

**Urine Monitoring & Breathalyzer
Result Form**

[][]		[][][] 1			[][][][]				[][]	
Protocol Number		Site			Subject				Week	
[][]	[][]	[][]	[][]	[][]	[][]	/	[][]	/	[][][]	
Rater	Sequence Number	Visit Number				Date				

	<i>Negative</i>	<i>Positive</i>	<i>Not Tested</i>
1. Benzodiazepines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Cannabinoids (THC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Cocaine metabolites	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Methamphetamines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Opiates/Morphine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. PCP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Oxicotyns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Do urine results match self report on calendar?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	No	Yes	
if no, was subject confronted?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	No	Yes	N/A (results matched)
9. Was adulteration suspected?	<input type="radio"/>	<input type="radio"/>	
	No	Yes	

10. Alcohol Breathalyzer Result: [][][] mg/ml **(IF NO BREATHALYZER DONE PLEASE CODE AS 999)**

Comments:

