Smoking
- Non-IV injection
- IV

(Note the usual or most recent route. For more than one route, choose the most severe.)

D4. Methadone -Past 30 Days

(From "LIST OF COMMONLY USED DRUGS":
Methadone: □Dolophine, LAAM)

D4. Methadone - Lifetime (years)

(From "LIST OF COMMONLY USED DRUGS": Methadone:
Dolophine, LAAM)

4. Methadone Route

- Oral
- Nasal
- Smoking
- Non-IV injection
- IV

(Note the usual or most recent route. For more than one route, choose the most severe.)

D5. Other Opiates/Analgesics -Past 30 Days

(From "LIST OF COMMONLY USED DRUGS":
Opiates: □Pain killers = Morphine, Dilaudid,
Demerol, Percocet, Darvon, Talwin, Codeine,
Tylenol 2,3,4, Syrups = Robitussin, Fentanyl)

D5. Other Opiates/Analgesics - Lifetime (years)

(From "LIST OF COMMONLY USED DRUGS":
Opiates: □Pain killers = Morphine, Dilaudid,
Demerol, Percocet, Darvon, Talwin, Codeine,
Tylenol 2,3,4, Syrups = Robitussin, Fentanyl)

Other Opiates/Analgesics Route

- Oral
 Nasal
 Smoking
 Non-IV injection
 IV

(Note the usual or most recent route. For more than one route, choose the most severe.)

D6. Barbiturates -Past 30 Days

(From "LIST OF COMMONLY USED DRUGS":
Barbiturates: Nembutal, Seconal, Tuinal, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinal)

D6. Barbiturates - Lifetime (years)

(From "LIST OF COMMONLY USED DRUGS":
Barbiturates: Nembutal, Seconal, Tuinal, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinal)

Barbiturates Route

- Oral
 Nasal
 Smoking
 Non-IV injection
 IV

(Note the usual or most recent route. For more than one route, choose the most severe.)

D7. Sedatives/Hypnotics/Tranquilizers -Past 30 Days

(From "LIST OF COMMONLY USED DRUGS":
Sed/Hyp/Tranq: Benzodiazepines = Valium, Librium, Ativan, Serax Tranxene, Dalmane, Halcion, Xanax, Miltown, Other = Chloral Hydrate, Quaaludes)

D7. Sedatives/Hypnotics/Tranquilizers - Lifetime (years)

(From "LIST OF COMMONLY USED DRUGS":
Sed/Hyp/Tranq: Benzodiazepines = Valium, Librium, Ativan, Serax Tranxene, Dalmane, Halcion, Xanax, Miltown, Other = Chloral Hydrate, Quaaludes)

Sedatives/Hypnotics/Tranquilizers Route

- Oral
 Nasal
 Smoking
 Non-IV injection
 IV

(Note the usual or most recent route. For more than one route, choose the most severe.)

D8. Cocaine -Past 30 Days

(From "LIST OF COMMONLY USED DRUGS":
Cocaine: Cocaine Crystal, Free-Base Cocaine or Crack, and "Rock Cocaine")

D8. Cocaine - Lifetime (years)

(From "LIST OF COMMONLY USED DRUGS":
Cocaine: Cocaine Crystal, Free-Base Cocaine or Crack, and "Rock Cocaine")

Cocaine Route

- Oral
 Nasal
 Smoking
 Non-IV injection
 IV

(Note the usual or most recent route. For more than one route, choose the most severe.)

D9. Amphetamines -Past 30 Days

(From "LIST OF COMMONLY USED DRUGS": From "LIST OF COMMONLY USED DRUGS": Amphetamines: Monster, Crank, Benzedrine, Dexedrine, Ritalin, Preludin, Methamphetamine, Speed, Ice, Crystal)

D9. Amphetamines - Lifetime (years)

(From "LIST OF COMMONLY USED DRUGS": From "LIST OF COMMONLY USED DRUGS": Amphetamines: Monster, Crank, Benzedrine, Dexedrine, Ritalin, Preludin, Methamphetamine, Speed, Ice, Crystal)

Amphetamines Route

- Oral
 Nasal
 Smoking
 Non-IV injection
 IV

(Note the usual or most recent route. For more than one route, choose the most severe.)

D10. Cannabis -Past 30 Days

(From "LIST OF COMMONLY USED DRUGS": From "LIST OF COMMONLY USED DRUGS": Cannabis: Marijuana, Hashish)

D10. Cannabis - Lifetime (years)

(From "LIST OF COMMONLY USED DRUGS": From "LIST OF COMMONLY USED DRUGS": Cannabis: Marijuana, Hashish)

Cannabis Route

- Oral
 Nasal
 Smoking
 Non-IV injection
 IV

(Note the usual or most recent route. For more than one route, choose the most severe.)

D11. Hallucinogens -Past 30 Days

(From "LIST OF COMMONLY USED DRUGS": From "LIST OF COMMONLY USED DRUGS": Hallucinogens: LSD (Acid), Mescaline, Psilocybin (Mushrooms), Peyote, Green, PCP (Phencyclidine), Angel Dust, Ecstasy)

D11. Hallucinogens - Lifetime (years)

(From "LIST OF COMMONLY USED DRUGS": From "LIST OF COMMONLY USED DRUGS": Hallucinogens: LSD (Acid), Mescaline, Psilocybin (Mushrooms), Peyote, Green, PCP (Phencyclidine), Angel Dust, Ecstasy)

Hallucinogens Route

- Oral
- Nasal
- Smoking
- Non-IV injection
- IV

(Note the usual or most recent route. For more than one route, choose the most severe.)

D12. Inhalants -Past 30 Days

(From "LIST OF COMMONLY USED DRUGS": From "LIST OF COMMONLY USED DRUGS": Inhalants: Nitrous Oxide (Whippits), Amyl Nitrite (Poppers), Glue, Solvents, Gasoline, Toluene, Etc.)

D12. Inhalants - Lifetime (years)

(From "LIST OF COMMONLY USED DRUGS": From "LIST OF COMMONLY USED DRUGS": Inhalants: Nitrous Oxide (Whippits), Amyl Nitrite (Poppers), Glue, Solvents, Gasoline, Toluene, Etc.)

Inhalants Route

- Oral
- Nasal
- Smoking
- Non-IV injection
- IV

(Note the usual or most recent route. For more than one route, choose the most severe.)

D13. More than 1 substance per day (including alcohol) -Past 30 Days

D13. More than 1 substance per day (including alcohol) - Lifetime (years)

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

D17. How many times have you had Alcohol DT's?

(Delirium Tremens (DT's): Occur 24-48 hours after last drink, or significant decrease in alcohol intake, shaking, severe disorientation, fever, hallucinations, they usually require medical attention.)

How many times in your life have you been treated for :
D19. Alcohol abuse?

(Include detoxification, halfway houses, in/outpatient counseling, and AA or NA (if 3+ meetings within one month period).)

How many times in your life have you been treated for :
D20. Drug abuse?

(Include detoxification, halfway houses, in/outpatient counseling, and AA or NA (if 3+ meetings within one month period).)

How many of these were detox only:
D21. Alcohol?

(If D19 = "00", then skip question D21)

The value entered in D.21 should not be larger than the value entered in D.19

Please review and correct these values.

How many of these were detox only:

D22. Drugs?

(If D20 = "00", then skip question D22)

The value entered in D.22 should not be larger than the value entered in D.20

Please review and correct these values.

How much money would you say you spent during the past 30 days on:

D23. Alcohol?

(Only count actual money spent. What is the financial burden caused by drugs/alcohol?)

How much money would you say you spent during the past 30 days on:

D24. Drugs?

(Only count actual money spent. What is the financial burden caused by drugs/alcohol?)

D25. How many days have you been treated as an outpatient for alcohol or drugs in the past 30 days?

(Include AA/NA)

How many days in the past 30 have you experienced:
D26. Alcohol problems?

How troubled or bothered have you been in the past 30 days by these
D28. Alcohol problems?

- Not at all
 Slightly
 Moderately
 Considerably
 Extremely
 (Ask the patient to use the Patient Rating scale. The patient is rating the need for additional substance abuse treatment.)

How important to you now is treatment for these:
D30. Alcohol problems?

- Not at all
 Slightly
 Moderately
 Considerably
 Extremely
 (Ask the patient to use the Patient Rating scale. The patient is rating the need for additional substance abuse treatment.)

How many days in the past 30 have you experienced:
D27. Drug problems?

(Include only: Craving, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to.)

How troubled or bothered have you been in the past 30 days by these
D29. Drug problems?

- Not at all
 Slightly
 Moderately
 Considerably
 Extremely
 (Ask the patient to use the Patient Rating scale. The patient is rating the need for additional substance abuse treatment.)

How important to you now is treatment for these:
D31. Drug problems?

- Not at all
 Slightly
 Moderately
 Considerably
 Extremely
 (Ask the patient to use the Patient Rating scale. The patient is rating the need for additional substance abuse treatment.)

CONFIDENCE RATINGS

Is the above information significantly distorted by:

D34. Patient's misrepresentation?

- Yes
- No

D35. Patient's inability to understand?

- Yes
- No

Alcohol / Drugs Comments (Include question number with your notes)

LEGAL STATUS

L1. Was this visit prompted or suggested by the criminal justice system?

- Yes
- No
(Judge, probation/parole officer, etc.)

L2. Are you on parole or probation?

- Yes
- No
(Note duration and level in comments.)

L2. Comments:

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

- Include total number of counts, not just convictions. Do not include juvenile (pre-age 18) crimes, unless they were charged as an adult.
- Include formal charges only.
(if none, enter 0)

L3. Shoplift/Vandal

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

L4. Parole/Probation

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

L5. Drug Charges

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

L6. Forgery

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

L7. Weapons Offense

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

L8. Burglary/Larceny/B&E

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

L9. Robbery

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

L10. Assault

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

L11. Arson

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

L12. Rape

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

L13. Homicide/Manslaughter

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

L14. Prostitution

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

L15. Contempt of Court

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

L16. Other Specify (type):

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

L16. Other (how many times)

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

L17. How many of these charges resulted in convictions?

(If L03-16 = 00, then skip question L17. Do not include misdemeanor offenses from questions L18-20 below. Convictions include fines, probation, incarcerations, suspended sentences, and guilty pleas.)

The value entered in L17 should not be larger than the total sum of L03 - L16.

Please review and correct these values.

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

(if none, enter 0)

L18. Disorderly conduct, vagrancy, public intoxication?

L19. Driving while intoxicated?

L20. Major driving violations?

(Moving violations: speeding, reckless driving, no license, etc.)

L21. How many months were you incarcerated in your life?

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

L24. Are you presently awaiting charges, trial, or sentence?

- Yes
- No

L25. What for?

- Use the number of the type of crime committed: 03-16 and 18-20

- Refers to Q. L24. If more than one, choose most severe.

- Don't include civil cases, unless a criminal offense is involved.

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

- Include being arrested and released on the same day.

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

(Exclude simple drug possession. Include drug dealing, prostitution, selling stolen goods, etc. May be cross checked with Question E17 under Employment/Family Support Section.)

L28. How serious do you feel your present legal problems are?

- Not at all
 - Slightly
 - Moderately
 - Considerably
 - Extremely
- (Exclude civil problems)

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

- Not at all
 Slightly
 Moderately
 Considerably
 Extremely
 (Patient is rating a need for additional referral to legal counsel for defense against criminal charges.)

CONFIDENCE RATINGS

Is the above information significantly distorted by:

L31. Patient's misrepresentation?

- Yes
 No

L32. Patient's inability to understand?

- Yes
 No

Legal Comments (Include question number with your notes)

FAMILY / SOCIAL RELATIONSHIPS

F1. Marital Status:

- Married
 Common-law marriage
 Remarried
 Widowed
 Separated
 Divorced
 Never Married

F3. Are you satisfied with this situation?

- No
 Indifferent
 Yes

F4. Usual living arrangements (past 3 years)

- With sexual partner & children
 With sexual partner alone
 With children alone
 With parents
 With family
 With friends
 Alone
 Controlled Environment
 No stable arrangement
 (Choose arrangements most representative of the past 3 years. If there is an even split in time between these arrangements, choose the most recent arrangement.)

F6. Are you satisfied with these arrangements?

- No
 Indifferent
 Yes

Do you live with anyone who:

F7. Has a current alcohol problem?

- Yes
 No

Do you live with anyone who:

F8. Uses non-prescribed drugs?

- Yes
 No

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

- Family
 Friends
 Alone
(If a girlfriend/boyfriend is considered as family by patient, then they must refer to them as family throughout this section, not a friend.)

F10. Are you satisfied with spending your free time this way?

- No
 Indifferent
 Yes
(A satisfied response must indicate that the person generally likes the situation. Referring to Question F9.)

Have you had significant periods in which you have experienced serious problems getting along with:

F18. Mother (Past 30 days)

- Yes
 No
(*"Serious problems"* mean those that endangered the relationship. A *"problem"* requires contact of some sort, either by telephone or in person.)

F18. Mother (In your life)

- Yes
 No
(*"Serious problems"* mean those that endangered the relationship. A *"problem"* requires contact of some sort, either by telephone or in person.)

F19. Father (Past 30 days)

- Yes
 No
(*"Serious problems"* mean those that endangered the relationship. A *"problem"* requires contact of some sort, either by telephone or in person.)

F19. Father (In your life)

- Yes
 No
(*"Serious problems"* mean those that endangered the relationship. A *"problem"* requires contact of some sort, either by telephone or in person.)

F20. Brother/Sister (Past 30 days)

- Yes
 No
(*"Serious problems"* mean those that endangered the relationship. A *"problem"* requires contact of some sort, either by telephone or in person.)

F20. Brother/Sister (In your life)

- Yes
 No
(*"Serious problems"* mean those that endangered the relationship. A *"problem"* requires contact of some sort, either by telephone or in person.)

F21. Sexual Partner/Spouse (Past 30 days)

- Yes
 No
(*"Serious problems"* mean those that endangered the relationship. A *"problem"* requires contact of some sort, either by telephone or in person.)

F21. Sexual Partner/Spouse (In your life)

- Yes
 No
(*"Serious problems"* mean those that endangered the relationship. A *"problem"* requires contact of some sort, either by telephone or in person.)

F22. Children (Past 30 days)

 Yes No

("Serious problems" mean those that endangered the relationship. A "problem" requires contact of some sort, either by telephone or in person.)

F22. Children (In your life)

 Yes No

("Serious problems" mean those that endangered the relationship. A "problem" requires contact of some sort, either by telephone or in person.)

F23. Other Significant Family (Past 30 days)

 Yes No

("Serious problems" mean those that endangered the relationship. A "problem" requires contact of some sort, either by telephone or in person.)

F23. Other Significant Family (In your life)

 Yes No

("Serious problems" mean those that endangered the relationship. A "problem" requires contact of some sort, either by telephone or in person.)

If yes to F23, specify

F24. Close Friends (Past 30 days)

 Yes No

("Serious problems" mean those that endangered the relationship. A "problem" requires contact of some sort, either by telephone or in person.)

F24. Close Friends (In your life)

 Yes No

("Serious problems" mean those that endangered the relationship. A "problem" requires contact of some sort, either by telephone or in person.)

F25. Neighbors (Past 30 days)

 Yes No

("Serious problems" mean those that endangered the relationship. A "problem" requires contact of some sort, either by telephone or in person.)

F25. Neighbors (In your life)

 Yes No

("Serious problems" mean those that endangered the relationship. A "problem" requires contact of some sort, either by telephone or in person.)

F26. Co-workers (Past 30 days)

 Yes No

("Serious problems" mean those that endangered the relationship. A "problem" requires contact of some sort, either by telephone or in person.)

F26. Co-workers (In your life)

 Yes No

("Serious problems" mean those that endangered the relationship. A "problem" requires contact of some sort, either by telephone or in person.)

Did anyone abuse you?
F28. Physically? (Past 30 days)

- Yes
 No
(Caused you physical harm.)

Did anyone abuse you?
F28. Physically? (In your life)

- Yes
 No
(Caused you physical harm.)

Did anyone abuse you?
F29. Sexually? (Past 30 days)

- Yes
 No
(Forced sexual advances/acts.)

Did anyone abuse you?
F29. Sexually? (In your life)

- Yes
 No
(Forced sexual advances/acts.)

How many days in the past 30 have you had serious conflicts:
F30. With your family?

How troubled or bothered have you been in the past 30 days by:
F32. Family problems?

- Not at all
 Slightly
 Moderately
 Considerably
 Extremely

How important to you now is treatment or counseling for these:
F34. Family problems?

- Not at all
 Slightly
 Moderately
 Considerably
 Extremely
(Patient is rating his/her need for counseling for family problems, not whether the family would be willing to attend.)

How many days in the past 30 have you had serious conflicts:
F31. With other people (excluding family)?

How troubled or bothered have you been in the past 30 days by:
F33. Social problems?

- Not at all
 Slightly
 Moderately
 Considerably
 Extremely

How important to you now is treatment or counseling for these:
F35. Social problems?

- Not at all
 Slightly
 Moderately
 Considerably
 Extremely
(Include patient's need to seek treatment for such social problems as loneliness, inability to socialize, and dissatisfaction with friends. Patient rating should refer to dissatisfaction, conflicts, or other serious problems.)

CONFIDENCE RATINGS

Is the above information significantly distorted by:

F37. Patient's misrepresentation?

- Yes
 No

F38. Patient's inability to understand?

- Yes
 No

Family / Social Comments (Include question number with your notes)

PSYCHIATRIC STATUS

How many times have you been treated for any psychological or emotional problems:

P1. In a hospital or inpatient setting?

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

P1. Comments:

How many times have you been treated for any psychological or emotional problems:

P2. Outpatient/private patient?

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

P2. Comments:

P3. Do you receive a pension for a psychiatric disability?

- Yes
 No

Have you had a significant period of time (that was not a direct result of alcohol/drug use) in which you have:

P4. Experienced serious depression, sadness, hopelessness, loss of interest, difficulty with daily function? (Past 30 days)

- Yes
 No

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

- Yes
 No

P5. Experienced serious anxiety/ tension, uptight, unreasonably worried, inability to feel relaxed? (Past 30 days)

- Yes
 No

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

- Yes
 No

P6. Experienced hallucinations-saw things or heard voices that were not there? (Past 30 days)

- Yes
 No

P6. Experienced hallucinations-saw things or heard voices that were not there? (Lifetime)

- Yes
 No

P7. Experienced trouble understanding, concentrating, or remembering? (Past 30 days)

- Yes
 No

P7. Experienced trouble understanding, concentrating, or remembering? (Lifetime)

- Yes
 No

Have you had a significant period of time in which you have:

(Patient can have been under the influence of alcohol/drugs.)

P8. Experienced trouble controlling violent behavior including episodes of rage, or violence? (Past 30 days)

- Yes
 No
(Patient can have been under the influence of alcohol/drugs.)

P8. Experienced trouble controlling violent behavior including episodes of rage, or violence? (Lifetime)

- Yes
 No
(Patient can have been under the influence of alcohol/drugs.)

P9. Experienced serious thoughts of suicide? (Past 30 days)

- Yes
 No
(Patient can have been under the influence of alcohol/drugs. Patient seriously considered a plan for taking his/her life.)

P9. Experienced serious thoughts of suicide? (Lifetime)

- Yes
 No
(Patient can have been under the influence of alcohol/drugs. Patient seriously considered a plan for taking his/her life.)

P10. Attempted suicide? (Past 30 days)

- Yes
 No
(Patient can have been under the influence of alcohol/drugs. Include actual suicidal gestures or attempts.)

P10. Attempted suicide? (Lifetime)

- Yes
 No
(Patient can have been under the influence of alcohol/drugs. Include actual suicidal gestures or attempts.)

P11. Been prescribed medication for any psychological or emotional problems? (Past 30 days)

- Yes
 No
(Prescribed for the patient by MD. Record "Yes" if a medication was prescribed even if the patient is not taking it.)

P11. Been prescribed medication for any psychological or emotional problems? (Lifetime)

- Yes
 No
(Prescribed for the patient by MD. Record "Yes" if a medication was prescribed even if the patient is not taking it.)

P12. How many days in the past 30 have you experienced these psychological or emotional problems?

_____ (This pertains to problems noted in Questions P4-P10)

P13. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?

- Not at all
 - Slightly
 - Moderately
 - Considerably
 - Extremely
- (Patient should be rating the problem days from Question P12.)

P14. How important to you now is treatment for these psychological or emotional problems?

- Not at all
- Slightly
- Moderately
- Considerably
- Extremely

CONFIDENCE RATINGS

Is the above information significantly distorted by:

P22. Patient's misrepresentation?

- Yes
- No

P23. Patient's inability to understand?

- Yes
- No

Psychiatric Status Comments (Include question number with your notes)

Risk Level: Substance Use

- 1=High Risk
- 2=Medium Risk
- 3=Low Risk

Clinical Comments:

Addiction Severity Index Lite - CF

Clinical/Training version

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Revised- 06/02/99 DC/TRJ

ASSIST Lite

Form Creation Date _____

Study Time Point

- Baseline
 Week 12
 Week 24
 Month 9
 Month 12
 Unscheduled Visit

OTHER SUBSTANCE USE

These questions ask about psychoactive substances in the PAST 3 MONTHS ONLY...

Source: Alcohol, Smoking and Substance Involvement Screening Test (ASSIST-Lite)¹

Assessment Date: _____

1. Did you smoke a cigarette containing tobacco? Yes
 No
- 1a. Did you usually smoke more than 10 cigarettes each day? Yes
 No
- 1b. Did you usually smoke within 30 minutes after waking? Yes
 No
2. Did you have a drink containing alcohol? Yes
 No
- 2a. On any occasion, did you drink more than 4 standard* drinks of alcohol? (*1 standard drink is about 1 small glass of wine, or one can of medium strength beer, or one single shot of spirits.) Yes
 No
- 2b. Have you tried and failed to control, cut down or stop drinking? Yes
 No
- 2c. Has anyone expressed concern about your drinking? Yes
 No
3. Did you use cannabis? Yes
 No
- 3a. Have you had a strong desire or urge to use cannabis at least once a week or more often? Yes
 No
- 3b. Has anyone expressed concern about your use of cannabis? Yes
 No
4. Did you use an amphetamine-type stimulant, or cocaine, or a stimulant medication not as prescribed? Yes
 No
- 4a. Did you use a stimulant at least once each week or more often? Yes
 No

4b. Has anyone expressed concern about your use of a stimulant?

- Yes
- No

5. Did you use a sedative or sleeping medication not as prescribed?

- Yes
- No

5a. Have you had a strong desire or urge to use a sedative or sleeping medication at least once a week or more often?

- Yes
- No

5b. Has anyone expressed concern about your use of a sedative or sleeping medication?

- Yes
- No

6. Did you use a street opioid (e.g. heroin), or an opioid-containing medication not as prescribed?

- Yes
- No

6a. Have you tried and failed to control, cut down or stop using an opioid?

- Yes
- No

6b. Has anyone expressed concern about your use of an opioid?

- Yes
- No

7. Did you use any other psychoactive altering substance?

- Yes
- No

7a. What did you take?

Clinical Comments:

1 Adapted from ASSIST LITE

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PHQ9 Screener

Form Creation Date _____

Patient Health Questionnaire-Screener

Assessment Date _____

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Trouble falling or staying asleep, or sleeping too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Feeling tired or having little energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Poor appetite or overeating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Feeling bad about yourself -- or that you are a failure or have let yourself or your family down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Trouble concentrating on things, such as reading the newspaper or watching television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Thoughts that you would be better off dead or of hurting yourself in some way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PHQ9 Score _____

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all
 Somewhat difficult
 Very difficult
 Extremely difficult

From the Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD PHQ). The PHQ was developed by Drs. Robert L. Spitzer, Janet BW Williams, Kurt Kroenke, and colleagues. For research information, contact Dr. Spitzer at rls8@columbia.edu . PRIME-MD is a trademark of Pfizer Inc. Copyright 1999 Pfizer Inc. All rights reserved. Reproduced with permission

SCREENING PHQ9 determination for PETH

***Depressive symptoms, defined as a PHQ-9 score >9?

1=Yes
0=No

Does the patient meet the screening criteria for PHQ9
determining order for PETH?

1= YES, if the patient is drinking an average of one
or more drinks per day, AND if the above '***'
question is "Yes"

0= NO, if the patient is NOT drinking an average of
one or more drinks per day, OR if the above '***'
question is "No"

YES - Patient meets screening criteria for PHQ9. Save this form and SEND PATIENT FOR PETH.

NO - Patient does NOT meet criteria for PHQ9.

Save this form, and CONTINUE SCREENING ASSESSMENTS.

Clinical Comments:

PHQ9 Baseline

Form Creation Date _____

Patient Health Questionnaire-Baseline

Assessment Date _____

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Trouble falling or staying asleep, or sleeping too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Feeling tired or having little energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Poor appetite or overeating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Feeling bad about yourself -- or that you are a failure or have let yourself or your family down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Trouble concentrating on things, such as reading the newspaper or watching television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Thoughts that you would be better off dead or of hurting yourself in some way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PHQ9 Score _____

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all
 Somewhat difficult
 Very difficult
 Extremely difficult

Clinical Comments: _____

From the Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD PHQ). The PHQ was developed by Drs. Robert L. Spitzer, Janet BW Williams, Kurt Kroenke, and colleagues. For research information, contact Dr. Spitzer at rls8@columbia.edu. PRIME-MD is a trademark of Pfizer Inc. Copyright 1999 Pfizer Inc. All rights reserved. Reproduced with permission

PHQ9

Form Creation Date _____

Patient Health Questionnaire-Follow Up

Study Time Point

- Week 12
 Week 24
 Month 9
 Month 12
 Unscheduled Visit

Assessment Date _____

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Trouble falling or staying asleep, or sleeping too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Feeling tired or having little energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Poor appetite or overeating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Feeling bad about yourself -- or that you are a failure or have let yourself or your family down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Trouble concentrating on things, such as reading the newspaper or watching television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Thoughts that you would be better off dead or of hurting yourself in some way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PHQ9 Score _____

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

Clinical Comments:

From the Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD PHQ). The PHQ was developed by Drs. Robert L. Spitzer, Janet BW Williams, Kurt Kroenke, and colleagues. For research information, contact Dr. Spitzer at rls8@columbia.edu. PRIME-MD is a trademark of Pfizer Inc. Copyright 1999 Pfizer Inc. All rights reserved. Reproduced with permission

Mini-SCID Screener

Assessment for Alcohol Use Disorder, based on mini-SCID

(mini-SCID utilized ONLY if AUDIT C \geq 4 for men and \geq 3 for women)

DO NOT COMPLETE THE mini-SCID AS THE FOLLOWING CRITERIA HAVE NOT BEEN MET:

mini-SCID utilized ONLY if:

AUDIT C \geq 4 for men and \geq 3 for women)

Form Creation Date _____

Assessment Date _____

1. Number of symptoms of alcohol use disorder present: _____
(allowable range: 0 - 11)

Warning: 'Number of symptoms' value must be between 0 and 11

2. Meets criteria for Alcohol Use Disorder: _____

1=Yes
0=No

YES - Patient meets screening criteria for Alcohol Use Disorder. Save this form and SEND PATIENT FOR PEth.

No further assessments collected until PEth result is received.

No - Patient does NOT meet criteria for alcohol use disorder. Save this form and CONTINUE SCREENING ASSESSMENTS .

Clinical Comments:

Mini-SCID Baseline

DO NOT COMPLETE THE mini-SCID AS THE FOLLOWING CRITERIA HAVE NOT BEEN MET:

mini-SCID utilized ONLY if:

AUDIT C ≥ 4 for men and ≥ 3 for women)

Form Creation Date

Assessment Date

1. Number of symptoms of alcohol use disorder present:

(allowable range: 0 - 11)

Warning: 'Number of symptoms' value must be between 0 and 11

2. Meets criteria for alcohol use disorder:

1=Yes

0=No

If mini-SCID completed at Screening, value of "Meets criteria for alcohol use disorder (at Screening)" will be imported into this field.

Patient meets criteria for alcohol use disorder

Patient does NOT meet criteria for alcohol use disorder

Clinical Comments:

Smoking Assessment Screener

Form Creation Date _____

Smoking Assessment-Screener

Assessment Date: _____

FOR ELIGIBILITY PURPOSES:

1. Have you smoked at least 100 cigarettes (5 packs) in your life?

- No
 Yes

2. Do you currently smoke cigarettes every day or some days?

- No
 Yes

Fagerstrom Test for Nicotine Dependence (FTND)

1. How soon after you wake up do you smoke your first cigarette?

- After 60 minutes
 31 to 60 minutes
 6 to 30 minutes
 Within 5 mins

2. Do you find it difficult to refrain from smoking in places where it is forbidden, e.g., in church, at the library, cinema, etc.?

- No
 Yes

3. Which cigarette would you hate most to give up?

- All others
 The first one in the morning

4. How many cigarettes per day do you smoke?

- 10 or less
 11 to 20
 21 to 30
 31 or more

5. Do you smoke more frequently during the first hours of waking than during the rest of the day?

- No
 Yes

6. Do you smoke if you are so ill that you are in bed most of the day?

- No
 Yes

Fagerstrom Test for Nicotine Dependence (FTND) Score _____

Classifications of dependence:

0 -2 Very low
3-4 Low
5 Moderate
6-7 High
8-10 Very high

7. Have you smoked a cigarette, even a puff in the last 7 days?

- No
 Yes

How many times have you used an electronic nicotine delivery system (including e-cigarettes, e-cigars, e-pipes, e-hookahs, personal vaporizers, vape pens, hookah pens,) in your lifetime?

- 1 or more puffs but never a whole one
- 1-10
- 11-20
- 21 to 50
- 51 to 99
- 100 or more.
- Never

(If you refill your e-cigarette with e-liquid, count up the total millimeters you have used. Your best guess is fine)

Have you used an electronic nicotine delivery system, for even a puff, in the last 7 days? Yes/no

- No
- Yes

Have you used any other form of tobacco (e.g. cigars, cigarillos, filtered cigars, pipes, hookah, smokeless tobacco, dissolvable tobacco) in the last 7 days?

- No
- Yes

I am interested in quitting smoking.

- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much

REMINDER: Patient must complete exhaled carbon monoxide test.

Enter results in PreScreening Labs Plus Form

SCREENING SMOKING ASSESSMENT determination for PEth

***Patient has an exhaled CO level >6ppm? ***

0= No
1 = Yes

Does the patient meet the screening criteria for TOBACCO USE determining order of PEth?

1= YES, if the patient is drinking an average of one or more drinks per day, AND if all 3 above '***' questions = "Yes"

0= NO, if the patient is NOT drinking an average of one or more drinks per day, OR if any of the above '***' questions = "No"

YES - Patient meets criteria for TOBACCO USE DISORDER. Save this form and proceed to ordering PEth.

NO - Patient does NOT meet criteria for Tobacco Use Disorder. Save this form then review labs. If the patient's most recent labs for HIV viral load and FIB-4 calculations (AST, ALT and platelets) were more than 60 days ago and/or there are no HCV labs (antibody or RNA if indicated), please have labs ordered and drawn. Enter results in the "Lab Plus Form" when available and determine whether patient meets eligibility.

If these labs have been drawn within the required time period, but the patient does not have a HIV viral load >200 copies/mL, FIB-4 score >1.45 or untreated HCV, then the patient is not currently eligible for the FIRST Trial.

Proceed to deleting the "PreScreening Participant Data" form and re-screen in the future.

Clinical Comments:

Smoking Assessment Baseline

Form Creation Date _____

Smoking Assessment-Baseline

Assessment Date: _____

1. Have you smoked at least 100 cigarettes (5 packs) in your life?

- No
 Yes

2. Do you currently smoke cigarettes every day or some days?

- No
 Yes

Fagerstrom Test for Nicotine Dependence (FTND)

1. How soon after you wake up do you smoke your first cigarette?

- After 60 minutes
 31 to 60 minutes
 6 to 30 minutes
 Within 5 mins

2. Do you find it difficult to refrain from smoking in places where it is forbidden, e.g., in church, at the library, cinema, etc.?

- No
 Yes

3. Which cigarette would you hate most to give up?

- All others
 The first one in the morning

4. How many cigarettes per day do you smoke?

- 10 or less
 11 to 20
 21 to 30
 31 or more

5. Do you smoke more frequently during the first hours of waking than during the rest of the day?

- No
 Yes

6. Do you smoke if you are so ill that you are in bed most of the day?

- No
 Yes

Fagerstrom Test for Nicotine Dependence (FTND) Score _____

Classifications of dependence:

0-2 Very low
3-4 Low
5 Moderate
6-7 High
8-10 Very high

7. Have you smoked a cigarette, even a puff in the last 7 days?

- No
 Yes

How many times have you used an electronic nicotine delivery system (including e-cigarettes, e-cigars, e-pipes, e-hookahs, personal vaporizers, vape pens, hookah pens,) in your lifetime?

(If you refill your e-cigarette with e-liquid, count up the total millimeters you have used. Your best guess is fine)

Have you used an electronic nicotine delivery system, for even a puff, in the last 7 days? Yes/no

Have you used any other form of tobacco (e.g. cigars, cigarillos, filtered cigars, pipes, hookah, smokeless tobacco, dissolvable tobacco) in the last 7 days?

I am interested in quitting smoking.

Clinical Comments:

- 1 or more puffs but never a whole one
- 1-10
- 11-20
- 21 to 50
- 51 to 99
- 100 or more.
- Never

- No
- Yes

- No
- Yes

- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much

Smoking Assessment

Form Creation Date _____

Smoking Assessment - Follow Up

Study Time Point

- Week 12
 Week 24
 Month 9
 Month 12
 Unscheduled Visit

Assessment Date: _____

Do you currently smoke cigarettes every day or some days?

- No
 Yes

Fagerstrom Test for Nicotine Dependence (FTND)

1. How soon after you wake up do you smoke your first cigarette?

- After 60 minutes
 31 to 60 minutes
 6 to 30 minutes
 Within 5 mins

2. Do you find it difficult to refrain from smoking in places where it is forbidden, e.g., in church, at the library, cinema, etc.?

- No
 Yes

3. Which cigarette would you hate most to give up?

- All others
 The first one in the morning

4. How many cigarettes per day do you smoke?

- 10 or less
 11 to 20
 21 to 30
 31 or more

5. Do you smoke more frequently during the first hours of waking than during the rest of the day?

- No
 Yes

6. Do you smoke if you are so ill that you are in bed most of the day?

- No
 Yes

Fagerstrom Test for Nicotine Dependence (FTND) Score _____

Classifications of dependence:

0 -2 Very low
3-4 Low
5 Moderate
6-7 High
8-10 Very high

7. Have you smoked a cigarette, even a puff in the last 7 days?

- No
 Yes

How many times have you used an electronic nicotine delivery system (including e-cigarettes, e-cigars, e-pipes, e-hookahs, personal vaporizers, vape pens, hookah pens,) since your last visit?

(If you refill your e-cigarette with e-liquid, count up the total millimeters you have used. Your best guess is fine)

Have you used an electronic nicotine delivery system, for even a puff, in the last 7 days? Yes/no

Have you used any other form of tobacco (e.g. cigars, cigarillos, filtered cigars, pipes, hookah, smokeless tobacco, dissolvable tobacco) in the last 7 days?

I am interested in quitting smoking.

Clinical Comments:

- 1 or more puffs but never a whole one
- 1-10
- 11-20
- 21 to 50
- 51 to 99
- 100 or more.
- Never

- No
- Yes

- No
- Yes

- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much

Screening Participant Study Status Summary

Patient pre-PEth Inclusion Criteria and Patient Status Summary

Pre-PEth Screening- Study Criteria

Form Creation Date _____

1. Date of Screening Consent: (mm/dd/yyyy) _____

Person obtaining consent: _____

2. AUDIT-C > 0 _____

1= Yes

0= No

3. Patient does NOT meet criteria for gambling disorder _____

1= Yes

0= No

4. Patient drinks an average of one or more drinks per day _____

1= Yes

0= No

5. Patient meets at least one criteria for unhealthy alcohol use _____

1= Yes

0= No

If YES to the all of the above pre-PEth study criteria (1-5), send patient for PEth testing. _____

(Enter PEth results in lab form when available --
Current PEth value in Screening Lab Plus Form: "[lab_scr_peth]")

1=Yes

0=No

Screening: Patient Current Status

Patient Current Status (Screening):

- Being Screened / PEth ordered
- PEth >20 confirmed, eligible for Baseline data collection/screening
- Ineligible (i.e., screen failure)
- Withdrew prior to Baseline data collection
- Death
- Lost to Follow Up
- Other (specify)

Patient Current Status: "Other", please specify _____

If Patient Current Status: "Withdrew..."

- Study burden (too many visits)
- too far to travel to site
- Time commitment (visits too long)
- Family moving from area
- Became to ill
- Other (specify)

Patient Current Status: "Withdrew>Other (specify)

Off study date: (mm/dd/yyyy)

If patient is not proceeding to Baseline (post-PEth), please SAVE this form, then:

(Complete if Patient Current Status = Ineligible; Withdrew prior to Baseline data collection; Death; Lost to Follow Up; Other (specify))

Confirm DELETION of this patient's "PreScreening Participant Data" form per "Compound Authorization and Consent for Screening Research Project".

Clinical Comments:

Addiction Treatment Services Review Baseline

Form Creation Date _____

PLEASE NOTE: UNLESS SPECIFIED, ALL QUESTIONS IN THIS FORM REFER TO THE PAST 90 DAYS.

Assessment Date: _____

Coverage Period: From (Date MM/DD/YYYY) _____
(90 days leading up to yesterday's date)

Coverage Period: To (Date MM/DD/YYYY) _____
(yesterday's date)

The coverage period should be for 90 days leading up to and including yesterday's date. The number of days in the coverage period above is: _____

If this number is NOT 90, please adjust your coverage dates accordingly.

G1. WHERE DID YOU STAY FOR THE PAST 90 DAYS?
Please specify the number of days for each question.

1. Alone: _____

2. With others (in private house, apartment, hotel, etc.): _____

3. Institution, e.g., hospital, jail prison (controlled environment): _____

3a. Hospital/Residential Treatment: _____

3b. Jail or prison: _____

Warning: Total of 3a - 3b cannot exceed value entered in Q3

4. Structured living situation, e.g., recovery house, group home, halfway house: _____

4a. For alcohol or drug problems (incl. dual dx): _____

4b. For psychological or emotional problems: _____

4c. For medical problems: _____

4d. For criminal behavior or legal problems: _____

4e. For domestic violence: _____

Warning: Total of 4a - 4e cannot exceed value entered in Q4

5. Homeless shelter: _____

6. Homeless, i.e., on the street, in an abandoned building, in a car: _____

Warning: Total of Q:1 - 6 must equal 90 days.

ALCOHOL / DRUGS

Questions about treatment for alcohol/drugs (substance use) you may have received over PAST 90 DAYS.

IN THE PAST 90 DAYS, HAVE YOU SPENT ANY NIGHTS AT AN INPATIENT/RESIDENTIAL DRUG/ALCOHOL TREATMENT UNIT?

- No
- Yes - within the VA only
- Yes - outside the VA only
- Yes -Both, within the VA and outside the VA

WITHIN THE VA
(Q: S1-S1a)

Within the VA:
S1. How many nights did you stay at an inpatient/residential drug/alcohol treatment unit?

Within the VA:
S1. Where?

Within the VA:
S1a. How many of these were detox only?

Warning: Within the VA value of S1a cannot exceed value entered in Within the VA QS1

Within the VA:
S1a. Where?

OUTSIDE THE VA
(Q: S1-S1a)

Outside the VA:
S1. How many nights did you stay at an inpatient/residential drug/alcohol treatment unit?

Outside the VA:
S1. Where?

Outside the VA:
S1a. How many of these were detox only?

Warning: Outside the VA value of S1a cannot exceed value entered in Outside the VA QS1

Outside the VA:
S1a. Where?

DURING INPATIENT A&D TREATMENT PAST 90 DAYS

IN THE PAST 90 DAYS, HAVE YOU ATTENDED ANY INDIVIDUAL (one-on-one) SESSIONS DURING WHICH SUBSTANCE USE WAS THE MAIN PURPOSE OF THE DISCUSSION?

- No
- Yes - within the VA only
- Yes - outside the VA only
- Yes -Both, within the VA and outside the VA

WITHIN THE VA
(Q: S2-S2b)

Within the VA:
S2. How many individual (one -on-one) sessions did you attend during which substance use was the main purpose of the discussion?

Within the VA:
S2a1. Number of those with:
 Medical doctor (psychiatrist or physician):

Within the VA:
S2a2. Number of those with:
Non-medical doctor (e.g., psychologist - Ph.D./Psy.D.):

Within the VA:
S2a3. Number of those with:
Nurse

Within the VA:
S2a4. Number of those with:
Other clinician (e.g., counselor, social worker, clergy)

Within the VA:
S2a5. Number of those with:
Don't know

Warning: Within VA Total of Q: S2a1 - S2a5 should equal value entered in Within VA Q: S2

Within the VA:
S2b. On average, how long did each individual session last? (estimate in minutes)

OUTSIDE THE VA
(Q: S2-S2b)

Outside the VA:
S2. How many individual (one -on-one) sessions did you attend during which substance use was the main purpose of the discussion?

Outside the VA:
S2a1. Number of those with:
 Medical doctor (psychiatrist or physician):

Outside the VA:
S2a2. Number of those with:
Non-medical doctor (e.g., psychologist - Ph.D./Psy.D.):

Outside the VA:
S2a3. Number of those with:
Nurse

Outside the VA:
S2a4. Number of those with:
Other clinician (e.g., counselor, social worker, clergy)

Outside the VA: _____
S2a5. Number of those with:
Don't know

Warning: Outside VA Total of Q: S2a1 - S2a5 should equal value entered in Outside the VA Q: S2

Outside the VA: _____
S2b. On average, how long did each individual session
last? (estimate in minutes)

IN THE PAST 90 DAYS, HAVE YOU ATTENDED ANY 12
STEP/SELF-HELP MEETINGS or MEETINGS WITH YOUR
SPONSOR/MENTOR DURING WHICH SUBSTANCE USE WAS THE
MAIN PURPOSE OF THE DISCUSSION? No
 Yes - within the VA only
 Yes - outside the VA only
 Yes -Both, within the VA and outside the VA

WITHIN THE VA
(Q: S3-S4)

Within the VA: _____
S3. How many 12-Step/self-help group meetings for
substance use (e.g., AA, NA, CA) did you attend?

Within the VA: _____
S4. How many meetings did you have with your
sponsor/mentor during which your substance problem
was the main purpose of the discussion?

OUTSIDE THE VA
(Q: S3-S4)

Outside the VA: _____
S3. How many 12-Step/self-help group meetings for
substance use (e.g., AA, NA, CA) did you attend?

Outside the VA: _____
S4. How many meetings did you have with your
sponsor/mentor during which your substance problem
was the main purpose of the discussion?

IN THE PAST 90 DAYS, HAVE YOU ATTENDED ANY OTHER
GROUP (therapy/counseling) SESSIONS FOR SUBSTANCE
USE? No
 Yes - within the VA only
 Yes - outside the VA only
 Yes -Both, within the VA and outside the VA

WITHIN THE VA
(Q: S5-S5d)

Within the VA: _____
S5. How many other group (therapy/counseling)
sessions for substance use did you attend? (i.e.,
non-self-help groups)

Within the VA: _____
S5a1. Number of those with:
Medical doctor (psychiatrist or physician)

Within the VA: _____
S5a2. Number of those with:
Non-medical doctor (e.g., psychologist -
Ph.D./Psy.D.)

Within the VA: _____
S5a3. Number of those with:
Nurse

Within the VA: _____
S5a4. Number of those with:
Other clinician (e.g., counselor, social worker,
clergy)

Within the VA: _____
S5a5. Number of those with:
Don't know

Warning: Within VA Total of Q: S5a1 - S5a5 should equal value entered in Within VA Q: S5

Within the VA: _____
S5b. On average, how long did each group session
last? (estimate in minutes)

Within the VA: _____
S5c. On average, how many other patients were in a
group?

Within the VA: _____
S5d. How many of these groups focused solely on
education about alcohol/drugs?

OUTSIDE THE VA
(Q: S5-S5d)

Outside the VA: _____
S5. How many other group (therapy/counseling)
sessions for substance use did you attend? (i.e.,
non-self-help groups)

Outside the VA: _____
S5a1. Number of those with:
Medical doctor (psychiatrist or physician)

Outside the VA: _____
S5a2. Number of those with:
Non-medical doctor (e.g., psychologist -
Ph.D./Psy.D.)

Outside the VA: _____
S5a3. Number of those with:
Nurse

Outside the VA: _____
S5a4. Number of those with:
Other clinician (e.g., counselor, social worker,
clergy)

Outside the VA: _____
S5a5. Number of those with:
Don't know

Warning: Outside the VA Total of Q: S5a1 - S5a5 should equal value entered in Outside the VA Q: S5

Outside the VA: _____
S5b. On average, how long did each group session
last? (estimate in minutes)

Outside the VA: _____
S5c. On average, how many other patients were in a
group?

Outside the VA:
S5d. How many of these groups focused solely on education about alcohol/drugs?

PAST 90 DAYS NOT IN A&D INPATIENT TREATMENT

IN THE PAST 90 DAYS, DID YOU ATTEND ANY OUTPATIENT TREATMENT FOR SUBSTANCE USE PROBLEMS, EXCLUDING ANY 12-STEP OR SELF-HELP GROUP MEETINGS?

- No
- Yes - within the VA only
- Yes - outside the VA only
- Yes -Both, within the VA and outside the VA

WITHIN THE VA
(Q: S6-S6a)

Within the VA:
S6. How many days did you attend any outpatient treatment for substance use problems, excluding any 12-Step or self-help group meetings?

Within the VA:
S6. Where?

Within the VA:
S6a. How many of these were at a day hospital or intensive outpatient program (i.e., several days/week, for several hours/day)?

Within the VA:
S6a. Where?

OUTSIDE THE VA
(Q: S6-S6a)

Outside the VA:
S6. How many days did you attend any outpatient treatment for substance use problems, excluding any 12-Step or self-help group meetings?

Outside the VA:
S6. Where?

Outside the VA:
S6a. How many of these were at a day hospital or intensive outpatient program (i.e., several days/week, for several hours/day)?

Outside the VA:
S6a. Where?

IN THE PAST 90 DAYS, DID YOU ATTEND ANY INDIVIDUAL (one-on-one) SESSIONS DURING WHICH SUBSTANCE USE WAS THE MAIN PURPOSE OF THE DISCUSSION?

- No
- Yes - within the VA only
- Yes - outside the VA only
- Yes -Both, within the VA and outside the VA

WITHIN THE VA
(Q: S7-S7b)

Within the VA:
S7. How many individual (one -on-one) sessions did you attend during which substance use was main purpose of the discussion?

Within the VA:
S7a1. Number of those with:
Medical doctor (psychiatrist or physician)

Within the VA:
S7a2. Number of those with:
Non-medical doctor (e.g., psychologist -
Ph.D./Psy.D.)

Within the VA:
S7a3. Number of those with:
Nurse

Within the VA:
S7a4. Number of those with:
Other clinician (e.g., counselor, social worker,
clergy)

Within the VA:
S7a5. Number of those with:
Don't know

Warning: Within the VA Total of Q: S7a1 - S7a5 cannot exceed value entered in Within the VA Q: S7

Within the VA:
S7b. On average, how long did an individual session
last? (estimate in minutes)

OUTSIDE THE VA
(Q: S7-S7b)

Outside the VA:
S7. How many individual (one -on-one) sessions did
you attend during which substance use was main
purpose of the discussion?

Outside the VA:
S7a1. Number of those with:
Medical doctor (psychiatrist or physician)

Outside the VA:
S7a2. Number of those with:
Non-medical doctor (e.g., psychologist -
Ph.D./Psy.D.)

Outside the VA:
S7a3. Number of those with:
Nurse

Outside the VA:
S7a4. Number of those with:
Other clinician (e.g., counselor, social worker,
clergy)

Outside the VA:
S7a5. Number of those with:
Don't know

Warning: Outside the VA Total of Q: S7a1 - S7a5 cannot exceed value entered in Outside the VA Q: S7

Outside the VA:
S7b. On average, how long did an individual session
last? (estimate in minutes)

IN THE PAST 90 DAYS, DID YOU ATTEND ANY 12-STEP/SELF-HELP GROUP MEETINGS (e.g., AA, NA, CA) OR MEETINGS WITH YOUR SPONSOR/MENTOR WHICH YOUR SUBSTANCE PROBLEM WAS THE MAIN PURPOSE OF DISCUSSION?

No
 Yes - within the VA only
 Yes - outside the VA only
 Yes -Both, within the VA and outside the VA

WITHIN THE VA
(Q: S8-S9)

Within the VA:
S8. How many 12-Step/self-help group meetings for substance use (e.g.,AA, NA, CA) did you attend? _____

Within the VA:
S9. How many meetings did you have with your sponsor/mentor during which your substance problem was the main purpose of the discussion? _____

OUTSIDE THE VA
(Q: S8-S9)

Outside the VA:
S8. How many 12-Step/self-help group meetings for substance use (e.g.,AA, NA, CA) did you attend? _____

Outside the VA:
S9. How many meetings did you have with your sponsor/mentor during which your substance problem was the main purpose of the discussion? _____

IN THE PAST 90 DAYS, DID YOU ATTEND ANY OTHER GROUP (therapy/counseling) SESSIONS FOR SUBSTANCE USE? (i.e., non-self-help groups)

No
 Yes - within the VA only
 Yes - outside the VA only
 Yes -Both, within the VA and outside the VA

WITHIN THE VA
(Q: S10-S10d)

Within the VA:
S10. How many other group (therapy/counseling) sessions for substance use did you attend? (i.e., non-self-help groups) _____

Within the VA:
S10a1. Number of those with: Medical doctor (psychiatrist or physician) _____

Within the VA:
S10a2. Number of those with: Non-medical doctor (e.g., psychologist - Ph.D./Psy.D.) _____

Within the VA:
S10a3. Number of those with: Nurse _____

Within the VA:
S10a4. Number of those with: Other clinician (e.g., counselor, social worker, clergy) _____

Within the VA:
S10a5. Number of those with: Don't know _____

Warning: Within the VA Total of Q: S10a1 - S10a5 cannot exceed value entered in Within the VA Q: S10

Within the VA:
S10b. On average, how long did a group session last?
(estimate in minutes) _____

Within the VA:
S10c. On average, how many other patients were in a
group? _____

Within the VA:
S10d. How many of these groups focused solely on
education about drugs/alcohol? _____

OUTSIDE THE VA
(Q: S10-S10d)

Outside the VA:
S10. How many other group (therapy/counseling)
sessions for substance use did you attend? (i.e.,
non-self-help groups) _____

Outside the VA:
S10a1. Number of those with:
Medical doctor (psychiatrist or physician) _____

Outside the VA:
S10a2. Number of those with:
Non-medical doctor (e.g., psychologist -
Ph.D./Psy.D.) _____

Outside the VA:
S10a3. Number of those with:
Nurse _____

Outside the VA:
S10a4. Number of those with:
Other clinician (e.g., counselor, social worker,
clergy) _____

Outside the VA:
S10a5. Number of those with:
Don't know _____

Warning: Outside the VA Total of Q: S10a1 - S10a5 cannot exceed value entered in Outside the VA Q: S10

Outside the VA:
S10b. On average, how long did a group session last?
(estimate in minutes) _____

Outside the VA:
S10c. On average, how many other patients were in a
group? _____

Outside the VA:
S10d. How many of these groups focused solely on
education about drugs/alcohol? _____

ON ANY OF THE PAST 90 DAYS

WITHIN THE VA
(Q: S11)

Within the VA:
S11. How many sessions did you attend to help you quit smoking (using tobacco)?

OUTSIDE THE VA
(Q: S11)

Outside the VA:
S11. How many sessions did you attend to help you quit smoking (using tobacco)?

HOW MANY HOURS DID YOU ACCESS WEB-BASED OR OTHER MATERIALS FOR SUBSTANCE USE?

Please choose the websites you visited:
(choose all that apply)

- <http://checkyourdrinking.net/>
- <http://www.drinkerscheckup.com/>
- <http://www.drugscreening.org/>
- <https://www.rethinkingdrinking.niaaa.nih.gov/>
-

- hiv.va.gov/patient/daily/alcohol-drugs/overview.asp
- <https://vetchange.org/home/index2>
- Other website(s), please specify
- None

How many hours did you access:
"http://checkyourdrinking.net/" ?

(Round to nearest 15 minutes: Ex. 15=.25, 30=.5, 45=.75, 1 hr 15min=1.25, etc.)

How many hours did you access:
"http://www.drinkerscheckup.com/" ?

(Round to nearest 15 minutes: Ex. 15=.25, 30=.5, 45=.75, 1 hr 15min=1.25, etc.)

How many hours did you access:
"http://www.drugscreening.org/" ?

(Round to nearest 15 minutes: Ex. 15=.25, 30=.5, 45=.75, 1 hr 15min=1.25, etc.)

How many hours did you access:
"http://rethinkingdrinking.niaaa.nih.gov/" ? _____

(Round to nearest 15 minutes: Ex. 15=.25, 30=.5,
45=.75, 1 hr 15min=1.25, etc.)

How many hours did you access:
"https://www.hiv.va.gov/patient/daily/alcohol-drugs/overview.asp" ? _____

(Round to nearest 15 minutes: Ex. 15=.25, 30=.5,
45=.75, 1 hr 15min=1.25, etc.)

How many hours did you access:
"https://vetchange.org/home/index2" ? _____

(Round to nearest 15 minutes: Ex. 15=.25, 30=.5,
45=.75, 1 hr 15min=1.25, etc.)

If " Other websites" , please specify website(s) _____

How many hours did you access:
" Other websites" ? _____

(Round to nearest 15 minutes: Ex. 15=.25, 30=.5,
45=.75, 1 hr 15min=1.25, etc.)

MEDICATIONS

Questions about any medications you may have taken over the PAST 90 DAYS.

Please specify based on the location of the pharmacy.

IN THE PAST 90 DAYS, HAVE YOU TAKEN ANY MEDICATIONS
RECEIVED FROM A PHARMACY LOCATED WITHIN THE VA OR
OUTSIDE THE VA?

- No
 Yes - within the VA only
 Yes - outside the VA only
 Yes -Both, within the VA and outside the VA

WITHIN THE VA
(Medications)

Within the VA:
Med1. On how many days did you take any prescription
meds to help control your substance use (e.g.,
methadone, naltrexone, antabuse)? _____

Within the VA:
Med2. On how many days did you use any medication
(prescription or not) to help you quit smoking
(e.g., nicotine gum, patch, pills)? _____

Within the VA:
Med3. On how many days did you take any prescription
meds for medical problems (e.g., antibiotics,
insulin)? _____

Within the VA:
Med4. On how many days did you take any prescription
meds for emotional or psychological problems (e.g.,
Prozac, BuSpar, Risperdal)?

OUTSIDE THE VA
(Medications)

Outside the VA:
Med1. On how many days did you take any prescription
meds to help control your substance use (e.g.,
methadone, naltrexone, antabuse)?

Outside the VA:
Med2. On how many days did you use any medication
(prescription or not) to help you quit smoking
(e.g., nicotine gum, patch, pills)?

Outside the VA:
Med3. On how many days did you take any prescription
meds for medical problems (e.g., antibiotics,
insulin)?

Outside the VA:
Med4. On how many days did you take any prescription
meds for emotional or psychological problems (e.g.,
Prozac, BuSpar, Risperdal)?

MEDICAL SERVICES

Questions about any medical treatment you may have received over the PAST 90 DAYS

IN THE PAST 90 DAYS, DID YOU SPEND ANY NIGHTS AS AN
INPATIENT IN A MEDICAL HOSPITAL, NURSING HOME, OR
MEDICAL REHABILITATION FACILITY?

- No
- Yes - within the VA only
- Yes - outside the VA only
- Yes -Both, within the VA and outside the VA

WITHIN THE VA: INPATIENT MEDICAL SERVICES
(Q M1-M1c)

Within the VA:
M1. How many nights were you an inpatient in a
medical hospital, nursing home, or medical
rehabilitation facility?

Within the VA:
M1a1. Specify:
Medical hospital

Within the VA:
M1a2. Specify:
Nursing home or medical rehab

Warning: Within the VA Total of Q: M1a1 - M1a2 cannot exceed value entered in Within the VA Q: M1

OUTSIDE THE VA: INPATIENT MEDICAL SERVICES
(Q M1-M1c)

Outside the VA:
M1. How many nights were you an inpatient in a medical hospital, nursing home, or medical rehabilitation facility? _____

Outside the VA:
M1a1. Specify:
Medical hospital _____

Outside the VA:
M1a2. Specify:
Nursing home or medical rehab _____

Warning: Outside the VA Total of Q: M1a1 - M1a2 cannot exceed value entered in Outside the VA Q: M1

ASSOCIATED WITH ANY INPATIENT MEDICAL TREATMENTS OVER THE PAST 90 DAYS: WITHIN VA & OUTSIDE VA

Any location:
M1b. Diagnosis/major problem _____

Any location:
M1c. Major procedures or evaluations _____

IN THE PAST 90 DAYS, DID YOU VISIT AN EMERGENCY ROOM?
 No
 Yes - within the VA only
 Yes - outside the VA only
 Yes -Both, within the VA and outside the VA

WITHIN THE VA: EMERGENCY SERVICES
(Q M2-M2a3)

Within the VA:
M2. How many times did you visit an emergency room? _____

Within the VA:
M2a1. Specify:
Medical _____

Within the VA:
M2a2. Specify:
Psychological _____

Within the VA:
M2a3. Specify:
Substance use _____

Warning: Within the VA Total of Q: M2a1 - M2a3 cannot exceed value entered in Within the VA Q: M2

OUTSIDE THE VA: EMERGENCY SERVICES
(Q M2-M2a3)

Outside the VA:
M2. How many times did you visit an emergency room? _____

Outside the VA:
M2a1. Specify:
Medical _____

Outside the VA:
M2a2. Specify:
Psychological _____

Outside the VA: _____
M2a3. Specify:
Substance use

Warning: Outside the VA Total of Q: M2a1 - M2a3 cannot exceed value entered in Outside the VA Q: M2

ASSOCIATED WITH ANY EMERGENCY ROOM VISITS OVER THE PAST 90 DAYS: WITHIN VA & OUTSIDE VA

Any location: _____
2b. Diagnosis/major problem

Any location: _____
2c. Major procedures or evaluations

IN THE PAST 90 DAYS, DID YOU VISIT A MEDICAL DOCTOR (physician, psychiatrist) FOR TESTING, EXAMINATION, OR TREATMENT OF MEDICAL CONCERNS/PROBLEMS?
 No
 Yes - within the VA only
 Yes - outside the VA only
 Yes -Both, within the VA and outside the VA

WITHIN THE VA: MEDICAL DOCTOR VISITS (Q M3)

Within the VA: _____
M3. How many times did you visit a medical doctor (physician, psychiatrist) for testing, examination, treatment, or care of medical concerns/problems?

OUTSIDE THE VA: MEDICAL DOCTOR VISITS (Q M3)

Outside the VA: _____
M3. How many times did you visit a medical doctor (physician, psychiatrist) for testing, examination, treatment, or care of medical concerns/problems?

ASSOCIATED WITH ANY MEDICAL DOCTOR VISITS OVER THE PAST 90 DAYS: WITHIN VA & OUTSIDE VA

Any location: _____
3a. Diagnosis/major problem

Any location: _____
3b. Major procedures or evaluations

IN THE PAST 90 DAYS, DID YOU VISIT ANY OTHER MEDICAL PROFESSIONAL (e.g.,dentist, optometrist, nurse, physical therapist, x-ray or lab technician) FOR TESTING, EXAMINATION, OR TREATMENT OF MEDICAL CONCERNS/PROBLEMS?
 No
 Yes - within the VA only
 Yes - outside the VA only
 Yes -Both, within the VA and outside the VA

WITHIN THE VA: OTHER MEDICAL PROFESSIONAL VISITS (Q M4)

Within the VA: _____
M4. How many times did you visit any other medical professional (e.g.,dentist, optometrist, nurse, physical therapist, X-ray or lab technician) for testing, examination, or treatment of medical concerns/problems?

OUTSIDE THE VA: OTHER MEDICAL PROFESSIONAL VISITS (Q M4)

Outside the VA: _____
 M4. How many times did you visit any other medical professional (e.g., dentist, optometrist, nurse, physical therapist, X-ray or lab technician) for testing, examination, or treatment of medical concerns/problems?

ASSOCIATED WITH ANY OTHER MEDICAL PROFESSIONAL VISITS OVER THE PAST 90 DAYS: WITHIN VA & OUTSIDE VA

Any location: _____
 4a. Diagnosis/major problem

Any location: _____
 4b. Major procedures or evaluations

IN THE PAST 90 DAYS, DID YOU ATTEND ANY (INDIVIDUAL OR GROUP) COUNSELING SESSIONS WITH NON-MEDICAL PERSONNEL DURING WHICH MEDICAL CONCERNS / PROBLEMS WERE THE MAIN FOCUS (EXCLUDE ALL PREVIOUSLY RECORDED VISITS)?

No
 Yes - within the VA only
 Yes - outside the VA only
 Yes -Both, within the VA and outside the VA

WITHIN THE VA: COUNSELING SESSIONS WITH NON-MEDICAL PERSONNEL (Q M5-M5c)

Within the VA: _____
 M5. How many (individual or group) counseling sessions did you attend with non-medical personnel during which medical concerns/ problems were the main focus (exclude all previously recorded visits)?

Within the VA: _____
 M5a1. Number of those with:
 Non-medical doctor (e.g., psychologist - Ph.D./Psy.D.)

Within the VA: _____
 M5a2. Number of those with:
 Other clinician (e.g., counselor, social worker, clergy)

Within the VA: _____
 M5a3. Number of those with:
 Group member(s) (i.e., a support group not professionally led)

Within the VA: _____
 M5a4. Number of those with:
 Don't know

Warning: Within the VA Total of Q: M5a1 - M5a4 cannot exceed value entered in Within the VA Q: M5

Within the VA: _____
 5b. On average, how long did a session last? (estimate in minutes)

Within the VA: _____
 5c. How many of these were group sessions?

OUTSIDE THE VA: COUNSELING SESSIONS WITH NON-MEDICAL PERSONNEL (Q M5-M5c)

Outside the VA: _____
 M5. How many (individual or group) counseling sessions did you attend with non-medical personnel during which medical concerns/ problems were the main focus (exclude all previously recorded visits)?

Outside the VA: _____
 M5a1. Number of those with:
 Non-medical doctor (e.g., psychologist - Ph.D./Psy.D.)

Outside the VA: _____
 M5a2. Number of those with:
 Other clinician (e.g., counselor, social worker, clergy)

Outside the VA: _____
 M5a3. Number of those with:
 Group member(s) (i.e., a support group not professionally led)

Outside the VA: _____
 M5a4. Number of those with:
 Don't know

Warning: Outside the VA Total of Q: M5a1 - M5a4 cannot exceed value entered in Outside the VA Q: M5

Outside the VA: _____
 5b. On average, how long did a session last? (estimate in minutes)

Outside the VA: _____
 5c. How many of these were group sessions?

PSYCHOLOGICAL SERVICES

Questions about any emotional or psychological services received over the PAST 90 DAYS.

IN THE PAST 90 DAYS, DID YOU SPEND ANY NIGHTS AS AN INPATIENT IN A PSYCHIATRIC HOSPITAL OR PSYCH TREATMENT UNIT (i.e., stayed overnight)?

No
 Yes - within the VA only
 Yes - outside the VA only
 Yes -Both, within the VA and outside the VA

WITHIN THE VA: INPATIENT PSYCH TREATMENTS (Q: P1)

Within the VA: _____
 P1. How many nights were you an inpatient in a psychiatric hospital or psych treatment unit (i.e., stayed overnight)?

Within the VA: _____
 P1. Where?

OUTSIDE THE VA: INPATIENT PSYCH TREATMENTS (Q: P1)

Outside the VA:
 P1. How many nights were you an inpatient in a psychiatric hospital or psych treatment unit (i.e., stayed overnight)? _____

Outside the VA:
 P1. Where? _____

PAST 90 DAYS NOT IN PSYCH INPATIENT TREATMENT

IN THE PAST 90 DAYS, DID YOU ATTEND TREATMENT FOR EMOTIONAL OR PSYCHOLOGICAL PROBLEMS? No
 Yes - within the VA only
 Yes - outside the VA only
 Yes -Both, within the VA and outside the VA

WITHIN THE VA:
 (Q: P2-P2a)

Within the VA:
 P2. On how many days did you attend treatment for emotional or psychological problems? _____

Within the VA:
 P2. Where? _____

Within the VA:
 P2a. How many of these were day hospital or intensive outpatient program? _____

Warning: Within the VA value of P2a cannot exceed value entered in Within the VA Q: P2

OUTSIDE THE VA:
 (Q: P2-P2a)

Outside the VA:
 P2. On how many days did you attend treatment for emotional or psychological problems? _____

Outside the VA:
 P2. Where? _____

Outside the VA:
 P2a. How many of these were day hospital or intensive outpatient program? _____

Warning: Outside the VA value of P2a cannot exceed value entered in Outside the VA Q: P2

IN THE PAST 90 DAYS, DID YOU ATTEND ANY INDIVIDUAL (one-on-one) SESSIONS DURING WHICH YOUR EMOTIONAL OR PSYCHOLOGICAL PROBLEMS WERE THE MAIN PURPOSE OF THE DISCUSSION? No
 Yes - within the VA only
 Yes - outside the VA only
 Yes -Both, within the VA and outside the VA

WITHIN THE VA:
 (Q: P3-P3b)

Within the VA:
 P3. How many individual (one -on-one) sessions did you attend during which your emotional or psychological problems were the main purpose of the discussion? _____

Within the VA:
P3a1. Number of those with:
Medical doctor (psychiatrist or physician)

Within the VA:
P3a2. Number of those with:
Non-medical doctor (e.g., psychologist -
Ph.D./Psy.D.)

Within the VA:
P3a3. Number of those with:
Nurse

Within the VA:
P3a4. Number of those with:
Other clinician (e.g., counselor, social worker,
clergy)

Within the VA:
P3a5. Number of those with:
Don't know

Warning: Within the VA Total of Q: P3a1 - P3a5 cannot exceed value entered in Within the VA Q: P3

Within the VA:
P3b. On average, how long did each individual session
last? (estimate in minutes)

OUTSIDE THE VA:
(Q: P3-P3b)

Outside the VA:
P3. How many individual (one -on-one) sessions did
you attend during which your emotional or
psychological problems were the main purpose of the
discussion?

Outside the VA:
P3a1. Number of those with:
Medical doctor (psychiatrist or physician)

Outside the VA:
P3a2. Number of those with:
Non-medical doctor (e.g., psychologist -
Ph.D./Psy.D.)

Outside the VA:
P3a3. Number of those with:
Nurse

Outside the VA:
P3a4. Number of those with:
Other clinician (e.g., counselor, social worker,
clergy)

Outside the VA:
P3a5. Number of those with:
Don't know

Warning: Outside the VA Total of Q: P3a1 - P3a5 cannot exceed value entered in Outside the VA Q: P3

Outside the VA
3b. On average, how long did each individual session
last? (estimate in minutes)

IN THE PAST 90 DAYS, DID YOU ATTEND ANY GROUP SESSIONS FOR EMOTIONAL OR PSYCHOLOGICAL PROBLEMS ?

- No
- Yes - within the VA only
- Yes - outside the VA only
- Yes -Both, within the VA and outside the VA

WITHIN THE VA:
(Q: P4-P4c)

Within the VA:
P4. How many group sessions did you attend for emotional or psychological problems?

Within the VA:
P4a1. Number of those with:
Medical doctor (psychiatrist or physician)

Within the VA:
P4a2. Number of those with:
Non-medical doctor (e.g., psychologist - Ph.D./Psy.D.)

Within the VA:
P4a3. Number of those with:
Nurse

Within the VA:
P4a4. Number of those with:
Other clinician (e.g., counselor, social worker, clergy)

Within the VA:
P4a5. Number of those with:
Group member(s) (i.e., a support group not professionally led)

Within the VA:
P4a6. Number of those with:
Don't know

Warning: Within the VA Total of Q: P4a1 - P4a6 cannot exceed value entered in Within the VA Q: P4

Within the VA:
P4b. On average, how long did a group session last? (estimate in minutes)

Within the VA:
P4c. On average, how many other patients were in a group?

OUTSIDE THE VA:
(Q: P4-P4c)

Outside the VA:
P4. How many group sessions did you attend for emotional or psychological problems?

Outside the VA:
P4a1. Number of those with:
Medical doctor (psychiatrist or physician)

Outside the VA:
P4a2. Number of those with:
Non-medical doctor (e.g., psychologist - Ph.D./Psy.D.)

Outside the VA: _____
P4a3. Number of those with:
Nurse

Outside the VA: _____
P4a4. Number of those with:
Other clinician (e.g., counselor, social worker,
clergy)

Outside the VA: _____
P4a5. Number of those with:
Group member(s) (i.e., a support group not
professionally led)

Outside the VA: _____
P4a6. Number of those with:
Don't know

Warning: Outside the VA Total of Q: P4a1 - P4a6 cannot exceed value entered in Outside the VA Q: P4

Outside the VA: _____
4b. On average, how long did a group session last?
(estimate in minutes)

Outside the VA: _____
4c. On average, how many other patients were in a
group?

LEGAL SERVICES

*****IN YOUR ENTIRE LIFE*****

L1. Have you ever been arrested (in lifetime)? Yes
 No

L1a. If yes, how many times have you been arrested
(lifetime)? _____

L2. Have you ever been incarcerated (lifetime)? Yes
 No

L2a. If yes, how many days have you been incarcerated
(lifetime)? _____

L3. Have you ever been convicted of a crime
(lifetime)? Yes
 No

L3a. If yes, how many times have you been convicted
(lifetime)? _____

OTHER SERVICES

PAST 90 DAYS

IN THE PAST 90 DAYS, DID YOU RECEIVE ANY OTHER SERVICES (e.g., attend a needle exchange program, psych testing, food bank, soup kitchen)?

- No
- Yes - within the VA only
- Yes - outside the VA only
- Yes -Both, within the VA and outside the VA

WITHIN THE VA
(Q: O1-O1d)

Within the VA:
O1. Did you receive any other services during past 90 days (e.g., attend a needle exchange program, psych testing, food bank, soup kitchen)?

- Yes
- No

Within the VA:
O1a. Specify

Within the VA:
O1b. Specify

Within the VA:
O1c. Specify

Within the VA:
O1d. Specify

OUTSIDE THE VA
(Q: O1-O1d)

Outside the VA:
O1. Did you receive any other services during past 90 days (e.g., attend a needle exchange program, psych testing, food bank, soup kitchen)?

- Yes
- No

Outside the VA:
O1a. Specify

Outside the VA:
O1b. Specify

Outside the VA:
O1c. Specify

Outside the VA:
O1d. Specify

DID SOMEONE HELP YOU MANAGE YOUR OVERALL CONDITION, including your physical health, mental health, social, housing, financial, and legal situation, by giving you information about the kind of help that is available or by putting you in touch with others who could help you? (case management)

- No
- Yes - within the VA only
- Yes - outside the VA only
- Yes -Both, within the VA and outside the VA

WITHIN THE VA
(Q: O2-O2a)

Within the VA:

O2. In the past 90 days, did someone help you manage your overall condition, including your physical health, mental health, social, housing, financial, and legal situation, by giving you information about the kind of help that is available or by putting you in touch with others who could help you? (case management)

- Yes
 No

Within the VA:

O2a. On how many days did you meet/speak with him/her?

OUTSIDE THE VA
(Q: O2-O2a)

Outside the VA:

O2. In the past 90 days, did someone help you manage your overall condition, including your physical health, mental health, social, housing, financial, and legal situation, by giving you information about the kind of help that is available or by putting you in touch with others who could help you? (case management)

- Yes
 No

Outside the VA:

O2a. On how many days did you meet/speak with him/her?

OTHER

-ALL LOCATIONS-

O3. Throughout this interview, you have told me about different services you have received over the PAST 90 DAYS [give examples of services patient has described].

I realize things are not that cut and dried. I know, for example, that you do not just talk about substance use in substance use groups; you can talk about social or emotional or family or medical problems as well as substance use.

The same is true when you go to the doctor. You do not just talk about medical problems; you can talk about substance use or emotional issues or a lot of other things. What I would like to do now is to get a sense of that.

Given all the services and treatments and contacts you have had in the PAST 90 DAYS, how much of all of that dealt with:

3a. Your alcohol or substance use problems and issues?

- None
 A little bit
 Some
 Quite a bit
 A lot

3b. Your physical health or medical problems?

- None
 A little bit
 Some
 Quite a bit
 A lot

3c. Your mental health or psychological problems and issues?

- None
- A little bit
- Some
- Quite a bit
- A lot

3f. Your legal or criminal problems and issues?

- None
- A little bit
- Some
- Quite a bit
- A lot

Clinical Comments:

Addiction Treatment Services Review Followup

Form Creation Date _____

Study Time Point

- Week 12
- Week 24
- Month 9
- Month 12
- Unscheduled Visit

PLEASE NOTE: ALL QUESTIONS IN THIS FORM REFER TO THE PAST 90 DAYS.

Assessment Date: _____

Coverage Period: From (Date MM/DD/YYYY)

(90 days leading up to yesterday's date)

(90 days leading up to yesterday's date))

Coverage Period: To (Date MM/DD/YYYY)

(yesterday's date)

(yesterday's date)

The coverage period should be for 90 days leading up to and including yesterday's date. The number of days in the coverage period above is: _____

If this number is NOT 90, please adjust your coverage dates accordingly.

G1. WHERE DID YOU STAY FOR THE PAST 90 DAYS?
Please specify the number of days for each question.

1. Alone: _____

2. With others (in private house, apartment, hotel, etc.): _____

3. Institution, e.g., hospital, jail prison (controlled environment): _____

3a. Hospital/Residential Treatment: _____

3b. Jail or prison: _____

Warning: Total of 3a - 3b cannot exceed value entered in Q3

4. Structured living situation, e.g., recovery house, group home, halfway house: _____

4a. For alcohol or drug problems (incl. dual dx): _____

4b. For psychological or emotional problems: _____

4c. For medical problems: _____

4d. For criminal behavior or legal problems: _____

4e. For domestic violence: _____

Warning: Total of 4a - 4e cannot exceed value entered in Q4

5. Homeless shelter: _____

6. Homeless, i.e., on the street, in an abandoned building, in a car: _____

Warning: Total of Q:1 - 6 must equal 90 days.

ALCOHOL / DRUGS

Questions about treatment for alcohol/drugs (substance use) you may have received over PAST 90 DAYS.

IN THE PAST 90 DAYS, HAVE YOU SPENT ANY NIGHTS AT AN INPATIENT/RESIDENTIAL DRUG/ALCOHOL TREATMENT UNIT?

- No
- Yes - within the VA only
- Yes - outside the VA only
- Yes -Both, within the VA and outside the VA

WITHIN THE VA
(Q: S1-S1a)

Within the VA:
S1. How many nights did you stay at an inpatient/residential drug/alcohol treatment unit? _____

Within the VA:
S1. Where? _____

Within the VA:
S1a. How many of these were detox only? _____

Warning: Within the VA value of S1a cannot exceed value entered in Within the VA QS1

Within the VA:
S1a. Where? _____

OUTSIDE THE VA
(Q: S1-S1a)

Outside the VA:
S1. How many nights did you stay at an inpatient/residential drug/alcohol treatment unit? _____

Outside the VA:
S1. Where? _____

Outside the VA:
S1a. How many of these were detox only? _____

Warning: Outside the VA value of S1a cannot exceed value entered in Outside the VA QS1

Outside the VA:
S1a. Where? _____

DURING INPATIENT A&D TREATMENT PAST 90 DAYS

IN THE PAST 90 DAYS, HAVE YOU ATTENDED ANY INDIVIDUAL (one-on-one) SESSIONS DURING WHICH SUBSTANCE USE WAS THE MAIN PURPOSE OF THE DISCUSSION?

- No
- Yes - within the VA only
- Yes - outside the VA only
- Yes -Both, within the VA and outside the VA

WITHIN THE VA
(Q: S2-S2b)

Within the VA:
S2. How many individual (one -on-one) sessions did you attend during which substance use was the main purpose of the discussion?

Within the VA:
S2a1. Number of those with:
 Medical doctor (psychiatrist or physician):

Within the VA:
S2a2. Number of those with:
Non-medical doctor (e.g., psychologist - Ph.D./Psy.D.):

Within the VA:
S2a3. Number of those with:
Nurse

Within the VA:
S2a4. Number of those with:
Other clinician (e.g., counselor, social worker, clergy)

Within the VA:
S2a5. Number of those with:
Don't know

Warning: Within VA Total of Q: S2a1 - S2a5 should equal value entered in Within VA Q: S2

Within the VA:
S2b. On average, how long did each individual session last? (estimate in minutes)

OUTSIDE THE VA
(Q: S2-S2b)

Outside the VA:
S2. How many individual (one -on-one) sessions did you attend during which substance use was the main purpose of the discussion?

Outside the VA:
S2a1. Number of those with:
 Medical doctor (psychiatrist or physician):

Outside the VA: _____
 S2a2. Number of those with:
 Non-medical doctor (e.g., psychologist -
 Ph.D./Psy.D.):

Outside the VA: _____
 S2a3. Number of those with:
 Nurse

Outside the VA: _____
 S2a4. Number of those with:
 Other clinician (e.g., counselor, social worker,
 clergy)

Outside the VA: _____
 S2a5. Number of those with:
 Don't know

Warning: Outside VA Total of Q: S2a1 - S2a5 should equal value entered in Outside the VA Q: S2

Outside the VA: _____
 S2b. On average, how long did each individual session
 last? (estimate in minutes)

IN THE PAST 90 DAYS, HAVE YOU ATTENDED ANY 12
 STEP/SELF-HELP MEETINGS or MEETINGS WITH YOUR
 SPONSOR/MENTOR DURING WHICH SUBSTANCE USE WAS THE
 MAIN PURPOSE OF THE DISCUSSION? No
 Yes - within the VA only
 Yes - outside the VA only
 Yes -Both, within the VA and outside the VA

WITHIN THE VA
 (Q: S3-S4)

Within the VA: _____
 S3. How many 2-Step/self-help group meetings for
 substance use (e.g., AA, NA, CA) did you attend?

Within the VA: _____
 S4. How many meetings did you have with your
 sponsor/mentor during which your substance problem
 was the main purpose of the discussion?

OUTSIDE THE VA
 (Q: S3-S4)

Outside the VA: _____
 S3. How many 2-Step/self-help group meetings for
 substance use (e.g., AA, NA, CA) did you attend?

Outside the VA: _____
 S4. How many meetings did you have with your
 sponsor/mentor during which your substance problem
 was the main purpose of the discussion?

IN THE PAST 90 DAYS, HAVE YOU ATTENDED ANY OTHER
 GROUP (therapy/counseling) SESSIONS FOR SUBSTANCE
 USE? No
 Yes - within the VA only
 Yes - outside the VA only
 Yes -Both, within the VA and outside the VA

WITHIN THE VA
 (Q: S5-S5d)

Within the VA:
S5. How many other group (therapy/counseling) sessions for substance use did you attend? (i.e., non-self-help groups)

Within the VA:
S5a1. Number of those with:
Medical doctor (psychiatrist or physician)

Within the VA:
S5a2. Number of those with:
Non-medical doctor (e.g., psychologist - Ph.D./Psy.D.)

Within the VA:
S5a3. Number of those with:
Nurse

Within the VA:
S5a4. Number of those with:
Other clinician (e.g., counselor, social worker, clergy)

Within the VA:
S5a5. Number of those with:
Don't know

Warning: Within VA Total of Q: S5a1 - S5a5 should equal value entered in Within VA Q: S5

Within the VA:
S5b. On average, how long did each group session last? (estimate in minutes)

Within the VA:
S5c. On average, how many other patients were in a group?

Within the VA:
S5d. How many of these groups focused solely on education about alcohol/drugs?

OUTSIDE THE VA
(Q: S5-S5d)

Outside the VA:
S5. How many other group (therapy/counseling) sessions for substance use did you attend? (i.e., non-self-help groups)

Outside the VA:
S5a1. Number of those with:
Medical doctor (psychiatrist or physician)

Outside the VA:
S5a2. Number of those with:
Non-medical doctor (e.g., psychologist - Ph.D./Psy.D.)

Outside the VA:
S5a3. Number of those with:
Nurse

Outside the VA: _____
 S5a4. Number of those with:
 Other clinician (e.g., counselor, social worker,
 clergy)

Outside the VA: _____
 S5a5. Number of those with:
 Don't know

Warning: Outside the VA Total of Q: S5a1 - S5a5 should equal value entered in Outside the VA Q: S5

Outside the VA: _____
 S5b. On average, how long did each group session
 last? (estimate in minutes)

Outside the VA: _____
 S5c. On average, how many other patients were in a
 group?

Outside the VA: _____
 S5d. How many of these groups focused solely on
 education about alcohol/drugs?

PAST 90 DAYS NOT IN A&D INPATIENT TREATMENT

IN THE PAST 90 DAYS, DID YOU ATTEND ANY OUTPATIENT
 TREATMENT FOR SUBSTANCE USE PROBLEMS, EXCLUDING ANY
 12-STEP OR SELF-HELP GROUP MEETINGS? No
 Yes - within the VA only
 Yes - outside the VA only
 Yes -Both, within the VA and outside the VA

WITHIN THE VA
 (Q: S6-S6a)

Within the VA: _____
 S6. How many days did you attend any outpatient
 treatment for substance use problems, excluding any
 12-Step or self-help group meetings?

Within the VA: _____
 S6. Where?

Within the VA: _____
 S6a. How many of these were at a day hospital or
 intensive outpatient program (i.e., several
 days/week, for several hours/day)?

Within the VA: _____
 S6a. Where?

OUTSIDE THE VA
 (Q: S6-S6a)

Outside the VA: _____
 S6. How many days did you attend any outpatient
 treatment for substance use problems, excluding any
 12-Step or self-help group meetings?

Outside the VA: _____
 S6. Where?

Outside the VA:
 S6a. How many of these were at a day hospital or intensive outpatient program (i.e., several days/week, for several hours/day)?

Outside the VA:
 S6a. Where?

IN THE PAST 90 DAYS, DID YOU ATTEND ANY INDIVIDUAL (one-on-one) SESSIONS DURING WHICH SUBSTANCE USE WAS THE MAIN PURPOSE OF THE DISCUSSION?

No
 Yes - within the VA only
 Yes - outside the VA only
 Yes -Both, within the VA and outside the VA

WITHIN THE VA
 (Q: S7-S7b)

Within the VA:
 S7. How many individual (one -on-one) sessions did you attend during which substance use was main purpose of the discussion?

Within the VA:
 S7a1. Number of those with:
 Medical doctor (psychiatrist or physician)

Within the VA:
 S7a2. Number of those with:
 Non-medical doctor (e.g., psychologist - Ph.D./Psy.D.)

Within the VA:
 S7a3. Number of those with:
 Nurse

Within the VA:
 S7a4. Number of those with:
 Other clinician (e.g., counselor, social worker, clergy)

Within the VA:
 S7a5. Number of those with:
 Don't know

Warning: Within the VA Total of Q: S7a1 - S7a5 cannot exceed value entered in Within the VA Q: S7

Within the VA:
 S7b. On average, how long did an individual session last? (estimate in minutes)

OUTSIDE THE VA
 (Q: S7-S7b)

Outside the VA:
 S7. How many individual (one -on-one) sessions did you attend during which substance use was main purpose of the discussion?

Outside the VA:
 S7a1. Number of those with:
 Medical doctor (psychiatrist or physician)

Outside the VA: _____
 S7a2. Number of those with:
 Non-medical doctor (e.g., psychologist -
 Ph.D./Psy.D.)

Outside the VA: _____
 S7a3. Number of those with:
 Nurse

Outside the VA: _____
 S7a4. Number of those with:
 Other clinician (e.g., counselor, social worker,
 clergy)

Outside the VA: _____
 S7a5. Number of those with:
 Don't know

Warning: Outside the VA Total of Q: S7a1 - S7a5 cannot exceed value entered in Outside the VA Q: S7

Outside the VA: _____
 S7b. On average, how long did an individual session
 last? (estimate in minutes)

IN THE PAST 90 DAYS, DID YOU ATTEND ANY
 12-STEP/SELF-HELP GROUP MEETINGS (e.g., AA, NA, CA) OR MEETINGS WITH YOUR SPONSOR/MENTOR WHICH YOUR
 SUBSTANCE PROBLEM WAS THE MAIN PURPOSE OF DISCUSSION?
 No
 Yes - within the VA only
 Yes - outside the VA only
 Yes -Both, within the VA and outside the VA

WITHIN THE VA
 (Q: S8-S9)

Within the VA: _____
 S8. How many 12-Step/self-help group meetings for
 substance use (e.g.,AA, NA, CA) did you attend?

Within the VA: _____
 S9. How many meetings did you have with your
 sponsor/mentor during which your substance problem
 was the main purpose of the discussion?

OUTSIDE THE VA
 (Q: S8-S9)

Outside the VA: _____
 S8. How many 12-Step/self-help group meetings for
 substance use (e.g.,AA, NA, CA) did you attend?

Outside the VA: _____
 S9. How many meetings did you have with your
 sponsor/mentor during which your substance problem
 was the main purpose of the discussion?

IN THE PAST 90 DAYS, DID YOU ATTEND ANY OTHER GROUP
 (therapy/counseling) SESSIONS FOR SUBSTANCE USE?
 (i.e., non-self-help groups)
 No
 Yes - within the VA only
 Yes - outside the VA only
 Yes -Both, within the VA and outside the VA

WITHIN THE VA
 (Q: S10-S10d)

Within the VA:
S10. How many other group (therapy/counseling) sessions for substance use did you attend? (i.e., non-self-help groups)

Within the VA:
S10a1. Number of those with:
Medical doctor (psychiatrist or physician)

Within the VA:
S10a2. Number of those with:
Non-medical doctor (e.g., psychologist - Ph.D./Psy.D.)

Within the VA:
S10a3. Number of those with:
Nurse

Within the VA:
S10a4. Number of those with:
Other clinician (e.g., counselor, social worker, clergy)

Within the VA:
S10a5. Number of those with:
Don't know

Warning: Within the VA Total of Q: S10a1 - S10a5 cannot exceed value entered in Within the VA Q: S10

Within the VA:
S10b. On average, how long did a group session last? (estimate in minutes)

Within the VA:
S10c. On average, how many other patients were in a group?

Within the VA:
S10d. How many of these groups focused solely on education about drugs/alcohol?

OUTSIDE THE VA
(Q: S10-S10d)

Outside the VA:
S10. How many other group (therapy/counseling) sessions for substance use did you attend? (i.e., non-self-help groups)

Outside the VA:
S10a1. Number of those with:
Medical doctor (psychiatrist or physician)

Outside the VA:
S10a2. Number of those with:
Non-medical doctor (e.g., psychologist - Ph.D./Psy.D.)

Outside the VA:
S10a3. Number of those with:
Nurse

Outside the VA: _____
S10a4. Number of those with:
Other clinician (e.g., counselor, social worker,
clergy)

Outside the VA: _____
S10a5. Number of those with:
Don't know

Warning: Outside the VA Total of Q: S10a1 - S10a5 cannot exceed value entered in Outside the VA Q: S10

Outside the VA: _____
S10b. On average, how long did a group session last?
(estimate in minutes)

Outside the VA: _____
S10c. On average, how many other patients were in a
group?

Outside the VA: _____
S10d. How many of these groups focused solely on
education about drugs/alcohol?

ON ANY OF THE PAST 90 DAYS

WITHIN THE VA
(Q: S11)

Within the VA: _____
S11. How many sessions did you attend to help you
quit smoking (using tobacco)?

OUTSIDE THE VA
(Q: S11)

Outside the VA: _____
S11. How many sessions did you attend to help you
quit smoking (using tobacco)?

HOW MANY HOURS DID YOU ACCESS WEB-BASED OR OTHER MATERIALS FOR SUBSTANCE USE?

Please choose the websites you visited:
(choose all that apply)

- <http://checkyourdrinking.net/>
- <http://www.drinkerscheckup.com/>
- <http://www.drugscreening.org/>
- <https://www.rethinkingdrinking.niaaa.nih.gov/>
-

- hiv.va.gov/patient/daily/alcohol-drugs/overview.asp
- <https://vetchange.org/home/index2>
- Other website(s), please specify
- None

How many hours did you access:
"http://checkyourdrinking.net/" ?

(Round to nearest 15 minutes: Ex. 15=.25, 30=.5,
45=.75, 1 hr 15min=1.25, etc.)

How many hours did you access:
"http://www.drinkerscheckup.com/" ?

(Round to nearest 15 minutes: Ex. 15=.25, 30=.5,
45=.75, 1 hr 15min=1.25, etc.)

How many hours did you access:
"http://www.drugscreening.org/ " ?

(Round to nearest 15 minutes: Ex. 15=.25, 30=.5,
45=.75, 1 hr 15min=1.25, etc.)

How many hours did you access:
"http://rethinkingdrinking.niaaa.nih.gov/" ?

(Round to nearest 15 minutes: Ex. 15=.25, 30=.5,
45=.75, 1 hr 15min=1.25, etc.)

How many hours did you access:
"https://www.hiv.va.gov/patient/daily/alcohol-drugs/overview.asp" ?

(Round to nearest 15 minutes: Ex. 15=.25, 30=.5,
45=.75, 1 hr 15min=1.25, etc.)

How many hours did you access:
"https://vetchange.org/home/index2" ?

(Round to nearest 15 minutes: Ex. 15=.25, 30=.5,
45=.75, 1 hr 15min=1.25, etc.)

If "Other websites", please specify website(s)

How many hours did you access: _____
"Other websites" ?

(Round to nearest 15 minutes: Ex. 15=.25, 30=.5,
45=.75, 1 hr 15min=1.25, etc.)

MEDICATIONS

Questions about any medications you may have taken over the PAST 90 DAYS.

Please specify based on the location of the pharmacy.

IN THE PAST 90 DAYS, HAVE YOU TAKEN ANY MEDICATIONS
RECEIVED FROM A PHARMACY LOCATED WITHIN THE VA OR
OUTSIDE THE VA?

- No
- Yes - within the VA only
- Yes - outside the VA only
- Yes -Both, within the VA and outside the VA

WITHIN THE VA (Medications)

Within the VA:
Med1. On how many days did you take any prescription
meds to help control your substance use (e.g.,
methadone, naltrexone, antabuse)? _____

Within the VA:
Med2. On how many days did you use any medication
(prescription or not) to help you quit smoking
(e.g., nicotine gum, patch, pills)? _____

Within the VA:
Med3. On how many days did you take any prescription
meds for medical problems (e.g., antibiotics,
insulin)? _____

Within the VA:
Med4. On how many days did you take any prescription
meds for emotional or psychological problems (e.g.,
Prozac, BuSpar, Risperdal)? _____

OUTSIDE THE VA (Medications)

Outside the VA:
Med1. On how many days did you take any prescription
meds to help control your substance use (e.g.,
methadone, naltrexone, antabuse)? _____

Outside the VA:
Med2. On how many days did you use any medication
(prescription or not) to help you quit smoking
(e.g., nicotine gum, patch, pills)? _____

Outside the VA:
Med3. On how many days did you take any prescription
meds for medical problems (e.g., antibiotics,
insulin)? _____

Outside the VA:
 Med4. On how many days did you take any prescription
 meds for emotional or psychological problems (e.g.,
 Prozac, BuSpar, Risperdal)? _____

MEDICAL SERVICES

Questions about any medical treatment you may have received over the PAST 90 DAYS

IN THE PAST 90 DAYS, DID YOU SPEND ANY NIGHTS AS AN
 INPATIENT IN A MEDICAL HOSPITAL, NURSING HOME, OR
 MEDICAL REHABILITATION FACILITY?

No
 Yes - within the VA only
 Yes - outside the VA only
 Yes -Both, within the VA and outside the VA

**WITHIN THE VA: INPATIENT MEDICAL SERVICES
(Q M1-M1c)**

Within the VA:
 M1. How many nights were you an inpatient in a
 medical hospital, nursing home, or medical
 rehabilitation facility? _____

Within the VA:
 M1a1. Specify: _____
 Medical hospital

Within the VA:
 M1a2. Specify: _____
 Nursing home or medical rehab

Warning: Within the VA Total of Q: M1a1 - M1a2 cannot exceed value entered in Within the VA Q: M1

**OUTSIDE THE VA: INPATIENT MEDICAL SERVICES
(Q M1-M1c)**

Outside the VA:
 M1. How many nights were you an inpatient in a
 medical hospital, nursing home, or medical
 rehabilitation facility? _____

Outside the VA:
 M1a1. Specify: _____
 Medical hospital

Outside the VA:
 M1a2. Specify: _____
 Nursing home or medical rehab

Warning: Outside the VA Total of Q: M1a1 - M1a2 cannot exceed value entered in Outside the VA Q: M1

ASSOCIATED WITH ANY INPATIENT MEDICAL TREATMENTS OVER THE PAST 90 DAYS: WITHIN VA & OUTSIDE VA

Any location:
 M1b. Diagnosis/major problem _____

Any location:
 M1c. Major procedures or evaluations _____

IN THE PAST 90 DAYS, DID YOU VISIT AN EMERGENCY ROOM?

- No
- Yes - within the VA only
- Yes - outside the VA only
- Yes -Both, within the VA and outside the VA

WITHIN THE VA: EMERGENCY SERVICES
(Q M2-M2a3)

Within the VA:
M2. How many times did you visit an emergency room?

Within the VA:
M2a1. Specify:
Medical

Within the VA:
M2a2. Specify:
Psychological

Within the VA:
M2a3. Specify:
Substance use

Warning: Within the VA Total of Q: M2a1 - M2a3 cannot exceed value entered in Within the VA Q: M2

OUTSIDE THE VA: EMERGENCY SERVICES
(Q M2-M2a3)

Outside the VA:
M2. How many times did you visit an emergency room?

Outside the VA:
M2a1. Specify:
Medical

Outside the VA:
M2a2. Specify:
Psychological

Outside the VA:
M2a3. Specify:
Substance use

Warning: Outside the VA Total of Q: M2a1 - M2a3 cannot exceed value entered in Outside the VA Q: M2

ASSOCIATED WITH ANY EMERGENCY ROOM VISITS OVER THE PAST 90 DAYS: WITHIN VA & OUTSIDE VA

Any location:
2b. Diagnosis/major problem

Any location:
2c. Major procedures or evaluations

IN THE PAST 90 DAYS, DID YOU VISIT A MEDICAL DOCTOR
(physician, psychiatrist) FOR TESTING, EXAMINATION,
OR TREATMENT OF MEDICAL CONCERNS/PROBLEMS?

- No
- Yes - within the VA only
- Yes - outside the VA only
- Yes -Both, within the VA and outside the VA

WITHIN THE VA: MEDICAL DOCTOR VISITS
(Q M3)

Within the VA:

M3. How many times did you visit a medical doctor (physician, psychiatrist) for testing, examination, treatment, or care of medical concerns/problems?

OUTSIDE THE VA: MEDICAL DOCTOR VISITS (Q M3)

Outside the VA:

M3. How many times did you visit a medical doctor (physician, psychiatrist) for testing, examination, treatment, or care of medical concerns/problems?

ASSOCIATED WITH ANY MEDICAL DOCTOR VISITS OVER THE PAST 90 DAYS: WITHIN VA & OUTSIDE VA

Any location:

3a. Diagnosis/major problem

Any location:

3b. Major procedures or evaluations

IN THE PAST 90 DAYS, DID YOU VISIT ANY OTHER MEDICAL PROFESSIONAL (e.g., dentist, optometrist, nurse, physical therapist, x-ray or lab technician) FOR TESTING, EXAMINATION, OR TREATMENT OF MEDICAL CONCERNS/PROBLEMS?

- No
- Yes - within the VA only
- Yes - outside the VA only
- Yes -Both, within the VA and outside the VA

WITHIN THE VA: OTHER MEDICAL PROFESSIONAL VISITS (Q M4)

Within the VA:

M4. How many times did you visit any other medical professional (e.g., dentist, optometrist, nurse, physical therapist, X-ray or lab technician) for testing, examination, or treatment of medical concerns/problems?

OUTSIDE THE VA: OTHER MEDICAL PROFESSIONAL VISITS (Q M4)

Outside the VA:

M4. How many times did you visit any other medical professional (e.g., dentist, optometrist, nurse, physical therapist, X-ray or lab technician) for testing, examination, or treatment of medical concerns/problems?

ASSOCIATED WITH ANY OTHER MEDICAL PROFESSIONAL VISITS OVER THE PAST 90 DAYS: WITHIN VA & OUTSIDE VA

Any location:

4a. Diagnosis/major problem

Any location:

4b. Major procedures or evaluations

IN THE PAST 90 DAYS, DID YOU ATTEND ANY (INDIVIDUAL OR GROUP) COUNSELING SESSIONS WITH NON-MEDICAL PERSONNEL DURING WHICH MEDICAL CONCERNS / PROBLEMS WERE THE MAIN FOCUS (EXCLUDE ALL PREVIOUSLY RECORDED VISITS)?

- No
- Yes - within the VA only
- Yes - outside the VA only
- Yes -Both, within the VA and outside the VA

WITHIN THE VA: COUNSELING SESSIONS WITH NON-MEDICAL PERSONNEL (Q M5-M5c)

Within the VA:
 M5. How many (individual or group) counseling sessions did you attend with non-medical personnel during which medical concerns/ problems were the main focus (exclude all previously recorded visits)?

Within the VA:
 M5a1. Number of those with:
 Non-medical doctor (e.g., psychologist - Ph.D./Psy.D.)

Within the VA:
 M5a2. Number of those with:
 Other clinician (e.g., counselor, social worker, clergy)

Within the VA:
 M5a3. Number of those with:
 Group member(s) (i.e., a support group not professionally led)

Within the VA:
 M5a4. Number of those with:
 Don't know

Warning: Within the VA Total of Q: M5a1 - M5a4 cannot exceed value entered in Within the VA Q: M5

Within the VA:
 5b. On average, how long did a session last? (estimate in minutes)

Within the VA:
 5c. How many of these were group sessions?

OUTSIDE THE VA: COUNSELING SESSIONS WITH NON-MEDICAL PERSONNEL (Q M5-M5c)

Outside the VA:
 M5. How many (individual or group) counseling sessions did you attend with non-medical personnel during which medical concerns/ problems were the main focus (exclude all previously recorded visits)?

Outside the VA:
 M5a1. Number of those with:
 Non-medical doctor (e.g., psychologist - Ph.D./Psy.D.)

Outside the VA:
 M5a2. Number of those with:
 Other clinician (e.g., counselor, social worker, clergy)

Outside the VA:
 M5a3. Number of those with:
 Group member(s) (i.e., a support group not professionally led)

Outside the VA:
 M5a4. Number of those with:
 Don't know

Warning: Outside the VA Total of Q: M5a1 - M5a4 cannot exceed value entered in Outside the VA Q: M5

Outside the VA:
5b. On average, how long did a session last?
(estimate in minutes) _____

Outside the VA:
5c. How many of these were group sessions? _____

PSYCHOLOGICAL SERVICES

Questions about any emotional or psychological services received over the PAST 90 DAYS.

IN THE PAST 90 DAYS, DID YOU SPEND ANY NIGHTS AS AN INPATIENT IN A PSYCHIATRIC HOSPITAL OR PSYCH TREATMENT UNIT (i.e., stayed overnight)?
 No
 Yes - within the VA only
 Yes - outside the VA only
 Yes -Both, within the VA and outside the VA

WITHIN THE VA: INPATIENT PSYCH TREATMENTS
(Q: P1)

Within the VA:
P1. How many nights were you an inpatient in a psychiatric hospital or psych treatment unit (i.e., stayed overnight)? _____

Within the VA:
P1. Where? _____

OUTSIDE THE VA: INPATIENT PSYCH TREATMENTS
(Q: P1)

Outside the VA:
P1. How many nights were you an inpatient in a psychiatric hospital or psych treatment unit (i.e., stayed overnight)? _____

Outside the VA:
P1. Where? _____

PAST 90 DAYS NOT IN PSYCH INPATIENT TREATMENT

IN THE PAST 90 DAYS, DID YOU ATTEND TREATMENT FOR EMOTIONAL OR PSYCHOLOGICAL PROBLEMS?
 No
 Yes - within the VA only
 Yes - outside the VA only
 Yes -Both, within the VA and outside the VA

WITHIN THE VA:
(Q: P2-P2a)

Within the VA:
P2. On how many days did you attend treatment for emotional or psychological problems? _____

Within the VA:
P2. Where? _____

Within the VA:
P2a. How many of these were day hospital or intensive outpatient program? _____

Warning: Within the VA value of P2a cannot exceed value entered in Within the VA Q: P2

OUTSIDE THE VA:
(Q: P2-P2a)

Outside the VA:
P2. On how many days did you attend treatment for emotional or psychological problems? _____

Outside the VA:
P2. Where? _____

Outside the VA:
P2a. How many of these were day hospital or intensive outpatient program? _____

Warning: Outside the VA value of P2a cannot exceed value entered in Outside the VA Q: P2

IN THE PAST 90 DAYS, DID YOU ATTEND ANY INDIVIDUAL (one-on-one) SESSIONS DURING WHICH YOUR EMOTIONAL OR PSYCHOLOGICAL PROBLEMS WERE THE MAIN PURPOSE OF THE DISCUSSION?
 No
 Yes - within the VA only
 Yes - outside the VA only
 Yes -Both, within the VA and outside the VA

WITHIN THE VA:
(Q: P3-P3b)

Within the VA:
P3. How many individual (one -on-one) sessions did you attend during which your emotional or psychological problems were the main purpose of the discussion? _____

Within the VA:
P3a1. Number of those with: Medical doctor (psychiatrist or physician) _____

Within the VA:
P3a2. Number of those with: Non-medical doctor (e.g., psychologist - Ph.D./Psy.D.) _____

Within the VA:
P3a3. Number of those with: Nurse _____

Within the VA:
P3a4. Number of those with: Other clinician (e.g., counselor, social worker, clergy) _____

Within the VA:
P3a5. Number of those with: Don't know _____

Warning: Within the VA Total of Q: P3a1 - P3a5 cannot exceed value entered in Within the VA Q: P3

Within the VA:
P3b. On average, how long did each individual session last? (estimate in minutes) _____

OUTSIDE THE VA:
(Q: P3-P3b)

Outside the VA:
 P3. How many individual (one -on-one) sessions did you attend during which your emotional or psychological problems were the main purpose of the discussion?

Outside the VA:
 P3a1. Number of those with:
 Medical doctor (psychiatrist or physician)

Outside the VA:
 P3a2. Number of those with:
 Non-medical doctor (e.g., psychologist - Ph.D./Psy.D.)

Outside the VA:
 P3a3. Number of those with:
 Nurse

Outside the VA:
 P3a4. Number of those with:
 Other clinician (e.g., counselor, social worker, clergy)

Outside the VA:
 P3a5. Number of those with:
 Don't know

Warning: Outside the VA Total of Q: P3a1 - P3a5 cannot exceed value entered in Outside the VA Q: P3

Outside the VA
 3b. On average, how long did each individual session last? (estimate in minutes)

IN THE PAST 90 DAYS, DID YOU ATTEND ANY GROUP SESSIONS FOR EMOTIONAL OR PSYCHOLOGICAL PROBLEMS ?

- No
- Yes - within the VA only
- Yes - outside the VA only
- Yes -Both, within the VA and outside the VA

WITHIN THE VA:
 (Q: P4-P4c)

Within the VA:
 P4. How many group sessions did you attend for emotional or psychological problems?

Within the VA:
 P4a1. Number of those with:
 Medical doctor (psychiatrist or physician)

Within the VA:
 P4a2. Number of those with:
 Non-medical doctor (e.g., psychologist - Ph.D./Psy.D.)

Within the VA:
 P4a3. Number of those with:
 Nurse

Within the VA:
 P4a4. Number of those with:
 Other clinician (e.g., counselor, social worker, clergy)

Within the VA:
P4a5. Number of those with:
Group member(s) (i.e., a support group not
professionally led)

Within the VA:
P4a6. Number of those with:
Don't know

Warning: Within the VA Total of Q: P4a1 - P4a6 cannot exceed value entered in Within the VA Q: P4

Within the VA:
P4b. On average, how long did a group session last?
(estimate in minutes)

Within the VA:
P4c. On average, how many other patients were in a
group?

OUTSIDE THE VA:
(Q: P4-P4c)

Outside the VA:
P4. How many group sessions did you attend for
emotional or psychological problems?

Outside the VA:
P4a1. Number of those with:
Medical doctor (psychiatrist or physician)

Outside the VA:
P4a2. Number of those with:
Non-medical doctor (e.g., psychologist -
Ph.D./Psy.D.)

Outside the VA:
P4a3. Number of those with:
Nurse

Outside the VA:
P4a4. Number of those with:
Other clinician (e.g., counselor, social worker,
clergy)

Outside the VA:
P4a5. Number of those with:
Group member(s) (i.e., a support group not
professionally led)

Outside the VA:
P4a6. Number of those with:
Don't know

Warning: Outside the VA Total of Q: P4a1 - P4a6 cannot exceed value entered in Outside the VA Q: P4

Outside the VA:
4b. On average, how long did a group session last?
(estimate in minutes)

Outside the VA:
4c. On average, how many other patients were in a
group?

LEGAL SERVICES

IN THE PAST 90 DAYS:

L1. Have you ever been arrested in the past 90 days?

- Yes
- No

L1a. If yes, how many times have you been arrested in the past 90 days?

L2. Have you ever been incarcerated in the past 90 days?

- Yes
- No

L2a. If yes, how many days have you been incarcerated in the past 90 days?

L3. Have you ever been convicted of a crime in the past 90 days?

- Yes
- No

L3a. If yes, how many times have you been convicted in the past 90 days?

OTHER SERVICES

PAST 90 DAYS

IN THE PAST 90 DAYS, DID YOU RECEIVE ANY OTHER SERVICES (e.g., attend a needle exchange program, psych testing, food bank, soup kitchen)?

- No
- Yes - within the VA only
- Yes - outside the VA only
- Yes -Both, within the VA and outside the VA

WITHIN THE VA
(Q: O1-O1d)

Within the VA:
O1. Did you receive any other services during past 90 days (e.g., attend a needle exchange program, psych testing, food bank, soup kitchen)?

- Yes
- No

Within the VA:
O1a. Specify

Within the VA:
O1b. Specify

Within the VA:
O1c. Specify

Within the VA:
O1d. Specify

OUTSIDE THE VA
(Q: O1-O1d)

Outside the VA:
O1. Did you receive any other services during past 90 days (e.g., attend a needle exchange program, psych testing, food bank, soup kitchen)?

- Yes
- No

Outside the VA:
O1a. Specify

Outside the VA:
O1b. Specify

Outside the VA:
O1c. Specify

Outside the VA:
O1d. Specify

IN THE PAST 90 DAYS, DID SOMEONE HELP YOU MANAGE YOUR OVERALL CONDITION, including your physical health, mental health, social, housing, financial, and legal situation, by giving you information about the kind of help that is available or by putting you in touch with others who could help you? (case management)

- No
- Yes - within the VA only
- Yes - outside the VA only
- Yes -Both, within the VA and outside the VA

WITHIN THE VA
(Q: O2-O2a)

Within the VA:
O2. In the past 90 days, did someone help you manage your overall condition, including your physical health, mental health, social, housing, financial, and legal situation, by giving you information about the kind of help that is available or by putting you in touch with others who could help you? (case management)

- Yes
- No

Within the VA:
O2a. On how many days did you meet/speak with him/her?

OUTSIDE THE VA
(Q: O2-O2a)

Outside the VA:
O2. In the past 90 days, did someone help you manage your overall condition, including your physical health, mental health, social, housing, financial, and legal situation, by giving you information about the kind of help that is available or by putting you in touch with others who could help you? (case management)

- Yes
- No

Outside the VA:
O2a. On how many days did you meet/speak with him/her?

OTHER**-ALL LOCATIONS-**

O3. Throughout this interview, you have told me about different services you have received over the PAST 90 DAYS [give examples of services patient has described].

I realize things are not that cut and dried. I know, for example, that you do not just talk about substance use in substance use groups; you can talk about social or emotional or family or medical problems as well as substance use.

The same is true when you go to the doctor. You do not just talk about medical problems; you can talk about substance use or emotional issues or a lot of other things. What I would like to do now is to get a sense of that.

Given all the services and treatments and contacts you have had in the PAST 90 DAYS, how much of all of that dealt with:

3a. Your alcohol or substance use problems and issues?

- None
- A little bit
- Some
- Quite a bit
- A lot

3b. Your physical health or medical problems?

- None
- A little bit
- Some
- Quite a bit
- A lot

3c. Your mental health or psychological problems and issues?

- None
- A little bit
- Some
- Quite a bit
- A lot

3f. Your legal or criminal problems and issues?

- None
- A little bit
- Some
- Quite a bit
- A lot

Clinical Comments:

HIV History

Form Creation Date _____

HIV History

Assessment date: _____

1. Do you know when you first learned you were HIV-positive?

- No
- Yes
- Not Sure
- Refuse to answer

1a. When did you first learn you were HIV- positive?
(year)

((YYYY))

2. What is the most likely way that you got HIV?
(choose all that apply)

- Sex with a man/men
- Sex with a woman/ women
- Injected drugs
- Blood transfusion, blood components, or tissue
- Mother-to-child transmission
- Don't know
- Refused to answer

Clinical Comments: _____

Readiness Ruler

Form Creation Date

Readiness Ruler

Assessment Date:

On a scale from 1 to 10, how ready are you to change your drinking, where 1 equals "not ready" and 10 equals "ready?"

Clinical Comments:

Family Alcohol History

Form Creation Date _____

Family Alcohol History

Assessment Date: _____

1. Did drinking ever cause any of the family members listed below to have problems with health, family, job or police, or other problems?

- Yes
- No

- Mother
- Father
- Sister
- Brother
- Uncle
- Aunt
- Grandmother
- Grandfather

1a. If yes, Choose all family members that apply.

- Mother
- Father
- Sister
- Brother
- Uncle
- Aunt
- Grandmother
- Grandfather

2. Did you ever feel that any of the family members listed below was an excessive drinker?

- Yes
- No

- Mother
- Father
- Sister
- Brother
- Uncle
- Aunt
- Grandmother
- Grandfather

2a. If yes, Choose all family members that apply.

- Mother
- Father
- Sister
- Brother
- Uncle
- Aunt
- Grandmother
- Grandfather

Clinical Comments: _____

Neurocognitive Assessment

Form Creation Date _____

Neurocognitive Assessment

Study Time Point

- Baseline
- Week 12
- Week 24
- Month 9
- Month 12
- Unscheduled Visit

Assessment Date: _____

TRAILS A

Trails A: completed?

- Yes
- No

Trails A: Total number of seconds to complete
(if not finished by 150 seconds, enter 150) _____

Trails A:Q "Total number of seconds to complete" value must be less than or equal to 150. If not finished by 150 seconds, enter 150.

3. Trails A: Choose reason not completed

- Physical problem
- Cognitive/behavior problem
- Patient refused
- Other

Trails A: if reason not completed is "Other", please explain _____

TRAILS B

Trails B: completed?

- Yes
- No

Trails B: Total number of seconds to complete
(if not finished by 150 seconds, enter 150) _____

Trails B:Q "Total number of seconds to complete" value must be less than or equal to 150. If not finished by 150 seconds, enter 150.

3. Trails B: Choose reason not completed

- Physical problem
- Cognitive/behavior problem
- Patient refused
- Other

Trails B: if reason not completed is "Other", please explain _____

Clinical Comments:

Sleep Assessment

Form Creation Date _____

Sleep Assessment

Study Time Point

- Baseline
- Week 12
- Week 24
- Month 9
- Month 12
- Unscheduled Visit

Assessment Date: _____

PROMIS Item Bank v1.0 - Sleep Disturbance- Short Form 4a*

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

In the past 7 days.....

My sleep quality was

- Very Poor Poor Fair Good Very good

My sleep was refreshing

- Not at all A little bit Somewhat Quite a bit Very much

I had a problem with my sleep

- Not at all A little bit Somewhat Quite a bit Very much

I had difficulty falling asleep

- Not at all A little bit Somewhat Quite a bit Very much

Sleep Disturbance: Raw Score _____

** If this field is empty, please confirm there is a response to each of these 4 questions before continuing. This Sleep Disturbance portion will not auto-score if ANY of the preceding 4 questions are left blank.

PROMIS Item Bank v1.0 - Sleep Related Impairment- Short Form 8a**

Please respond to each item by marking one box per row.

In the past 7 days ...

I had a hard time getting things done because I was sleepy

Not at all A little bit Somewhat Quite a bit Very much

I felt alert when I woke up

Not at all A little bit Somewhat Quite a bit Very much

I felt tired

Not at all A little bit Somewhat Quite a bit Very much

I had problems during the day because of poor sleep

Not at all A little bit Somewhat Quite a bit Very much

I had a hard time concentrating because of poor sleep

Not at all A little bit Somewhat Quite a bit Very much

I felt irritable because of poor sleep

Not at all A little bit Somewhat Quite a bit Very much

I was sleepy during the daytime

Not at all A little bit Somewhat Quite a bit Very much

I had trouble staying awake during the day

Not at all A little bit Somewhat Quite a bit Very much

Sleep Related Impairment 8a: Raw Score _____

** If this field is empty, please confirm there is a response to each of these 8 questions before continuing. This Sleep Related Impairment portion will not auto-score if ANY 5 of the 8 preceding questions are left blank.

Clinical Comments: _____

Acknowledgements:

*02 June 2016; 2008-2016 PROMIS Health Organization and PROMIS Cooperative Group

**09 May 2016; 2008-2016 PROMIS Health Organization and PROMIS Cooperative Group

Baseline Unhealthy Alcohol Use Criteria

Form Creation Date _____

BASELINE - UNHEALTHY ALCOHOL USE CRITERIA

(post-PEth confirmed as >20ng/mL AND PRE- randomization)

Date (mm-dd-yyyy): _____

ALCOHOL USE DISORDER Criteria

Does the patient meet the criteria for an Alcohol Use Disorder based on the mini-SCID?

(mini-SCID utilized ONLY if AUDIT C \geq 4 for men and \geq 3 for women)1= Yes
0= NoBaseline AUDIT-C score is
[screening_prepeth_arm_1][auditc_score]

YES - Patient meets screening criteria for Alcohol Use Disorder.

Save this form, and continue to "Study Eligibility and Randomization" form.

AT-RISK DRINKING Criteria

Average drinks per week (TLFB)

Total number of average drinks per week > 14: Men \leq 65 years old _____

Total number of average drinks per week > 7: Men > 65 years old _____

Total number of average drinks per week > 7: Women _____

Drinks on any given day (TLFB)

Drinks more than 4 drinks on any given day: Men \leq 65 years old _____

Drinks more than 3 drinks on any given day: Men > 65 years old or ALL women: _____

1=Yes
0=No

Does the patient meet the criteria for at-risk drinking based on the following? _____

1= YES, if one or more of the above questions is "Yes";
0= NO, if ALL of the above questions are "No"

YES - Patient meets criteria for At-Risk Drinking.

Save this form and continue to "Study Eligibility and Randomization" form.

MEDICAL CONDITION POTENTIALLY IMPACTED BY ALCOHOL Criteria

a. Detectable HIV viral load, defined as >200 copies/mL, in the past 60 days? _____

1=Yes
0=No

b. Detectable HCV viral load, defined as >0 IU/L, based on most recent labs? _____

1=Yes
0=No

c. Liver fibrosis with a FIB-4 score > 1.45 in the past 60 days? _____

1=Yes
0=No

d. Psychoactive medication that potentially interacts with alcohol? _____

1=Yes
0=No

Depressive symptoms, defined as a PHQ-9 score >9? _____

1=Yes
0=No

Tobacco Use Disorder:

i. Patient has smoked at least 100 cigarettes (5 packs) in your life? _____

1 = Yes
0 = No

ii. Patient currently smokes cigarettes every day or some days? _____

1 = Yes
0 = No

iii. Patient has an exhaled CO level >6ppm? _____

1 = Yes
0 = No

Tobacco use disorder _____

1=Yes, if all 3 questions above are 'Yes';
0=No, if ALL 3 questions are NOT 'Yes'

Does the patient meet the screening criteria for
MEDICAL CONDITION POTENTIALLY IMPACTED BY ALCOHOL
Criteria?

1=Yes
0=No

Categorization (auto-populates)

1 = Alcohol Use Disorder
2 = At-Risk Drinking
3 = Medical Condition Impacted by Alcohol
Blank field = Patient does NOT meet criteria for any
of the above Drinking Categories

IF "NO" FOR ALL 3 CATEGORIES, PATIENT IS NOT CURRENTLY ELIGIBLE FOR STUDY PARTICIPATION AND MAY BE
RE-SCREENED IN THE FUTURE AS INDICATED.

Save this form, and complete Baseline- Patient Study Status form.

Clinical Comments:

Study Eligibility And Randomization

Form Creation Date _____

Study Eligibility and Randomization

Assessment Date:
(mm-dd-yyyy) _____

Study Inclusion Criteria

1. HIV infected Yes
 No
2. Ability to provide Written Informed Consent Yes
 No
3. English speaking Yes
 No
4. PEth test > 20ng/mL Yes
 No
Value(s) from PreScreening Labs Plus form: " first
PEth: [screening_prepeth_arm_1][lab_scr_peth], 2nd
PEth (if necessary):
[screening_prepeth_arm_1][lab_scr_peth_2]"
5. Meets criteria for unhealthy alcohol use Yes
 No

Study Exclusion Criteria

1. Be currently enrolled in formal treatment for alcohol (excluding self-help, e.g., Alcoholics Anonymous) Yes
 No
2. Pregnant or nursing women, or women who do not agree to use a reliable form of birth control. Yes
 No
 Not Applicable (i.e., male)
3. Be acutely suicidal, or with a psychiatric condition that affects his/her ability to provide informed consent or participate in counseling interventions (e.g. psychotic, dementia, delusional) Yes
 No
4. Have medical conditions that would preclude completing or be of harm during the course of the study Yes
 No
5. Have a current diagnosis of or be in remission for a gambling disorder Yes
 No

Strata Summary and Eligibility

CATEGORIZATION:

populate response from "Baseline- Unhealthy Alcohol Use Criteria" form: "[uau_crit_category]"

- Alcohol Use Disorder
 At-Risk Drinking
 Medical Condition Impacted by Alcohol

(If the category value from "Baseline-Unhealthy Alcohol Use Criteria" form = Blank Field, then the patient does not meet the criteria for a drinking category and should not be considered for eligibility at this time.)

- 1 = Alcohol Use Disorder
 2 = At-Risk Drinking
 3 = Medical Condition Impacted by Alcohol

The value chosen in the Categorization field above does NOT correspond to auto-categorization of Drinking Category on Baseline-Unhealthy Alcohol Use Criteria form.

Please re-check your chosen response.

CONFIRMATION: The value chosen in the Categorization field above corresponds to auto-categorization of Drinking Category on Baseline-Unhealthy Alcohol Use Criteria form.

The value chosen in the Categorization field above does NOT correspond to auto-categorization of Drinking Category on Baseline-Unhealthy Alcohol Use Criteria form.

Please re-check your chosen response.

CONFIRMATION: The value chosen in the Categorization field above corresponds to auto-categorization of Drinking Category on Baseline-Unhealthy Alcohol Use Criteria form.

The value chosen in the Categorization field above does NOT correspond to auto-categorization of Drinking Category on Baseline-Unhealthy Alcohol Use Criteria form.

Please re-check your chosen response.

CONFIRMATION: The value chosen in the Categorization field above corresponds to auto-categorization of Drinking Category on Baseline-Unhealthy Alcohol Use Criteria form.

ELIGIBLE (auto-populates) _____

1=Yes
0=No

RANDOMIZATION ATTESTATION

You must confirm all of the below prior to randomizing your patient:

Written informed consent to participate in study completed. Yes No

(reference: Baseline Participant Data form)

ALL labs have been completed or results are pending Yes No

Note: values should be entered/pending for all available fields in Screening Labs Plus Form and Baseline Labs Plus Form.

ALL NECESSARY assessments have been completed

- Yes
- No

Note: Please review "Procedure Manual and Research Guide" if questionable.

Ready to randomize?

1=Yes
0=No

Note: If you believe the patient meets study criteria AND the auto-populated response for this field is NO, review all previous questions on this form for empty or invalid values. This field will auto-populate based on ALL necessary appropriate responses required on this form. If ANY of the previous questions is unanswered or has an invalid response this field will reflect "0" and you CANNOT randomize your patient.

RANDOMIZATION

Randomized to study arm:

- Contingency Management plus Stepped Care (CMSC)
- Treatment As Usual (TAU)

Clinical Comments:

Intervention Compliance CM Soc Worker Visits

For PATIENTS RANDOMIZED TO "CM plus Stepped Care" ONLY

CONTINGENCY MANAGEMENT VISIT WITH SOCIAL WORKER

Form Creation Date _____

Contingency Management Social Worker Visit:
(expected Visits 1 through 5)

- Visit 1
 Visit 2
 Visit 3
 Visit 4
 Visit 5

Social Worker Visit: Did the visit occur?

- Yes
 No

Social Worker Visit: If no, why not?

- patient did not show
 patient never scheduled appointment
 Social Worker unavailable
 other (please specify)

Social Worker Visit: If "Other" reason for not occurring, please specify _____

Social Worker Visit: Date of visit:
(mm-dd-yyyy) _____

Social Worker Visit: Length of visit:
(minutes) _____

(record the length of visit in minutes)

Social Worker Visit: Was the visit digitally recorded?

- Yes
 No

Social Worker Visit: If yes, was the recording uploaded to the share drive?

- Yes
 No

Social Worker Visit: If not, why not?

- Recorder did not work or was unavailable
 Social Worker forgot
 Patient refused
 Other (please specify)

Social Worker Visit: If "Other" reason for not recorded, please specify _____

Social Worker Visit: Was a Needs Assessment completed?

- Yes
 No

Social Worker Visit: Was a FIRST Trial CM Reminder Slip completed and given to the patient?

- Yes
 No

Social Worker Visit: Where did the visit occur?

- VA Infectious Disease Clinic
 Not in the VA Infectious Disease Clinic, but at the same VA campus
 Other VA campus
 Non-VA campus
 Telehealth

AT 3 MONTHS: Peth VALUE NEEDED TO DETERMINE 'STEPPING UP'

At 3 months: PEth value
(auto-populated from Week 12 Labs Plus Form)

At 3 months: Is the PEth value >8ng/mL?

1=Yes
0=No

REMINDER:

If the patient has a PEth value >8ng/mL at 3 months, he/she should be "stepped up"; and proceed to STEP 2 and continue with scheduled assessments.

If the patient has a PEth value < =8ng/mL at 3 months, he/she should continue with scheduled assessments ONLY.

Clinical Comments:

Contingency Management Tracking Form

For PATIENTS RANDOMIZED TO "CM plus Stepped Care" ONLY

This subject was randomized to "Treatment as Usual". Therefore, the fields on this form are not available for data collection.

CONTINGENCY MANAGEMENT TRACKING FORM

Form Creation Date _____

Contingency Management Visit:
(expected: Visits 1 through 5)

- Visit 1 (est. Baseline)
- Visit 2 (est. Week 3)
- Visit 3 (est. Week 6)
- Visit 4 (est. Week 9)
- Visit 5 (est. Week 12)

1a. CM Visit: Breathalyzer test date: _____

1a. CM Visit: Breathalyzer test date: _____

Results from Week12/CM Visit 5 Labs Plus Form:([week_12cm_visit_5_arm_2][lab_fup_date])

1b. CM Visit: Breathalyzer test result (g/dL): _____

1b. CM Visit: Breathalyzer test result (g/dL): _____

Results from Week12/CM Visit 5 Labs Plus Form: ([week_12cm_visit_5_arm_2][lab_fup_brthlyz])

1c. CM Visit: Breathalyzer < 0.003 g/dL?

- Yes
- No

1d. CM Visit: Number of draws earned:
(if BAC < 0.003 g/dL only) _____

1e. CM Visit: From list, choose activity for verification at next visit.

Note:

*only for those with Alcohol Use Disorder according to Mini-SCID

** only for those with detectable viral load and does not have an active prescription for ART

- Completion of online alcohol counseling module
- Attend an evaluation for alcohol treatment (e.g. visit with a psychiatrist)
- Fill a prescription for a medication to treat alcohol*
- Attend one or more Alcoholics Anonymous (A.A.) meeting*
- Find an A.A. sponsor*
- Attend a mental health appt for alcohol use
- Complete counseling worksheets for alcohol treatment (as provided by any mental health provider)
- Fill an antiretroviral medication prescription**
- Complete an online program about ART adherence
- Attend HIV support group
- Achieve an undetectable HIV viral load if previously detectable (>200 copies/mL)
- Attend smoking cessation group.
- Get smoking meds or OTC aids.
- Complete an online smoking cessation course.
- Provide a negative carbon monoxide (CO) sample via study CO monitor (provided)
- Attend an HCV appointment
- Initiation of HCV treatment
- Attend an HCV support group
- Read about HCV online
- Attend a mental health appt (with a provider in the HIV clinic or mental health)
- Initiate or add medications for depression
- Complete counseling worksheets for depression treatment (as provided by any mental health provider)
- Complete online course on depression or review materials.

2a. CM Visit: Date PEth drawn: _____

2a. CM Visit: Date PEth drawn: _____

Results from Week12/CM Visit 5 Labs Plus Form:

First PEth:([week_12cm_visit_5_arm_2][lab_fup_peth_date])
2nd PEth:([week_12cm_visit_5_arm_2][lab_fup_peth_date_2])

2a1. Authorization to send PEth drawn to testing facility from FIRST Trial project manager:

- Yes
- No

2b. CM Visit: PEth results date: _____

2b. CM Visit: PEth results date: _____

Results from Week12/CM Visit 5 Labs Plus Form:

First PEth:([week_12cm_visit_5_arm_2][lab_fup_peth_dtresults])

2nd PEth:([week_12cm_visit_5_arm_2][lab_fup_peth_dtresults_2])

2c. CM Visit: PEth < 8 ng/mL?

- Yes (enter value)
- No (enter value)
- QNS

2c. CM Visit: PEth < 8 ng/mL?

Results from Week12/CM Visit 5 Labs Plus Form:

First PEth: ([week_12cm_visit_5_arm_2][lab_fup_peth8])

2nd PEth: ([week_12cm_visit_5_arm_2][lab_fup_peth8_2])

2d. CM Visit: PEth test result (ng/mL) _____

if value < 8, enter: -8

2d. CM Visit: PEth test result (ng/mL)

Results from Week12/CM Visit 5 Labs Plus Form:

First PEth: ([week_12cm_visit_5_arm_2][lab_fup_peth])

2nd PEth: ([week_12cm_visit_5_arm_2][lab_fup_peth_2])

If PEth test result = QNS, draw a 2nd PEth test and enter the 2nd PEth test information in the following fields:

2a. 2nd Test: Date PEth test drawn: _____

2a1. 2nd Test: Authorization to send PEth drawn to testing facility from FIRST Trial project manager:

- Yes
 No

2b. 2nd Test: PEth results date: _____

2c. 2nd Test: PEth < 8 ng/mL?

- Yes (enter value)
 No (enter value)
 QNS

2d. 2nd Test: PEth test result (ng/mL) _____

if value < 8, enter: -8

2e. CM Visit: Number of draws earned (pending PEth results): _____

2f. CM Visit: Participant informed about PEth results?

- Yes
 No

2g. CM Visit: If yes, date participant informed of result _____

2h. CM Visit: Participant response to receiving draws

- N/A (participant did not earn any draws)
 Came in to redeem
 Opts to collect at future visit

2i. Exhaled carbon monoxide results:
Only for patients who smoke cigarettes _____

(For patients who do NOT smoke cigarettes, please enter '-99' for "Not applicable")

2i. Exhaled carbon monoxide results:
Only for patients who smoke cigarettes

(For patients who do NOT smoke cigarettes, value = '-99')

Results from Week12/CM Visit 5 Labs Plus Form: ([week_12cm_visit_5_arm_2][lab_fup_xhco])

3a. CM Visit: Activity selected from list (below) at previous visit: _____

CM Visit: Activity List for Q.3a:

- 1, Completion of online alcohol counseling module
- 2, Attend an evaluation for alcohol treatment (e.g. visit with a psychiatrist)
- 3, Fill a prescription for a medication to treat alcohol*
- 4, Attend one or more Alcoholics Anonymous (A.A.) meeting*
- 5, Find an A.A. sponsor*
- 6, Attend a mental health appt for alcohol use
- 7, Complete counseling worksheets for alcohol treatment (as provided by any mental health provider)
- 8, Fill an antiretroviral medication prescription**
- 9, Complete an online program about ART adherence
- 10, Attend HIV support group
- 11, Achieve an undetectable HIV viral load if previously detectable (>200 copies/mL)
- 12, Attend smoking cessation group.
- 13, Get smoking meds or OTC aids.
- 14, Complete an online smoking cessation course.
- 15, Provide a negative carbon monoxide (CO) sample via study CO monitor (provided)
- 16, Attend an HCV appointment
- 17, Initiation of HCV treatment
- 18, Attend an HCV support group
- 19, Read about HCV online
- 20, Attend a mental health appt (with a provider in the HIV clinic or mental health)
- 21, Initiate or add medications for depression
- 22, Complete counseling worksheets for depression treatment (as provided by any mental health provider)
- 23, Complete online course on depression or review materials.

Note:

*only for those with Alcohol Use Disorder according to Mini-SCID

** only for those with detectable viral load and does not have an active prescription for ART

3b. CM Visit: Completed above activity with verification

- Yes
 No

3c. CM Visit: Number of draws earned:

3d. CM Visit: From list, choose activity for verification at next visit:

Note:

*only for those with Alcohol Use Disorder according to Mini-SCID

** only for those with detectable viral load and does not have an active prescription for ART

- Completion of online alcohol counseling module
- Attend an evaluation for alcohol treatment (e.g. visit with a psychiatrist)
- Fill a prescription for a medication to treat alcohol*
- Attend one or more Alcoholics Anonymous (A.A.) meeting*
- Find an A.A. sponsor*
- Attend a mental health appt for alcohol use
- Complete counseling worksheets for alcohol treatment (as provided by the CM during CM visits)
- Fill an antiretroviral medication prescription**
- Complete an online program about ART adherence
- Attend HIV support group
- Achieve an undetectable HIV viral load if previously detectable (>200 copies/mL)
- Attend smoking cessation group.
- Get smoking meds or OTC aids.
- Complete an online smoking cessation course.
- Provide a negative carbon monoxide (CO) sample via study CO monitor (provided)
- Attend an HCV appointment
- Initiation of HCV treatment
- Attend an HCV support group
- Read about HCV online
- Attend a mental health appt (with a provider in the HIV clinic or mental health)
- Initiate or add medications for depression
- Complete counseling worksheets for depression treatment (as provided by the CM during CM visits)
- Complete online course on depression or review materials.

Will participant be Stepped Up due to Visit 5 PEth result criteria of >8 ng/mL?

1 = Yes

0 = No

Participant Study Status Baseline

Form Creation Date _____

Baseline Participant Study Status

Patient Current Status (Baseline):

- Ineligible
- Enrolled (i.e., randomized)
- Withdrew consent (specify)
- Death
- Lost to follow up
- Clinician/Protocol reason (specify)
- Other (specify)

If Patient Current Status: Withdrew

- Study burden (too many visits)
- too far to travel to site
- Time commitment (visits too long)
- Family moving from area
- Became to ill
- Other (specify)

Patient Current Status: Withdrew>Other (specify) _____

If Patient Current Status: Clinician or Protocol Reason"

- Adverse events (reference AE log)
- Lack of efficacy
- Study clinician request- safety concern
- Other (specify)

Patient Current Status: "Clinician/Protocol Reason>Other (specify) _____

Patient Current Status: "Other", please specify _____

Date off study (mm/dd/yyyy)

(Complete if Patient Current Status = Ineligible;Withdrew consent; Death; Lost to follow up; Clinician/protocol reason; Other (specify))

Clinical Comments: _____

First Trial Personal Feedback Form

Form Creation Date _____

First Trial Personal Feedback Form

This form is to be completed at final Contingency Management-Social Worker visit

Feedback Form Date: _____

1. YOUR DRINKING

Number of standard "drinks" per week: _____

Total number of heavy drinking days over the past 3 weeks: _____

Recent Alcohol Consumption: (AUDIT-C Score) _____

2. BLOOD TESTS

Liver Health

AST: _____
(Normal range: 10-42 IU/L)ALT: _____
(Normal range: 7-55 IU/L)Hepatitis C serology: _____
(Normal: negative)Hepatitis C Viral Load: _____
(Normal: undetectable)FIB-4 score: _____
(Normal: < 1.45)

HIV Health Status

CD4 Count: _____
(Normal: 500-1,000 cells/mm³)HIV-1 Viral Load: _____
(Goal: undetectable)

Overall Health Status

VACS Index:

_____ (range: 0-164 (lower is better))

Intervention Compliance MET Sessions

Form Creation Date _____

For PATIENTS RANDOMIZED TO "CM plus Stepped Care & STEPPED UP at 3 MONTHS" ONLY

STEP 2: MOTIVATIONAL ENHANCEMENT THERAPY SESSIONSMET Visit:
(Expected 1 through 4)

- MET Visit 1
 MET Visit 2
 MET Visit 3
 MET Visit 4

MET Visit: Did the visit occur?

- Yes
 No

MET Visit: If no, why not?

- patient did not show
 patient never scheduled appointment
 Social Worker unavailable
 other (please specify)

MET Visit: If "Other" reason for not occurring,
please specify _____MET Visit: Date of visit:
(mm-dd-yyyy) _____MET Visit: Length of visit:
(minutes)_____
(record the length of visit in minutes)

MET Visit: Was the visit digitally recorded?

- Yes
 No

MET Visit: If not, why not?

- Recorder did not work or was unavailable
 Social Worker forgot
 Patient refused
 Other (please specify)

MET Visit: If "Other" reason for not recorded, please
specify _____MET Visit: If yes, was the recording uploaded to the
share drive?

- Yes
 No

MET Visit: Was a FIRST Trial Feedback Form completed
and given to the patient?

- Yes
 No

MET Visit: Where did the visit occur?

- VA Infectious Disease Clinic
 Not in the VA Infectious Disease Clinic, but at
the same VA campus
 Other VA campus
 Non-VA campus
 Telehealth

MET Visit Clinical Comments: _____

Intervention Compliance APM Sessions

Form Creation Date _____

For PATIENTS RANDOMIZED TO "CM plus Stepped Care & STEPPED UP at 3 MONTHS" ONLY

STEP 2: ADDICTION PHYSICIAN MANAGEMENT SESSIONS

APM Visit:
(expected: 1 through 6)

- APM Visit 1
- APM Visit 2
- APM Visit 3
- APM Visit 4
- APM Visit 5
- APM Visit 6

APM Visit: Did the visit occur?

- Yes
- No

APM Visit: If no, why not?

- patient did not show
- patient never scheduled appointment
- Addiction Psychiatrist unavailable
- other (please specify)

APM Visit: If "Other" reason for not occurring,
please specify

APM Visit: Date of visit:
(mm-dd-yyyy)

APM Visit: Length of visit:
(minutes)

(record the length of visit in minutes)

APM Visit: Where did the visit occur?

- VA Infectious Disease Clinic
- Not in the VA Infectious Disease Clinic, but at the same VA campus
- Other VA campus
- Non-VA campus
- Telehealth

APM Visit Clinical Comments:

Participant Study Status Follow Up

Form Creation Date _____

Follow Up- Participant Study Status

Study Time Point

- Week 12
- Week 24
- Month 9
- Month 12
- Unscheduled Visit

Patient Current Status:

- On Study - NOT Stepped Up at Week 12
- On Study- Stepped Up at Week 12
- Study Completed
- Withdrew consent
- Death
- Lost to follow up
- Clinician/Protocol reason (specify)
- Other (specify)

If Patient Current Status: Withdrew

- Study burden (too many visits)
- too far to travel to site
- Time commitment (visits too long)
- Family moving from area
- Became to ill
- Other (specify)

Patient Current Status: Withdrew>Other (specify) _____

If Patient Current Status: Clinician or Protocol Reason"

- Adverse events (reference AE log)
- Lack of efficacy
- Study clinician request- safety concern
- Other (specify)

Patient Current Status: "Clinician/Protocol Reason>Other (specify) _____

Patient Current Status: "Other", please specify _____

Date off study (mm/dd/yyyy) _____

(Complete if Patient Current Status = Withdrew consent; Death; Lost to follow up; Clinician/protocol reason; Other (specify); Study Completed)

Clinical Comments: _____

Patient Satisfaction Questionnaire

Form Creation Date _____

Patient Satisfaction Questionnaire

Study Time Point
(Most recent kept visit)

- Week 12
- Week 24
- Month 9
- Month 12
- Unscheduled Visit

DIRECTIONS: Please answer the questions below about the services and treatment you received from the providers involved while you were part of the FIRST Trial.

Please choose the appropriate response.

Please give your HONEST opinions whether positive or negative.

Your answers on this form are confidential and will not be shared with either the research staff or your usual health care providers.

Please note that the "health care team" includes your regular providers as well as those you may have seen as part of your participation in the study. (e.g. physicians, social workers, etc)

Form Date: _____

1. Please rate your health care team with respect to the following items:

1a. Prompt Service

- Never
- Seldom
- Sometimes
- Frequently
- Always

1b. Convenient appointments

- Never
- Seldom
- Sometimes
- Frequently
- Always

1c. Courteous Staff

- Never
- Seldom
- Sometimes
- Frequently
- Always

1d. Clinic Comfort

- Poor
- Fair
- Good
- Very Good
- Excellent

1e. Quality of Care

- Poor
- Fair
- Good
- Very Good
- Excellent

1f. Convenience of location

- Poor
- Fair
- Good
- Very Good
- Excellent

2. How well do you feel that your alcohol use is understood by your health care team?

- Do not understand at all
- Understand a little bit
- Somewhat understand
- Understand a lot
- Completely understand

3. How competent and knowledgeable do you feel that your health care team seems to be about treating your alcohol use?

- Don't know anything
- Know a little bit
- I'm not sure
- Know quite a bit
- Seem to know everything

4. How interested was your health care team in helping you with your alcohol use?

- Very uninterested
- Uninterested
- Neither interested nor uninterested
- Interested
- Very interested

5. How well do you feel that your HIV infection is understood by your health care team?

- Do not understand at all
- Understand a little bit
- Somewhat understand
- Understand a lot
- Completely understand

6. How competent and knowledgeable do you feel that your health care team seems to be about treating your HIV infection?

- Don't know anything
- Know a little bit
- I'm not sure
- Know quite a bit
- Seem to know everything

7. How interested was your health care team in helping you with your HIV infection?

- Very uninterested
- Uninterested
- Neither interested nor uninterested
- Interested
- Very interested

8. If a friend needed similar treatment for alcohol use, would you refer them to the FIRST Trial?

- Definitely not
- Probably not
- I'm not sure
- Probably yes
- Definitely yes

10. Please rate how helpful each of the following has been for you:

9. Have the services you received helped you deal more effectively with your alcohol use?

- No, made things worse
- No, didn't help
- I'm not sure
- Yes, helped a little
- Yes, helped a lot

	Not Applicable	Made things worse	Did not help	I'm not sure	Helped a little	Helped a lot
10a. Talking about my alcohol use with the social worker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10b. Receiving rewards based on my alcohol use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10c. Talking about my alcohol use with the doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10d. Being treated with respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10e. Referral to Alcoholics Anonymous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10f. Monitoring of alcohol use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10g. Medication to treat my alcohol use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10h. Referral to web-based resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10i. Personalized feedback form	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. How responsive was your health care team to your requests for treatment?

- Very Unresponsive
- Somewhat Unresponsive
- Neither Responsive nor Unresponsive
- Somewhat Responsive
- Very Responsive

12. How concerned was your health care team about you as a patient?

- Very Unconcerned
- Somewhat Unconcerned
- Neither Concerned Nor Unconcerned
- Somewhat Concerned
- Very Concerned

13. What did you like the MOST about participating in the FIRST Trial?

List 3 things.

13a....liked the MOST: _____

13b. ...liked the MOST: _____

13c. ...liked the MOST: _____

14. What did you like the LEAST about participating in the FIRST Trial?

List 3 things.

14a. ...liked the LEAST: _____

14b. ...liked the LEAST: _____

14c. ...liked the LEAST:

15. How satisfied are you with your experience with the FIRST Trial?

-
- Very Dissatisfied
 - Somewhat Dissatisfied
 - Neither satisfied nor dissatisfied
 - Somewhat Satisfied
 - Very Satisfied

Clinical Comments:

Protocol Deviations

Form Creation Date

Most recent kept visit

- Screening
- Baseline
- Week 12
- Week 24
- Month 9
- Month 12
- Unscheduled Visit

First Deviation: Date Deviation Occurred

First Deviation: Date Resolved, if applicable

First Deviation: Codes

- Not reporting a serious complication within 24 hours to coordinating center
- Reportable safety events not reported to IRB
- Failure to obtain written informed consent for screening
- Failure to obtain written informed consent for study participation (i.e. enrollment)
- Failure to obtain consent for voice recording
- Consent form used was not current IRB-approved version
- Consent form does not include updates or information by IRB
- Consent form missing
- Consent form not signed and dated by subject
- Consent form does not contain all required study personnel signatures
- Participant is randomized prior to Baseline Diagnosis, Baseline Assessment, etc. (Please provide description)
- Randomization and/or treatment of subject prior to IRB approval
- Failure to keep IRB approval up to date
- Participant receives wrong treatment (Please provide description)
- mini-SCID administered inappropriately
- Assessment administered by untrained individual (Please provide description)
- Scheduled research blood or breath sample not collected
- Lab value(s) from blood test not obtained (Please provide description)
- Lab value(s) from breathing testing not obtained (Please provide description)
- Intervention performed out of window (Please provide description)
- Early termination, with termination visit (all measures completed)
- Early termination, with termination visit (some measures not completed)
- Early termination, with no termination visit
- Other (Please provide description)

First Deviation: Describe

First Deviation: Date IRB notified (if applicable)

Record Another Deviation

- Yes
- No

Second Deviation: Date Deviation Occurred

Second Deviation: Date Resolved, if applicable

Deviation Codes

- Not reporting a serious complication within 24 hours to coordinating center
- Reportable safety events not reported to IRB
- Failure to obtain written informed consent for screening
- Failure to obtain written informed consent for study participation (i.e. enrollment)
- Failure to obtain consent for voice recording
- Consent form used was not current IRB-approved version
- Consent form does not include updates or information by IRB
- Consent form missing
- Consent form not signed and dated by subject
- Consent form does not contain all required study personnel signatures
- Participant is randomized prior to Baseline Diagnosis, Baseline Assessment, etc. (Please provide description)
- Randomization and/or treatment of subject prior to IRB approval
- Failure to keep IRB approval up to date
- Participant receives wrong treatment (Please provide description)
- mini-SCID administered inappropriately
- Assessment administered by untrained individual (Please provide description)
- Scheduled research blood or breath sample not collected
- Lab value(s) from blood test not obtained (Please provide description)
- Lab value(s) from breathing testing not obtained (Please provide description)
- Intervention performed out of window (Please provide description)
- Early termination, with termination visit (all measures completed)
- Early termination, with termination visit (some measures not completed)
- Early termination, with no termination visit.
- Other (Please provide description)

Second Deviation: Describe

Second Deviation: Date IRB notified (if applicable)

Record Another Deviation?

- Yes
- No

Third Deviation: Date Deviation Occurred

Third Deviation: Date Resolved, if applicable

Deviation Codes

- Not reporting a serious complication within 24 hours to coordinating center
- Reportable safety events not reported to IRB
- Failure to obtain written informed consent for screening
- Failure to obtain written informed consent for study participation (i.e. enrollment)
- Failure to obtain consent for voice recording
- Consent form used was not current IRB-approved version
- Consent form does not include updates or information by IRB
- Consent form missing
- Consent form not signed and dated by subject
- Consent form does not contain all required study personnel signatures
- Participant is randomized prior to Baseline Diagnosis, Baseline Assessment, etc. (Please provide description)
- Randomization and/or treatment of subject prior to IRB approval
- Failure to keep IRB approval up to date
- Participant receives wrong treatment (Please provide description)
- mini-SCID administered inappropriately
- Assessment administered by untrained individual (Please provide description)
- Scheduled research blood or breath sample not collected
- Lab value(s) from blood test not obtained (Please provide description)
- Lab value(s) from breathing testing not obtained (Please provide description)
- Intervention performed out of window (Please provide description)
- Early termination, with termination visit (all measures completed)
- Early termination, with termination visit (some measures not completed)
- Early termination, with no termination visit.
- Other (Please provide description)

Third Deviation: Describe

Third Deviation: Date IRB notified (if applicable)

Record Another Deviation?

- Yes
- No

Fourth Deviation: Date Deviation Occurred

Fourth Deviation: Date Resolved, if applicable

Deviation Codes

- Not reporting a serious complication within 24 hours to coordinating center
- Reportable safety events not reported to IRB
- Failure to obtain written informed consent for screening
- Failure to obtain written informed consent for study participation (i.e. enrollment)
- Failure to obtain consent for voice recording
- Consent form used was not current IRB-approved version
- Consent form does not include updates or information by IRB
- Consent form missing
- Consent form not signed and dated by subject
- Consent form does not contain all required study personnel signatures
- Participant is randomized prior to Baseline Diagnosis, Baseline Assessment, etc. (Please provide description)
- Randomization and/or treatment of subject prior to IRB approval
- Failure to keep IRB approval up to date
- Participant receives wrong treatment (Please provide description)
- mini-SCID administered inappropriately
- Assessment administered by untrained individual (Please provide description)
- Scheduled research blood or breath sample not collected
- Lab value(s) from blood test not obtained (Please provide description)
- Lab value(s) from breathing testing not obtained (Please provide description)
- Intervention performed out of window (Please provide description)
- Early termination, with termination visit (all measures completed)
- Early termination, with termination visit (some measures not completed)
- Early termination, with no termination visit.
- Other (Please provide description)

Fourth Deviation: Describe

Fourth Deviation: Date IRB notified (if applicable)

Record Another Deviation?

- Yes
- No

Fifth Deviation: Date Deviation Occurred

Fifth Deviation: Date Resolved, if applicable

Deviation Codes

- Not reporting a serious complication within 24 hours to coordinating center
- Reportable safety events not reported to IRB
- Failure to obtain written informed consent for screening
- Failure to obtain written informed consent for study participation (i.e. enrollment)
- Failure to obtain consent for voice recording
- Consent form used was not current IRB-approved version
- Consent form does not include updates or information by IRB
- Consent form missing
- Consent form not signed and dated by subject
- Consent form does not contain all required study personnel signatures
- Participant is randomized prior to Baseline Diagnosis, Baseline Assessment, etc. (Please provide description)
- Randomization and/or treatment of subject prior to IRB approval
- Failure to keep IRB approval up to date
- Participant receives wrong treatment (Please provide description)
- mini-SCID administered inappropriately
- Assessment administered by untrained individual (Please provide description)
- Scheduled research blood or breath sample not collected
- Lab value(s) from blood test not obtained (Please provide description)
- Lab value(s) from breathing testing not obtained (Please provide description)
- Intervention performed out of window (Please provide description)
- Early termination, with termination visit (all measures completed)
- Early termination, with termination visit (some measures not completed)
- Early termination, with no termination visit.
- Other (Please provide description)

Fifth Deviation: Describe

Fifth Deviation: Date IRB notified (if applicable)

Clinical Comments:

Adverse Event Form

Form Creation Date

Most Recent Kept Visit

- Screening
- Baseline
- Week 12
- Week 24
- Month 9
- Month 12
- Unscheduled Visit

Adverse Event

- Infections - pathogen unspecified
- Gastrointestinal (nausea, diarrhea, abdominal pain)
- Headaches
- Fatigue
- Sleep disorders and disturbances
- Joint pain and/or connective tissue disorders
- Neurological disorders (sedation/letharg dizziness)
- Muscle disorders (myalgia/muscle spasms)
- Depressed mood disorders
- Suicidality
- Respiratory disorders
- Weight changes
- Appetite and general nutritional disorders (anorexia)
- Anxiety disorders and symptoms
- Liver injury or dysfunction (increase in AST/ALT 5x upper limit of normal)
- Injection site reactions
- Precipitation of opioid withdrawal
- Allergic Reactions
- Pneumonia
- Chest Pain
- Skin Infection
- Dental Problem
- Sinusitis
- Meningitis
- Nerve Pain (neuropathy)
- Fall
- Disulfiram Reaction
- Change in sexual function
- Other

Describe AE

Start Date

Severity

- Mild
- Moderate
- Severe

SAE

- YES
- NO

attribution to study

- Unrelated
- Unlikely Related
- Possibly related
- Probably related
- Definitely related

Anticipated

- YES
- NO

Stop date _____

Comments? _____

complete by (initials) _____

Record another adverse event? Yes
 No

Second Adverse Event

Most Recent Visit Baseline
 Week 4
 Week 12
 Week 24
 Month 12

Adverse Event Infections - pathogen unspecified
 Gastrointestinal (nausea, diarrhea, abdominal pain)
 Headaches
 Fatigue
 Sleep disorders and disturbances
 Joint pain and/or connective tissue disorders
 Neurological disorders (sedation/letharg dizziness)
 Muscle disorders (myalgia/muscle spasms)
 Depressed mood disorders
 Suicidality
 Respiratory disorders
 Weight changes
 Appetite and general nutritional disorders (anorexia)
 Anxiety disorders and symptoms
 Liver injury or dysfunction (increase in AST/ALT 5x upper limit of normal)
 Injection site reactions
 Precipitation of opioid withdrawal
 Allergic Reactions
 Pneumonia
 Chest Pain
 Skin Infection
 Dental Problem
 Sinusitis
 Meningitis
 Nerve Pain (neuropathy)
 Fall
 Disulfiram Reaction
 Change in sexual function
 Other

Describe AE _____

Start Date _____

Severity Mild
 Moderate
 Severe

SAE YES
 NO

attribution to study

- Unrelated
 Unlikely Related
 Possibly related
 Probably related
 Definitely related

Anticipated

- YES
 NO

Stop date

Comments?

complete by (initials)

Record another adverse event?

- Yes
 No

Third Adverse Event

Most Recent Visit

- Baseline
 Week 4
 Week 12
 Week 24
 Month 12

Adverse Event

- Infections - pathogen unspecified
 Gastrointestinal (nausea, diarrhea, abdominal pain)
 Headaches
 Fatigue
 Sleep disorders and disturbances
 Joint pain and/or connective tissue disorders
 Neurological disorders (sedation/letharg dizziness)
 Muscle disorders (myalgia/muscle spasms)
 Depressed mood disorders
 Suicidality
 Respiratory disorders
 Weight changes
 Appetite and general nutritional disorders (anorexia)
 Anxiety disorders and symptoms
 Liver injury or dysfunction (increase in AST/ALT 5x upper limit of normal)
 Injection site reactions
 Precipitation of opioid withdrawal
 Allergic Reactions
 Pneumonia
 Chest Pain
 Skin Infection
 Dental Problem
 Sinusitis
 Meningitis
 Nerve Pain (neuropathy)
 Fall
 Disulfiram Reaction
 Change in sexual function
 Other

Describe AE

Start Date

Severity Mild
 Moderate
 Severe

SAE YES
 NO

attribution to study Unrelated
 Unlikely Related
 Possibly related
 Probably related
 Definitely related

Anticipated YES
 NO

Stop date _____

Comments? _____

complete by (initials) _____

Record another adverse event? Yes
 No

Fourth Adverse Event

Most Recent Visit Baseline
 Week 4
 Week 12
 Week 24
 Month 12

Adverse Event

- Infections - pathogen unspecified
- Gastrointestinal (nausea, diarrhea, abdominal pain)
- Headaches
- Fatigue
- Sleep disorders and disturbances
- Joint pain and/or connective tissue disorders
- Neurological disorders (sedation/letharg dizziness)
- Muscle disorders (myalgia/muscle spasms)
- Depressed mood disorders
- Suicidality
- Respiratory disorders
- Weight changes
- Appetite and general nutritional disorders (anorexia)
- Anxiety disorders and symptoms
- Liver injury or dysfunction (increase in AST/ALT 5x upper limit of normal)
- Injection site reactions
- Precipitation of opioid withdrawal
- Allergic Reactions
- Pneumonia
- Chest Pain
- Skin Infection
- Dental Problem
- Sinusitis
- Meningitis
- Nerve Pain (neuropathy)
- Fall
- Disulfiram Reaction
- Change in sexual function
- Other

Describe AE

Start Date

Severity

- Mild
- Moderate
- Severe

SAE

- YES
- NO

attribution to study

- Unrelated
- Unlikely Related
- Possibly related
- Probably related
- Definitely related

Anticipated

- YES
- NO

Stop date

Comments?

complete by (initials)

Record another adverse event?

- Yes
- No

Fifth Adverse Event

Most Recent Visit

- Baseline
 Week 4
 Week 12
 Week 24
 Month 12

Adverse Event

- Infections - pathogen unspecified
 Gastrointestinal (nausea, diarrhea, abdominal pain)
 Headaches
 Fatigue
 Sleep disorders and disturbances
 Joint pain and/or connective tissue disorders
 Neurological disorders (sedation/letharg dizziness)
 Muscle disorders (myalgia/muscle spasms)
 Depressed mood disorders
 Suicidality
 Respiratory disorders
 Weight changes
 Appetite and general nutritional disorders (anorexia)
 Anxiety disorders and symptoms
 Liver injury or dysfunction (increase in AST/ALT 5x upper limit of normal)
 Injection site reactions
 Precipitation of opioid withdrawal
 Allergic Reactions
 Pneumonia
 Chest Pain
 Skin Infection
 Dental Problem
 Sinusitis
 Meningitis
 Nerve Pain (neuropathy)
 Fall
 Disulfiram Reaction
 Change in sexual function
 Other

Describe AE

Start Date

Severity

- Mild
 Moderate
 Severe

SAE

- YES
 NO

attribution to study

- Unrelated
 Unlikely Related
 Possibly related
 Probably related
 Definitely related

Anticipated

- YES
 NO

Stop date

Comments?

complete by (initials) _____

Record another adverse event?

- Yes
 No

Sixth Adverse Event

Most Recent Visit

- Baseline
 Week 4
 Week 12
 Week 24
 Month 12

Adverse Event

- Infections - pathogen unspecified
 Gastrointestinal (nausea, diarrhea, abdominal pain)
 Headaches
 Fatigue
 Sleep disorders and disturbances
 Joint pain and/or connective tissue disorders
 Neurological disorders (sedation/letharg dizziness)
 Muscle disorders (myalgia/muscle spasms)
 Depressed mood disorders
 Suicidality
 Respiratory disorders
 Weight changes
 Appetite and general nutritional disorders (anorexia)
 Anxiety disorders and symptoms
 Liver injury or dysfunction (increase in AST/ALT 5x upper limit of normal)
 Injection site reactions
 Precipitation of opioid withdrawal
 Allergic Reactions
 Pneumonia
 Chest Pain
 Skin Infection
 Dental Problem
 Sinusitis
 Meningitis
 Nerve Pain (neuropathy)
 Fall
 Disulfiram Reaction
 Change in sexual function
 Other

Describe AE _____

Start Date _____

Severity

- Mild
 Moderate
 Severe

SAE

- YES
 NO

attribution to study

- Unrelated
 Unlikely Related
 Possibly related
 Probably related
 Definitely related

Anticipated YES
 NO

Stop date _____

Comments? _____

complete by (initials) _____

Record another adverse event? Yes
 No

Seventh Adverse Event

Most Recent Visit Baseline
 Week 4
 Week 12
 Week 24
 Month 12

Adverse Event Infections - pathogen unspecified
 Gastrointestinal (nausea, diarrhea, abdominal pain)
 Headaches
 Fatigue
 Sleep disorders and disturbances
 Joint pain and/or connective tissue disorders
 Neurological disorders (sedation/lethargy dizziness)
 Muscle disorders (myalgia/muscle spasms)
 Depressed mood disorders
 Suicidality
 Respiratory disorders
 Weight changes
 Appetite and general nutritional disorders (anorexia)
 Anxiety disorders and symptoms
 Liver injury or dysfunction (increase in AST/ALT 5x upper limit of normal)
 Injection site reactions
 Precipitation of opioid withdrawal
 Allergic Reactions
 Pneumonia
 Chest Pain
 Skin Infection
 Dental Problem
 Sinusitis
 Meningitis
 Nerve Pain (neuropathy)
 Fall
 Disulfiram Reaction
 Change in sexual function
 Other

Describe AE _____

Start Date _____

Severity Mild
 Moderate
 Severe

SAE YES
 NO

attribution to study

- Unrelated
 Unlikely Related
 Possibly related
 Probably related
 Definitely related

Anticipated

- YES
 NO

Stop date

Comments?

complete by (initials)

Record another adverse event?

- Yes
 No

Eighth Adverse Event

Most Recent Visit

- Baseline
 Week 4
 Week 12
 Week 24
 Month 12

Adverse Event

- Infections - pathogen unspecified
 Gastrointestinal (nausea, diarrhea, abdominal pain)
 Headaches
 Fatigue
 Sleep disorders and disturbances
 Joint pain and/or connective tissue disorders
 Neurological disorders (sedation/letharg dizziness)
 Muscle disorders (myalgia/muscle spasms)
 Depressed mood disorders
 Suicidality
 Respiratory disorders
 Weight changes
 Appetite and general nutritional disorders (anorexia)
 Anxiety disorders and symptoms
 Liver injury or dysfunction (increase in AST/ALT 5x upper limit of normal)
 Injection site reactions
 Precipitation of opioid withdrawal
 Allergic Reactions
 Pneumonia
 Chest Pain
 Skin Infection
 Dental Problem
 Sinusitis
 Meningitis
 Nerve Pain (neuropathy)
 Fall
 Disulfiram Reaction
 Change in sexual function
 Other

Describe AE

Start Date

Severity

- Mild
- Moderate
- Severe

SAE

- YES
- NO

attribution to study

- Unrelated
- Unlikely Related
- Possibly related
- Probably related
- Definitely related

Anticipated

- YES
- NO

Stop date

Comments?

complete by (initials)

Record another adverse event?

- Yes
- No

Ninth Adverse Event

Most Recent Visit

- Baseline
- Week 4
- Week 12
- Week 24
- Month 12

Adverse Event

- Infections - pathogen unspecified
- Gastrointestinal (nausea, diarrhea, abdominal pain)
- Headaches
- Fatigue
- Sleep disorders and disturbances
- Joint pain and/or connective tissue disorders
- Neurological disorders (sedation/letharg dizziness)
- Muscle disorders (myalgia/muscle spasms)
- Depressed mood disorders
- Suicidality
- Respiratory disorders
- Weight changes
- Appetite and general nutritional disorders (anorexia)
- Anxiety disorders and symptoms
- Liver injury or dysfunction (increase in AST/ALT 5x upper limit of normal)
- Injection site reactions
- Precipitation of opioid withdrawal
- Allergic Reactions
- Pneumonia
- Chest Pain
- Skin Infection
- Dental Problem
- Sinusitis
- Meningitis
- Nerve Pain (neuropathy)
- Fall
- Disulfiram Reaction
- Change in sexual function
- Other

Describe AE

Start Date

Severity

- Mild
- Moderate
- Severe

SAE

- YES
- NO

attribution to study

- Unrelated
- Unlikely Related
- Possibly related
- Probably related
- Definitely related

Anticipated

- YES
- NO

Stop date

Comments?

complete by (initials)

Record another adverse event?

- Yes
- No

Tenth Adverse Event

Most Recent Visit

- Baseline
 Week 4
 Week 12
 Week 24
 Month 12

Adverse Event

- Infections - pathogen unspecified
 Gastrointestinal (nausea, diarrhea, abdominal pain)
 Headaches
 Fatigue
 Sleep disorders and disturbances
 Joint pain and/or connective tissue disorders
 Neurological disorders (sedation/letharg dizziness)
 Muscle disorders (myalgia/muscle spasms)
 Depressed mood disorders
 Suicidality
 Respiratory disorders
 Weight changes
 Appetite and general nutritional disorders (anorexia)
 Anxiety disorders and symptoms
 Liver injury or dysfunction (increase in AST/ALT 5x upper limit of normal)
 Injection site reactions
 Precipitation of opioid withdrawal
 Allergic Reactions
 Pneumonia
 Chest Pain
 Skin Infection
 Dental Problem
 Sinusitis
 Meningitis
 Nerve Pain (neuropathy)
 Fall
 Disulfiram Reaction
 Change in sexual function
 Other

Describe AE

Start Date

Severity

- Mild
 Moderate
 Severe

SAE

- YES
 NO

attribution to study

- Unrelated
 Unlikely Related
 Possibly related
 Probably related
 Definitely related

Anticipated

- YES
 NO

Stop date

Comments?

complete by (initials)

Clinical Comments:

Protocol Deviations -CM

Form Creation Date

Most recent kept visit

- CM Visit 1
- CM Visit 2
- CM Visit 3
- CM Visit 4
- Week 12 CM Visit 5
- MET Session 1
- MET Session 2
- MET Session 3
- MET Session 4
- APM Session 1
- APM Session 2
- APM Session 3
- APM Session 4
- APM Session 5
- APM Session 6
- Week 24
- Month 9
- Month 12
- Unscheduled Visit

First Deviation: Date Deviation Occurred

First Deviation: Date Resolved, if applicable

First Deviation: Codes

- Not reporting a serious complication within 24 hours to coordinating center
- Reportable safety events not reported to IRB
- Failure to obtain written informed consent for screening
- Failure to obtain written informed consent for study participation (i.e. enrollment)
- Failure to obtain consent for voice recording
- Consent form used was not current IRB-approved version
- Consent form does not include updates or information by IRB
- Consent form missing
- Consent form not signed and dated by subject
- Consent form does not contain all required study personnel signatures
- Participant is randomized prior to Baseline Diagnosis, Baseline Assessment, etc. (Please provide description)
- Randomization and/or treatment of subject prior to IRB approval
- Failure to keep IRB approval up to date
- Participant receives wrong treatment (Please provide description)
- mini-SCID administered inappropriately
- Assessment administered by untrained individual (Please provide description)
- Scheduled research blood or breath sample not collected
- Lab value(s) from blood test not obtained (Please provide description)
- Lab value(s) from breathing testing not obtained (Please provide description)
- Intervention performed out of window (Please provide description)
- Early termination, with termination visit (all measures completed)
- Early termination, with termination visit (some measures not completed)
- Early termination, with no termination visit
- Other (Please provide description)

First Deviation: Describe

First Deviation: Date IRB notified (if applicable)

Record Another Deviation

- Yes
- No

Second Deviation: Date Deviation Occurred

Second Deviation: Date Resolved, if applicable

Deviation Codes

- Not reporting a serious complication within 24 hours to coordinating center
- Reportable safety events not reported to IRB
- Failure to obtain written informed consent for screening
- Failure to obtain written informed consent for study participation (i.e. enrollment)
- Failure to obtain consent for voice recording
- Consent form used was not current IRB-approved version
- Consent form does not include updates or information by IRB
- Consent form missing
- Consent form not signed and dated by subject
- Consent form does not contain all required study personnel signatures
- Participant is randomized prior to Baseline Diagnosis, Baseline Assessment, etc. (Please provide description)
- Randomization and/or treatment of subject prior to IRB approval
- Failure to keep IRB approval up to date
- Participant receives wrong treatment (Please provide description)
- mini-SCID administered inappropriately
- Assessment administered by untrained individual (Please provide description)
- Scheduled research blood or breath sample not collected
- Lab value(s) from blood test not obtained (Please provide description)
- Lab value(s) from breathing testing not obtained (Please provide description)
- Intervention performed out of window (Please provide description)
- Early termination, with termination visit (all measures completed)
- Early termination, with termination visit (some measures not completed)
- Early termination, with no termination visit.
- Other (Please provide description)

Second Deviation: Describe

Second Deviation: Date IRB notified (if applicable)

Record Another Deviation?

- Yes
- No

Third Deviation: Date Deviation Occurred

Third Deviation: Date Resolved, if applicable

Deviation Codes

- Not reporting a serious complication within 24 hours to coordinating center
- Reportable safety events not reported to IRB
- Failure to obtain written informed consent for screening
- Failure to obtain written informed consent for study participation (i.e. enrollment)
- Failure to obtain consent for voice recording
- Consent form used was not current IRB-approved version
- Consent form does not include updates or information by IRB
- Consent form missing
- Consent form not signed and dated by subject
- Consent form does not contain all required study personnel signatures
- Participant is randomized prior to Baseline Diagnosis, Baseline Assessment, etc. (Please provide description)
- Randomization and/or treatment of subject prior to IRB approval
- Failure to keep IRB approval up to date
- Participant receives wrong treatment (Please provide description)
- mini-SCID administered inappropriately
- Assessment administered by untrained individual (Please provide description)
- Scheduled research blood or breath sample not collected
- Lab value(s) from blood test not obtained (Please provide description)
- Lab value(s) from breathing testing not obtained (Please provide description)
- Intervention performed out of window (Please provide description)
- Early termination, with termination visit (all measures completed)
- Early termination, with termination visit (some measures not completed)
- Early termination, with no termination visit.
- Other (Please provide description)

Third Deviation: Describe

Third Deviation: Date IRB notified (if applicable)

Record Another Deviation?

- Yes
- No

Fourth Deviation: Date Deviation Occurred

Fourth Deviation: Date Resolved, if applicable

Deviation Codes

- Not reporting a serious complication within 24 hours to coordinating center
- Reportable safety events not reported to IRB
- Failure to obtain written informed consent for screening
- Failure to obtain written informed consent for study participation (i.e. enrollment)
- Failure to obtain consent for voice recording
- Consent form used was not current IRB-approved version
- Consent form does not include updates or information by IRB
- Consent form missing
- Consent form not signed and dated by subject
- Consent form does not contain all required study personnel signatures
- Participant is randomized prior to Baseline Diagnosis, Baseline Assessment, etc. (Please provide description)
- Randomization and/or treatment of subject prior to IRB approval
- Failure to keep IRB approval up to date
- Participant receives wrong treatment (Please provide description)
- mini-SCID administered inappropriately
- Assessment administered by untrained individual (Please provide description)
- Scheduled research blood or breath sample not collected
- Lab value(s) from blood test not obtained (Please provide description)
- Lab value(s) from breathing testing not obtained (Please provide description)
- Intervention performed out of window (Please provide description)
- Early termination, with termination visit (all measures completed)
- Early termination, with termination visit (some measures not completed)
- Early termination, with no termination visit.
- Other (Please provide description)

Fourth Deviation: Describe

Fourth Deviation: Date IRB notified (if applicable)

Record Another Deviation?

- Yes
- No

Fifth Deviation: Date Deviation Occurred

Fifth Deviation: Date Resolved, if applicable

Deviation Codes

- Not reporting a serious complication within 24 hours to coordinating center
- Reportable safety events not reported to IRB
- Failure to obtain written informed consent for screening
- Failure to obtain written informed consent for study participation (i.e. enrollment)
- Failure to obtain consent for voice recording
- Consent form used was not current IRB-approved version
- Consent form does not include updates or information by IRB
- Consent form missing
- Consent form not signed and dated by subject
- Consent form does not contain all required study personnel signatures
- Participant is randomized prior to Baseline Diagnosis, Baseline Assessment, etc. (Please provide description)
- Randomization and/or treatment of subject prior to IRB approval
- Failure to keep IRB approval up to date
- Participant receives wrong treatment (Please provide description)
- mini-SCID administered inappropriately
- Assessment administered by untrained individual (Please provide description)
- Scheduled research blood or breath sample not collected
- Lab value(s) from blood test not obtained (Please provide description)
- Lab value(s) from breathing testing not obtained (Please provide description)
- Intervention performed out of window (Please provide description)
- Early termination, with termination visit (all measures completed)
- Early termination, with termination visit (some measures not completed)
- Early termination, with no termination visit.
- Other (Please provide description)

Fifth Deviation: Describe

Fifth Deviation: Date IRB notified (if applicable)

Clinical Comments:

Adverse Event Form -CM

Form Creation Date

Most Recent Kept Visit

- CM Visit 1
- CM Visit 2
- CM Visit 3
- CM Visit 4
- Week 12 CM Visit 5
- MET Session 1
- MET Session 2
- MET Session 3
- MET Session 4
- APM Session 1
- APM Session 2
- APM Session 3
- APM Session 4
- APM Session 5
- APM Session 6
- Week 24
- Month 9
- Month 12
- Unscheduled Visit

Adverse Event

- Infections - pathogen unspecified
- Gastrointestinal (nausea, diarrhea, abdominal pain)
- Headaches
- Fatigue
- Sleep disorders and disturbances
- Joint pain and/or connective tissue disorders
- Neurological disorders (sedation/lethargy/dizziness)
- Muscle disorders (myalgia/muscle spasms)
- Depressed mood disorders
- Suicidality
- Respiratory disorders
- Weight changes
- Appetite and general nutritional disorders (anorexia)
- Anxiety disorders and symptoms
- Liver injury or dysfunction (increase in AST/ALT 5x upper limit of normal)
- Injection site reactions
- Precipitation of opioid withdrawal
- Allergic Reactions
- Pneumonia
- Chest Pain
- Skin Infection
- Dental Problem
- Sinusitis
- Meningitis
- Nerve Pain (neuropathy)
- Fall
- Disulfiram Reaction
- Change in sexual function
- Other

Describe AE

Start Date

Severity

- Mild
- Moderate
- Severe

SAE

- YES
- NO

attribution to study

- Unrelated
- Unlikely Related
- Possibly related
- Probably related
- Definitely related

Anticipated

- YES
- NO

Stop date

Comments?

complete by (initials)

Record another adverse event?

- Yes
- No

Second Adverse Event

Most Recent Visit

- Baseline
- Week 4
- Week 12
- Week 24
- Month 12

Adverse Event

- Infections - pathogen unspecified
- Gastrointestinal (nausea, diarrhea, abdominal pain)
- Headaches
- Fatigue
- Sleep disorders and disturbances
- Joint pain and/or connective tissue disorders
- Neurological disorders (sedation/letharg dizziness)
- Muscle disorders (myalgia/muscle spasms)
- Depressed mood disorders
- Suicidality
- Respiratory disorders
- Weight changes
- Appetite and general nutritional disorders (anorexia)
- Anxiety disorders and symptoms
- Liver injury or dysfunction (increase in AST/ALT 5x upper limit of normal)
- Injection site reactions
- Precipitation of opioid withdrawal
- Allergic Reactions
- Pneumonia
- Chest Pain
- Skin Infection
- Dental Problem
- Sinusitis
- Meningitis
- Nerve Pain (neuropathy)
- Fall
- Disulfiram Reaction
- Change in sexual function
- Other

Describe AE

Start Date

Severity

- Mild
- Moderate
- Severe

SAE

- YES
- NO

attribution to study

- Unrelated
- Unlikely Related
- Possibly related
- Probably related
- Definitely related

Anticipated

- YES
- NO

Stop date

Comments?

complete by (initials)

Record another adverse event?

- Yes
- No

Third Adverse Event

Most Recent Visit

- Baseline
 Week 4
 Week 12
 Week 24
 Month 12

Adverse Event

- Infections - pathogen unspecified
 Gastrointestinal (nausea, diarrhea, abdominal pain)
 Headaches
 Fatigue
 Sleep disorders and disturbances
 Joint pain and/or connective tissue disorders
 Neurological disorders (sedation/letharg dizziness)
 Muscle disorders (myalgia/muscle spasms)
 Depressed mood disorders
 Suicidality
 Respiratory disorders
 Weight changes
 Appetite and general nutritional disorders (anorexia)
 Anxiety disorders and symptoms
 Liver injury or dysfunction (increase in AST/ALT 5x upper limit of normal)
 Injection site reactions
 Precipitation of opioid withdrawal
 Allergic Reactions
 Pneumonia
 Chest Pain
 Skin Infection
 Dental Problem
 Sinusitis
 Meningitis
 Nerve Pain (neuropathy)
 Fall
 Disulfiram Reaction
 Change in sexual function
 Other

Describe AE

Start Date

Severity

- Mild
 Moderate
 Severe

SAE

- YES
 NO

attribution to study

- Unrelated
 Unlikely Related
 Possibly related
 Probably related
 Definitely related

Anticipated

- YES
 NO

Stop date

Comments?

complete by (initials) _____

Record another adverse event?

- Yes
 No

Fourth Adverse Event

Most Recent Visit

- Baseline
 Week 4
 Week 12
 Week 24
 Month 12

Adverse Event

- Infections - pathogen unspecified
 Gastrointestinal (nausea, diarrhea, abdominal pain)
 Headaches
 Fatigue
 Sleep disorders and disturbances
 Joint pain and/or connective tissue disorders
 Neurological disorders (sedation/letharg dizziness)
 Muscle disorders (myalgia/muscle spasms)
 Depressed mood disorders
 Suicidality
 Respiratory disorders
 Weight changes
 Appetite and general nutritional disorders (anorexia)
 Anxiety disorders and symptoms
 Liver injury or dysfunction (increase in AST/ALT 5x upper limit of normal)
 Injection site reactions
 Precipitation of opioid withdrawal
 Allergic Reactions
 Pneumonia
 Chest Pain
 Skin Infection
 Dental Problem
 Sinusitis
 Meningitis
 Nerve Pain (neuropathy)
 Fall
 Disulfiram Reaction
 Change in sexual function
 Other

Describe AE _____

Start Date _____

Severity

- Mild
 Moderate
 Severe

SAE

- YES
 NO

attribution to study

- Unrelated
 Unlikely Related
 Possibly related
 Probably related
 Definitely related

Anticipated YES
 NO

Stop date _____

Comments? _____

complete by (initials) _____

Record another adverse event? Yes
 No

Fifth Adverse Event

Most Recent Visit Baseline
 Week 4
 Week 12
 Week 24
 Month 12

Adverse Event Infections - pathogen unspecified
 Gastrointestinal (nausea, diarrhea, abdominal pain)
 Headaches
 Fatigue
 Sleep disorders and disturbances
 Joint pain and/or connective tissue disorders
 Neurological disorders (sedation/lethargy dizziness)
 Muscle disorders (myalgia/muscle spasms)
 Depressed mood disorders
 Suicidality
 Respiratory disorders
 Weight changes
 Appetite and general nutritional disorders (anorexia)
 Anxiety disorders and symptoms
 Liver injury or dysfunction (increase in AST/ALT 5x upper limit of normal)
 Injection site reactions
 Precipitation of opioid withdrawal
 Allergic Reactions
 Pneumonia
 Chest Pain
 Skin Infection
 Dental Problem
 Sinusitis
 Meningitis
 Nerve Pain (neuropathy)
 Fall
 Disulfiram Reaction
 Change in sexual function
 Other

Describe AE _____

Start Date _____

Severity Mild
 Moderate
 Severe

SAE YES
 NO

attribution to study

- Unrelated
 Unlikely Related
 Possibly related
 Probably related
 Definitely related

Anticipated

- YES
 NO

Stop date

Comments?

complete by (initials)

Record another adverse event?

- Yes
 No

Sixth Adverse Event

Most Recent Visit

- Baseline
 Week 4
 Week 12
 Week 24
 Month 12

Adverse Event

- Infections - pathogen unspecified
 Gastrointestinal (nausea, diarrhea, abdominal pain)
 Headaches
 Fatigue
 Sleep disorders and disturbances
 Joint pain and/or connective tissue disorders
 Neurological disorders (sedation/letharg dizziness)
 Muscle disorders (myalgia/muscle spasms)
 Depressed mood disorders
 Suicidality
 Respiratory disorders
 Weight changes
 Appetite and general nutritional disorders (anorexia)
 Anxiety disorders and symptoms
 Liver injury or dysfunction (increase in AST/ALT 5x upper limit of normal)
 Injection site reactions
 Precipitation of opioid withdrawal
 Allergic Reactions
 Pneumonia
 Chest Pain
 Skin Infection
 Dental Problem
 Sinusitis
 Meningitis
 Nerve Pain (neuropathy)
 Fall
 Disulfiram Reaction
 Change in sexual function
 Other

Describe AE

Start Date

Severity

- Mild
- Moderate
- Severe

SAE

- YES
- NO

attribution to study

- Unrelated
- Unlikely Related
- Possibly related
- Probably related
- Definitely related

Anticipated

- YES
- NO

Stop date

Comments?

complete by (initials)

Record another adverse event?

- Yes
- No

Seventh Adverse Event

Most Recent Visit

- Baseline
- Week 4
- Week 12
- Week 24
- Month 12

Adverse Event

- Infections - pathogen unspecified
- Gastrointestinal (nausea, diarrhea, abdominal pain)
- Headaches
- Fatigue
- Sleep disorders and disturbances
- Joint pain and/or connective tissue disorders
- Neurological disorders (sedation/letharg dizziness)
- Muscle disorders (myalgia/muscle spasms)
- Depressed mood disorders
- Suicidality
- Respiratory disorders
- Weight changes
- Appetite and general nutritional disorders (anorexia)
- Anxiety disorders and symptoms
- Liver injury or dysfunction (increase in AST/ALT 5x upper limit of normal)
- Injection site reactions
- Precipitation of opioid withdrawal
- Allergic Reactions
- Pneumonia
- Chest Pain
- Skin Infection
- Dental Problem
- Sinusitis
- Meningitis
- Nerve Pain (neuropathy)
- Fall
- Disulfiram Reaction
- Change in sexual function
- Other

Describe AE

Start Date

Severity

- Mild
- Moderate
- Severe

SAE

- YES
- NO

attribution to study

- Unrelated
- Unlikely Related
- Possibly related
- Probably related
- Definitely related

Anticipated

- YES
- NO

Stop date

Comments?

complete by (initials)

Record another adverse event?

- Yes
- No

Eighth Adverse Event

Most Recent Visit

- Baseline
 Week 4
 Week 12
 Week 24
 Month 12

Adverse Event

- Infections - pathogen unspecified
 Gastrointestinal (nausea, diarrhea, abdominal pain)
 Headaches
 Fatigue
 Sleep disorders and disturbances
 Joint pain and/or connective tissue disorders
 Neurological disorders (sedation/letharg dizziness)
 Muscle disorders (myalgia/muscle spasms)
 Depressed mood disorders
 Suicidality
 Respiratory disorders
 Weight changes
 Appetite and general nutritional disorders (anorexia)
 Anxiety disorders and symptoms
 Liver injury or dysfunction (increase in AST/ALT 5x upper limit of normal)
 Injection site reactions
 Precipitation of opioid withdrawal
 Allergic Reactions
 Pneumonia
 Chest Pain
 Skin Infection
 Dental Problem
 Sinusitis
 Meningitis
 Nerve Pain (neuropathy)
 Fall
 Disulfiram Reaction
 Change in sexual function
 Other

Describe AE

Start Date

Severity

- Mild
 Moderate
 Severe

SAE

- YES
 NO

attribution to study

- Unrelated
 Unlikely Related
 Possibly related
 Probably related
 Definitely related

Anticipated

- YES
 NO

Stop date

Comments?

complete by (initials) _____

Record another adverse event?

- Yes
 No

Ninth Adverse Event

Most Recent Visit

- Baseline
 Week 4
 Week 12
 Week 24
 Month 12

Adverse Event

- Infections - pathogen unspecified
 Gastrointestinal (nausea, diarrhea, abdominal pain)
 Headaches
 Fatigue
 Sleep disorders and disturbances
 Joint pain and/or connective tissue disorders
 Neurological disorders (sedation/letharg dizziness)
 Muscle disorders (myalgia/muscle spasms)
 Depressed mood disorders
 Suicidality
 Respiratory disorders
 Weight changes
 Appetite and general nutritional disorders (anorexia)
 Anxiety disorders and symptoms
 Liver injury or dysfunction (increase in AST/ALT 5x upper limit of normal)
 Injection site reactions
 Precipitation of opioid withdrawal
 Allergic Reactions
 Pneumonia
 Chest Pain
 Skin Infection
 Dental Problem
 Sinusitis
 Meningitis
 Nerve Pain (neuropathy)
 Fall
 Disulfiram Reaction
 Change in sexual function
 Other

Describe AE _____

Start Date _____

Severity

- Mild
 Moderate
 Severe

SAE

- YES
 NO

attribution to study

- Unrelated
 Unlikely Related
 Possibly related
 Probably related
 Definitely related

Anticipated YES
 NO

Stop date _____

Comments? _____

complete by (initials) _____

Record another adverse event? Yes
 No

Tenth Adverse Event

Most Recent Visit Baseline
 Week 4
 Week 12
 Week 24
 Month 12

Adverse Event Infections - pathogen unspecified
 Gastrointestinal (nausea, diarrhea, abdominal pain)
 Headaches
 Fatigue
 Sleep disorders and disturbances
 Joint pain and/or connective tissue disorders
 Neurological disorders (sedation/lethargy dizziness)
 Muscle disorders (myalgia/muscle spasms)
 Depressed mood disorders
 Suicidality
 Respiratory disorders
 Weight changes
 Appetite and general nutritional disorders (anorexia)
 Anxiety disorders and symptoms
 Liver injury or dysfunction (increase in AST/ALT 5x upper limit of normal)
 Injection site reactions
 Precipitation of opioid withdrawal
 Allergic Reactions
 Pneumonia
 Chest Pain
 Skin Infection
 Dental Problem
 Sinusitis
 Meningitis
 Nerve Pain (neuropathy)
 Fall
 Disulfiram Reaction
 Change in sexual function
 Other

Describe AE _____

Start Date _____

Severity Mild
 Moderate
 Severe

SAE YES
 NO

attribution to study

- Unrelated
- Unlikely Related
- Possibly related
- Probably related
- Definitely related

Anticipated

- YES
- NO

Stop date

Comments?

complete by (initials)

Clinical Comments:
