NIDA

Annotated Design For Trial: ctn0031

Protocol: CTN0031

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April 23, 2008 10:09AM

Time and Events Schedule For Study: ctn0031

	Assessment	CRF	BASELINE (BASE) [S]	WEEK1 (WK1) [S]	WEEK2 (WK2) [S]	WEEK3 (WK3) [S]	WEEK4 (WK4) [S]	WEEK5 (WK5) [S]	WEEK6 (WK6) [S]	WEEK7 (WK7) [S]	WEEK8 (WK8) [S]	MONTH3 (3MOS) [S]	MONTH6 (6MOS) [S]	CAS (CAS) [S]	Conflict (Conflict) [U/R/D]
1	Form Completion Status	BASE	1												
2	Patient Information	PI	2												
3	DEMOGRAPHICS	DEM	3												
4	ALCOHOL BREATHALYZER	AB	4-DF				11-DF				11-DF	24-DF	24-DF		
5	DSM-IV Criteria-Substance Related Disorders	DSM1	5-DF												
6	DSM-IV Criteria - Substance Related Disorders	DSM2	6-DF												
7	DSM-IV Criteria - Substance Related Disorders	DSM3	7-DF												
8	DSM-IV Criteria - Substance Related Disorders	DSM4	8-DF												
9	DSM-IV Criteria - Substance Related Disorders	DSM5	9-DF												
10	CTN-ASI Lite	ASI1	10-DF												
11	CTN-ASI Lite cont.	ASI2	11-DF												
12	CTN-ASI Lite cont.	ASI3	12-DF												
13	CTN-ASI Lite	ASI4	13-DF												
14	CTN-ASI Lite	ASI5	14-DF												
15	CTN-ASI Lite	ASI6	15-DF												
16	CTN-ASI Lite	ASI7	16-DF												
17	CTN-ASI Lite	ASI8	17-DF												
18	CTN-ASI Lite	ASI9	18-DF												
19	CTN-ASI Lite	ASI10	19-DF												
20	CTN-ASI Lite	ASI11	20-DF												
21	CTN-ASI Lite	ASI12	21-DF												
22	CTN-ASI Lite	ASI13	22-DF												

#	Item	Code	C1	C2	C3	C4	C5	C6	C7	C8	C9	C10	C11	C12
23	Urine Drug Screen	UDS	23-DF				12-DF				12-DF	25-DF	25-DF	
24	Substance Use Calendar Lead	SUCLead	24-DF				9-DF				9-DF	22-DF	22-DF	
25	Substance Use Calendar	SUC	25-RF-DF				10-RF-DF				10-RF-DF	23-RF-DF	23-RF-DF	
26	INCLUSION/EXCLUSION	IEX	26-DF											
27	Treatment Services Review Lead	TSRLead	27-DF				2-DF				2-DF	15-DF	15-DF	
28	Treatment Services Review IN-PROG	TSRI1	28-DF				3-DF				3-DF	16-DF	16-DF	
29	Treatment Services Review IN-PROG cont.	TSRI2	29-DF				4-DF				4-DF	17-DF	17-DF	
30	Treatment Services Review OUT-PROG	TSRO1	30-DF				5-DF				5-DF	18-DF	18-DF	
31	Treatment Services Review OUT-PROG cont.	TSRO2	31-DF				6-DF				6-DF	19-DF	19-DF	
32	Treatment Services Review	TSR1	32-DF				7-DF				7-DF	20-DF	20-DF	
33	Treatment Services Review cont.	TSR2	33-DF				8-DF				8-DF	21-DF	21-DF	
34	MEDICAL AND PSYCHIATRIC HISTORY	MDHX	34-DF											
35	RANDOMIZATION	RAN	35											
36	Research Visit Attendance	VISR	36-DF		3-DF		13-DF				13-DF	26-DF	26-DF	
37	Therapy Session Attendance	VIST		1-C-RF	2-C-RF	1-C-RF	14-C-RF	1-C-RF	1-C-RF	1-C-RF	14-C-RF	27-C-RF	27-C-RF	
38	SUBSTANCE USE EVENTS	SUE		2-C-RF	4-C-RF	2-C-RF	15-C-RF	2-C-RF	2-C-RF	2-C-RF	15-C-RF	28-C-RF	28-C-RF	6-C-RF
39	Form Completion Status	WK2			1									
40	Form Completion Status	WK4					1							
41	Form Completion Status	WK8									1			
42	Form Completion Status	3MOS										1		
43	CTN-ASI Lite Follow Up	ASF1										2-DF	2-DF	
44	CTN-ASI Lite Follow Up	ASF2										3-DF	3-DF	
45	CTN-ASI Lite Follow UP	ASF3										4-DF	4-DF	
46	CTN-ASI Lite Follow UP	ASF4										5-DF	5-DF	

#	Form	Code												C1	C2	C3	C4
47	CTN-ASI Lite Follow Up	ASF5												6-DF	6-DF		
48	CTN-ASI Lite Follow Up	ASF6												7-DF	7-DF		
49	CTN-ASI Lite Follow Up	ASF7												8-DF	8-DF		
50	CTN-ASI Lite Follow Up	ASF8												9-DF	9-DF		
51	CTN-ASI Lite Follow Up	ASF9												10-DF	10-DF		
52	CTN-ASI Lite Follow Up	ASF10												11-DF	11-DF		
53	CTN-ASI Lite Follow Up	ASF11												12-DF	12-DF		
54	CTN-ASI Lite Follow Up	ASF12												13-DF	13-DF		
55	CTN-ASI Lite Follow Up	ASF13												14-DF	14-DF		
56	Form Completion Status	6MOS													1		
57	Form Completion Status	CAS														1	
58	ADVERSE EVENTS	AE														2-RF-DF	
59	Serious Adverse Event	SAE														3-RF-DF	
60	Protocol Violation Log	PVL														4-RF-DF	
61	Study Termination	TERM														5-DF	

Key: [S] = Scheduled Visit   [O] = Optional Visit   [D] = Dynamic Visit   [U] = Unscheduled Visit   [R] = Repeating Visit
C = Common Form   DF = Dynamic Form   RF = Repeating Form

ctn0031 : System Screening (SCR)			
Protocol number NIDA-CTN-0031			
1.	NODE	A2	(ctn0031cdd:SCR.NODE / NODE)
2.	Participant ID **4 digits must be entered**	A4	(ctn0031cdd:SCR.SCRPID / PARTICIPANT ID)

Item Design Notes:	
Item No.	**Design Note**
1.	mapped from Screening form to PI form

CDD: ctn0031cdd Table: SCR Key Type: PATIENTVISIT		
Column Name	**Column Data Type**	**Design Note**
NODE	STRING(2) - A2	
SCRPID	STRING(4) - A4	

ctn0031 : System Enrollment (ENR)		
Study Enrollment		
1. Participant ID	A25	Please do not enter or modify data on this field (ctn0031cdd:ENR.PINUM / PARTICIPANT NUMBER)

Item Design Notes:	
Item No.	**Design Note**
1.	mapped from Enrollment form to PI form

CDD: ctn0031cdd　　Table: ENR　　Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
PINUM	STRING(25) - A25	

ctn0031 : Form Completion Status (BASE)

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1.	Alcohol Breathalyzer	Pulldown List 1 ▼ (ctn0031cdd:BASE.FRMAB / FORM COMPLETION STATUS CODE)
2.	DSM-IV Substance Related Disorder	Pulldown List 1 ▼ (ctn0031cdd:BASE.FRMDSM / FORM COMPLETION STATUS CODE)
3.	CTN-ASI LITE	Pulldown List 1 ▼ (ctn0031cdd:BASE.FRMASI / FORM COMPLETION STATUS CODE)
4.	Urine Drug Screen	Pulldown List 1 ▼ (ctn0031cdd:BASE.FRMUDS / FORM COMPLETION STATUS CODE)
5.	Substance Use Calendar Lead	Pulldown List 1 ▼ (ctn0031cdd:BASE.FRMSUCL / FORM COMPLETION STATUS CODE)
6.	Inclusion/Exclusion	Pulldown List 1 ▼ (ctn0031cdd:BASE.FRMIEX / FORM COMPLETION STATUS CODE)
7.	Treatment Services Review Lead	Pulldown List 1 ▼ (ctn0031cdd:BASE.FRMTSRL / FORM COMPLETION STATUS CODE)
8.	Medical and Psychiatric History	Pulldown List 1 ▼ (ctn0031cdd:BASE.FRMMDHX / FORM COMPLETION STATUS CODE)
9.	Research Visit Attendance	Pulldown List 1 ▼ (ctn0031cdd:BASE.FRMVISR / FORM COMPLETION STATUS CODE)

Pulldown List 1:

RefName	Display Text	Value	Design Note
ieFCS0	0 CRF Completed	0	
ieFCS1	1 Patient Unavailable	1	
ieFCS2	2 Data Collector Error	2	
ieFCS3	3 Patient unable/unwilling to answer	3	
ieFCS9	9 Not Applicable/Other	9	

CDD: ctn0031cdd   Table: BASE   Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
FRMAB	NUMERIC - 0, 1, 2, 3, 9	
FRMDSM	NUMERIC - 0, 1, 2, 3, 9	
FRMASI	NUMERIC - 0, 1, 2, 3, 9	
FRMUDS	NUMERIC - 0, 1, 2, 3, 9	
FRMSUCL	NUMERIC - 0, 1, 2, 3, 9	
FRMIEX	NUMERIC - 0, 1, 2, 3, 9	
FRMTSRL	NUMERIC - 0, 1, 2, 3, 9	
FRMMDHX	NUMERIC - 0, 1, 2, 3, 9	

| FRMVISR | NUMERIC - 0, 1, 2, 3, 9 | |

ctn0031 : Patient Information (PI)

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WARNING: ANY CHANGES TO THESE FIELDS BELOW WILL CHANGE THE IDENTIFICATION OF THIS SUBJECT - Changes that make these fields empty will not be acted upon and the prior values will remain for the purpose of identification.

1.	Participant ID	A25	(ctn0031cdd:PI.PINUM / PARTICIPANT NUMBER)
		site mnemonic-node-ID	
2.	Node	A2	(ctn0031cdd:PI.PINODE / NODE)

Item Design Notes:	
Item No.	Design Note
1.	mapped from Enrollment form to PI form

CDD: ctn0031cdd   Table: PI   Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
PINUM	STRING(25) - A25	
PINODE	STRING(3) - A2	

ctn0031 : DEMOGRAPHICS (DEM)

| 1. | Assessment Date: | Req ⌄ / Req ⌄ / Req ⌄ (2008-2012) | (ctn0031cdd:DEM.VISIT_DT / ASSESSMENT DATE) |

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| 2. | 1. Date of Birth: | Req ⌄ / Req ⌄ / Req ⌄ (1925-1995) | (ctn0031cdd:DEM.DEM01DT / DEM DATE OF BIRTH) |

3. 2. Sex:

(ctn0031cdd:DEM.DEM02 / DEM GENDER)

[1] ◯ Male
[2] ◯ Female
[98] ◯ Participant chooses not to answer

4. 3. Ethnicity:

(ctn0031cdd:DEM.DEM03 / DEM ETHNICITY)

[1] ◯ Hispanic or Latino
[2] ◯ Not Hispanic or Latino
[98] ◯ Participant chooses not to answer

5. 4. Race:

(ctn0031cdd:DEM.DEM04 / DEM AM INDIAN ALASKAN)
[1] ☐ American Indian or Alaska Native

(ctn0031cdd:DEM.DEM04A / DEM ASIAN)
[1] ☐ Asian

(ctn0031cdd:DEM.DEM04B / DEM BLACK AFRICAN AMERICAN)
[1] ☐ Black or African American

(ctn0031cdd:DEM.DEM04C / DEM NATIVE HAWAII/PACIFIC)
[1] ☐ Native Hawaiian/Pacific Islander

(ctn0031cdd:DEM.DEM04D / DEM WHITE)
[1] ☐ White

(ctn0031cdd:DEM.DM04E / DEM OTHER RACE)
[1] ☐ Other: Specify if Other   (ctn0031cdd:DEM.DEM04_SP / DEM OTHER RACE SPECIFY)
   A100

(ctn0031cdd:DEM.DEM04F / DEM RACE NOT ANSWERED)
[1] ☐ Participant chooses not to answer

(ctn0031cdd:DEM.DEM04G / DEM RACE UNKNOWN)
[1] ☐ Unknown

CDD: ctn0031cdd	Table: DEM	Key Type: PATIENTVISIT
Column Name	**Column Data Type**	**Design Note**
VISIT_DT	DATE - DDMONYYYY	
DEM01DT	DATE - DDMONYYYY	
DEM03	NUMERIC	
DEM04	NUMERIC	

DEM04A	NUMERIC	
DEM04B	NUMERIC	
DEM04C	NUMERIC	
DEM04D	NUMERIC	
DM04E	NUMERIC	
DEM04_SP	STRING(100) - A100	
DEM04F	NUMERIC	
DEM04G	NUMERIC	
DEM02	NUMERIC	

ctn0031 : ALCOHOL BREATHALYZER (AB)

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1.	Assessment Date:	Req ⌄ / Req ⌄ / Req ⌄ (2008-2012) (ctn0031cdd:AB.VISIT_DT / ASSESSMENT DATE)

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2.	Was breathalyzer performed?	(ctn0031cdd:AB.AB01 / AB BREATHALYZER PERFORMED)
		
		[0] ◯ No
		
		[1] ◯ Yes
		   (ctn0031cdd:AB.AB01AR / AB BREATHALYZER RESULT RADIO)
		   [1] ◯ Enter acceptable result in accordance (ctn0031cdd:AB.AB01A / AB
		      with CTP criteria BREATHALYZER RESULT)
		
			x.xxx |
			
			[96] ◯ NA

CDD: ctn0031cdd   Table: AB   Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
VISIT_DT	DATE - DDMONYYYY	
AB01	NUMERIC	
AB01AR	NUMERIC	
AB01A	FLOAT - F5.3	

ctn0031 : DSM-IV Criteria- Substance Related Disorders (DSM1)

| 1. | Assessment Date: | Req ∨ / Req ∨ / Req ∨ (2008-2012) (ctn0031cdd: DSM1.VISIT_DT / ASSESSMENT DATE) |

1. Have you used (drug) in the past 12 months? (Continue the assessment only for drugs within the past 12 months).

2.	Amphetamines	(ctn0031cdd: DSM1.DSM01A / DSMIV AMPHETAMINES) *[0]* ○ No *[1]* ○ Yes *[98]* ○ NA
3.	Methamphetamines	(ctn0031cdd: DSM1.DSM01B / DSMIV METHAMPHETAMINES) *[0]* ○ No *[1]* ○ Yes *[98]* ○ NA
4.	Cocaine	(ctn0031cdd: DSM1.DSM01C / DSMIV COCAINE) *[0]* ○ No *[1]* ○ Yes *[98]* ○ NA
5.	Other Stimulants	(ctn0031cdd: DSM1.DSM01D / DSMIV OTHER STIMULANTS) *[0]* ○ No *[1]* ○ Yes *[98]* ○ NA
6.	Alcohol	(ctn0031cdd: DSM1.DSM01E / DSMIV ALCOHOL) *[0]* ○ No *[1]* ○ Yes *[98]* ○ NA
7.	Marijuana/Hashish	(ctn0031cdd: DSM1.DSM01F / DSMIV MARIJUANA/HASHISH) *[0]* ○ No *[1]* ○ Yes *[98]* ○ NA
8.	Opiates	(ctn0031cdd: DSM1.DSM01G / DSMIV OPIATES) *[0]* ○ No *[1]* ○ Yes *[98]* ○ NA
9.	Benzodiazepines	(ctn0031cdd: DSM1.DSM01H / DSMIV BENZODIAZEPINES) *[0]* ○ No *[1]* ○ Yes *[98]* ○ NA
10.	Primary Drug:	Pulldown List 1 ∨ (ctn0031cdd: DSM1.DSM02A / DSMIV PRIMARY DRUG) Other (specify) A50 (ctn0031cdd: DSM1.DSM02HSP / DSMIV PRI OTHER SPECIFY) Ask all items, both dependence and abuse criteria items, for all drugs the participant reports having used in the past 12 months.

Substance DEPENDENCE Criteria
A1. Have you found that you needed to use a lot more (drug) in order to get high than you did when you first started using it? If Yes: How much more? If NO: What about finding that when you used the same amount, it had much less effect than before?

For each of the dependence and abuse criteria endorsed for methamphetamine, amphetamine, other stimulants or cocaine over the past 12 months, ask whether the participant has experienced this criterion in the last 6 months.

11.	Amphetamines	(ctn0031cdd: DSM1.DSM0A1A / DSMIV Use Amphetamines) *[1]* ○ Present *[2]* ○ Absent *[3]* ○ Uncertain *[98]* ○ NA
12.	Methamphetamines	(ctn0031cdd: DSM1.DSM0A1B / DSMIV Use Methamphetamines) *[1]* ○ Present *[2]* ○ Absent *[3]* ○ Uncertain *[98]* ○ NA
13.	Cocaine	(ctn0031cdd: DSM1.DSM0A1C / DSMIV Use Cocaine) *[1]* ○ Present *[2]* ○ Absent *[3]* ○ Uncertain *[98]* ○ NA
14.	Other Stimulants	(ctn0031cdd: DSM1.DSM0A1D / DSMIV Use Other Stimulants) Present Absent Uncertain NA

		[1] ○ [2] ○ [3] ○ [98] ○
15.	Alcohol	(ctn0031cdd:DSM1.DSM0A1E / DSMIV Use Alcohol) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
16.	Marijuana/Hashish	(ctn0031cdd:DSM1.DSM0A1F / DSMIV Use Marijuana/Hashish) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
17.	Opiates	(ctn0031cdd:DSM1.DSM0A1G / DSMIV Use Opiates) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
18.	Benzodiazepines	(ctn0031cdd:DSM1.DSM0A1H / DSMIV Use Benzodiazepines) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
19.	If present for methamphetamines, amphetamines, cocaine, or other stimulants, past 6 months?	(ctn0031cdd:DSM1.DSM0A1P / DSMIV Use Present) [0] ○ No [1] ○ Yes [98] ○ NA

Pulldown List 1:

RefName	Display Text	Value	Design Note
iePDRUG1	Amphetamines	1	
iePDRUG2	Methamphetamines	2	
iePDRUG3	Cocaine	3	
iePDRUG4	Alcohol	4	
iePDRUG5	Marijuana/Hashish	5	
iePDRUG6	Opiates	6	
iePDRUG7	Benzodiazepines	7	
iePDRUG8	Other Stimulants	8	

CDD: ctn0031cdd   Table: DSM1   Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
VISIT_DT	DATE - DDMONYYYY	
DSM01A	NUMERIC	
DSM01B	NUMERIC	
DSM01C	NUMERIC	
DSM01D	NUMERIC	
DSM01E	NUMERIC	
DSM01F	NUMERIC	

DSM01G	NUMERIC	
DSM01H	NUMERIC	
DSM02A	NUMERIC - 1, 2, 3, 4, 5, 6, 7, 8	
DSM02HSP	STRING(50) - A50	
DSM0A1A	NUMERIC	
DSM0A1B	NUMERIC	
DSM0A1C	NUMERIC	
DSM0A1D	NUMERIC	
DSM0A1E	NUMERIC	
DSM0A1F	NUMERIC	
DSM0A1G	NUMERIC	
DSM0A1H	NUMERIC	
DSM0A1P	NUMERIC	

ctn0031 : DSM-IV Criteria - Substance Related Disorders (DSM2)

A2. Have you ever had withdrawal symptoms, that is felt sick when you cut down or stopped using (drug)? If YES: What symptom have you had? (need to refer to withdrawal symptoms associated with each drug.) Have you used (drug) to keep yourself from getting sick with (specific withdrawal symptom(s))?

1.	Amphetamines	(ctn0031cdd:DSM2.DSM0A2A / DSMIV WTDR AMPHETAMINES) *[1]* ◯ Present *[2]* ◯ Absent *[3]* ◯ Uncertain *[98]* ◯ NA
2.	Methamphetamines	(ctn0031cdd:DSM2.DSM0A2B / DSMIV WTDR METHAMPHETAMINES) *[1]* ◯ Present *[2]* ◯ Absent *[3]* ◯ Uncertain *[98]* ◯ NA
3.	Cocaine	(ctn0031cdd:DSM2.DSM0A2C / DSMIV WTDR COCAINE) *[1]* ◯ Present *[2]* ◯ Absent *[3]* ◯ Uncertain *[98]* ◯ NA
4.	Other Stimulants	(ctn0031cdd:DSM2.DSM0A2D / DSMIV WTDR OTHER STIMULANTS) *[1]* ◯ Present *[2]* ◯ Absent *[3]* ◯ Uncertain *[98]* ◯ NA
5.	Alcohol	(ctn0031cdd:DSM2.DSM0A2E / DSMIV WTDR ALCOHOL) *[1]* ◯ Present *[2]* ◯ Absent *[3]* ◯ Uncertain *[98]* ◯ NA
6.	Marijuana/Hashish	(ctn0031cdd:DSM2.DSM0A2F / DSMIV WTDR MARIJUANA/HASHIS) *[1]* ◯ Present *[2]* ◯ Absent *[3]* ◯ Uncertain *[98]* ◯ NA
7.	Opiates	(ctn0031cdd:DSM2.DSM0A2G / DSMIV WTDR OPIATES) *[1]* ◯ Present *[2]* ◯ Absent *[3]* ◯ Uncertain *[98]* ◯ NA
8.	Benzodiazepines	(ctn0031cdd:DSM2.DSM0A2H / DSMIV WTDR BENZODIAZEPINES) *[1]* ◯ Present *[2]* ◯ Absent *[3]* ◯ Uncertain *[98]* ◯ NA
9.	If present for methamphetamines, amphetamines, cocaine, or other stimulants, past 6 months?	(ctn0031cdd:DSM2.DSM0A2P / DSMIV WTDR PRESENT) *[0]* ◯ No *[1]* ◯ Yes *[98]* ◯ NA

A3. Have you often found that when you started using (drug), you ended up using more of it than you were planning to? IF NO: What about using it over a much longer period of time than you were planning to?

10.	Amphetamines	(ctn0031cdd:DSM2.DSM0A3A / DSMIV STRT AMPHETAMINES) *[1]* ◯ Present *[2]* ◯ Absent *[3]* ◯ Uncertain *[98]* ◯ NA
11.	Methamphetamines	(ctn0031cdd:DSM2.DSM0A3B / DSMIV STRT METHAMPHETAMINES) *[1]* ◯ Present *[2]* ◯ Absent *[3]* ◯ Uncertain *[98]* ◯ NA
12.	Cocaine	(ctn0031cdd:DSM2.DSM0A3C / DSMIV STRT COCAINE) *[1]* ◯ Present *[2]* ◯ Absent *[3]* ◯ Uncertain *[98]* ◯ NA
13.	Other Stimulants	(ctn0031cdd:DSM2.DSM0A3D / DSMIV STRT OTHER STIMULANTS) *[1]* ◯ Present *[2]* ◯ Absent *[3]* ◯ Uncertain *[98]* ◯ NA
14.	Alcohol	(ctn0031cdd:DSM2.DSM0A3E / DSMIV STRT ALCOHOL) *[1]* ◯ Present *[2]* ◯ Absent *[3]* ◯ Uncertain *[98]* ◯ NA
15.	Marijuana/Hashish	(ctn0031cdd:DSM2.DSM0A3F / DSMIV STRT MARIJUANA/HASHIS) *[1]* ◯ Present *[2]* ◯ Absent *[3]* ◯ Uncertain *[98]* ◯ NA

16.	Opiates	(ctn0031cdd:DSM2.DSM0A3G / DSMIV STRT OPIATES) [1] ◯ Present [2] ◯ Absent [3] ◯ Uncertain [98] ◯ NA
17.	Benzodiazepines	(ctn0031cdd:DSM2.DSM0A3H / DSMIV STRT BENZODIAZEPINES) [1] ◯ Present [2] ◯ Absent [3] ◯ Uncertain [98] ◯ NA
18.	If present for methamphetamines, amphetamines, cocaine, or other stimulants, past 6 months?	(ctn0031cdd:DSM2.DSM0A3P / DSMIV STRT PRESENT) [0] ◯ No [1] ◯ Yes [98] ◯ NA

A4. Have you tried to cut down or stop using (drug)? If YES: Have you ever actually stopped using (drug) altogether? (How many times did you try to cut down or stop altogether?) If UNCLEAR: Did you want to stop or cut down? IF NO: Is this something you kept worrying about?

19.	Amphetamines	(ctn0031cdd:DSM2.DSM0A4A / DSMIV STOP AMPHETAMINES) [1] ◯ Present [2] ◯ Absent [3] ◯ Uncertain [98] ◯ NA
20.	Methamphetamines	(ctn0031cdd:DSM2.DSM0A4B / DSMIV STOP METHAMPHETAMINES) [1] ◯ Present [2] ◯ Absent [3] ◯ Uncertain [98] ◯ NA
21.	Cocaine	(ctn0031cdd:DSM2.DSM0A4C / DSMIV STOP COCAINE) [1] ◯ Present [2] ◯ Absent [3] ◯ Uncertain [98] ◯ NA
22.	Other Stimulants	(ctn0031cdd:DSM2.DSM0A4D / DSMIV STOP OTHER STIMULANTS) [1] ◯ Present [2] ◯ Absent [3] ◯ Uncertain [98] ◯ NA
23.	Alcohol	(ctn0031cdd:DSM2.DSM0A4E / DSMIV STOP ALCOHOL) [1] ◯ Present [2] ◯ Absent [3] ◯ Uncertain [98] ◯ NA
24.	Marijuana/Hashish	(ctn0031cdd:DSM2.DSM0A4F / DSMIV STOP MARIJUANA/HASHIS) [1] ◯ Present [2] ◯ Absent [3] ◯ Uncertain [98] ◯ NA
25.	Opiates	(ctn0031cdd:DSM2.DSM0A4G / DSMIV STOP OPIATES) [1] ◯ Present [2] ◯ Absent [3] ◯ Uncertain [98] ◯ NA
26.	Benzodiazepines	(ctn0031cdd:DSM2.DSM0A4H / DSMIV STOP BENZODIAZEPINES) [1] ◯ Present [2] ◯ Absent [3] ◯ Uncertain [98] ◯ NA
27.	If present for methamphetamines, amphetamines, cocaine, or other stimulants, past 6 months?	(ctn0031cdd:DSM2.DSM0A4P / DSMIV STOP PRESENT) [0] ◯ No [1] ◯ Yes [98] ◯ NA

CDD: ctn0031cdd	Table: DSM2	Key Type: PATIENTVISIT
Column Name	**Column Data Type**	**Design Note**
DSM0A2A	NUMERIC	
DSM0A2B	NUMERIC	
DSM0A2C	NUMERIC	
DSM0A2D	NUMERIC	
DSM0A2E	NUMERIC	
DSM0A2F	NUMERIC	

DSM0A2G	NUMERIC	
DSM0A2H	NUMERIC	
DSM0A2P	NUMERIC	
DSM0A3A	NUMERIC	
DSM0A3B	NUMERIC	
DSM0A3C	NUMERIC	
DSM0A3D	NUMERIC	
DSM0A3E	NUMERIC	
DSM0A3F	NUMERIC	
DSM0A3G	NUMERIC	
DSM0A3H	NUMERIC	
DSM0A3P	NUMERIC	
DSM0A4A	NUMERIC	
DSM0A4B	NUMERIC	
DSM0A4C	NUMERIC	
DSM0A4D	NUMERIC	
DSM0A4E	NUMERIC	
DSM0A4F	NUMERIC	
DSM0A4G	NUMERIC	
DSM0A4H	NUMERIC	
DSM0A4P	NUMERIC	

ctn0031 : DSM-IV Criteria - Substance Related Disorders (DSM3)

A5. Have you spent a lot of time using (drug) or doing whatever you had to do to get it? Did it take you a long time to get back to normal? (How much time?)

1.	Amphetamines	(ctn0031cdd:DSM3.DSM0A5A / DSMIV TIME AMPHETAMINES) *[1]* ◯Present *[2]* ◯Absent *[3]* ◯Uncertain *[98]* ◯NA
2.	Methamphetamines	(ctn0031cdd:DSM3.DSM0A5B / DSMIV TIME METHAMPHETAMINES) *[1]* ◯Present *[2]* ◯Absent *[3]* ◯Uncertain *[98]* ◯NA
3.	Cocaine	(ctn0031cdd:DSM3.DSM0A5C / DSMIV TIME COCAINE) *[1]* ◯Present *[2]* ◯Absent *[3]* ◯Uncertain *[98]* ◯NA
4.	Other Stimulants	(ctn0031cdd:DSM3.DSM0A5D / DSMIV TIME OTHER STIMULANTS) *[1]* ◯Present *[2]* ◯Absent *[3]* ◯Uncertain *[98]* ◯NA
5.	Alcohol	(ctn0031cdd:DSM3.DSM0A5E / DSMIV TIME ALCOHOL) *[1]* ◯Present *[2]* ◯Absent *[3]* ◯Uncertain *[98]* ◯NA
6.	Marijuana/Hashish	(ctn0031cdd:DSM3.DSM0A5F / DSMIV TIME MARIJUANA/HASHIS) *[1]* ◯Present *[2]* ◯Absent *[3]* ◯Uncertain *[98]* ◯NA
7.	Opiates	(ctn0031cdd:DSM3.DSM0A5G / DSMIV TIME OPIATES) *[1]* ◯Present *[2]* ◯Absent *[3]* ◯Uncertain *[98]* ◯NA
8.	Benzodiazepines	(ctn0031cdd:DSM3.DSM0A5H / DSMIV TIME BENZODIAZEPINES) *[1]* ◯Present *[2]* ◯Absent *[3]* ◯Uncertain *[98]* ◯NA
9.	If present for methamphetamines, amphetamines, cocaine, or other stimulants, past 6 months?	(ctn0031cdd:DSM3.DSM0A5P / DSMIV TIME PRESENT) *[0]* ◯No *[1]* ◯Yes *[98]* ◯NA

A6. Have you had times when you would use (drug) so often that you used (drug) instead of working or spending time in hobbies with your family or friends?

10.	Amphetamines	(ctn0031cdd:DSM3.DSM0A6A / DSMIV WORK AMPHETAMINES) *[1]* ◯Present *[2]* ◯Absent *[3]* ◯Uncertain *[98]* ◯NA
11.	Methamphetamines	(ctn0031cdd:DSM3.DSM0A6B / DSMIV WORK METHAMPHETAMINES) *[1]* ◯Present *[2]* ◯Absent *[3]* ◯Uncertain *[98]* ◯NA
12.	Cocaine	(ctn0031cdd:DSM3.DSM0A6C / DSMIV WORK COCAINE) *[1]* ◯Present *[2]* ◯Absent *[3]* ◯Uncertain *[98]* ◯NA
13.	Other Stimulants	(ctn0031cdd:DSM3.DSM0A6D / DSMIV WORK OTHER STIMULANTS) *[1]* ◯Present *[2]* ◯Absent *[3]* ◯Uncertain *[98]* ◯NA
14.	Alcohol	(ctn0031cdd:DSM3.DSM0A6E / DSMIV WORK ALCOHOL) *[1]* ◯Present *[2]* ◯Absent *[3]* ◯Uncertain *[98]* ◯NA
15.	Marijuana/Hashish	(ctn0031cdd:DSM3.DSM0A6F / DSMIV WORK MARIJUANA/HASHIS) *[1]* ◯Present *[2]* ◯Absent *[3]* ◯Uncertain *[98]* ◯NA
16.	Opiates	(ctn0031cdd:DSM3.DSM0A6G / DSMIV WORK OPIATES) *[1]* ◯Present *[2]* ◯Absent *[3]* ◯Uncertain *[98]* ◯NA

17.	Benzodiazepines	(ctn0031cdd:DSM3.DSM0A6H / DSMIV WORK BENZODIAZEPINES) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
18.	If present for methamphetamines, amphetamines, cocaine or other stimulants, past 6 months?	(ctn0031cdd:DSM3.DSM0A6P / DSMIV WORK PRESENT) [0] ○ No [1] ○ Yes [98] ○ NA

A7. IF NOT ALREADY KNOWN, has (drug) caused psychological problems, like making you depressed? IF NOT ALREADY KNOWN, has (drug) ever caused physical problems or made a physical problem worse? IF YES TO EITHER OF THE ABOVE, did you keep on using (drug) anyway?

19.	Amphetamines	(ctn0031cdd:DSM3.DSM0A7A / DSMIV PROB AMPHETAMINES) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
20.	Methamphetamines	(ctn0031cdd:DSM3.DSM0A7B / DSMIV PROB METHAMPHETAMINES) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
21.	Cocaine	(ctn0031cdd:DSM3.DSM0A7C / DSMIV PROB COCAINE) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
22.	Other Stimulants	(ctn0031cdd:DSM3.DSM0A7D / DSMIV PROB OTHER STIMULANTS) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
23.	Alcohol	(ctn0031cdd:DSM3.DSM0A7E / DSMIV PROB ALCOHOL) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
24.	Marijuana/Hashish	(ctn0031cdd:DSM3.DSM0A7F / DSMIV PROB MARIJUANA/HASHIS) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
25.	Opiates	(ctn0031cdd:DSM3.DSM0A7G / DSMIV PROB OPIATES) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
26.	Benzodiazepines	(ctn0031cdd:DSM3.DSM0A7H / DSMIV PROB BENZODIAZEPINES) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
27.	If present for methamphetamines, amphetamines, cocaine, or other stimulants, past 6 months?	(ctn0031cdd:DSM3.DSM0A7P / DSMIV PROB PRESENT) [0] ○ No [1] ○ Yes [98] ○ NA
.		
	Number of Present responses for each column. Dependence is indicated by total of 3 or more. [*read-only*]	xx Amphetamines (ctn0031cdd:DSM3.DSM0APA / DSMIV DEPD AMPHETAMINES) xx Methamphetamines (ctn0031cdd:DSM3.DSM0APB / DSMIV DEPD METHAMPHETAMINES) xx Cocaine (ctn0031cdd:DSM3.DSM0APC / DSMIV DEPD COCAINE) xx Other Stimulants (ctn0031cdd:DSM3.DSM0APD / DSMIV DEPD OTHER STIMULANTS) xx Alcohol (ctn0031cdd:DSM3.DSM0APE / DSMIV DEPD ALCOHOL) xx Marijuana/Hashish (ctn0031cdd:DSM3.DSM0APF / DSMIV DEPD MARIJUANA/HASHIS) xx Opiates (ctn0031cdd:DSM3.DSM0APG / DSMIV DEPD OPIATES) Benzodiazepines (ctn0031cdd:DSM3.DSM0APH / DSMIV DEPD

	xx	BENZODIAZEPINES)

CDD: ctn0031cdd	Table: DSM3	Key Type: PATIENTVISIT
Column Name	**Column Data Type**	**Design Note**
DSM0A5A	NUMERIC	
DSM0A5B	NUMERIC	
DSM0A5C	NUMERIC	
DSM0A5D	NUMERIC	
DSM0A5E	NUMERIC	
DSM0A5F	NUMERIC	
DSM0A5G	NUMERIC	
DSM0A5H	NUMERIC	
DSM0A5P	NUMERIC	
DSM0A6A	NUMERIC	
DSM0A6B	NUMERIC	
DSM0A6C	NUMERIC	
DSM0A6D	NUMERIC	
DSM0A6E	NUMERIC	
DSM0A6F	NUMERIC	
DSM0A6G	NUMERIC	
DSM0A6H	NUMERIC	
DSM0A6P	NUMERIC	
DSM0A7A	NUMERIC	
DSM0A7B	NUMERIC	
DSM0A7C	NUMERIC	
DSM0A7D	NUMERIC	
DSM0A7E	NUMERIC	
DSM0A7F	NUMERIC	
DSM0A7G	NUMERIC	
DSM0A7H	NUMERIC	
DSM0A7P	NUMERIC	
DSM0APA	NUMERIC - N2	

DSM0APB	NUMERIC - N2	
DSM0APC	NUMERIC - N2	
DSM0APD	NUMERIC - N2	
DSM0APE	NUMERIC - N2	
DSM0APF	NUMERIC - N2	
DSM0APG	NUMERIC - N2	
DSM0APH	NUMERIC - N2	

ctn0031 : DSM-IV Criteria - Substance Related Disorders (DSM4)

Substance ABUSE Criteria. Now I'd like to ask you a few more questions about your use of (drug)
B1. Have you often been intoxicated or high or very hungover with (drug) while you were doing something important like being at school or work or taking care of children? If NO: What about missing something important, like staying away from school or work or missing an appointment because you were intoxicated, high, or very hungover? IF YES AND UNKNOWN, how often? (Over what period of time?)

For each of the dependence and abuse criteria endorsed for methamphetamine, amphetamine, other stimulants or cocaine over the past 12 months, ask whether the participant has experienced this criterion in the last 6 months.

1.	Amphetamines	(ctn0031cdd:DSM4.DSM0B1A / DSMIV HIGH AMPHETAMINES) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
2.	Methamphetamines	(ctn0031cdd:DSM4.DSM0B1B / DSMIV HIGH METHAMPHETAMINES) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
3.	Cocaine	(ctn0031cdd:DSM4.DSM0B1C / DSMIV HIGH COCAINE) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
4.	Other Stimulants	(ctn0031cdd:DSM4.DSM0B1D / DSMIV HIGH OTHER STIMULANTS) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
5.	Alcohol	(ctn0031cdd:DSM4.DSM0B1E / DSMIV HIGH ALCOHOL) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
6.	Marijuana/Hashish	(ctn0031cdd:DSM4.DSM0B1F / DSMIV HIGH MARIJUANA/HASHIS) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
7.	Opiates	(ctn0031cdd:DSM4.DSM0B1G / DSMIV HIGH OPIATES) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
8.	Benzodiazepines	(ctn0031cdd:DSM4.DSM0B1H / DSMIV HIGH BENZODIAZEPINES) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
9.	If present for methamphetamines, amphetamines, cocaine, or other stimulants, past 6 months?	(ctn0031cdd:DSM4.DSM0B1P / DSMIV HIGH PRESENT) [0] ○ No [1] ○ Yes [98] ○ NA

B2. Have you ever used (drug) in a situation in which it might have been dangerous to use (drug) at all? (Have you ever driven while you were really too high to drive?) IF YES AND UNKNOWN: How often? (Over what period of time?)

10.	Amphetamines	(ctn0031cdd:DSM4.DSM0B2A / DSMIV DANGR AMPHETAMINES) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
11.	Methamphetamines	(ctn0031cdd:DSM4.DSM0B2B / DSMIV DANGR METHAMPHETAMINE) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
12.	Cocaine	(ctn0031cdd:DSM4.DSM0B2C / DSMIV DANGR COCAINE) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
13.	Other Stimulants	(ctn0031cdd:DSM4.DSM0B2D / DSMIV DANGR OTHER STIMULANT) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
14.	Alcohol	(ctn0031cdd:DSM4.DSM0B2E / DSMIV DANGR ALCOHOL) Present Absent Uncertain NA

| | [1] ○ | [2] ○ | [3] ○ | [98] ○ |

15.	Marijuana/Hashish	(ctn0031cdd:DSM4.DSM0B2F / DSMIV DANGR MARIJUANA/HASHI) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
16.	Opiates	(ctn0031cdd:DSM4.DSM0B2G / DSMIV DANGR OPIATES) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
17.	Benzodiazepines	(ctn0031cdd:DSM4.DSM0B2H / DSMIV DANGR BENZODIAZEPINES) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
18.	If present for methamphetamines, amphetamines, cocaine, or other stimulants, past 6 months?	(ctn0031cdd:DSM4.DSM0B2P / DSMIV DANGR PRESENT) [0] ○ No [1] ○ Yes [98] ○ NA

B3. Has your use of (drug) ever gotten you into trouble with the law? IF YES AND UNKNOWN: How often? (Over what period of time?)

19.	Amphetamines	(ctn0031cdd:DSM4.DSM0B3A / DSMIV LAW AMPHETAMINES) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
20.	Methamphetamines	(ctn0031cdd:DSM4.DSM0B3B / DSMIV LAW METHAMPHETAMINES) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
21.	Cocaine	(ctn0031cdd:DSM4.DSM0B3C / DSMIV LAW COCAINE) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
22.	Other Stimulants	(ctn0031cdd:DSM4.DSM0B3D / DSMIV LAW OTHER STIMULANTS) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
23.	Alcohol	(ctn0031cdd:DSM4.DSM0B3E / DSMIV LAW ALCOHOL) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
24.	Marijuana/Hashish	(ctn0031cdd:DSM4.DSM0B3F / DSMIV LAW MARIJUANA/HASHISH) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
25.	Opiates	(ctn0031cdd:DSM4.DSM0B3G / DSMIV LAW OPIATES) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
26.	Benzodiazepines	(ctn0031cdd:DSM4.DSM0B3H / DSMIV LAW BENZODIAZEPINES) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
27.	If present for methamphetamines, amphetamines, cocaine or other stimulants, past 6 months?	(ctn0031cdd:DSM4.DSM0B3P / DSMIV LAW PRESENT) [0] ○ No [1] ○ Yes [98] ○ NA

CDD: ctn0031cdd   Table: DSM4   Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
DSM0B1A	NUMERIC	
DSM0B1B	NUMERIC	
DSM0B1C	NUMERIC	

DSM0B1D	NUMERIC	
DSM0B1E	NUMERIC	
DSM0B1F	NUMERIC	
DSM0B1G	NUMERIC	
DSM0B1H	NUMERIC	
DSM0B1P	NUMERIC	
DSM0B2A	NUMERIC	
DSM0B2B	NUMERIC	
DSM0B2C	NUMERIC	
DSM0B2D	NUMERIC	
DSM0B2E	NUMERIC	
DSM0B2F	NUMERIC	
DSM0B2G	NUMERIC	
DSM0B2P	NUMERIC	
DSM0B3A	NUMERIC	
DSM0B3B	NUMERIC	
DSM0B3C	NUMERIC	
DSM0B3D	NUMERIC	
DSM0B3E	NUMERIC	
DSM0B3F	NUMERIC	
DSM0B3G	NUMERIC	
DSM0B3H	NUMERIC	
DSM0B3P	NUMERIC	
DSM0B2H	NUMERIC	

ctn0031 : DSM-IV Criteria - Substance Related Disorders (DSM5)

B4. Has your use of (drug) caused problems with other people, such as with family members, friends, or people at work? (Did you ever get into physical fights or bad arguments about your drug use?) IF YES: Did you keep on using (drug) anyway? (Over what period of time?)

1.	Amphetamines	(ctn0031cdd:DSM5.DSM0B4A / DSMIV PEPL AMPHETAMINES) [1] ◯ Present [2] ◯ Absent [3] ◯ Uncertain [98] ◯ NA
2.	Methamphetamines	(ctn0031cdd:DSM5.DSM0B4B / DSMIV PEPL METHAMPHETAMINES) [1] ◯ Present [2] ◯ Absent [3] ◯ Uncertain [98] ◯ NA
3.	Cocaine	(ctn0031cdd:DSM5.DSM0B4C / DSMIV PEPL COCAINE) [1] ◯ Present [2] ◯ Absent [3] ◯ Uncertain [98] ◯ NA
4.	Other Stimulants	(ctn0031cdd:DSM5.DSM0B4D / DSMIV PEPL OTHER STIMULANTS) [1] ◯ Present [2] ◯ Absent [3] ◯ Uncertain [98] ◯ NA
5.	Alcohol	(ctn0031cdd:DSM5.DSM0B4E / DSMIV PEPL ALCOHOL) [1] ◯ Present [2] ◯ Absent [3] ◯ Uncertain [98] ◯ NA
6.	Marijuana/Hashish	(ctn0031cdd:DSM5.DSM0B4F / DSMIV PEPL MARIJUANA/HASHIS) [1] ◯ Present [2] ◯ Absent [3] ◯ Uncertain [98] ◯ NA
7.	Opiates	(ctn0031cdd:DSM5.DSM0B4G / DSMIV PEPL OPIATES) [1] ◯ Present [2] ◯ Absent [3] ◯ Uncertain [98] ◯ NA
8.	Benzodiazepines	(ctn0031cdd:DSM5.DSM0B4H / DSMIV PEPL BENZODIAZEPINES) [1] ◯ Present [2] ◯ Absent [3] ◯ Uncertain [98] ◯ NA
9.	If present for methamphetamines, amphetamines, cocaine or other stimulants, past 6 months?	(ctn0031cdd:DSM5.DSM0B4P / DSMIV PEPL PRESENT) [0] ◯ No [1] ◯ Yes [98] ◯ NA
.		

Number of Present responses for each column. ABUSE is indicated by a total of 1 or more. [*read-only*]	xx Amphetamines (ctn0031cdd:DSM5.DSM0BPA / DSMIV ABUSE AMPHETAMINES) xx Methamphetamines (ctn0031cdd:DSM5.DSM0BPB / DSMIV ABUSE METHAMPHETAMINE) xx Cocaine (ctn0031cdd:DSM5.DSM0BPC / DSMIV ABUSE COCAINE) xx Other Stimulants (ctn0031cdd:DSM5.DSM0BPD / DSMIV ABUSE OTHER STIMULANT) xx Alcohol (ctn0031cdd:DSM5.DSM0BPE / DSMIV ABUSE ALCOHOL) xx Marijuana/Hashish (ctn0031cdd:DSM5.DSM0BPF / DSMIV ABUSE MARIJUANA/HASHI) xx Opiates (ctn0031cdd:DSM5.DSM0BPG / DSMIV ABUSE OPIATES) xx Benzodiazepines (ctn0031cdd:DSM5.DSM0BPH / DSMIV ABUSE BENZODIAZEPINES)

CDD: ctn0031cdd   Table: DSM5   Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
DSM0B4A	NUMERIC	
DSM0B4B	NUMERIC	
DSM0B4C	NUMERIC	
DSM0B4D	NUMERIC	
DSM0B4E	NUMERIC	
DSM0B4F	NUMERIC	
DSM0B4G	NUMERIC	
DSM0B4H	NUMERIC	
DSM0B4P	NUMERIC	
DSM0BPA	NUMERIC - N2	
DSM0BPB	NUMERIC - N2	
DSM0BPC	NUMERIC - N2	
DSM0BPD	NUMERIC - N2	
DSM0BPE	NUMERIC - N2	
DSM0BPF	NUMERIC - N2	
DSM0BPG	NUMERIC - N2	
DSM0BPH	NUMERIC - N2	

ctn0031 : CTN-ASI Lite (ASI1)

CTN-ASI Lite v.1: General Information

1.	Assessment Date:	Req ▾ / Req ▾ / Req ▾ (2008-2012) (ctn0031cdd: ASI1.VISIT_DT / ASSESSMENT DATE)
2.	Participant's Date of Birth	Req ▾ / Req ▾ / Req ▾ (1925-1995) (ctn0031cdd: ASI1.ASLDOBDT / ASIL DATE OF BIRTH)
3.	G14. How long have you lived at your current address?	(ctn0031cdd: ASI1.ASL0G14R / ASIL ADDRESS RADIO) **[1]** ◯ xx (0 =< n <= 99) years (ctn0031cdd: ASI1.ASL0G14A / ASIL YEARS AT ADDRESS) xx (0 =< n <= 11) months (ctn0031cdd: ASI1.ASL0G14B ASIL MONTHS AT ADDRESS) *[97]* ◯ Not answered
4.	G18. Do you have a religious preference?	(ctn0031cdd: ASI1.ASL0G18 / ASIL RELIGIOUS PREFERENCE) *[1]* ◯ Protestant *[2]* ◯ Catholic *[3]* ◯ Jewish *[4]* ◯ Islamic **[5]** ◯ Other (specify): (ctn0031cdd: ASI1.ASL0G18S / ASIL RELIGIOUS SPECIFY) A50 *[6]* ◯ None *[97]* ◯ Not answered
5.	G19. Have you been in a controlled environment in the past 30 days? (A place, theoretically, without access to drugs/ alcohol)	(ctn0031cdd: ASI1.ASL0G19 / ASIL CONTROLLED ENVIRONMENT) *[1]* ◯ No *[2]* ◯ Jail *[3]* ◯ Alcohol or drug treatment *[4]* ◯ Medical treatment *[5]* ◯ Psychiatric treatment **[6]** ◯ Other (specify): (ctn0031cdd: ASI1.ASL0G19S / ASIL CONTROLLED SPECIFY ENV) A50 *[97]* ◯ Not answered
6.	G20. How many days? (Refers to total number of days detained in the past 30 days)	(ctn0031cdd: ASI1.ASL0G20R / ASIL DAY CONTROL RADIO) **[1]** ◯ xx (0 =< n <= 30) days (ctn0031cdd: ASI1.ASL0G20 / ASIL DAYS CONTROLLED ENV) *[97]* ◯ Not answered *[96]* ◯ Not applicable Not applicable if question G19 is No.
7.*	Comments:	A200 (ctn0031cdd: ASI1.ASL0GCOM / ASIL GENERAL COMMENTS)

CTN-ASI Lite v.1: Medical Status

8.	M1. How many	(ctn0031cdd: ASI1.ASL0M1R / ASIL TIMES HOSP RADIO)

	times in your life have you been hospitalized for medical problems?	**[1]** ◯ | xx (0 =< n <= 99) | times (ctn0031cdd: ASI1.ASL0M1 / ASIL TIMES HOSPITALIZED) *[97]* ◯ Not answered Include O.D.'s and D.T.'s. Exclude detox, alcohol/ drug, psychiatric treatment and childbirth (if no complications). Enter the number of overnigh hospitalizations for medical problems.
9.	M3. Do you have any chronic medical problems which continue to interfere with your life?	(ctn0031cdd: ASI1.ASL0M3 / ASIL CHRONIC MEDICAL PROBLM) *[0]* ◯ No **[1]** ◯ Yes Specify: (ctn0031cdd: ASI1.ASL0M3SP / ASIL CHRONIC MEDICAL SPECFY) | A100 | *[97]* ◯ Not answered A chronic medical condition is a serious physical or medical condition that requires regular care (i.e., medication, dietary restriction), preventing full advantage of their abilities.
10.	M4. Are you taking any prescribed medication on a regular basis for a physical problem?	(ctn0031cdd: ASI1.ASL0M4 / ASIL MEDICATION PHYSICAL) *[0]* ◯ No **[1]** ◯ Yes Specify: (ctn0031cdd: ASI1.ASL0M4SP / ASIL PHYSICAL SPECIFY) | A100 | *[97]* ◯ Not answered Medication prescribed by a M.D. for medical conditions; not psychiatric medicines. Include medicines prescribed, whether or not the participant is currently taking them. The intent is to verify chronic medical problems.
11.	M5. Do you receive a pension for a physical disability?	(ctn0031cdd: ASI1.ASL0M5 / ASIL RECEIVE PENSION) *[0]* ◯ No **[1]** ◯ Yes Specify: (ctn0031cdd: ASI1.ASL0M5SP / ASIL PENSION SPECIFY) | A100 | *[97]* ◯ Not answered Include Workers' Compensation, exclude psychiatric disability.
12.	M6. How many days have you experienced medical problems in the past 30 days?	(ctn0031cdd: ASI1.ASL0M6R / ASIL MEDICAL PXS RADIO) **[1]** ◯ | xx (0 =< n <= 30) | days (ctn0031cdd: ASI1.ASL0M6 / ASIL MEDICAL PROBLEMS) *[97]* ◯ Not answered Do not include ailments directly caused by drugs/ alcohol. Include flu, colds, etc. Include serious ailments related to drugs/ alcohol, which woulc continue even if the participant were abstinent (e.g., cirrhosis of liver, abscesses from needles, etc.).
For questions M7 & M8, please ask participant to use the Participant Rating Scale.		
13.	M7. How troubled or bothered have you been by these medical problems in the past 30 days?	Pulldown List 1 ▾ (ctn0031cdd: ASI1.ASL0M7 / ASIL TROUBLED BY MEDICAL) Restrict response to problem days of questions M6.
14.	M8. How important to you	Pulldown List 2 ▾ (ctn0031cdd: ASI1.ASL0M8 / ASIL TREATMENT FOR MEDICAL) Refers to the need for new or additional medical treatment by the participant.

		now is treatment for these medical problems?	
Confidence Ratings: Is the above information significantly distorted by:			
15.	M10. Participant's misrepresentation?	(ctn0031cdd:ASI1.ASL0M10 / ASIL MEDICAL MISREP) *[0]* ⚪ No *[1]* ⚪ Yes	
16.	M11. Participant's inability to understand?	(ctn0031cdd:ASI1.ASL0M11 / ASIL MEDICAL INABILITY) *[0]* ⚪ No *[1]* ⚪ Yes	
17.*	Comments:	A200	(ctn0031cdd:ASI1.ASL0MCOM / ASIL MEDICAL COMMENTS)

* Item is not required

Pulldown List 1:

RefName	Display Text	Value	Design Note
ieASIRate0	0 Not at all	0	
ieASIRate1	1 Slightly	1	
ieASIRate2	2 Moderately	2	
ieASIRate3	3 Considerably	3	
ieASIRate4	4 Extremely	4	
ieASIRate5	97 Not answered	97	

Pulldown List 2:

RefName	Display Text	Value	Design Note
ieASIRate0	0 Not at all	0	
ieASIRate1	1 Slightly	1	
ieASIRate2	2 Moderately	2	
ieASIRate3	3 Considerably	3	
ieASIRate4	4 Extremely	4	
ieASIRate5	97 Not answered	97	

CDD: ctn0031cdd   **Table: ASI1**   **Key Type: PATIENTVISIT**

Column Name	Column Data Type	Design Note
VISIT_DT	DATE - DDMONYYYY	
ASLDOBDT	DATE - DDMONYYYY	
ASL0G14R	NUMERIC	
ASL0G14A	NUMERIC - N2	
ASL0G14B	NUMERIC - N2	
ASL0G18	NUMERIC	
ASL0G18S	STRING(50) - A50	
ASL0G19	NUMERIC	
ASL0G19S	STRING(50) - A50	
ASL0G20R	NUMERIC	
ASL0G20	NUMERIC - N2	
ASL0GCOM	STRING(200) - A200	
ASL0M1R	NUMERIC	
ASL0M1	NUMERIC - N2	
ASL0M3	NUMERIC	
ASL0M3SP	STRING(100) - A100	
ASL0M4	NUMERIC	
ASL0M4SP	STRING(100) - A100	
ASL0M5	NUMERIC	
ASL0M5SP	STRING(100) - A100	
ASL0M6R	NUMERIC	
ASL0M6	NUMERIC - N2	
ASL0M7	NUMERIC - 0, 1, 2, 3, 4, 97	
ASL0M8	NUMERIC - 0, 1, 2, 3, 4, 97	
ASL0M10	NUMERIC	
ASL0M11	NUMERIC	
ASL0MCOM	STRING(200) - A200	

ctn0031 : CTN-ASI Lite cont. (ASI2)

CTN-ASI LITE v. 1: Employment/Support Status

1.	E1. Education completed:	(ctn0031cdd:ASI2.ASL0E1R / ASIL YRS EDUC RADIO) **[1]** ⭕ | xx (0 =< n <= 99) | years (ctn0031cdd:ASI2.ASL0E1A / ASIL YEARS EDUCATION) | xx (0 =< n <= 11) | months (ctn0031cdd:ASI2.ASL0E1B / ASIL MONTHS EDUCATION) *[97]* ⭕ Not answered GED = 12 years. Include formal education only.
2.	E2. Training or technical education completed:	(ctn0031cdd:ASI2.ASL0E2R / ASIL YRS TRAIN RADIO) **[1]** ⭕ | xx (0 =< n <= 99) | years (ctn0031cdd:ASI2.ASL0E2A / ASIL YEARS TRAINING) | xx (0 =< n <= 11) | months (ctn0031cdd:ASI2.ASL0E2B / ASIL MONTHS TRAINING) *[97]* ⭕ Not answered Formal/ organized training only. For military training, only include training that can be used in civilian life, i.e., electronics or computers.
3.	E4. Do you have a vaild driver's license?	(ctn0031cdd:ASI2.ASL0E4 / ASIL VALID DRIVERS LICENSE) *[0]* ⭕ No *[1]* ⭕ Yes *[97]* ⭕ Not answered Valid license; not suspended/ revoked.
4.	E5. Do you have an automobile available?	(ctn0031cdd:ASI2.ASL0E5 / ASIL AUTOMOBILE AVAILABLE) *[0]* ⭕ No *[1]* ⭕ Yes *[97]* ⭕ Not answered (If answer to E4 is No, then E5 must be No.) Does not require ownership, only requires availability on a regular basis.
5.	E6. How long was your longest full time job?	(ctn0031cdd:ASI2.ASL0E6R / ASIL YRS LONGEST RADIO) **[1]** ⭕ | xx (0 =< n <= 99) | years (ctn0031cdd:ASI2.ASL0E6A / ASIL YEARS LONGEST JOB) | xx (0 =< n <= 11) | months (ctn0031cdd:ASI2.ASL0E6B / ASIL MONTHS LONGEST JOB) *[97]* ⭕ Not answered Full time = 35+ hours weekly; does not necessarily mean most recent job.
6.	E7. Usual (or last) occupation?	(ctn0031cdd:ASI2.ASL0E7R / ASIL USUAL OCCUPATION RADIO) **[1]** ⭕ Specify: | A100 (ctn0031cdd:ASI2.ASL0E7SP / ASIL OCCUPATION SPECIFY) | Pulldown List 1 ⌄ (ctn0031cdd:ASI2.ASL0E7 / ASIL USUAL OCCUPATION) *[97]* ⭕ Not answered Use Hollingshead Categories Reference Sheet.
7.	E9. Does someone contribute the majority of your support?	(ctn0031cdd:ASI2.ASL0E9 / ASIL CONTRIBUTE TO SUPPORT) *[0]* ⭕ No *[1]* ⭕ Yes *[97]* Not answered

		[96] ◯ Not applicable Is participant receiving any regular support (i.e., cash, food, housing) from family/ friend? Include spouse's contribution; exclude support by an institution.
8.	E10. Usual employment pattern, past three years?	Pulldown List 2 ▾ (ctn0031cdd: ASI2.ASL0E10 / ASIL USUAL EMPLOYMENT) 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 the more current situation.
9.	E11. How many days were you paid for working in the past 30 days?	(ctn0031cdd: ASI2.ASL0E11R / ASIL DAYS PD WORK RADIO) **[1]** ◯ xx (0 =< n <= 30) days (ctn0031cdd: ASI2.ASL0E11 / ASIL DAYS PAID FOR WORKING) *[97]* ◯ Not answered Include under the table work, paid sick days, and vacation.

Pulldown List 1:

RefName	Display Text	Value	Design Note
ieASIOccu1	1 Higher Executive, Major Professional, Owner of Large Business	1	
ieEUD2	2 Business Manager, Owner, Other Professional	2	
ieASIOccu3	3 Admin Personnel, Manager, Owner/ Proprietor of Small Business	3	
ieASIOccu4	4 Clerical and Sales, Technician, Owner of Small Business	4	
ieASIOccu5	5 Skilled Manual-usually having had training	5	
ieASIOccu6	6 Semi-skilled	6	
ieASIOccu7	7 Unskilled. Include unemployed	7	
ieASIOccu8	8 Homemaker	8	
ieASIOccu9	9 Student/ No Occupation/ Disabled	9	

Pulldown List 2:

RefName	Display Text	Value	Design Note
ieASIEmpl1	1 Full time (35+ hrs/week)	1	
ieASIEmpl2	2 Part time (reg. hrs)	2	
ieASIEmpl3	3 Part time (irreg., day work)	3	
ieASIEmpl4	4 Student	4	
ieASIEmpl5	5 Military service	5	
ieASIEmpl6	6 Retired/ disability	6	
ieASIEmpl7	7 Unemployed	7	

ieASIEmpl8	8 In controlled environment	8	
ieASIEmpl9	97 Not answered	97	

CDD: ctn0031cdd   Table: ASI2   Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
ASL0E1R	NUMERIC	
ASL0E1A	NUMERIC - N2	
ASL0E1B	NUMERIC - N2	
ASL0E2R	NUMERIC	
ASL0E2A	NUMERIC - N2	
ASL0E2B	NUMERIC - N2	
ASL0E4	NUMERIC	
ASL0E5	NUMERIC	
ASL0E6R	NUMERIC	
ASL0E6A	NUMERIC - N2	
ASL0E6B	NUMERIC - N2	
ASL0E7R	NUMERIC	
ASL0E7SP	STRING(100) - A100	
ASL0E7	NUMERIC - 1, 2, 3, 4, 5, 6, 7, 8, 9	
ASL0E9	NUMERIC	
ASL0E10	NUMERIC - 1, 2, 3, 4, 5, 6, 7, 8, 97	
ASL0E11R	NUMERIC	
ASL0E11	NUMERIC - N2	

ctn0031 : CTN-ASI Lite cont. (ASI3)

CTN-ASI LITE v. 1: Employment/Support Status

For questions E12-E17: How much money did you receive from the following sources in the past 30 days? Max. = $99999

1.	E12. Employment (net income):	(ctn0031cdd:ASI3.ASL0E12R / ASIL MONEY FROM EMPLOYMENT R) **[1]** ⊙ $ | xxxxx | (ctn0031cdd:ASI3.ASL0E12 / ASIL MONEY FROM EMPLOYMENT) *[97]* ⊙ Not answered Net or take home pay, include any under the table money.
2.	E13. Unemployment compensation:	(ctn0031cdd:ASI3.ASL0E13R / ASIL MONEY FROM COMPENSAT R) **[1]** ⊙ $ | xxxxx | (ctn0031cdd:ASI3.ASL0E13 / ASIL MONEY FROM COMPENSATON) *[97]* ⊙ Not answered
3.	E14. Welfare:	(ctn0031cdd:ASI3.ASL0E14R / ASIL MONEY FROM WELFARE R) **[1]** ⊙ $ | xxxxx | (ctn0031cdd:ASI3.ASL0E14 / ASIL MONEY FROM WELFARE) *[97]* ⊙ Not answered Include food stamps, transportation money provided by an agency to go to and from treatment.
4.	E15. Pensions, benefits, or Social Security:	(ctn0031cdd:ASI3.ASL0E15R / ASIL MONEY FROM PENSION R) **[1]** ⊙ $ | xxxxx | (ctn0031cdd:ASI3.ASL0E15 / ASIL MONEY FROM PENSION) *[97]* ⊙ Not answered Include disability, pensions, retirement, veteran's benefits, SSI & workers' compensation.
5.	E16. Mate, family or friends:	(ctn0031cdd:ASI3.ASL0E16R / ASIL MONEY FROM MATE RADIO) **[1]** ⊙ $ | xxxxx | (ctn0031cdd:ASI3.ASL0E16 / ASIL MONEY FROM MATE) *[97]* ⊙ Not answered 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.
6.	E17. Illegal:	(ctn0031cdd:ASI3.ASL0E17R / ASIL MONEY FROM ILLEGAL R) **[1]** ⊙ $ | xxxxx | (ctn0031cdd:ASI3.ASL0E17 / ASIL MONEY FROM ILLEGAL) *[97]* ⊙ Not answered Cash obtained from drug dealing, stealing, fencing stolen goods, gambling, prostitution, etc. Do not attempt to convert drugs exchanged to a dollar value.
7.	E18. How many people depend on you for the majority of their food, shelter, etc.?	(ctn0031cdd:ASI3.ASL0E18R / ASIL HOW MANY DEPND ON YOU R) **[1]** ⊙ | xx (0 =< n <= 99) | max = 99 (ctn0031cdd:ASI3.ASL0E18 / ASIL HOW MANY DEPEND ON YOU) *[97]* ⊙ Not answered Must be regularly depending on participant; do include alimony/ child support; do not include the participant or self-supporting spouse, etc.

8.	E19. How many days have you experienced employment problems in the past 30 days?	(ctn0031cdd:ASI3.ASL0E19R / ASIL DAYS EMPLOYMENT PROBLM R) **[1]** ⭘ xx (0 =< n <= 30) days (ctn0031cdd:ASI3.ASL0E19 / ASIL DAYS EMPLOYMENT PROBLM) *[97]* ⭘ Not answered Include inability to find work, if they are actively looking for work, or problems with present job in which that job is jeopardized.
**For questions E20-E21: Please ask participant to use the Participant Rating Scale. The participant's ratings in questions E20 and E21 refer to question E19. Stress help in finding or preparing for a job, not giving them a job.**	
9.	E20. How troubled or bothered have you been by these employment problems in the past 30 days?	Pulldown List 1 ▼ (ctn0031cdd:ASI3.ASL0E20 / ASIL TROUBLED BY EMPLOYMENT) If the participant has been incarcerated or detained during the past 30 days, they cannot have employment problems.
10.	E21. How important to you now is counseling for these employment problems?	Pulldown List 2 ▼ (ctn0031cdd:ASI3.ASL0E21 / ASIL COUNSEL FOR EMPLOYMENT)
**Confidence Ratings: Is the above information significantly distorted by:**	
11.	E23. Participant's misrepresentation?	(ctn0031cdd:ASI3.ASL0E23 / ASIL EMPLOYMENT MISREP) *[0]* ⭘ No *[1]* ⭘ Yes
12.	E24. Participant's inability to understand?	(ctn0031cdd:ASI3.ASL0E24 / ASIL EMPLOYMENT INABILITY) *[0]* ⭘ No *[1]* ⭘ Yes
13.*	Comments:	A200 (ctn0031cdd:ASI3.ASL0ECOM / ASIL EMPLOYMENT COMMENTS)

* Item is not required

Pulldown List 1:

RefName	Display Text	Value	Design Note
ieASIRate0	0 Not at all	0	
ieASIRate1	1 Slightly	1	
ieASIRate2	2 Moderately	2	
ieASIRate3	3 Considerably	3	
ieASIRate4	4 Extremely	4	
ieASIRate5	97 Not answered	97	
ieASIRate6	96 Not applicable	96	

Pulldown List 2:

RefName	Display Text	Value	Design Note
ieASIRate0	0 Not at all	0	
ieASIRate1	1 Slightly	1	
ieASIRate2	2 Moderately	2	
ieASIRate3	3 Considerably	3	
ieASIRate4	4 Extremely	4	
ieASIRate5	97 Not answered	97	
ieASIRate6	96 Not applicable	96	

CDD: ctn0031cdd Table: ASI3 Key Type: PATIENTVISIT		
Column Name	**Column Data Type**	**Design Note**
ASL0E12R	NUMERIC	
ASL0E12	NUMERIC - N5	
ASL0E13R	NUMERIC	
ASL0E13	NUMERIC - N5	
ASL0E14R	NUMERIC	
ASL0E14	NUMERIC - N5	
ASL0E15R	NUMERIC	
ASL0E15	NUMERIC - N5	
ASL0E16R	NUMERIC	
ASL0E16	NUMERIC - N5	
ASL0E17R	NUMERIC	
ASL0E17	NUMERIC - N5	
ASL0E18R	NUMERIC	
ASL0E18	NUMERIC - N2	
ASL0E19R	NUMERIC	
ASL0E19	NUMERIC - N2	
ASL0E20	NUMERIC - 0, 1, 2, 3, 4, 97, 96	
ASL0E21	NUMERIC - 0, 1, 2, 3, 4, 97, 96	
ASL0E23	NUMERIC	
ASL0E24	NUMERIC	
ASL0ECOM	STRING(200) - A200	

ctn0031 : CTN-ASI Lite (ASI4)

CTN-ASI LITE V. 1: Drug/Alcohol Use

Now I am going to ask you some questions about your use of alcoholic beverages during this past year.

1.	1. How often do you have a drink containing alcohol (check only one)?	(ctn0031cdd:ASI4.ASL0A1 / ASIL HOW OFTEN HAVE DRINK) [0] ○ Never [1] ○ Monthly or less [2] ○ 2 to 4 times a month [3] ○ 2 to 3 times a week [4] ○ 4 or more times a week
2.	2. How many drinks containing alcohol do you have on a typical day when you are drinking (check only one)?	(ctn0031cdd:ASI4.ASL0A2 / ASIL HOW MANY DRINKS) [0] ○ 1 or 2 [1] ○ 3 or 4 [2] ○ 5 or 6 [3] ○ 7, 8 or 9 [4] ○ 10 or more
3.	3a. If the interviewee is a woman, ask : How often do you have four or more drinks on one occasion?	(ctn0031cdd:ASI4.ASL0A3 / ASIL HOW OFTEN DRINKS FEM) [0] ○ Never [1] ○ Less than monthly [2] ○ Monthly [3] ○ Weekly [4] ○ Daily or almost daily [96] ○ Not applicable
4.	3b. If the interviewee is a man, ask: How often do you have five or more drinks on one occasion?	(ctn0031cdd:ASI4.ASL0A3B / ASIL HOW OFTEN DRINKS MALE) [0] ○ Never [1] ○ Less than monthly [2] ○ Monthly [3] ○ Weekly [4] ○ Daily or almost daily [96] ○ Not applicable

Route of Administration: 1 = Oral, 2 = Nasal, 3 = Smoking, 4 = Non-IV injection, 5 = IV injection.

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. If Past 30 Days and Lifetim should be Not applicable.

5.	D1. Alcohol (any use at all):	A. Past 30 (Days) xx (0 =< n <= 30)	(ctn0031cdd:ASI4.ASL0D1A / ASIL ALCOHOL ANY PAST 30)	B. Lifetime Use (Years) xx (0 =< n <= 99)	(ctn0031cdd:ASI4.ASL0D1B LIFETIME)
6.	D2. Alcohol (to intoxication):	A. Past 30 (Days) xx (0 =< n <= 30)	(ctn0031cdd:ASI4.ASL0D2A / ASIL ALCOHOL INTOX PAST 30)	B. Lifetime Use (Years) xx (0 =< n <= 99)	(ctn0031cdd:ASI4.ASL0D2B LIFETIME)

7.	D3. Heroin:	A. Past 30 (Days) | xx (0 =< n <= 30)	(ctn0031cdd: ASI4.ASL0D3A / ASIL HEROIN PAST 30)	B. Lifetime Use (Years) | xx (0 =< n < 99)	(ctn0031cdd: ASI4.ASL0D3B / ASIL HEROIN LIFETIME)	C. Route of Administra Pulldown List 1 ▼ (ct AS
8.	D4. Methadone/LAAM (prescribed):	A. Past 30 (Days) | xx (0 =< n <= 30)	(ctn0031cdd: ASI4.ASL0D4A / ASIL METHADONE P PAST 30)	B. Lifetime Use (Years) | xx (0 =< n <= 99)	(ctn0031cdd: ASI4.ASL0D4B / ASIL METHADONE P LIFETIME)	C. Route of Administr Pulldown List 2 ▼ (ct AS
9.	D4a. Methadone/LAAM (illicit):	A. Past 30 (Days) | xx (0 =< n <= 30)	(ctn0031cdd: ASI4.ASL0D4AA / ASIL METHADONE I PAST 30)	B. Lifetime Use (Years) | xx (0 =< n <= 99)	(ctn0031cdd: ASI4.ASL0D4AB / ASIL METHADONE I LIFETIME)	C. Route of Administra Pulldown List 3 ▼ (cti AS
10.	D5. Other Opiates/ Analgesics:	A. Past 30 (Days) | xx (0 =< n <= 30)	(ctn0031cdd: ASI4.ASL0D5A / ASIL OTHER OPIATES PAST 30)	B. Lifetime Use (Years) | xx (0 =< n <= 99)	(ctn0031cdd: ASI4.ASL0D5B / ASIL OTHER OPIATES LIFETIME)	C. Route of Administr Pulldown List 4 ▼ (ct AS
11.	D6. Barbiturates:	A. Past 30 (Days) | xx (0 =< n <= 30)	(ctn0031cdd: ASI4.ASL0D6A / ASIL BARBITURATES PAST 30)	B. Lifetime Use (Years) | xx (0 =< n <= 99)	(ctn0031cdd: ASI4.ASL0D6B / ASIL BARBITURATES LIFETIME)	C. Route of Administr Pulldown List 5 ▼ (ct AS
12.	D7. Other Sedatives/ Hypnotics/ Tranquilizers:	A. Past 30 (Days) | xx (0 =< n <= 30)	(ctn0031cdd: ASI4.ASL0D7A / ASIL OTHER SEDATIVE PAST 30)	B. Lifetime Use (Years) | xx (0 =< n <= 99)	(ctn0031cdd: ASI4.ASL0D7B / ASIL OTHER SEDATIVE LIFETIM)	C. Route of Administr Pulldown List 6 ▼ (ct AS R(

Pulldown List 1:

RefName	Display Text	Value	Design Note
ieASIRout1	1 Oral	1	
ieASIRout2	2 Nasal	2	
ieASIRout3	3 Smoking	3	
ieASIRout4	4 Non IV injection	4	
ieASIRout5	5 IV injection	5	
ieASIRout6	97 Not answered	97	
ieASIROU7	96 Not applicable	96	

Pulldown List 2:

RefName	Display Text	Value	Design Note
ieASIRout1	1 Oral	1	
ieASIRout2	2 Nasal	2	
ieASIRout3	3 Smoking	3	
ieASIRout4	4 Non IV injection	4	

ieASIRout5	5 IV injection	5	
ieASIRout6	97 Not answered	97	
ieASIROU7	96 Not applicable	96	

Pulldown List 3:

RefName	Display Text	Value	Design Note
ieASIRout1	1 Oral	1	
ieASIRout2	2 Nasal	2	
ieASIRout3	3 Smoking	3	
ieASIRout4	4 Non IV injection	4	
ieASIRout5	5 IV injection	5	
ieASIRout6	97 Not answered	97	
ieASIROU7	96 Not applicable	96	

Pulldown List 4:

RefName	Display Text	Value	Design Note
ieASIRout1	1 Oral	1	
ieASIRout2	2 Nasal	2	
ieASIRout3	3 Smoking	3	
ieASIRout4	4 Non IV injection	4	
ieASIRout5	5 IV injection	5	
ieASIRout6	97 Not answered	97	
ieASIROU7	96 Not applicable	96	

Pulldown List 5:

RefName	Display Text	Value	Design Note
ieASIRout1	1 Oral	1	
ieASIRout2	2 Nasal	2	
ieASIRout3	3 Smoking	3	
ieASIRout4	4 Non IV injection	4	
ieASIRout5	5 IV injection	5	
ieASIRout6	97 Not answered	97	

ieASIROU7	96 Not applicable	96	

Pulldown List 6:

RefName	Display Text	Value	Design Note
ieASIRout1	1 Oral	1	
ieASIRout2	2 Nasal	2	
ieASIRout3	3 Smoking	3	
ieASIRout4	4 Non IV injection	4	
ieASIRout5	5 IV injection	5	
ieASIRout6	97 Not answered	97	
ieASIROU7	96 Not applicable	96	

CDD: ctn0031cdd   Table: ASI4   Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
ASL0A1	NUMERIC	
ASL0A2	NUMERIC	
ASL0A3	NUMERIC	
ASL0A3B	NUMERIC	
ASL0D1A	NUMERIC - N2	
ASL0D1B	NUMERIC - N2	
ASL0D2A	NUMERIC - N2	
ASL0D2B	NUMERIC - N2	
ASL0D3A	NUMERIC - N2	
ASL0D3B	NUMERIC - N2	
ASL0D3C	NUMERIC - 1, 2, 3, 4, 5, 97, 96	
ASL0D4A	NUMERIC - N2	
ASL0D4B	NUMERIC - N2	
ASL0D4C	NUMERIC - 1, 2, 3, 4, 5, 97, 96	
ASL0D4AB	NUMERIC - N2	
ASL0D4AC	NUMERIC - 1, 2, 3, 4, 5, 97, 96	
ASL0D5A	NUMERIC - N2	
ASL0D5B	NUMERIC - N2	

ASL0D5C	NUMERIC - 1, 2, 3, 4, 5, 97, 96	
ASL0D6A	NUMERIC - N2	
ASL0D6B	NUMERIC - N2	
ASL0D6C	NUMERIC - 1, 2, 3, 4, 5, 97, 96	
ASL0D7A	NUMERIC - N2	
ASL0D7B	NUMERIC - N2	
ASL0D7C	NUMERIC - 1, 2, 3, 4, 5, 97, 96	
ASL0D4AA	NUMERIC - N2	

ctn0031 : CTN-ASI Lite (ASI5)

CTN-ASI Lite v.1: Drug/Alcohol Use (cont.)
Route of Administration: 1 = Oral, 2 = Nasal, 3 = Smoking, 4 = Non-IV injection, 5 = IV injection.

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. If Past 30 Days and Lifetim
be Not applicable.

1.	D8. Cocaine:	A. Past 30 (Days) xx (0 =< n <= 30)	(ctn0031cdd:ASI5.ASL0D8A / ASIL COCAINE PAST 30) B. Lifetime Use (Years) xx (0 =< n <= 99)	(ctn0031cdd:ASI5.ASL0D8B / ASIL COCAINE LIFETIME) C. Route of Administ Pulldown List 1 ☑ (A
2.	D9. Amphetamines:	A. Past 30 (Days) xx (0 =< n <= 30)	(ctn0031cdd:ASI5.ASL0D9A / ASIL AMPHETAMINES PAST 30) B. Lifetime Use (Years) xx (0 =< n <= 99)	(ctn0031cdd:ASI5.ASL0D9B / ASIL AMPHETAMINES LIFETIME) C. Route of Administ Pulldown List 2 ☑ (A
3.	D9a. Methamphetamine:	A. Past 30 (Days) xx (0 =< n <= 30)	(ctn0031cdd:ASI5.ASL0D9AA / ASIL METAMPHETAMINE PAST 30) B. Lifetime Use (Years) xx (0 =< n <= 99)	(ctn0031cdd:ASI5.ASL0D9AB / ASIL METAMPHETAMINE LIFETIM) C. Route of Administr Pulldown List 3 ☑ (c AS RC
4.	D10. Cannabis:	A. Past 30 (Days) xx (0 =< n <= 30)	(ctn0031cdd:ASI5.ASL0D10A / ASIL CANNABIS PAST 30) B. Lifetime Use (Years) xx (0 =< n <= 99)	(ctn0031cdd:ASI5.ASL0D10B / ASIL CANNABIS LIFETIME) C. Route of Administr Pulldown List 4 ☑ (c AS
5.	D11. Hallucinogens:	A. Past 30 (Days) xx (0 =< n <= 30)	(ctn0031cdd:ASI5.ASL0D11A / ASIL HALLUINOGENS PAST 30) B. Lifetime Use (Years) xx (0 =< n <= 99)	(ctn0031cdd:ASI5.ASL0D11B / ASIL HALLUINOGENS LIFETIME) C. Route of Administr Pulldown List 5 ☑ (c AS
6.	D12. Inhalants:	A. Past 30 (Days) xx (0 =< n <= 30)	(ctn0031cdd:ASI5.ASL0D12A / ASIL INHALANTS PAST 30) B. Lifetime Use (Years) xx (0 =< n <= 99)	(ctn0031cdd:ASI5.ASL0D12B / ASIL INHALANTS LIFETIME) C. Route of Administr Pulldown List 6 ☑ (c AS
7.	D13. More than 1 substance per day (including alcohol, excluding nicotine):	A. Past 30 (Days) xx (0 =< n <= 30)	(ctn0031cdd:ASI5.ASL0D13A / ASIL MORE THAN ONE PAST 30) B. Lifetime Use (Years) xx (0 =< n <= 99)	(ctn0031cdd:ASI5.ASL0D13 LIFETIME)
8.	D14. According to the interviewer, which substance(s) is/are the major problem?	(ctn0031cdd:ASI5.ASL0D14R / ASIL SUBSTANCE MAJOR PROBLM) **[1]** ◯ Pulldown List 7 ☑ (ctn0031cdd:ASI5.ASL0D14 / ASIL SUBSTANCE MAJOR PROBLM R) *[97]* ◯ Not answered Interviewer should determine the major drug or drugs of abuse (excluding Nicotine use). Code prescribed or illicit methadone as 04.		

Pulldown List 1:

RefName	Display Text	Value	Design Note
ieASIRout1	1 Oral	1	
ieASIRout2	2 Nasal	2	
ieASIRout3	3 Smoking	3	

ieASIRout4	4 Non IV injection	4	
ieASIRout5	5 IV injection	5	
ieASIRou6	97 Not answered	97	
ieASIROU7	96 Not applicable	96	

Pulldown List 2:

RefName	Display Text	Value	Design Note
ieASIRout1	1 Oral	1	
ieASIRout2	2 Nasal	2	
ieASIRout3	3 Smoking	3	
ieASIRout4	4 Non IV injection	4	
ieASIRout5	5 IV injection	5	
ieASIRout6	97 Not answered	97	
ieASIROU7	96 Not applicable	96	

Pulldown List 3:

RefName	Display Text	Value	Design Note
ieASIRout1	1 Oral	1	
ieASIRout2	2 Nasal	2	
ieASIRout3	3 Smoking	3	
ieASIRout4	4 Non IV injection	4	
ieASIRout5	5 IV injection	5	
ieASIRout6	97 Not answered	97	
ieASIROU7	96 Not applicable	96	

Pulldown List 4:

RefName	Display Text	Value	Design Note
ieASIRout1	1 Oral	1	
ieASIRout3	3 Smoking	3	
ieASIRout4	4 Non IV injection	4	
ieASIRout5	5 IV injection	5	
ieASIRout6	97 Not answered	97	

ieASIROU7	96 Not applicable	96	

Pulldown List 5:

RefName	Display Text	Value	Design Note
ieASIRout1	1 Oral	1	
ieASIRout2	2 Nasal	2	
ieASIRout3	3 Smoking	3	
ieASIRout4	4 Non IV injection	4	
ieASIRout5	5 IV injection	5	
ieASIRout6	97 Not answered	97	
ieASIROU7	96 Not applicable	96	

Pulldown List 6:

RefName	Display Text	Value	Design Note
ieASIRout2	2 Nasal	2	
ieASIRout6	97 Not answered	97	
ieASIROU7	96 Not applicable	96	

Pulldown List 7:

RefName	Display Text	Value	Design Note
seASIMD0	00 No problem	00	
seASIMD1	01 Alcohol (any use at all)	01	
seASIMD2	02 Alcohol (to intoxication)	02	
seASIMD3	03 Heroin	03	
seASIMD4	04 Methadone/LAAM	04	
seASIMD5	05 Other Opiates/ Analgesics	05	
seASIMD6	06 Barbiturates	06	
seASIMD7	07 Other Sedatives/ Hypnotics/ Tranquilizers	07	
seASIMD8	08 Cocaine	08	
seASIMDR9	09 Amphetamines	09	
seASIMD9a	09a Methamphetamine	09a	
seASIMD10	10 Cannabis	10	

seASIMD11	11 Hallucinogens	11	
seASIMD12	12 Inhalants	12	
seASIMD15	15 Alcohol and one or more drugs	15	
seASIMD16	16 More than one drug but no alcohol	16	

CDD: ctn0031cdd Table: ASI5 Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
ASL0D8A	NUMERIC - N2	
ASL0D8B	NUMERIC - N2	
ASL0D8C	NUMERIC - 1, 2, 3, 4, 5, 97, 96	
ASL0D9A	NUMERIC - N2	
ASL0D9B	NUMERIC - N2	
ASL0D9C	NUMERIC - 1, 2, 3, 4, 5, 97, 96	
ASL0D9AA	NUMERIC - N2	
ASL0D9AB	NUMERIC - N2	
ASL0D9AC	NUMERIC - 1, 2, 3, 4, 5, 97, 96	
ASL0D10A	NUMERIC - N2	
ASL0D10B	NUMERIC - N2	
ASL0D10C	NUMERIC - 1, 3, 4, 5, 97, 96	
ASL0D11A	NUMERIC - N2	
ASL0D11B	NUMERIC - N2	
ASL0D11C	NUMERIC - 1, 2, 3, 4, 5, 97, 96	
ASL0D12A	NUMERIC - N2	
ASL0D12B	NUMERIC - N2	
ASL0D12C	NUMERIC - 2, 97, 96	
ASL0D13A	NUMERIC - N2	
ASL0D13B	NUMERIC - N2	
ASL0D14R	NUMERIC	
ASL0D14	STRING(255) - 00, 01, 02, 03, 04, 05, 06, 07, 08, 09, 09a, 10, 11, 12, 15, 16	

ctn0031 : CTN-ASI Lite (ASI6)

CTN-ASI LITE V. 1: Drug/Alcohol Use (cont.)

1.	D17. How many times have you had Alcohol DT's?	(ctn0031cdd:ASI6.ASL0D17R / ASIL TIME ALCOHOL DT RADIO) **[1]** ◯ | xx (0 =< n <= 99) | (ctn0031cdd:ASI6.ASL0D17 / ASIL TIME ALCOHOL DT) *[97]* ◯ Not answered Delirium Tremens (DT's): Occur 24-48 hours after last drink, or significant decrease in alcohol intake. Characterized by shaking, severe disorientation, fever, hallucinations; they usually require medical attention.

How many times in your life have you been treated for:

2.	D19. Alcohol abuse:	(ctn0031cdd:ASI6.ASL0D19R / ASIL TREATED ALCOHOL ABUSE R) **[1]** ◯ | xx (0 =< n <= 99) | (ctn0031cdd:ASI6.ASL0D19 / ASIL TREATED ALCOHOL ABUSE) *[97]* ◯ Not answered Include detoxification, halfway houses, in/outpatient counseling and AA or NA (if 3+ meetings within one month period).
3.	D20. Drug abuse:	(ctn0031cdd:ASI6.ASL0D20R / ASIL TREATED FOR DRUG ABUSE R) **[1]** ◯ | xx (0 =< n <= 99) | (ctn0031cdd:ASI6.ASL0D20 / ASIL TREATED FOR DRUG ABUSE) *[97]* ◯ Not answered 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:

4.	D21. Alcohol:	(ctn0031cdd:ASI6.ASL0D21R / ASIL DETOX ONLY ALCOHOL R) **[1]** ◯ | xx (0 =< n <= 99) | (ctn0031cdd:ASI6.ASL0D21 / ASIL DETOX ONLY ALCOHOL) *[97]* ◯ Not answered *[96]* ◯ Not applicable If D19 = 00, then question D21 is Not applicable.
5.	D22. Drugs:	(ctn0031cdd:ASI6.ASL0D22R / ASIL DETOX ONLY DRUGS RADIO) **[1]** ◯ | xx (0 =< n <= 99) | (ctn0031cdd:ASI6.ASL0D22 / ASIL DETOX ONLY DRUGS) *[97]* ◯ Not answered *[96]* ◯ Not applicable If D20 = 00, then question D22 is Not applicable.

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

Max. = $99999

6.	D23. Alcohol:	(ctn0031cdd:ASI6.ASL0D23R / ASIL MONEY SPENT ALCOHOL R) **[1]** ◯ $ | xxxxx | (ctn0031cdd:ASI6.ASL0D23 / ASIL MONEY SPENT ALCOHOL) *[97]* ◯ Not answered

		Only count actual money spent. What is the financial burden caused by alcohol?
7.	D24. Drugs:	(ctn0031cdd:ASI6.ASL0D24R / ASIL MONEY SPENT DRUGS R) [1] ○ $ | xxxxx | (ctn0031cdd:ASI6.ASL0D24 / ASIL MONEY SPENT DRUGS) [97] ○ Not answered Only count actual money spent. What is the financial burden caused by drugs?
8.	D25. How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days?	(ctn0031cdd:ASI6.ASL0D25R / ASIL DAY TREATED OUTPATIENT R) [1] ○ | xx (0 =< n <= 30) | days (ctn0031cdd:ASI6.ASL0D25 / ASIL DAY TREATED OUTPATIENT) [97] ○ Not answered Include AA/ NA
9.	D26. How many days in the past 30 have you experienced alcohol problems?	(ctn0031cdd:ASI6.ASL0D26R / ASIL DAY ALCOHOL PROBLEMS R) [1] ○ | xx (0 =< n <= 30) | days (ctn0031cdd:ASI6.ASL0D26 / ASIL DAY ALCOHOL PROBLEMS) [97] ○ Not answered Include: Craving, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to.

CDD: ctn0031cdd   Table: ASI6   Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
ASL0D17R	NUMERIC	
ASL0D17	NUMERIC - N2	
ASL0D19R	NUMERIC	
ASL0D19	NUMERIC - N2	
ASL0D20R	NUMERIC	
ASL0D20	NUMERIC - N2	
ASL0D21R	NUMERIC	
ASL0D21	NUMERIC - N2	
ASL0D22R	NUMERIC	
ASL0D22	NUMERIC - N2	
ASL0D23R	NUMERIC	
ASL0D23	NUMERIC - N5	
ASL0D24R	NUMERIC	
ASL0D24	NUMERIC - N5	
ASL0D25R	NUMERIC	
ASL0D25	NUMERIC - N2	

ASL0D26R	NUMERIC	
ASL0D26	NUMERIC - N2	

ctn0031 : CTN-ASI Lite (ASI7)

CTN-ASI Lite v.1: Drug/ Alcohol Use (cont.)

For questions D28-D31, please ask participant to use the Participant Rating Scale. The participant is rating the need for additional substance abuse treatment.

1.	D28. How troubled or bothered have you been within the past 30 days by alcohol problems?	Pulldown List 1 ▼ (ctn0031cdd:ASI7.ASL0D28 / ASIL TROUBLED BY ALCOHOL)
2.	D30. How important to you now is treatment for alcohol problems?	Pulldown List 2 ▼ (ctn0031cdd:ASI7.ASL0D30 / ASIL TREATMENT FOR ALCOHOL)
3.	D27. How many days in the past 30 have you experienced drug problems?	(ctn0031cdd:ASI7.ASL0D27R / ASIL DAYS DRUG PROBLEMS R) **[1]** ○ | xx (0 =< n <= 30) | days (ctn0031cdd:ASI7.ASL0D27 / ASIL DAYS DRUG PROBLEMS) *[97]* ○ Not answered Include: Craving, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to.
4.	D29. How troubled or bothered have you been within the past 30 days by drug problems?	Pulldown List 3 ▼ (ctn0031cdd:ASI7.ASL0D29 / ASIL TROUBLED BY DRUG)
5.	D31. How important to you now is treatment for drug problems?	Pulldown List 4 ▼ (ctn0031cdd:ASI7.ASL0D31 / ASIL TREATMENT FOR DRUG)

Confidence Ratings: Is the above information significantly distorted by:

6.	D34. Participant's misrepresentation?	(ctn0031cdd:ASI7.ASL0D34 / ASIL EMPLOYMENT MISREP) *[0]* ○ No *[1]* ○ Yes
7.	D35. Participant's inability to understand?	(ctn0031cdd:ASI7.ASL0D35 / ASIL EMPLOYMENT INABILITY) *[0]* ○ No *[1]* ○ Yes
8.*	Comments:	A200 (ctn0031cdd:ASI7.ASL0DCOM / ASIL DRUG COMMENTS)

  * Item is not required

Pulldown List 1:			
RefName	**Display Text**	**Value**	**Design Note**
ieASIRate0	0 Not at all	0	
ieASIRate1	1 Slightly	1	
ieASIRate2	2 Moderately	2	
ieASIRate3	3 Considerably	3	
ieASIRate4	4 Extremely	4	
ieASIRate5	97 Not answered	97	

Pulldown List 2:

RefName	Display Text	Value	Design Note
ieASIRate0	0 Not at all	0	
ieASIRate1	1 Slightly	1	
ieASIRate2	2 Moderately	2	
ieASIRate3	3 Considerably	3	
ieASIRate4	4 Extremely	4	
ieASIRate5	97 Not answered	97	

Pulldown List 3:

RefName	Display Text	Value	Design Note
ieASIRate0	0 Not at all	0	
ieASIRate1	1 Slightly	1	
ieASIRate2	2 Moderately	2	
ieASIRate3	3 Considerably	3	
ieASIRate4	4 Extremely	4	
ieASIRate5	97 Not answered	97	

Pulldown List 4:

RefName	Display Text	Value	Design Note
ieASIRate0	0 Not at all	0	
ieASIRate1	1 Slightly	1	
ieASIRate2	2 Moderately	2	
ieASIRate3	3 Considerably	3	
ieASIRate4	4 Extremely	4	
ieASIRate5	97 Not answered	97	

CDD: ctn0031cdd Table: ASI7 Key Type: PATIENTVISIT		
Column Name	**Column Data Type**	**Design Note**
ASL0D28	NUMERIC - 0, 1, 2, 3, 4, 97	
ASL0D30	NUMERIC - 0, 1, 2, 3, 4, 97	

ASL0D27R	NUMERIC	
ASL0D27	NUMERIC - N2	
ASL0D29	NUMERIC - 0, 1, 2, 3, 4, 97	
ASL0D31	NUMERIC - 0, 1, 2, 3, 4, 97	
ASL0D34	NUMERIC	
ASL0D35	NUMERIC	
ASL0DCOM	STRING(200) - A200	

ctn0031 : CTN-ASI Lite (ASI8)

CTN-ASI Lite v.1: Legal Status

1.	L1. Was this admission prompted by the criminal justice system?	(ctn0031cdd:ASI8.ASL0L1 / ASIL ADMIN CRIMINAL JUSTICE) [0] ◯ No [1] ◯ Yes [97] ◯ Not answered Judge, probation/parole officer, etc.
2.	L2. Are you on parole or probation?	(ctn0031cdd:ASI8.ASL0L2 / ASIL PAROLE OR PROBATION) [0] ◯ No, neither [1] ◯ Yes, parole or post release supervision [2] ◯ Yes, probation or pre-sentencing diversion [97] ◯ Not answered Note duration and level in comments.

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

Include total numbers of counts, not just convictions. Do not include juvenile [under age 18] crimes, unless they were charged as an adult. Include formal charges only:

3.	L3. Shoplifting/ vandalism:	(ctn0031cdd:ASI8.ASL0L3R / ASIL SHOPLIFTING RADIO) [1] ◯ | xx (0 =< n <= 99) (ctn0031cdd:ASI8.ASL0L3 / ASIL SHOPLIFTING) [97] ◯ Not answered
4.	L4. Parole/probation violations:	(ctn0031cdd:ASI8.ASL0L4R / ASIL PAROLE VIOLATIONS R) [1] ◯ | xx (0 =< n <= 99) (ctn0031cdd:ASI8.ASL0L4 / ASIL PAROLE VIOLATIONS) [97] ◯ Not answered
5.	L5. Drug charges:	(ctn0031cdd:ASI8.ASL0L5R / ASIL DRUG CHARGES RADIO) [1] ◯ | xx (0 =< n <= 99) (ctn0031cdd:ASI8.ASL0L5 / ASIL DRUG CHARGES) [97] ◯ Not answered
6.	L6. Forgery:	(ctn0031cdd:ASI8.ASL0L6R / ASIL FORGERY RADIO) [1] ◯ | xx (0 =< n <= 99) (ctn0031cdd:ASI8.ASL0L6 / ASIL FORGERY) [97] ◯ Not answered
7.	L7. Weapons offense:	(ctn0031cdd:ASI8.ASL0L7R / ASIL WEAPONS OFFENSE RADIO) [1] ◯ | xx (0 =< n <= 99) (ctn0031cdd:ASI8.ASL0L7 / ASIL WEAPONS OFFENSE) [97] ◯ Not answered
8.	L8. Burglary/larceny/B&E:	(ctn0031cdd:ASI8.ASL0L8R / ASIL BURGLARY/ LARCENY RADIO) [1] ◯ | xx (0 =< n <= 99) (ctn0031cdd:ASI8.ASL0L8 / ASIL BURGLARY/ LARCENY) [97] ◯ Not answered
9.	L9. Robbery:	(ctn0031cdd:ASI8.ASL0L9R / ASIL ROBBERY RADIO) [1] (ctn0031cdd:ASI8.ASL0L9 / ASIL ROBBERY)

		⦿	xx (0 =< n <= 99)

⦿ xx   (0 =< n <= 99)

[97] ⦾ Not answered

10.	L10. Assault:	(ctn0031cdd:ASI8.ASL0L10R / ASIL ASSULT RADIO) **[1]** ⦾ | xx (0 =< n <= 99)| (ctn0031cdd:ASI8.ASL0L10 / ASIL ASSULT) *[97]* ⦾ Not answered
11.	L11. Arson:	(ctn0031cdd:ASI8.ASL0L11R / ASIL ARSON RADIO) **[1]** ⦾ | xx (0 =< n <= 99)| (ctn0031cdd:ASI8.ASL0L11 / ASIL ARSON) *[97]* ⦾ Not answered
12.	L12. Rape:	(ctn0031cdd:ASI8.ASL0L12R / ASIL RAPE RADIO) **[1]** ⦾ | xx (0 =< n <= 99)| (ctn0031cdd:ASI8.ASL0L12 / ASIL RAPE) *[97]* ⦾ Not answered
13.	L13. Homicide/manslaughter:	(ctn0031cdd:ASI8.ASL0L13R / ASIL HOMICIDE/ MANSLAUGHTER R) **[1]** ⦾ | xx (0 =< n <= 99)| (ctn0031cdd:ASI8.ASL0L13 / ASIL HOMICIDE/ MANSLAUGHTER) *[97]* ⦾ Not answered
14.	L14. Prostitution:	(ctn0031cdd:ASI8.ASL0L14R / ASIL PROSTITUTION RADIO) **[1]** ⦾ | xx (0 =< n <= 99)| (ctn0031cdd:ASI8.ASL0L14 / ASIL PROSTITUTION) *[97]* ⦾ Not answered
15.	L15. Contempt of court:	(ctn0031cdd:ASI8.ASL0L15R / ASIL CONTEMPT OF COURT RADIO) **[1]** ⦾ | xx (0 =< n <= 99)| (ctn0031cdd:ASI8.ASL0L15 / ASIL CONTEMPT OF COURT) *[97]* ⦾ Not answered
16.	L16. Other (specify):	(ctn0031cdd:ASI8.ASL0L16R / ASIL OTHER RADIO) **[1]** ⦾ | xx (0 =< n <= 99)| (ctn0031cdd:ASI8.ASL0L16 / ASIL OTHER) (specify): | A50 | (ctn0031cdd:ASI8.ASL0L16S / ASIL OTHER SPECIFY) *[97]* ⦾ Not answered
17.	L17. How many of these charges resulted in convictions?	(ctn0031cdd:ASI8.ASL0L17R / ASIL CONVICTIONS RADIO) **[1]** ⦾ | xx (0 =< n <= 99)| (ctn0031cdd:ASI8.ASL0L17 / ASIL CONVICTIONS) *[97]* ⦾ Not answered *[96]* ⦾ Not applicable Do not include misdemeanor offenses from questions L18-L20. Convictions include fines, probation, incarcerations, suspended sentences, and guilty pleas. If L3-L16 = 00, then L17 = Not applicable
18.*	Comments:	A200 (ctn0031cdd:ASI8.ASLL2COM / ASIL LEGAL COMMENTS)

* Item is not required

CDD: ctn0031cdd   Table: ASI8   Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
ASL0L1	NUMERIC	
ASL0L2	NUMERIC	
ASL0L3R	NUMERIC	
ASL0L3	NUMERIC - N2	
ASL0L4R	NUMERIC	
ASL0L4	NUMERIC - N2	
ASL0L5R	NUMERIC	
ASL0L5	NUMERIC - N2	
ASL0L6R	NUMERIC	
ASL0L6	NUMERIC - N2	
ASL0L7R	NUMERIC	
ASL0L7	NUMERIC - N2	
ASL0L8R	NUMERIC	
ASL0L8	NUMERIC - N2	
ASL0L9R	NUMERIC	
ASL0L9	NUMERIC - N2	
ASL0L10R	NUMERIC	
ASL0L10	NUMERIC - N2	
ASL0L11R	NUMERIC	
ASL0L11	NUMERIC - N2	
ASL0L12R	NUMERIC	
ASL0L12	NUMERIC - N2	
ASL0L13R	NUMERIC	
ASL0L13	NUMERIC - N2	
ASL0L14R	NUMERIC	
ASL0L14	NUMERIC - N2	
ASL0L15R	NUMERIC	
ASL0L15	NUMERIC - N2	
ASL0L16R	NUMERIC	
ASL0L16	NUMERIC - N2	

ASL0L16S	STRING(50) - A50	
ASL0L17R	NUMERIC	
ASL0L17	NUMERIC - N2	
ASLL2COM	STRING(200) - A200	

ctn0031 : CTN-ASI Lite (ASI9)

CTN-ASI Lite v.1: Legal Status (cont.)

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

1.	L18. Disorderly conduct, vagrancy, public intoxication:	(ctn0031cdd: ASI9.ASL0L18R / ASIL DISORDELY CONDUCT RADIO) **[1]** ◯ | xx (0 =< n <= 99) | (ctn0031cdd: ASI9.ASL0L18 / ASIL DISORDELY CONDUCT) *[97]* ◯ Not answered
2.	L19. Driving while intoxicated (DWI):	(ctn0031cdd: ASI9.ASL0L19R / ASIL DWI RADIO) **[1]** ◯ | xx (0 =< n <= 99) | (ctn0031cdd: ASI9.ASL0L19 / ASIL DWI) *[97]* ◯ Not answered
3.	L20. Major driving violations:	(ctn0031cdd: ASI9.ASL0L20R / ASIL MAJOR DRIVING VIOLATIN R) **[1]** ◯ | xx (0 =< n <= 99) | (ctn0031cdd: ASI9.ASL0L20 / ASIL MAJOR DRIVING VIOLATIN) *[97]* ◯ Not answered Moving violations: speeding, reckless driving, no license, etc.
4.	L21. How many months were you incarcerated in your life?	(ctn0031cdd: ASI9.ASL0L21R / ASIL MONTHS INCARCERATED R) **[1]** ◯ | xx (0 =< n <= 99) | months (ctn0031cdd: ASI9.ASL0L21 / ASIL MONTHS INCARCERATED) *[97]* ◯ Not answered If incarcerated 2 weeks or more, round this up to 1 month. List total number of months incarcerated (up to 99). If more than 99, code 99 and enter the number in comments.
5.	L24. Are you presently awaiting charges, trial or sentence?	(ctn0031cdd: ASI9.ASL0L24 / ASIL AWAITING CHARGES) *[0]* ◯ No *[1]* ◯ Yes *[97]* ◯ Not answered
6.	L25. What for (refers to L24)?	(ctn0031cdd: ASI9.ASL0L25R / ASIL WHAT FOR RADIO) **[1]** ◯ Pulldown List 1 ⌄ (ctn0031cdd: ASI9.ASL0L25 / ASIL WHAT FOR) *[97]* ◯ Not answered *[96]* ◯ Not applicable Use code 03-16, 18-20. If more than one, choose most severe. Do not include civil cases, unless a criminal offense is involved.
7.	L26. How many days in the past 30 were you detained or incarcerated?	(ctn0031cdd: ASI9.ASL0L26R / ASIL DAYS DETAINED RADIO) **[1]** ◯ | xx (0 =< n <= 30) | days (ctn0031cdd: ASI9.ASL0L26 / ASIL DAYS DETAINED) *[97]* ◯ Not answered Include being arrested and released on the same day.
8.	L27. How many days in the past 30 have you engaged in illegal activities for profit?	(ctn0031cdd: ASI9.ASL0L27R / ASIL DAYS ILLEGAL ACTIVITES R) **[1]** ◯ | xx (0 =< n <= 30) | days (ctn0031cdd: ASI9.ASL0L27 / ASIL DAYS ILLEGAL ACTIVITES)

		[97] ⃝ Not answered
		Exclude simple drug possession. Include drug dealing, prostitution, selling stolen goods, etc.

For questions L28-L29: Please ask participant to use the Participant Rating Scale.

9.	L28. How serious do you feel your present legal problems are?	Pulldown List 2 ▾ (ctn0031cdd:ASI9.ASL0L28 / ASIL PRESENT LEGAL PROBLEMS) Exclude civil problems.
10.	L29. How important to you now is counseling or referral for these legal problems?	Pulldown List 3 ▾ (ctn0031cdd:ASI9.ASL0L29 / ASIL COUNSEL LEGAL PROBLEM) Participant is rating a need for additional referral to legal counsel for defense against criminal charges.

Confidence Ratings: Is the above information significantly distorted by:

11.	L31. Participant's misrepresentation?	(ctn0031cdd:ASI9.ASL0L31 / ASIL LEGAL MISREP) *[0]* ⃝ No *[1]* ⃝ Yes
12.	L32. Participant's inability to understand?	(ctn0031cdd:ASI9.ASL0L32 / ASIL LEGAL INABILITY) *[0]* ⃝ No *[1]* ⃝ Yes
13.*	Comments:	A200 (ctn0031cdd:ASI9.ASL0LCOM / ASIL LEGAL COMMENTS)

* Item is not required

Pulldown List 1:

RefName	Display Text	Value	Design Note
ieCharge03	03 = Shoplifting	3	
ieCharge04	04 = Probation violation	4	
ieCharge05	05 = Drug	5	
ieCharge06	06 = Forgery	6	
ieCharge07	07 = Weapons	7	
ieCharge08	08 = Burglary	8	
ieCharge09	09 = Robbery	9	
ieCharge10	10 = Assault	10	
ieCharge11	11 = Arson	11	
ieCharge12	12 = Rape	12	
ieCharge13	13 = Homicide	13	
ieCharge14	14 = Prostitution	14	
ieCharge15	15 = Contempt	15	

ieCharge16	16 = Other	16	
ieCharge18	18 = Disorderly conduct	18	
ieCharge19	19 = DWI	19	
ieCharge20	20 = Major driving violation	20	

Pulldown List 2:

RefName	Display Text	Value	Design Note
ieASIRate0	0 Not at all	0	
ieASIRate1	1 Slightly	1	
ieASIRate2	2 Moderately	2	
ieASIRate3	3 Considerably	3	
ieASIRate4	4 Extremely	4	
ieASIRate5	97 Not answered	97	

Pulldown List 3:

RefName	Display Text	Value	Design Note
ieASIRate0	0 Not at all	0	
ieASIRate1	1 Slightly	1	
ieASIRate2	2 Moderately	2	
ieASIRate3	3 Considerably	3	
ieASIRate4	4 Extremely	4	
ieASIRate5	97 Not answered	97	

CDD: ctn0031cdd Table: ASI9 Key Type: PATIENTVISIT		
Column Name	**Column Data Type**	**Design Note**
ASL0L18R	NUMERIC	
ASL0L18	NUMERIC - N2	
ASL0L19R	NUMERIC	
ASL0L19	NUMERIC - N2	
ASL0L20R	NUMERIC	
ASL0L20	NUMERIC - N2	
ASL0L21R	NUMERIC	

ASL0L21	NUMERIC - N2	
ASL0L24	NUMERIC	
ASL0L25R	NUMERIC	
ASL0L25	STRING(255) - 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 18, 19, 20	
ASL0L26R	NUMERIC	
ASL0L26	NUMERIC - N2	
ASL0L27R	NUMERIC	
ASL0L27	NUMERIC - N2	
ASL0L28	NUMERIC - 0, 1, 2, 3, 4, 97	
ASL0L29	NUMERIC - 0, 1, 2, 3, 4, 97	
ASL0L31	NUMERIC	
ASL0L32	NUMERIC	
ASL0LCOM	STRING(200) - A200	

ctn0031 : CTN-ASI Lite (ASI10)

CTN-ASI Lite v.1: Family/Social Relationships

1.	F1. Marital status:	Pulldown List 1 ▾ (ctn0031cdd:ASI10.ASL0F1 / ASIL MARITAL STATUS)
2.	F3. Are you satisfied with this situation?	(ctn0031cdd:ASI10.ASL0F3 / ASIL SATISFIED W/ SITUATION) *[0]* ⚪ No *[2]* ⚪ Yes *[1]* ⚪ Indifferent *[97]* ⚪ Not answered Satisfied = Generally liking the situation. Refers to question F1.
3.	F4. Usual living arrangements (past 3 yrs.):	Pulldown List 2 ▾ (ctn0031cdd:ASI10.ASL0F4 / ASIL USUAL LIVING ARRANGE) 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.
4.	F6. Are you satisfied with these arrangements?	(ctn0031cdd:ASI10.ASL0F6 / ASIL SATISFIED W/ ARRANGE) *[0]* ⚪ No *[2]* ⚪ Yes *[1]* ⚪ Indifferent *[97]* ⚪ Not answered Refers to response in question F4.

Do you live with anyone who:

5.	F7. Has a current alcohol problem?	(ctn0031cdd:ASI10.ASL0F7 / ASIL CURRENT ALCOHOL PROBLM) *[0]* ⚪ No *[1]* ⚪ Yes *[97]* ⚪ Not answered
6.	F8. Uses non-prescribed drugs?	(ctn0031cdd:ASI10.ASL0F8 / ASIL NON-PRESCRIBED DRUGS) *[0]* ⚪ No *[1]* ⚪ Yes *[97]* ⚪ Not answered
7.	F9. With whom do you spend most of your free time?	(ctn0031cdd:ASI10.ASL0F9 / ASIL SPEND MOST FREE TIME) *[1]* ⚪ Family *[2]* ⚪ Friends *[3]* ⚪ Alone *[97]* ⚪ Not answered If a girlfriend/boyfriend is considered as family by participant, then they must refer to them as family throughout this section, not as a friend. Family is not to be referred to as friend.
8.	F10. Are you satisfied with spending your free time this way?	(ctn0031cdd:ASI10.ASL0F10 / ASIL SATISFIED W/ FREE TIME) *[0]* ⚪ No Yes

[2] ○
[1] ○ Indifferent
[97] ○ Not answered

A satisfied response must indicate that the person generally likes the situation. Refers to question F9.

Pulldown List 1:

RefName	Display Text	Value	Design Note
ieMarital1	1 Married	1	
ieMarital2	2 Remarried	2	
ieMarital3	3 Widowed	3	
ieMarital4	4 Separated	4	
ieMarital5	5 Divorced	5	
ieMarital6	6 Never married	6	
ieMarital9	97 Not answered	97	

Pulldown List 2:

RefName	Display Text	Value	Design Note
ieLiving1	1 With sexual partner and children	1	
ieLiving2	2 With sexual partner alone	2	
ieLiving3	3 With children alone	3	
ieLiving4	4 With parents	4	
ieLiving5	5 With family	5	
ieLiving6	6 With friends	6	
ieLiving7	7 Alone	7	
ieLiving8	8 Controlled environment	8	
ieLiving9	9 No stable arrangements	9	
ieLiving97	97 Not answered	97	

CDD: ctn0031cdd   Table: ASI10   Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
ASL0F1	NUMERIC - 1, 2, 3, 4, 5, 6, 97	
ASL0F3	NUMERIC	

ASLOF4	NUMERIC - 1, 2, 3, 4, 5, 6, 7, 8, 9, 97	
ASLOF6	NUMERIC	
ASLOF7	NUMERIC	
ASLOF8	NUMERIC	
ASLOF9	NUMERIC	
ASLOF10	NUMERIC	

ctn0031 : CTN-ASI Lite (ASI11)

CTN-ASI Lite v.1: Family/Social Relationships (cont.)
Have you had significant periods in which you have experienced serious problems getting along with:

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

		A. Past 30 Days	B. Lifetime
1.	F18. Mother:	Pulldown List 1 (ctn0031cdd:ASI11.ASL0F18A / ASIL MOTHER PAST 30 DAYS)	Pulldown List 2 (ctn0031cdd:ASI11.ASL0F18B / ASIL MOTHER LIFETIME)
2.	F19. Father:	Pulldown List 3 (ctn0031cdd:ASI11.ASL0F19A / ASIL FATHER PAST 30 DAYS)	Pulldown List 4 (ctn0031cdd:ASI11.ASL0F19B / ASIL FATHER LIFETIME)
3.	F20. Brother/ sisters:	Pulldown List 5 (ctn0031cdd:ASI11.ASL0F20A / ASIL BROTHER/SISTR PAST 30)	Pulldown List 6 (ctn0031cdd:ASI11.ASL0F20B / ASIL BROTHER/SISTR LIFETIM)
4.	F21. Sexual partner/ spouse:	Pulldown List 7 (ctn0031cdd:ASI11.ASL0F21A / ASIL SEXUAL PARTNER PAST 30)	Pulldown List 8 (ctn0031cdd:ASI11.ASL0F21B / ASIL SEXUAL PARTNER LIFETIM)
5.	F22. Children:	Pulldown List 9 (ctn0031cdd:ASI11.ASL0F22A / ASIL CHILDREN PAST 30 DAYS)	Pulldown List 10 (ctn0031cdd:ASI11.ASL0F22B / ASIL CHILDREN LIFETIME)

6. F23. Other significant family (specify):

(ctn0031cdd:ASI11.ASF0F23R / ASIL OTHER FAMILY SPECIFY R)
[1] ◯ | A50   (ctn0031cdd:ASI11.ASL0F23S / ASIL OTHER FAMILY SPECIFY)   *[98]* ◯ NA

	A. Past 30 Days	B. Lifetime
	Pulldown List 11 (ctn0031cdd:ASI11.ASL0F23A / ASIL OTHER FAMILY PAST 30)	Pulldown List 12 (ctn0031cdd:ASI11.ASL0F23B / ASIL OTHER FAMILY LIFETIME)

		A. Past 30 Days	B. Lifetime
7.	F24. Close friends:	Pulldown List 13 (ctn0031cdd:ASI11.ASL0F24A / ASIL CLOSE FRIENDS PAST 30)	Pulldown List 14 (ctn0031cdd:ASI11.ASL0F24B / ASIL CLOSE FRIENDS LIFETIME)
8.	F25. Neighbors:	Pulldown List 15 (ctn0031cdd:ASI11.ASL0F25A / ASIL NEIGHBORS PAST 30)	Pulldown List 16 (ctn0031cdd:ASI11.ASL0F25B / ASIL NEIGHBORS LIFETIME)
9.	F26. Co-workers:	Pulldown List 17 (ctn0031cdd:ASI11.ASL0F26A / ASILCO-WORKERS PAST 30)	Pulldown List 18 (ctn0031cdd:ASI11.ASL0F26B / ASIL CO-WORKERS LIFETIME)

Did anyone (F18-F26) abuse you?

		A. Past 30 Days	B. Lifetime
10.	F28. Physically (caused you physical harm)?	Pulldown List 19 (ctn0031cdd:ASI11.ASL0F28A / ASIL PHYSICAL ABUSE PAST 30)	Pulldown List 20 (ctn0031cdd:ASI11.ASL0F28B / ASIL PHYSICAL ABUSE LIFETIM)
11.	F29. Sexually (forced sexual advances/ acts)?	Pulldown List 21 (ctn0031cdd:ASI11.ASL0F29A / ASIL SEXUALLY ABUSE PAST 30)	Pulldown List 22 (ctn0031cdd:ASI11.ASL0F29B / ASIL SEXUALLY ABUSE LIFETIM)

Pulldown List 1:

RefName	Display Text	Value	Design Note
ieFamily0	0 No	0	
ieFamily1	1 Yes	1	
ieFamily97	97 Not answered	97	
ieFamily96	96 Not applicable	96	

Pulldown List 2:

RefName	Display Text	Value	Design Note
ieFamily0	0 No	0	
ieFamily1	1 Yes	1	
ieFamily97	97 Not answered	97	
ieFamily96	96 Not applicable	96	

Pulldown List 3:

RefName	Display Text	Value	Design Note
ieFamily0	0 No	0	
ieFamily1	1 Yes	1	
ieFamily97	97 Not answered	97	
ieFamily96	96 Not applicable	96	

Pulldown List 4:

RefName	Display Text	Value	Design Note
ieFamily0	0 No	0	
ieFamily1	1 Yes	1	
ieFamily97	97 Not answered	97	
ieFamily96	96 Not applicable	96	

Pulldown List 5:

RefName	Display Text	Value	Design Note
ieFamily0	0 No	0	
ieFamily1	1 Yes	1	

| ieFamily97 | 97 Not answered | 97 | |
| ieFamily96 | 96 Not applicable | 96 | |

Pulldown List 6:

RefName	Display Text	Value	Design Note
ieFamily0	0 No	0	
ieFamily1	1 Yes	1	
ieFamily97	97 Not answered	97	
ieFamily96	96 Not applicable	96	

Pulldown List 7:

RefName	Display Text	Value	Design Note
ieFamily0	0 No	0	
ieFamily1	1 Yes	1	
ieFamily97	97 Not answered	97	
ieFamily96	96 Not applicable	96	

Pulldown List 8:

RefName	Display Text	Value	Design Note
ieFamily0	0 No	0	
ieFamily1	1 Yes	1	
ieFamily97	97 Not answered	97	
ieFamily96	96 Not applicable	96	

Pulldown List 9:

RefName	Display Text	Value	Design Note
ieFamily0	0 No	0	
ieFamily1	1 Yes	1	
ieFamily97	97 Not answered	97	
ieFamily96	96 Not applicable	96	

Pulldown List 10:

RefName	Display Text	Value	Design Note
ieFamily0	0 No	0	
ieFamily1	1 Yes	1	
ieFamily97	97 Not answered	97	
ieFamily96	96 Not applicable	96	

Pulldown List 11:

RefName	Display Text	Value	Design Note
ieFamily0	0 No	0	
ieFamily1	1 Yes	1	
ieFamily97	97 Not answered	97	
ieFamily96	96 Not applicable	96	

Pulldown List 12:

RefName	Display Text	Value	Design Note
ieFamily0	0 No	0	
ieFamily1	1 Yes	1	
ieFamily97	97 Not answered	97	
ieFamily96	96 Not applicable	96	

Pulldown List 13:

RefName	Display Text	Value	Design Note
ieFamily0	0 No	0	
ieFamily1	1 Yes	1	
ieFamily97	97 Not answered	97	
ieFamily96	96 Not applicable	96	

Pulldown List 14:

RefName	Display Text	Value	Design Note
ieFamily0	0 No	0	
ieFamily1	1 Yes	1	
ieFamily97	97 Not answered	97	

ieFamily96	96 Not applicable	96	

Pulldown List 15:

RefName	Display Text	Value	Design Note
ieFamily0	0 No	0	
ieFamily1	1 Yes	1	
ieFamily97	97 Not answered	97	
ieFamily96	96 Not applicable	96	

Pulldown List 16:

RefName	Display Text	Value	Design Note
ieFamily0	0 No	0	
ieFamily1	1 Yes	1	
ieFamily97	97 Not answered	97	
ieFamily96	96 Not applicable	96	

Pulldown List 17:

RefName	Display Text	Value	Design Note
ieFamily0	0 No	0	
ieFamily1	1 Yes	1	
ieFamily97	97 Not answered	97	
ieFamily96	96 Not applicable	96	

Pulldown List 18:

RefName	Display Text	Value	Design Note
ieFamily0	0 No	0	
ieFamily1	1 Yes	1	
ieFamily97	97 Not answered	97	
ieFamily96	96 Not applicable	96	

Pulldown List 19:

RefName	Display Text	Value	Design Note

RefName	Display Text	Value	Design Note
ieFamily0	0 No	0	
ieFamily1	1 Yes	1	
ieFamily97	97 Not answered	97	

Pulldown List 20:

RefName	Display Text	Value	Design Note
ieFamily0	0 No	0	
ieFamily1	1 Yes	1	
ieFamily97	97 Not answered	97	

Pulldown List 21:

RefName	Display Text	Value	Design Note
ieFamily0	0 No	0	
ieFamily1	1 Yes	1	
ieFamily97	97 Not answered	97	

Pulldown List 22:

RefName	Display Text	Value	Design Note
ieFamily0	0 No	0	
ieFamily1	1 Yes	1	
ieFamily97	97 Not answered	97	

CDD: ctn0031cdd Table: ASI11 Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
ASLOF18A	NUMERIC - 0, 1, 97, 96	
ASLOF18B	NUMERIC - 0, 1, 97, 96	
ASLOF19A	NUMERIC - 0, 1, 97, 96	
ASLOF19B	NUMERIC - 0, 1, 97, 96	
ASLOF20A	NUMERIC - 0, 1, 97, 96	
ASLOF20B	NUMERIC - 0, 1, 97, 96	
ASLOF21A	NUMERIC - 0, 1, 97, 96	
ASLOF21B	NUMERIC - 0, 1, 97, 96	

ASLOF22A	NUMERIC - 0, 1, 97, 96	
ASLOF22B	NUMERIC - 0, 1, 97, 96	
ASFOF23R	NUMERIC	
ASLOF23S	STRING(50) - A50	
ASLOF23A	NUMERIC - 0, 1, 97, 96	
ASLOF23B	NUMERIC - 0, 1, 97, 96	
ASLOF24A	NUMERIC - 0, 1, 97, 96	
ASLOF24B	NUMERIC - 0, 1, 97, 96	
ASLOF25A	NUMERIC - 0, 1, 97, 96	
ASLOF25B	NUMERIC - 0, 1, 97, 96	
ASLOF26A	NUMERIC - 0, 1, 97, 96	
ASLOF26B	NUMERIC - 0, 1, 97, 96	
ASLOF28A	NUMERIC - 0, 1, 97	
ASLOF28B	NUMERIC - 0, 1, 97	
ASLOF29A	NUMERIC - 0, 1, 97	
ASLOF29B	NUMERIC - 0, 1, 97	

ctn0031 : CTN-ASI Lite (ASI12)

CTN-ASI Lite v.1: Family/ Social Relationships (cont.)

1.	F30. How many days in the past 30 days have you had serious conflicts with your family?	(ctn0031cdd:ASI12.ASL0F30R / ASIL FAM CONFLICT 30 DAY R) **[1]** ⦾ xx (0 =< n <= 30) days (ctn0031cdd:ASI12.ASL0F30 / ASIL FAMILY CONFLICT 30 DAY) *[97]* ⦾ Not answered

For questions F32 and F34, please ask participant to use the Participant Rating Scale.

2.	F32. How troubled or bothered have you been in the past 30 days by these family problems?	Pulldown List 1 ⌄ (ctn0031cdd:ASI12.ASL0F32 / ASIL TROUBLE FAMILY PROBLEM)
3.	F34. How important to you now is treatment or counseling for these family problems?	Pulldown List 2 ⌄ (ctn0031cdd:ASI12.ASL0F34 / ASIL TREATMENT FAMILY PROB) Participant is rating his/her need for counseling for family problems, not whether the family would be willing to attend.
4.	F31. How many days in the past 30 have you had serious conflicts with other people (excluding family)?	(ctn0031cdd:ASI12.ASL0F31R / ASIL CONFLICT OTHER PEOPLE R) **[1]** ⦾ xx (0 =< n <= 30) days (ctn0031cdd:ASI12.ASL0F31 / ASIL CONFLICT OTHER PEOPLE) *[97]* ⦾ Not answered

For questions F33 and F35, please ask participant to use the Participant Rating Scale.

5.	F33. How troubled or bothered have you been in the past 30 days by these social problems?	Pulldown List 3 ⌄ (ctn0031cdd:ASI12.ASL0F33 / ASIL TROUBLE CONFLICT OTHER)
6.	F35. How important to you now is treatment or counseling for these social problems?	Pulldown List 4 ⌄ (ctn0031cdd:ASI12.ASL0F35 / ASIL TREATMENT OTHER PEOPLE) Include participant's need to seek treatment for such social problems as loneliness, inability to socialize, and dissatisfaction with friends. Participant rating should refer to dissatisfaction, conflicts, or other serious problems. Exclude problems that would be eliminated if participant had no substance abuse.

Confidence Ratings: Is the above information significantly distorted by:

7.	F37. Participant's misrepresentation?	(ctn0031cdd:ASI12.ASL0F37 / ASIL FAMILY MISREP) *[0]* ⦾ No *[1]* ⦾ Yes
8.	F38. Participant's inability to understand?	(ctn0031cdd:ASI12.ASL0F38 / ASIL FAMILY INABILITY) *[0]* ⦾ No *[1]* ⦾ Yes
9.*	Comments:	A200 (ctn0031cdd:ASI12.ASL0FCOM / ASIL FAMILY COMMENTS)

* Item is not required

Pulldown List 1:			
RefName	**Display Text**	**Value**	**Design Note**

ieASIRate0	0 Not at all	0	
ieASIRate1	1 Slightly	1	
ieASIRate2	2 Moderately	2	
ieASIRate3	3 Considerably	3	
ieASIRate4	4 Extremely	4	
ieASIRate5	97 Not answered	97	

Pulldown List 2:			
RefName	Display Text	Value	Design Note
ieASIRate0	0 Not at all	0	
ieASIRate1	1 Slightly	1	
ieASIRate2	2 Moderately	2	
ieASIRate3	3 Considerably	3	
ieASIRate4	4 Extremely	4	
ieASIRate5	97 Not answered	97	

Pulldown List 3:			
RefName	Display Text	Value	Design Note
ieASIRate0	0 Not at all	0	
ieASIRate1	1 Slightly	1	
ieASIRate2	2 Moderately	2	
ieASIRate3	3 Considerably	3	
ieASIRate4	4 Extremely	4	
ieASIRate5	97 Not answered	97	

Pulldown List 4:			
RefName	Display Text	Value	Design Note
ieASIRate0	0 Not at all	0	
ieASIRate1	1 Slightly	1	
ieASIRate2	2 Moderately	2	
ieASIRate3	3 Considerably	3	
ieASIRate4	4 Extremely	4	

ieASIRate5	97 Not answered	97	

CDD: ctn0031cdd   Table: ASI12   Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
ASLOF30R	NUMERIC	
ASLOF30	NUMERIC - N2	
ASLOF32	NUMERIC - 0, 1, 2, 3, 4, 97	
ASLOF34	NUMERIC - 0, 1, 2, 3, 4, 97	
ASLOF31R	NUMERIC	
ASLOF31	NUMERIC - N2	
ASLOF33	NUMERIC - 0, 1, 2, 3, 4, 97	
ASLOF35	NUMERIC - 0, 1, 2, 3, 4, 97	
ASLOF37	NUMERIC	
ASLOF38	NUMERIC	
ASLOFCOM	STRING(200) - A200	

ctn0031 : CTN-ASI Lite (ASI13)

CTN-ASI Lite v.1: Psychiatric Status
How many times have you been treated for any psychological or emotional problems?

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.

1.	P1. In a hospital or inpatient setting?	(ctn0031cdd:ASI13.ASL0P1R / ASIL PSYC IN HOSPITAL RADIO) **[1]** ◯ | xx (0 =< n <= 99) | (ctn0031cdd:ASI13.ASL0P1 / ASIL PSYC IN HOSPITAL) *[97]* ◯ Not answered
2.	P2. As an outpatient/ private patient?	(ctn0031cdd:ASI13.ASL0P2R / ASIL PSYC OUTPATIENT RADIO) **[1]** ◯ | xx (0 =< n <= 99) | (ctn0031cdd:ASI13.ASL0P2 / ASIL PSYC OUTPATIENT) *[97]* ◯ Not answered
3.	P3. Do you receive a pension for a psychiatric disability?	(ctn0031cdd:ASI13.ASL0P3 / ASIL PSYC PENSION) *[0]* ◯ No *[1]* ◯ Yes *[97]* ◯ Not answered

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

		A Past 30 Days	B Lifetime
4.	P4. Experienced serious depression-sadness, hopelessness, loss of interest, difficulty with daily function?	Pulldown List 1 ▾ (ctn0031cdd:ASI13.ASL0P4A / ASIL DEPRESSION PAST 30)	Pulldown List 2 ▾ (ctn0031cdd:ASI13.ASL0P4B / ASIL DEPRESSION LIFETIME)
5.	P5. Experienced serious anxiety/ tension-uptight, unreasonably worried, inability to feel relaxed?	Pulldown List 3 ▾ (ctn0031cdd:ASI13.ASL0P5A / ASIL ANXIETY PAST 30)	Pulldown List 4 ▾ (ctn0031cdd:ASI13.ASL0P5B / ASIL ANXIETY LIFETIME)
6.	P6. Experienced hallucinations-saw things or heard voices that other people did not hear or see?	Pulldown List 5 ▾ (ctn0031cdd:ASI13.ASL0P6A / ASIL HALLUCINATIONS PAST 30)	Pulldown List 6 ▾ (ctn0031cdd:ASI13.ASL0P6B / ASIL HALLUCINATION LIFETIME)
7.	P7. Experienced trouble understanding, concentrating, or remembering?	Pulldown List 7 ▾ (ctn0031cdd:ASI13.ASL0P7A / ASIL UNDERSTANDING PAST 30)	Pulldown List 8 ▾ (ctn0031cdd:ASI13.ASL0P7B / ASIL UNDERSTANDING LIFETIME)

For questions P8-P10, participant could have been under the influence of alcohol/ drugs

		A Past 30 Days	B Lifetime
8.	P8. Experienced trouble controlling violent behavior including episodes of rage, or violence?	Pulldown List 9 ▾ (ctn0031cdd:ASI13.ASL0P8A / ASIL BEHAVIOR PAST 30) Participant can be under the influence of alcohol/drugs.	Pulldown List 10 ▾ (ctn0031cdd:ASI13.ASL0P8B / ASIL BEHAVIOR LIFETIME)
9.	P9. Experienced serious thoughts of suicide?	Pulldown List 11 ▾ (ctn0031cdd:ASI13.ASL0P9A / ASIL SUICIDE PAST 30)	Pulldown List 12 ▾ (ctn0031cdd:ASI13.ASL0P9B / ASIL SUICIDE LIFETIME)

		Participant seriously considered a plan for taking his/her life.
10.	P10. Attempted suicide?	A Past 30 Days Pulldown List 13 ☑ (ctn0031cdd:ASI13.ASL0P10A / ASIL ATTEMP SUICIDE PAST 30) B Lifetime Pulldown List 14 ☑ (ctn0031cdd:ASI13.ASL0P10B / ASIL ATTEMP SUICIDE LIFETIM) Include actual suicidal gestures or attempts.
11.	P11. Been prescribed medication for any psychological/ emotional problem?	A Past 30 Days Pulldown List 15 ☑ (ctn0031cdd:ASI13.ASL0P11A / ASIL PSYC MEDS PAST 30) B Lifetime Pulldown List 16 ☑ (ctn0031cdd:ASI13.ASL0P11B / ASIL PSYC MEDS LIFETIME) Prescribed for the participant by MD. Record Yes if a medication was prescribed even if the participant is not taking it.
12.	P12. How many days in the past 30 have you experienced these psychological or emotional problems?	(ctn0031cdd:ASI13.ASL0P12R / ASIL PSYC PROBLEMS PAST 30 R) **[1]** ⚪ | xx (0 =< n <= 30) | days (ctn0031cdd:ASI13.ASL0P12 / ASIL PSYC PROBLEMS PAST 30) *[97]* ⚪ Not answered This refers to problems noted in questions P4-P10.
For questions P13-P14, please ask participant to use the Participant Rating Scale.		
13.	P13. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?	Pulldown List 17 ☑ (ctn0031cdd:ASI13.ASL0P13 / ASIL TROUBLE PSYC PROBLEM) Participant should be rating the problem days from question P12.
14.	P14. How important to you now is treatment for these psychological or emotional problems?	Pulldown List 18 ☑ (ctn0031cdd:ASI13.ASL0P14 / ASIL TREATMENT PSYC)
Confidence Ratings: Is the above information significantly distorted by:		
15.	P22. Participant's misrepresentation?	(ctn0031cdd:ASI13.ASL0P22 / ASIL PSYC MISREP) *[0]* ⚪ No *[1]* ⚪ Yes
16.	P23. Participant's inability to understand?	(ctn0031cdd:ASI13.ASL0P23 / ASIL PSYC INABILITY) *[0]* ⚪ No *[1]* ⚪ Yes
17.*	Comments:	A200 (ctn0031cdd:ASI13.ASL0PCOM / ASIL PSYC COMMENTS)
* Item is not required		

Pulldown List 1:

RefName	Display Text	Value	Design Note
iePsyc0	0 No	0	
iePsyc1	1 Yes	1	

iePsyc97	97 Not answered	97	

Pulldown List 2:

RefName	Display Text	Value	Design Note
iePsyc0	0 No	0	
iePsyc1	1 Yes	1	
iePsyc97	97 Not answered	97	

Pulldown List 3:

RefName	Display Text	Value	Design Note
iePsyc0	0 No	0	
iePsyc1	1 Yes	1	
iePsyc97	97 Not answered	97	

Pulldown List 4:

RefName	Display Text	Value	Design Note
iePsyc0	0 No	0	
iePsyc1	1 Yes	1	
iePsyc97	97 Not answered	97	

Pulldown List 5:

RefName	Display Text	Value	Design Note
iePsyc0	0 No	0	
iePsyc1	1 Yes	1	
iePsyc97	97 Not answered	97	

Pulldown List 6:

RefName	Display Text	Value	Design Note
iePsyc0	0 No	0	
iePsyc1	1 Yes	1	
iePsyc97	97 Not answered	97	

Pulldown List 7:

RefName	Display Text	Value	Design Note
iePsyc0	0 No	0	
iePsyc1	1 Yes	1	
iePsyc97	97 Not answered	97	

Pulldown List 8:

RefName	Display Text	Value	Design Note
iePsyc0	0 No	0	
iePsyc1	1 Yes	1	
iePsyc97	97 Not answered	97	

Pulldown List 9:

RefName	Display Text	Value	Design Note
iePsyc0	0 No	0	
iePsyc1	1 Yes	1	
iePsyc97	97 Not answered	97	

Pulldown List 10:

RefName	Display Text	Value	Design Note
iePsyc0	0 No	0	
iePsyc1	1 Yes	1	
iePsyc97	97 Not answered	97	

Pulldown List 11:

RefName	Display Text	Value	Design Note
iePsyc0	0 No	0	
iePsyc1	1 Yes	1	
iePsyc97	97 Not answered	97	

Pulldown List 12:

RefName	Display Text	Value	Design Note
iePsyc0	0 No	0	

| iePsyc1 | 1 Yes | 1 | |
| iePsyc97 | 97 Not answered | 97 | |

Pulldown List 13:

RefName	Display Text	Value	Design Note
iePsyc0	0 No	0	
iePsyc1	1 Yes	1	
iePsyc97	97 Not answered	97	

Pulldown List 14:

RefName	Display Text	Value	Design Note
iePsyc0	0 No	0	
iePsyc1	1 Yes	1	
iePsyc97	97 Not answered	97	

Pulldown List 15:

RefName	Display Text	Value	Design Note
iePsyc0	0 No	0	
iePsyc1	1 Yes	1	
iePsyc97	97 Not answered	97	

Pulldown List 16:

RefName	Display Text	Value	Design Note
iePsyc0	0 No	0	
iePsyc1	1 Yes	1	
iePsyc97	97 Not answered	97	

Pulldown List 17:

RefName	Display Text	Value	Design Note
ieASIRate0	0 Not at all	0	
ieASIRate1	1 Slightly	1	
ieASIRate2	2 Moderately	2	

ieASIRate3	3 Considerably	3	
ieASIRate4	4 Extremely	4	
ieASIRate5	97 Not answered	97	

Pulldown List 18:			
RefName	**Display Text**	**Value**	**Design Note**
ieASIRate0	0 Not at all	0	
ieASIRate1	1 Slightly	1	
ieASIRate2	2 Moderately	2	
ieASIRate3	3 Considerably	3	
ieASIRate4	4 Extremely	4	
ieASIRate5	97 Not answered	97	

CDD: ctn0031cdd	**Table: ASI13**	**Key Type: PATIENTVISIT**
Column Name	**Column Data Type**	**Design Note**
ASL0P1R	NUMERIC	
ASL0P1	NUMERIC - N2	
ASL0P2R	NUMERIC	
ASL0P2	NUMERIC - N2	
ASL0P3	NUMERIC	
ASL0P4A	NUMERIC - 0, 1, 97	
ASL0P4B	NUMERIC - 0, 1, 97	
ASL0P5A	NUMERIC - 0, 1, 97	
ASL0P5B	NUMERIC - 0, 1, 97	
ASL0P6A	NUMERIC - 0, 1, 97	
ASL0P6B	NUMERIC - 0, 1, 97	
ASL0P7A	NUMERIC - 0, 1, 97	
ASL0P7B	NUMERIC - 0, 1, 97	
ASL0P8A	NUMERIC - 0, 1, 97	
ASL0P8B	NUMERIC - 0, 1, 97	
ASL0P9A	NUMERIC - 0, 1, 97	
ASL0P9B	NUMERIC - 0, 1, 97	

ASLOP10A	NUMERIC - 0, 1, 97	
ASLOP10B	NUMERIC - 0, 1, 97	
ASLOP11A	NUMERIC - 0, 1, 97	
ASLOP11B	NUMERIC - 0, 1, 97	
ASLOP12R	NUMERIC	
ASLOP12	NUMERIC - N2	
ASLOP13	NUMERIC - 0, 1, 2, 3, 4, 97	
ASLOP14	NUMERIC - 0, 1, 2, 3, 4, 97	
ASLOP22	NUMERIC	
ASLOP23	NUMERIC	
ASLOPCOM	STRING(200) - A200	

ctn0031 : Urine Drug Screen (UDS)

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1.	Assessment Date:	Req ∨ / Req ∨ / Req ∨ (2008-2012) (ctn0031cdd:UDS.VISIT_DT / ASSESSMENT DATE)

2.	1. Was a urine drug screen obtained?	(ctn0031cdd:UDS.UDS01 / UDS OBTAINED)
		[0] ◯ No
		       (ctn0031cdd:UDS.UDS01A / UDS WAS NOT OBTAINED)
		       If No: Specify reason (check only one):
		       [1] ◯ Participant reported being unable to provide sample
		       [2] ◯ Participant refused to provide sample
		       [3] ◯ Study staff error
		       [98] ◯ Other (specify): (ctn0031cdd:UDS.UDS01_SP / UDS NOT OBTAINED
		           A50 SPECIFY)
		[1] ◯ Yes: Date urine sample collected: Req ∨ / Req ∨ / Req ∨ (2008-2012) (ctn0031cdd:UDS.UDS01DT / UDS DATE COLLECTED)
		[98] ◯ NA

3.*	2. Was urine temperature within expected range (between 90 F and 99 F)?	(ctn0031cdd:UDS.UDS02 / UDS TEMP WITHIN RANGE) *[0]* ◯ No: If urine sample was not within the expected range, do not test sample(s). Skip remaining questions on form. *[1]* ◯ Yes *[98]* ◯ NA

Urine Drug Screen Results

4.*	3. Cocaine:	(ctn0031cdd:UDS.UDS03 / UDS COCAINE RESULT) *[0]* ◯ Neg *[1]* ◯ Pos *[99]* ◯ Unk
5.*	4. Opiates:	(ctn0031cdd:UDS.UDS07 / UDS OPIATES RESULT) *[0]* ◯ Neg *[1]* ◯ Pos *[99]* ◯ Unk
6.*	5. Methamphetamines:	(ctn0031cdd:UDS.UDS05 / UDS METHAMPHETAMINE RESULT) *[0]* ◯ Neg *[1]* ◯ Pos *[99]* ◯ Unk
7.*	6. Cannabis/ THC:	(ctn0031cdd:UDS.UDS06 / UDS CANNABIS RESULT) *[0]* ◯ Neg *[1]* ◯ Pos *[99]* ◯ Unk
8.*	7. Amphetamines:	(ctn0031cdd:UDS.UDS04 / UDS AMPHETAMINE RESULT) *[0]* ◯ Neg *[1]* ◯ Pos *[99]* ◯ Unk
9.*	8. Benzodiazepines:	(ctn0031cdd:UDS.UDS08 / UDS BENZODIAZEPINES RESULT) *[0]* ◯ Neg *[1]* ◯ Pos *[99]* ◯ Unk
*	Item is not required	

CDD: ctn0031cdd   Table: UDS   Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
VISIT_DT	DATE - DDMONYYYY	
UDS01	NUMERIC	
UDS01A	NUMERIC	
UDS01_SP	STRING(50) - A50	
UDS01DT	DATE - DDMONYYYY	
UDS02	NUMERIC	
UDS03	NUMERIC	
UDS07	NUMERIC	
UDS05	NUMERIC	
UDS06	NUMERIC	
UDS04	NUMERIC	
UDS08	NUMERIC	

ctn0031 : Substance Use Calendar Lead (SUCLead)

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1.	Assessment Date:	Req ⌄ / Req ⌄ / Req ⌄ (2008-2012) (ctn0031cdd:SUCLead.VISIT_DT / ASSESSMENT DATE)

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2.	Date of Assessment Period	Req ⌄ / Req ⌄ / Req ⌄ (2007-2012) Start Date (ctn0031cdd:SUCLead.SUCLSTDT / SUC START DATE)
		Req ⌄ / Req ⌄ / Req ⌄ (2008-2012) End Date (ctn0031cdd:SUCLead.SUCLETDT / SUC END DATE)
3.	Did the participant endorse any drug or alcohol use during this calendar period?	(ctn0031cdd:SUCLead.SUCL01 / SUC ENDORSE DRUG OR ALCOHOL) *[1]* ◯ Yes *[0]* ◯ No
4.	Did the participant attend any self help meetings during this calendar period?	(ctn0031cdd:SUCLead.SUCL02 / SUC ATTEND SELFHELP MEETING) *[1]* ◯ Yes *[0]* ◯ No
5.	Was the participant in a restricted environment during this calendar period?	(ctn0031cdd:SUCLead.SUCL03 / SUC RESTRICTED ENVIRONMENT) *[2]* ◯ Yes, entire period *[1]* ◯ Yes, partial period *[0]* ◯ No
6.	Confidence Scale How confident are you that the information on the calendar reflects the amount of your alcohol and drug use during this time period? I'm not asking about the exact days of your use, but in general, how sure do you feel about this information?	Pulldown List 1 ⌄ (ctn0031cdd:SUCLead.SUCL04 / SUC CONFIDENCE LEVEL)
7.	Interviewer's Impressions Do you suspect that the information in this interview was distorted by the interviewee's dishonesty, misrepresentation, inability to remember, or inability to understand the interview?	(ctn0031cdd:SUCLead.SUCL05 / SUC INFO DISTORTED) *[0]* ◯ No *[1]* ◯ Possibly *[2]* ◯ Definitely

Pulldown List 1:

RefName	Display Text	Value	Design Note
ieSUC4A	1 Not at all Sure	1	
ieSUC4B	2	2	
ieSUC4C	3 Fairly Sure	3	
ieSUC4D	4	4	
ieSUC4E	5 Very Sure	5	

CDD: ctn0031cdd	Table: SUCLead	Key Type: PATIENTVISIT
Column Name	**Column Data Type**	**Design Note**
VISIT_DT	DATE - DDMONYYYY	

SUCLSTDT	DATE - DDMONYYYY	
SUCLETDT	DATE - DDMONYYYY	
SUCL01	NUMERIC	
SUCL02	NUMERIC	
SUCL03	NUMERIC	
SUCL04	NUMERIC - 1, 2, 3, 4, 5	
SUCL05	NUMERIC	

ctn0031 : Substance Use Calendar (SUC) - Repeating Form

#	Assessment Date:	Calendar Date:	Attended self help meeting?	Restricted environment?	Any drug use (excluding tobacco)?	
1						

1.	Assessment Date:	Req ▾ / Req ▾ / Req ▾ (2008-2012) (ctn0031cdd:SUC.VISIT_DT / ASSESSMENT DATE)

.

2.	Calendar Date:	Req ▾ / Req ▾ / Req ▾ (2007-2012) (ctn0031cdd:SUC.SUC04DT / SUC CALENDAR DATE)

3.	Attended self help meeting?	(ctn0031cdd:SUC.SUC05 / SUC SELF HELP THIS DATE) *[0]* ◯ No *[1]* ◯ Yes *[2]* ◯ Don't Remember

4.	Restricted environment?	(ctn0031cdd:SUC.SUC06 / SUC RESTRICTED ENV THIS DAY) *[0]* ◯ No *[1]* ◯ Yes

5.	Any drug use (excluding tobacco)?	(ctn0031cdd:SUC.SUC07 / SUC DRUG USE THIS DAY) *[0]* ◯ No *[2]* ◯ Don't Remember **[1]** ◯ Yes (ctn0031cdd:SUC.SUC07A / SUC METH THIS DAY) 　*[1]* ☐ Methamphetamines (ctn0031cdd:SUC.SUC07B / SUC AMPHETAMINES THIS DAY) 　*[1]* ☐ Amphetamines (ctn0031cdd:SUC.SUC07C / SUC COCAINE THIS DAY) 　*[1]* ☐ Cocaine (ctn0031cdd:SUC.SUC07D / SUC OTH STIMULANT THIS DAY) 　*[1]* ☐ Other Stimulants (ctn0031cdd:SUC.SUC07E / SUC ALCOHOL THIS DAY) 　*[1]* ☐ Alcohol (ctn0031cdd:SUC.SUC07F / SUC MARIJUANA THIS DAY) 　*[1]* ☐ Marijuana/Hashish (ctn0031cdd:SUC.SUC07G / SUC OPIODS THIS DAY) 　*[1]* ☐ Opioids (ctn0031cdd:SUC.SUC07H / SUC BENZOS THIS DAY) 　*[1]* ☐ Benzodiazepines

CDD: ctn0031cdd	Table: SUC	Key Type: PATIENTVISIT
Column Name	Column Data Type	Design Note

VISIT_DT	DATE - DDMONYYYY	
SUC04DT	DATE - DDMONYYYY	
SUC05	NUMERIC	
SUC06	NUMERIC	
SUC07	NUMERIC	
SUC07A	NUMERIC	
SUC07B	NUMERIC	
SUC07C	NUMERIC	
SUC07D	NUMERIC	
SUC07E	NUMERIC	
SUC07F	NUMERIC	
SUC07G	NUMERIC	
SUC07H	NUMERIC	

ctn0031 : INCLUSION/EXCLUSION (IEX)

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1.	Assessment Date:	Req ⌄ / Req ⌄ / Req ⌄ (2008-2012) (ctn0031cdd:IEX.VISIT_DT / ASSESSMENT DATE)

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2.	1. Date of Informed Consent	Req ⌄ / Req ⌄ / Req ⌄ (2008-2012) (ctn0031cdd:IEX.IEX01DT / IEX DATE INFORMED CONSENT)

3.	2. Were all inclusion criteria met?	(ctn0031cdd:IEX.IEX02 / IEX INCLUSION CRITERIA MET)
		[1] ○ Yes
		[0] ○ No
		Record the Inclusion criteria number(s) which were not met (ctn0031cdd:IEX.IEX02A / IEX INCLUSION CRITERIA 1)
		xx (1 =< n <= 8)
		xx (1 =< n <= 8) (ctn0031cdd:IEX.IEX02B / IEX INCLUSION CRITERIA 2)
		xx (1 =< n <= 8) (ctn0031cdd:IEX.IEX02C / IEX INCLUSION CRITERIA 3)
		xx (1 =< n <= 8) (ctn0031cdd:IEX.IEX02D / IEX INCLUSION CRITERIA 4)
		xx (1 =< n <= 8) (ctn0031cdd:IEX.IEX02E / IEX INCLUSION CRITERIA 5)

4.	3. Did any exclusion criteria apply?	(ctn0031cdd:IEX.IEX03 / IEX EXCLUSION CRITERIA)
		[0] ○ No
		[1] ○ Yes
		Record the Exclusion criteria number (ctn0031cdd:IEX.IEX03A / IEX EXCLUSION CRITERIA 1)
		xx (1 =< n <= 6)
		xx (1 =< n <= 6) (ctn0031cdd:IEX.IEX03B / IEX EXCLUSION CRITERIA 2)
		xx (1 =< n <= 6) (ctn0031cdd:IEX.IEX03C / IEX EXCLUSION CRITERIA 3)
		xx (1 =< n <= 6) (ctn0031cdd:IEX.IEX03D / IEX EXCLUSION CRITERIA 4)
		xx (1 =< n <= 6) (ctn0031cdd:IEX.IEX03E / IEX EXCLUSION CRITERIA 5)

CDD: ctn0031cdd   Table: IEX   Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
VISIT_DT	DATE - DDMONYYYY	
IEX01DT	DATE - DDMONYYYY	
IEX02	NUMERIC	
IEX02A	NUMERIC - N2	
IEX02B	NUMERIC - N2	

IEX02C	NUMERIC - N2	
IEX02D	NUMERIC - N2	
IEX02E	NUMERIC - N2	
IEX03	NUMERIC	
IEX03A	NUMERIC - N2	
IEX03B	NUMERIC - N2	
IEX03C	NUMERIC - N2	
IEX03D	NUMERIC - N2	
IEX03E	NUMERIC - N2	

ctn0031 : Treatment Services Review Lead (TSRLead)

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1.	Assessment Date:	Req ▼ / Req ▼ / Req ▼ (2008-2012) (ctn0031cdd:TSRLead.VISIT_DT / ASSESSMENT DATE)
2.	1. Did you receive any services here during the past 30 days?	(ctn0031cdd:TSRLead.TSR01 / TSR SERVICES IN-PROG) *[0]* ○ No *[1]* ○ Yes *[98]* ○ NA If No: Do not ask IN-PROG questions in any section
3.	2. Did you receive any services at any other program, facility or organization during the past 30 days?	(ctn0031cdd:TSRLead.TSR02 / TSR SERVICES OUT-PROG) *[0]* ○ No *[1]* ○ Yes *[98]* ○ NA If No: Do not ask OUT-PROG questions in any section

CDD: ctn0031cdd	Table: TSRLead	Key Type: PATIENTVISIT
Column Name	**Column Data Type**	**Design Note**
VISIT_DT	DATE - DDMONYYYY	
TSR01	NUMERIC	
TSR02	NUMERIC	

ctn0031 : Treatment Services Review IN-PROG (TSRI1)

1.	Assessment Date:	Req ▾ / Req ▾ / Req ▾ (2008-2012)	(ctn0031cdd:TSRI1.VISIT_DT / ASSESSMENT DATE)

A. MEDICAL PROBLEMS AND SERVICES:

2.	1. How many days in the past 30 days have you been hospitalized for physical medical problems?	1a xx (0 =< n <= 30)	(ctn0031cdd:TSRI1.TSR0A1A / TSR INPROG HOSPITAL MEDICAL)
3.	2. How many days in the past 30 days have you received medication for medical problems?	2a xx (0 =< n <= 30)	(ctn0031cdd:TSRI1.TSR0A2A / TSR INPROG MEDS MEDICAL)
4.	3. How many times in the past 30 days have you seen a physician for medical care?	3a xx (0 =< n <= 99)	(ctn0031cdd:TSRI1.TSR0A3A / TSR INPROG SEEN PHYSICIAN)
5.	4. How many times in the past 30 days have you seen a nurse, nurse practitioner, or physician's assistant for medical care?	4a xx (0 =< n <= 99)	(ctn0031cdd:TSRI1.TSR0A4A / TSR INPROG SEEN NURSE)
6.	5. How many times in the past 30 days have you had a significant discussion about your medical problems: Individual session?	5a xx (0 =< n <= 99)	(ctn0031cdd:TSRI1.TSR0A5A / TSR INPROG MEDICAL INDIV)
7.	6. How many times in the past 30 days have you had a significant discussion about your medical problems: Group session?	6a xx (0 =< n <= 99)	(ctn0031cdd:TSRI1.TSR0A6A / TSR INPROG MEDICAL GROUP)

C. ALCOHOL PROBLEMS AND SERVICES:

8.	1. How many days in the past 30 days have you been in inpatient treatment for an alcohol problem?	1a xx (0 =< n <= 30)	(ctn0031cdd:TSRI1.TSR0C1A / TSR INPROG ALCOHOL PROBLEM)
9.	2. How many days in the past 30 days have you received medication to help you detoxify from alcohol?	2a xx (0 =< n <= 30)	(ctn0031cdd:TSRI1.TSR0C2A / TSR INPROG MEDS ALCOHOL)
10.	3. How many days in the past 30 days have you received medication to prevent you from drinking?	3a xx (0 =< n <= 30)	(ctn0031cdd:TSRI1.TSR0C3A / TSR INPROG MEDS DRINKING)
11.	4. How many times in the past 30 days have you received a blood alcohol test (e.g. breathalyzer)?	4a xx (0 =< n <= 99)	(ctn0031cdd:TSRI1.TSR0C4A / TSR INPROG BLOOD TEST)
12.	5. How many times in the past 30 days have you attended an alcohol education session?	5a xx (0 =< n <= 99)	(ctn0031cdd:TSRI1.TSR0C5A / TSR INPROG ALCOHOL EDU)
13.	6. How many times in the past 30 days have you attended an alcohol relapse prevention meeting?	6a xx (0 =< n <= 99)	(ctn0031cdd:TSRI1.TSR0C6A / TSR INPROG ALCOHOL RELAPSE)
14.	7. How many times in the past 30 days have you had a significant discussion about your alcohol problems: Individual session?	7a xx (0 =< n <= 99)	(ctn0031cdd:TSRI1.TSR0C7A / TSR INPROG ALCOHOL INDIV)
15.	8. How many times in the past 30 days have you had a significant discussion about your alcohol problems: Group session?	8a xx (0 =< n <= 99)	(ctn0031cdd:TSRI1.TSR0C8A / TSR INPROG ALCOHOL GROUP)

CDD: ctn0031cdd	Table: TSRI1	Key Type: PATIENTVISIT
Column Name	Column Data Type	Design Note

VISIT_DT	DATE - DDMONYYYY	
TSR0A1A	NUMERIC - N2	
TSR0A2A	NUMERIC - N2	
TSR0A3A	NUMERIC - N2	
TSR0A4A	NUMERIC - N2	
TSR0A5A	NUMERIC - N2	
TSR0A6A	NUMERIC - N2	
TSR0C1A	NUMERIC - N2	
TSR0C2A	NUMERIC - N2	
TSR0C3A	NUMERIC - N2	
TSR0C4A	NUMERIC - N2	
TSR0C5A	NUMERIC - N2	
TSR0C6A	NUMERIC - N2	
TSR0C7A	NUMERIC - N2	
TSR0C8A	NUMERIC - N2	

ctn0031 : Treatment Services Review IN-PROG cont. (TSRI2)

1.	Assessment Date:	Req ⌄ / Req ⌄ / Req ⌄ (2008-2012)	(ctn0031cdd:TSRI2.VISIT_DT / ASSESSMENT DATE)

D. DRUG PROBLEMS AND SERVICES:

2.	1. How many days in the past 30 days have you been in inpatient treatment for a drug problem?	1a	xx	(0 =< n <= 30)	(ctn0031cdd:TSRI2.TSR0D1A / TSR INPROG DRUG PROBLEM)
3.	2. How many days in the past 30 days have you received medication to help you detoxify/come off from drugs?	2a	xx	(0 =< n <= 30)	(ctn0031cdd:TSRI2.TSR0D2A / TSR INPROG MEDICATION DETOX)
4.	3. How many days in the past 30 days have you received medication to maintain/ stablize your drug use?	3a	xx	(0 =< n <= 30)	(ctn0031cdd:TSRI2.TSR0D3A / TSR INPROG MEDS MAINTAIN)
5.	4. How many days in the past 30 days have you received medication to block the effects of drugs?	4a	xx	(0 =< n <= 30)	(ctn0031cdd:TSRI2.TSR0D4A / TSR INPROG MEDICATION BLOCK)
6.	5. How many times in the past 30 days have you received a urinalysis or other test for drug use?	5a	xx	(0 =< n <= 99)	(ctn0031cdd:TSRI2.TSR0D5A / TSR INPROG URINALYSIS TEST)
7.	6. How many times in the past 30 days have you attended a drug education session?	6a	xx	(0 =< n <= 99)	(ctn0031cdd:TSRI2.TSR0D6A / TSR INPROG DRUG EDUCATION)
8.	7. How many times in the past 30 days have you attended a drug relapse prevention group or session?	7a	xx	(0 =< n <= 99)	(ctn0031cdd:TSRI2.TSR0D7A / TSR INPROG DRUG RELAPSE)
9.	8. How many times in the past 30 days have you had a significant discussion about your drug problem: Individual session?	8a	xx	(0 =< n <= 99)	(ctn0031cdd:TSRI2.TSR0D8A / TSR INPROG DRUG INDIVIDUAL)
10.	9. How many times in the past 30 days have you had a significant discussion about your drug problem: Group session?	9a	xx	(0 =< n <= 99)	(ctn0031cdd:TSRI2.TSR0D9A / TSR INPROG DRUG GROUP)

G. PSYCHOLOGICAL/ EMOTIONAL PROBLEMS AND SERVICES:

11.	1. How many days in the past 30 days have you been hospitalized for an emotional or psychological problem?	1a	xx	(0 =< n <= 30)	(ctn0031cdd:TSRI2.TSR0G1A / TSR INPROG HOSPITAL EMOTION)
12.	2. How many days in the past 30 days have you received medication for your psychological or emotional problems?	2a	xx	(0 =< n <= 30)	(ctn0031cdd:TSRI2.TSR0G2A / TSR INPROG MEDS EMOTION)
13.	3. How many times in the past 30 days have you received testing for psychological or emotional problems?	3a	xx	(0 =< n <= 99)	(ctn0031cdd:TSRI2.TSR0G3A / TSR INPROG EMOTIONAL TEST)
14.	4. How many times in the past 30 days have you had a significant discussion about your psychological or emotional problems with a psychologist or psychiatrist: Individual session?	4a	xx	(0 =< n <= 99)	(ctn0031cdd:TSRI2.TSR0G4A / TSR INPROG PSYS INDIV)
15.	5. How many times in the past 30 days have you had a significant discussion about your psychological or emotional problems with a psychologist or psychiatrist: Group session?	5a	xx	(0 =< n <= 99)	(ctn0031cdd:TSRI2.TSR0G5A / TSR INPROG PSYS GROUP)
16.	6. How many times in the past 30 days have you had a significant discussion about your psychological or emotional problems with a Counselor or Social	6a	xx	(0 =< n <= 99)	(ctn0031cdd:TSRI2.TSR0G6A / TSR INPROG COUNSELOR INDIV)

	Worker: Individual session?		
17.	7. How many times in the past 30 days have you had a significant discussion about your psychological or emotional problems with a Counselor or Social Worker: Group Session?	7a xx (0 =< n <= 99)	(ctn0031cdd:TSRI2.TSR0G7A / TSR INPROG COUNSELOR GROUP)

CDD: ctn0031cdd Table: TSRI2 Key Type: PATIENTVISIT		
Column Name	**Column Data Type**	**Design Note**
VISIT_DT	DATE - DDMONYYYY	
TSR0D1A	NUMERIC - N2	
TSR0D2A	NUMERIC - N2	
TSR0D3A	NUMERIC - N2	
TSR0D4A	NUMERIC - N2	
TSR0D5A	NUMERIC - N2	
TSR0D6A	NUMERIC - N2	
TSR0D7A	NUMERIC - N2	
TSR0D8A	NUMERIC - N2	
TSR0D9A	NUMERIC - N2	
TSR0G1A	NUMERIC - N2	
TSR0G2A	NUMERIC - N2	
TSR0G3A	NUMERIC - N2	
TSR0G4A	NUMERIC - N2	
TSR0G5A	NUMERIC - N2	
TSR0G6A	NUMERIC - N2	
TSR0G7A	NUMERIC - N2	

ctn0031 : Treatment Services Review OUT-PROG (TSRO1)

| 1. | Assessment Date: | Req ▾ / Req ▾ / Req ▾ (2008-2012) | (ctn0031cdd:TSRO1.VISIT_DT / ASSESSMENT DATE) |

A. MEDICAL PROBLEMS AND SERVICES:

2.	1. How many days in the past 30 days have you been hospitalized for physical medical problems?	1b	xx	(0 =< n <= 30)	(ctn0031cdd:TSRO1.TSR0A1B / TSR OUTPROG HOSP MEDICAL)
3.	2. How many days in the past 30 days have you received medication for medical problems?	2b	xx	(0 =< n <= 30)	(ctn0031cdd:TSRO1.TSR0A2B / TSR OUTPROG MEDS MEDICAL)
4.	3. How many times in the past 30 days have you seen a physician for medical care?	3b	xx	(0 =< n <= 99)	(ctn0031cdd:TSRO1.TSR0A3B / TSR OUTPROG SEEN PHYSICIAN)
5.	4. How many times in the past 30 days have you seen a nurse, nurse practitioner, or physician's assistant for medical care?	4b	xx	(0 =< n <= 99)	(ctn0031cdd:TSRO1.TSR0A4B / TSR OUTPROG SEEN NURSE)
6.	5. How many times in the past 30 days have you had a significant discussion about your medical problems: Individual session?	5b	xx	(0 =< n <= 99)	(ctn0031cdd:TSRO1.TSR0A5B / TSR OUTPROG MEDICAL INDIV)
7.	6. How many times in the past 30 days have you had a significant discussion about your medical problems: Group session?	6b	xx	(0 =< n <= 99)	(ctn0031cdd:TSRO1.TSR0A6B / TSR OUTPROG MEDICAL INDIV)

C. ALCOHOL PROBLEMS AND SERVICES:

8.	1. How many days in the past 30 days have you been in inpatient treatment for an alcohol problem?	1b	xx	(0 =< n <= 30)	(ctn0031cdd:TSRO1.TSR0C1B / TSR OUTPROG ALCOHOL PROBLEM)
9.	2. How many days in the past 30 days have you received medication to help you detoxify from alcohol?	2b	xx	(0 =< n <= 30)	(ctn0031cdd:TSRO1.TSR0C2B / TSR OUTPROG MEDS ALCOHOL)
10.	3. How many days in the past 30 days have you received medication to prevent you from drinking?	3b	xx	(0 =< n <= 30)	(ctn0031cdd:TSRO1.TSR0C3B / TSR OUTPROG MEDS DRINKING)
11.	4. How many times in the past 30 days have you received a blood alcohol test (e.g. breathalyzer)?	4b	xx	(0 =< n <= 99)	(ctn0031cdd:TSRO1.TSR0C4B / TSR OUTPROG BLOOD TEST)
12.	5. How many times in the past 30 days have you attended an alcohol education session?	5b	xx	(0 =< n <= 99)	(ctn0031cdd:TSRO1.TSR0C5B / TSR OUTPROG ALCOHOL EDU)
13.	6. How many times in the past 30 days have you attended an alcohol relapse prevention meeting?	6b	xx	(0 =< n <= 99)	(ctn0031cdd:TSRO1.TSR0C6B / TSR OUTPROG ALCOHOL RELAPSE)
14.	7. How many times in the past 30 days have you had a significant discussion about your alcohol problems: Individual session?	7b	xx	(0 =< n <= 99)	(ctn0031cdd:TSRO1.TSR0C7B / TSR OUTPROG ALCOHOL INDIV)
15.	8. How many times in the past 30 days have you had a significant discussion about your alcohol problems: Group session?	8b	xx	(0 =< n <= 99)	(ctn0031cdd:TSRO1.TSR0C8B / TSR OUTPROG ALCOHOL GROUP)

CDD: ctn0031cdd	Table: TSRO1	Key Type: PATIENTVISIT
Column Name	**Column Data Type**	**Design Note**

VISIT_DT	DATE - DDMONYYYY	
TSR0A1B	NUMERIC - N2	
TSR0A2B	NUMERIC - N2	
TSR0A3B	NUMERIC - N2	
TSR0A4B	NUMERIC - N2	
TSR0A5B	NUMERIC - N2	
TSR0A6B	NUMERIC - N2	
TSR0C1B	NUMERIC - N2	
TSR0C2B	NUMERIC - N2	
TSR0C3B	NUMERIC - N2	
TSR0C4B	NUMERIC - N2	
TSR0C5B	NUMERIC - N2	
TSR0C6B	NUMERIC - N2	
TSR0C7B	NUMERIC - N2	
TSR0C8B	NUMERIC - N2	

ctn0031 : Treatment Services Review OUT-PROG cont. (TSRO2)

1.	Assessment Date:	Req ▾ / Req ▾ / Req ▾ (2008-2012)	(ctn0031cdd:TSRO2.VISIT_DT / ASSESSMENT DATE)

D. DRUG PROBLEMS AND SERVICES:

2.	1. How many days in the past 30 days have you been in inpatient treatment for a drug problem?	1b xx (0 =< n <= 30)	(ctn0031cdd:TSRO2.TSR0D1B / TSR OUTPROG DRUG PROBLEM)
3.	2. How many days in the past 30 days have you received medication to help you detoxify/come off from drugs?	2b xx (0 =< n <= 30)	(ctn0031cdd:TSRO2.TSR0D2B / TSR OUTPROG MEDS DETOX)
4.	3. How many days in the past 30 days have you received medication to maintain/ stablize your drug use?	3b xx (0 =< n <= 30)	(ctn0031cdd:TSRO2.TSR0D3B / TSR OUTPROG MEDS MAINTAIN)
5.	4. How many days in the past 30 days have you received medication to block the effects of drugs?	4b xx (0 =< n <= 30)	(ctn0031cdd:TSRO2.TSR0D4B / TSR OUTPROG MEDS BLOCK)
6.	5. How many times in the past 30 days have you received a urinalysis or other test for drug use?	5b xx (0 =< n <= 99)	(ctn0031cdd:TSRO2.TSR0D5B / TSR OUTPROG URINALYSIS TEST)
7.	6. How many times in the past 30 days have you attended a drug education session?	6b xx (0 =< n <= 99)	(ctn0031cdd:TSRO2.TSR0D6B / TSR OUTPROG DRUG EDUCATION)
8.	7. How many times in the past 30 days have you attended a drug relapse prevention group or session?	7b xx (0 =< n <= 99)	(ctn0031cdd:TSRO2.TSR0D7B / TSR OUTPROG DRUG RELAPSE)
9.	8. How many times in the past 30 days have you had a significant discussion about your drug problem: Individual session?	8b xx (0 =< n <= 99)	(ctn0031cdd:TSRO2.TSR0D8B / TSR OUTPROG DRUG INDIVIDUAL)
10.	9. How many times in the past 30 days have you had a significant discussion about your drug problem: Group session?	9b xx (0 =< n <= 99)	(ctn0031cdd:TSRO2.TSR0D9B / TSR OUTPROG DRUG GROUP)

G. PSYCHOLOGICAL/ EMOTIONAL PROBLEMS AND SERVICES:

11.	1. How many days in the past 30 days have you been hospitalized for an emotional or psychological problem?	1b xx (0 =< n <= 30)	(ctn0031cdd:TSRO2.TSR0G1B / TSR OUTPROG HOSPITA EMOTION)
12.	2. How many days in the past 30 days have you received medication for your psychological or emotional problems?	2b xx (0 =< n <= 30)	(ctn0031cdd:TSRO2.TSR0G2B / TSR OUTPROG MEDS EMOTION)
13.	3. How many times in the past 30 days have you received testing for psychological or emotional problems?	3b xx (0 =< n <= 99)	(ctn0031cdd:TSRO2.TSR0G3B / TSR OUTPROG EMOTIONAL TEST)
14.	4. How many times in the past 30 days have you had a significant discussion about your psychological or emotional problems with a psychologist or psychiatrist: Individual session?	4b xx (0 =< n <= 99)	(ctn0031cdd:TSRO2.TSR0G4B / TSR OUTPROG PSYCH INDIV)
15.	5. How many times in the past 30 days have you had a significant discussion about your psychological or emotional problems with a psychologist or psychiatrist: Group session?	5b xx (0 =< n <= 99)	(ctn0031cdd:TSRO2.TSR0G5B / TSR OUTPROG PSYCH GROUP)
16.	6. How many times in the past 30 days have you had a significant discussion about your psychological or emotional problems with a Counselor or Social	6b xx (0 =< n <= 99)	(ctn0031cdd:TSRO2.TSR0G6B / TSR OUTPROG COUNSELOR INDIV)

	Worker: Individual session?			
17.	7. How many times in the past 30 days have you had a significant discussion about your psychological or emotional problems with a Counselor or Social Worker: Group Session?	7b	xx (0 =< n <= 99)	(ctn0031cdd:TSRO2.TSR0G7B / TSR OUTPROG COUNSELOR GROUP)

CDD: ctn0031cdd Table: TSRO2 Key Type: PATIENTVISIT		
Column Name	**Column Data Type**	**Design Note**
VISIT_DT	DATE - DDMONYYYY	
TSR0D1B	NUMERIC - N2	
TSR0D2B	NUMERIC - N2	
TSR0D3B	NUMERIC - N2	
TSR0D4B	NUMERIC - N2	
TSR0D5B	NUMERIC - N2	
TSR0D6B	NUMERIC - N2	
TSR0D7B	NUMERIC - N2	
TSR0D8B	NUMERIC - N2	
TSR0D9B	NUMERIC - N2	
TSR0G1B	NUMERIC - N2	
TSR0G2B	NUMERIC - N2	
TSR0G3B	NUMERIC - N2	
TSR0G4B	NUMERIC - N2	
TSR0G5B	NUMERIC - N2	
TSR0G6B	NUMERIC - N2	
TSR0G7B	NUMERIC - N2	

ctn0031 : Treatment Services Review (TSR1)

| 1. | Assessment Date: | Req ⌄ / Req ⌄ / Req ⌄ (2008-2012) (ctn0031cdd:TSR1.VISIT_DT / ASSESSMENT DATE) |

A. MEDICAL PROBLEMS AND SERVICES:

2.	1. How many days in the past 30 days have you been hospitalized for physical medical problems?	IN-PROG OUT-PROG 1a xx (0 =< n <= 30) (ctn0031cdd:TSR1.TSR0A1A / TSR INPROG HOSPITAL MEDICAL) 1b xx (0 =< n <= 30) (ctn0031cdd:TSR1.TSR0A1B / TSR OUTPROG HOSP MEDICAL)
3.	2. How many days in the past 30 days have you received medication for medical problems?	2a xx (0 =< n <= 30) (ctn0031cdd:TSR1.TSR0A2A / TSR INPROG MEDS MEDICAL) 2b xx (0 =< n <= 30) (ctn0031cdd:TSR1.TSR0A2B / TSR OUTPROG MEDS MEDICAL)
4.	3. How many times in the past 30 days have you seen a physician for medical care?	3a xx (0 =< n <= 99) (ctn0031cdd:TSR1.TSR0A3A / TSR INPROG SEEN PHYSICIAN) 3b xx (0 =< n <= 99) (ctn0031cdd:TSR1.TSR0A3B / TSR OUTPROG SEEN PHYSICIAN)
5.	4. How many times in the past 30 days have you seen a nurse, nurse practitioner, or physician's assistant for medical care?	4a xx (0 =< n <= 99) (ctn0031cdd:TSR1.TSR0A4A / TSR INPROG SEEN NURSE) 4b xx (0 =< n <= 99) (ctn0031cdd:TSR1.TSR0A4B / TSR OUTPROG SEEN NURSE)
6.	5. How many times in the past 30 days have you had a significant discussion about your medical problems: Individual session?	5a xx (0 =< n <= 99) (ctn0031cdd:TSR1.TSR0A5A / TSR INPROG MEDICAL INDIV) 5b xx (0 =< n <= 99) (ctn0031cdd:TSR1.TSR0A5B / TSR OUTPROG MEDICAL INDIV)
7.	6. How many times in the past 30 days have you had a significant discussion about your medical problems: Group session?	6a xx (0 =< n <= 99) (ctn0031cdd:TSR1.TSR0A6A / TSR INPROG MEDICAL GROUP) 6b xx (0 =< n <= 99) (ctn0031cdd:TSR1.TSR0A6B / TSR OUTPROG MEDICAL GROUP)

C. ALCOHOL PROBLEMS AND SERVICES:

8.	1. How many days in the past 30 days have you been in inpatient treatment for an alcohol problem?	IN-PROG OUT-PROG 1a xx (0 =< n <= 30) (ctn0031cdd:TSR1.TSR0C1A / TSR INPROG ALCOHOL PROBLEM) 1b xx (0 =< n <= 30) (ctn0031cdd:TSR1.TSR0C1B / TSR OUTPROG ALCOHOL PROBLEM)
9.	2. How many days in the past 30 days have you received medication to help you detoxify from alcohol?	2a xx (0 =< n <= 30) (ctn0031cdd:TSR1.TSR0C2A / TSR INPROG MEDS ALCOHOL) 2b xx (0 =< n <= 30) (ctn0031cdd:TSR1.TSR0C2B / TSR OUTPROG MEDS ALCOHOL)
10.	3. How many days in the past 30 days have you received medication to prevent you from drinking?	3a xx (0 =< n <= 30) (ctn0031cdd:TSR1.TSR0C3A / TSR INPROG MEDS DRINKING) 3b xx (0 =< n <= 30) (ctn0031cdd:TSR1.TSR0C3B / TSR OUTPROG MEDS DRINKING)
11.	4. How many times in the past 30 days have you received a blood alcohol test (e.g. breathalyzer)?	4a xx (0 =< n <= 99) (ctn0031cdd:TSR1.TSR0C4A / TSR INPROG BLOOD TEST) 4b xx (0 =< n <= 99) (ctn0031cdd:TSR1.TSR0C4B / TSR OUTPROG BLOOD TEST)

12.	5. How many times in the past 30 days have you attended an alcohol education session?	5a	xx	(0 =< n <= 99)	(ctn0031cdd:TSR1.TSR0C5A / TSR INPROG ALCOHOL EDU)	5b	xx	(0 =< n <= 99)	(ctn0031cdd:TSR1.TSR0C5B / TSR OUTPROG ALCOHOL EDU)
13.	6. How many times in the past 30 days have you attended an alcohol relapse prevention meeting?	6a	xx	(0 =< n <= 99)	(ctn0031cdd:TSR1.TSR0C6A / TSR INPROG ALCOHOL RELAPSE)	6b	xx	(0 =< n <= 99)	(ctn0031cdd:TSR1.TSR0C6B / TSR OUTPROG ALCOHOL RELAPSE)
14.	7. How many times in the past 30 days have you had a significant discussion about your alcohol problems: Individual session?	7a	xx	(0 =< n <= 99)	(ctn0031cdd:TSR1.TSR0C7A / TSR INPROG ALCOHOL INDIV)	7b	xx	(0 =< n <= 99)	(ctn0031cdd:TSR1.TSR0C7B / TSR OUTPROG ALCOHOL INDIV)
15.	8. How many times in the past 30 days have you had a significant discussion about your alcohol problems: Group session?	8a	xx	(0 =< n <= 99)	(ctn0031cdd:TSR1.TSR0C8A / TSR INPROG ALCOHOL GROUP)	8b	xx	(0 =< n <= 99)	(ctn0031cdd:TSR1.TSR0C8B / TSR OUTPROG ALCOHOL GROUP)

CDD: ctn0031cdd   Table: TSR1   Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
VISIT_DT	DATE - DDMONYYYY	
TSR0A1A	NUMERIC - N2	
TSR0A1B	NUMERIC - N2	
TSR0A2A	NUMERIC - N2	
TSR0A2B	NUMERIC - N2	
TSR0A3A	NUMERIC - N2	
TSR0A3B	NUMERIC - N2	
TSR0A4A	NUMERIC - N2	
TSR0A4B	NUMERIC - N2	
TSR0A5A	NUMERIC - N2	
TSR0A5B	NUMERIC - N2	
TSR0A6A	NUMERIC - N2	
TSR0A6B	NUMERIC - N2	
TSR0C1A	NUMERIC - N2	
TSR0C1B	NUMERIC - N2	
TSR0C2A	NUMERIC - N2	
TSR0C2B	NUMERIC - N2	
TSR0C3A	NUMERIC - N2	

TSR0C3B	NUMERIC - N2	
TSR0C4A	NUMERIC - N2	
TSR0C4B	NUMERIC - N2	
TSR0C5A	NUMERIC - N2	
TSR0C5B	NUMERIC - N2	
TSR0C6A	NUMERIC - N2	
TSR0C6B	NUMERIC - N2	
TSR0C7A	NUMERIC - N2	
TSR0C7B	NUMERIC - N2	
TSR0C8A	NUMERIC - N2	
TSR0C8B	NUMERIC - N2	

ctn0031 : Treatment Services Review cont. (TSR2)

1.	Assessment Date:	Req ⌄ / Req ⌄ / Req ⌄ (2008-2012) (ctn0031cdd:TSR2.VISIT_DT / ASSESSMENT DATE)

D. DRUG PROBLEMS AND SERVICES:

2.	1. How many days in the past 30 days have you been in inpatient treatment for a drug problem?	IN-PROG OUT-PROG 1a xx (0 =< n <= 30) (ctn0031cdd:TSR2.TSR0D1A / TSR INPROG DRUG PROBLEM) 1b xx (0 =< n <= 30) (ctn0031cdd:TSR2.TSR0D1B / TSR OUTPROG DRUG PROBLEM)
3.	2. How many days in the past 30 days have you received medication to help you detoxify/come off from drugs?	2a xx (0 =< n <= 30) (ctn0031cdd:TSR2.TSR0D2A / TSR INPROG MEDICATION DETOX) 2b xx (0 =< n <= 30) (ctn0031cdd:TSR2.TSR0D2B / TSR OUTPROG MEDS DETOX)
4.	3. How many days in the past 30 days have you received medication to maintain/ stablize your drug use?	3a xx (0 =< n <= 30) (ctn0031cdd:TSR2.TSR0D3A / TSR INPROG MEDS MAINTAIN) 3b xx (0 =< n <= 30) (ctn0031cdd:TSR2.TSR0D3B / TSR OUTPROG MEDS MAINTAIN)
5.	4. How many days in the past 30 days have you received medication to block the effects of drugs?	4a xx (0 =< n <= 30) (ctn0031cdd:TSR2.TSR0D4A / TSR INPROG MEDICATION BLOCK) 4b xx (0 =< n <= 30) (ctn0031cdd:TSR2.TSR0D4B / TSR OUTPROG MEDS BLOCK)
6.	5. How many times in the past 30 days have you received a urinalysis or other test for drug use?	5a xx (0 =< n <= 99) (ctn0031cdd:TSR2.TSR0D5A / TSR INPROG URINALYSIS TEST) 5b xx (0 =< n <= 99) (ctn0031cdd:TSR2.TSR0D5B / TSR OUTPROG URINALYSIS TEST)
7.	6. How many times in the past 30 days have you attended a drug education session?	6a xx (0 =< n <= 99) (ctn0031cdd:TSR2.TSR0D6A / TSR INPROG DRUG EDUCATION) 6b xx (0 =< n <= 99) (ctn0031cdd:TSR2.TSR0D6B / TSR OUTPROG DRUG EDUCATION)
8.	7. How many times in the past 30 days have you attended a drug relapse prevention group or session?	7a xx (0 =< n <= 99) (ctn0031cdd:TSR2.TSR0D7A / TSR INPROG DRUG RELAPSE) 7b xx (0 =< n <= 99) (ctn0031cdd:TSR2.TSR0D7B / TSR OUTPROG DRUG RELAPSE)
9.	8. How many times in the past 30 days have you had a significant discussion about your drug problem: Individual session?	8a xx (0 =< n <= 99) (ctn0031cdd:TSR2.TSR0D8A / TSR INPROG DRUG INDIVIDUAL) 8b xx (0 =< n <= 99) (ctn0031cdd:TSR2.TSR0D8B / TSR OUTPROG DRUG INDIVIDUAL)
10.	9. How many times in the past 30 days have you had a significant discussion about your drug problem: Group session?	9a xx (0 =< n <= 99) (ctn0031cdd:TSR2.TSR0D9A / TSR INPROG DRUG GROUP) 9b xx (0 =< n <= 99) (ctn0031cdd:TSR2.TSR0D9B / TSR OUTPROG DRUG GROUP)

G. PSYCHOLOGICAL/ EMOTIONAL PROBLEMS AND SERVICES:

11.	1. How many days in the past 30 days have you been hospitalized	IN-PROG OUT-PROG 1a (ctn0031cdd:TSR2.TSR0G1A / 1b (ctn0031cdd:TSR2.TSR0G1B /

	for an emotional or psychological problem?		xx (0 =< n <= 30) TSR INPROG HOSPITAL EMOTION)		xx (0 =< n <= 30) TSR OUTPROG HOSPITA EMOTION)	
12.	2. How many days in the past 30 days have you received medication for your psychological or emotional problems?	2a	xx (0 =< n <= 30) (ctn0031cdd:TSR2.TSR0G2A / TSR INPROG MEDS EMOTION)	2b	xx (0 =< n <= 30) (ctn0031cdd:TSR2.TSR0G2B / TSR OUTPROG MEDS EMOTION)	
13.	3. How many times in the past 30 days have you received testing for psychological or emotional problems?	3a	xx (0 =< n <= 99) (ctn0031cdd:TSR2.TSR0G3A / TSR INPROG EMOTIONAL TEST)	3b	xx (0 =< n <= 99) (ctn0031cdd:TSR2.TSR0G3B / TSR OUTPROG EMOTIONAL TEST)	
14.	4. How many times in the past 30 days have you had a significant discussion about your psychological or emotional problems with a psychologist or psychiatrist: Individual session?	4a	xx (0 =< n <= 99) (ctn0031cdd:TSR2.TSR0G4A / TSR INPROG PSYCH INDIV)	4b	xx (0 =< n <= 99) (ctn0031cdd:TSR2.TSR0G4B / TSR OUTPROG PSYCH INDIV)	
15.	5. How many times in the past 30 days have you had a significant discussion about your psychological or emotional problems with a psychologist or psychiatrist: Group session?	5a	xx (0 =< n <= 99) (ctn0031cdd:TSR2.TSR0G5A / TSR INPROG PSYCH GROUP)	5b	xx (0 =< n <= 99) (ctn0031cdd:TSR2.TSR0G5B / TSR OUTPROG PSYCH GROUP)	
16.	6. How many times in the past 30 days have you had a significant discussion about your psychological or emotional problems with a counselor or social worker? Individual Session?	6a	xx (0 =< n <= 99) (ctn0031cdd:TSR2.TSR0G6A / TSR INPROG COUNSELOR INDIV)	6b	xx (0 =< n <= 99) (ctn0031cdd:TSR2.TSR0G6B / TSR OUTPROG COUNSELOR INDIV)	
17.	7. How many times in the past 30 days have you had a significant discussion about your psychological or emotional problems with a counselor or social worker? Group Session?	7a	xx (0 =< n <= 99) (ctn0031cdd:TSR2.TSR0G7A / TSR INPROG COUNSELOR GROUP)	7b	xx (0 =< n <= 99) (ctn0031cdd:TSR2.TSR0G7B / TSR OUTPROG COUNSELOR GROUP)	

CDD: ctn0031cdd   Table: TSR2   Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
VISIT_DT	DATE - DDMONYYYY	
TSR0D1A	NUMERIC - N2	
TSR0D1B	NUMERIC - N2	
TSR0D2A	NUMERIC - N2	
TSR0D2B	NUMERIC - N2	

TSR0D3A	NUMERIC - N2	
TSR0D3B	NUMERIC - N2	
TSR0D4A	NUMERIC - N2	
TSR0D4B	NUMERIC - N2	
TSR0D5A	NUMERIC - N2	
TSR0D5B	NUMERIC - N2	
TSR0D6A	NUMERIC - N2	
TSR0D6B	NUMERIC - N2	
TSR0D7A	NUMERIC - N2	
TSR0D7B	NUMERIC - N2	
TSR0D8A	NUMERIC - N2	
TSR0D8B	NUMERIC - N2	
TSR0D9A	NUMERIC - N2	
TSR0D9B	NUMERIC - N2	
TSR0G1A	NUMERIC - N2	
TSR0G1B	NUMERIC - N2	
TSR0G2A	NUMERIC - N2	
TSR0G2B	NUMERIC - N2	
TSR0G3A	NUMERIC - N2	
TSR0G3B	NUMERIC - N2	
TSR0G4A	NUMERIC - N2	
TSR0G4B	NUMERIC - N2	
TSR0G5A	NUMERIC - N2	
TSR0G5B	NUMERIC - N2	
TSR0G6A	NUMERIC - N2	
TSR0G6B	NUMERIC - N2	
TSR0G7A	NUMERIC - N2	
TSR0G7B	NUMERIC - N2	

ctn0031 : MEDICAL AND PSYCHIATRIC HISTORY (MDHX)

.

| 1. | Assessment Date: | Req ▼ / Req ▼ / Req ▼   (2008-2012) (ctn0031cdd:MDHX.VISIT_DT / ASSESSMENT DATE) |

List all clinically significant pre-existing conditions. Body System/Disorder of

2.	1. Head and Neck	(ctn0031cdd:MDHX.MDHX01 / MDHX HEAD NECK HX) *[0]* ○ No **[1]** ○ Yes History If Yes Specify | A100 (ctn0031cdd:MDHX.MDHX1SP / MDHX HEAD NECK SPECIFY) *[98]* ○ NA
3.	2. Neurological/Seizure	(ctn0031cdd:MDHX.MDHX02 / MDHX NEUROLOGICAL HX) *[0]* ○ No **[1]** ○ Yes History If Yes Specify | A100 (ctn0031cdd:MDHX.MDHX2SP / MDHX NEUROLOGICAL SPECIFY) *[98]* ○ NA
4.	3. Allergy	(ctn0031cdd:MDHX.MDHX03 / MDHX ALLERGY HX) *[0]* ○ No **[1]** ○ Yes History If Yes Specify | A100 (ctn0031cdd:MDHX.MDHX3SP / MDHX ALLERGY SPECIFY) *[98]* ○ NA
5.	4. Ear, Nose and Throat	(ctn0031cdd:MDHX.MDHX04 / MDHX ENT HX) *[0]* ○ No **[1]** ○ Yes History If Yes Specify | A100 (ctn0031cdd:MDHX.MDHX4SP / MDHX ENT SPECIFY) *[98]* ○ NA
6.	5. Lungs/Chest	(ctn0031cdd:MDHX.MDHX05 / MDHX LUNGS CHEST HX) *[0]* ○ No **[1]** ○ Yes History If Yes Specify | A100 (ctn0031cdd:MDHX.MDHX5SP / MDHX LUNGS CHEST SPECIFY) *[98]* ○ NA
7.	6. Heart/Blood Vessels	(ctn0031cdd:MDHX.MDHX06 / MDHX HEART VESSEL HX) *[0]* ○ No **[1]** ○ Yes History

	If Yes Specify	A100	(ctn0031cdd:MDHX.MDHX6SP / MDHX HEART VESSEL SPECIFY)
	[98] ○ NA		

8.	7. Blood Disorder	(ctn0031cdd:MDHX.MDHX07 / MDHX BLOOD DISORDER HX) *[0]* ○ No **[1]** ○ Yes History
		If Yes Specify A100 (ctn0031cdd:MDHX.MDHX7SP / MDHX BLOOD DISORDER SPECIFY) *[98]* ○ NA

9.	8. Liver	(ctn0031cdd:MDHX.MDHX08 / MDHX LIVER HX) *[0]* ○ No **[1]** ○ Yes History
		If Yes Specify A100 (ctn0031cdd:MDHX.MDHX8SP / MDHX LIVER SPECIFY) *[98]* ○ NA

10.	9. Kidneys/Bladder	(ctn0031cdd:MDHX.MDHX09 / MDHX KIDNEY BLADDER HX) *[0]* ○ No **[1]** ○ Yes History
		If Yes Specify A100 (ctn0031cdd:MDHX.MDHX9SP / MDHX KIDNEY BLADDER SPECIFY) *[98]* ○ NA

11.	10. Reproductive/Genital	(ctn0031cdd:MDHX.MDHX010 / MDHX REPRODUCT GENITAL HX) *[0]* ○ No **[1]** ○ Yes History
		If Yes Specify A100 (ctn0031cdd:MDHX.MDHX10SP / MDHX REPRODUCTIVE SPECIFY) *[98]* ○ NA

12.	11. Gastrointestinal/Abdominal	(ctn0031cdd:MDHX.MDHX011 / MDHX GI ABDOMINAL HX) *[0]* ○ No **[1]** ○ Yes History
		If Yes Specify A100 (ctn0031cdd:MDHX.MDHX11SP / MDHX GI ABDOMINAL SPECIFY) *[98]* ○ NA

13.	12. Musculoskeletal	(ctn0031cdd:MDHX.MDHX012 / MDHX MUSCULOSKELETAL HX) *[0]* ○ No **[1]** ○ Yes History
		If Yes Specify A100 (ctn0031cdd:MDHX.MDHX12SP / MDHX MUSCULOSKELET SPECIFY)

		[98] ○ NA
14.	13. Diabetes	(ctn0031cdd:MDHX.MDHX013 / MDHX DM HX) *[0]* ○ No **[1]** ○ Yes History If Yes Specify | A100 | (ctn0031cdd:MDHX.MDH013SP / MDHX DM SPECIFY) *[98]* ○ NA
15.	14. Skin/Dermatologic	(ctn0031cdd:MDHX.MDHX014 / MDHX SKIN HX) *[0]* ○ No **[1]** ○ Yes History If Yes Specify | A100 | (ctn0031cdd:MDHX.MDHX14SP / MDHX SKIN SPECIFY) *[98]* ○ NA
16.	15. Sleep Problems/Disorders	(ctn0031cdd:MDHX.MDHX015 / MDHX SLEEP DISORDER HX) *[0]* ○ No **[1]** ○ Yes History If Yes Specify | A100 | (ctn0031cdd:MDHX.MDHX15SP / MDHX SLEEP DISORDER SPECIFY) *[98]* ○ NA
17.	16. Depression/Mood Disorders	(ctn0031cdd:MDHX.MDHX016 / MDHX DEPRESSION HX) *[0]* ○ No **[1]** ○ Yes History If Yes Specify | A100 | (ctn0031cdd:MDHX.MDHX16SP / MDHX DEPRESSION SPECIFY) *[98]* ○ NA
18.	17. Anxiety/Panic Disorders	(ctn0031cdd:MDHX.MDHX017 / MDHX ANXIETY PANIC HX) *[0]* ○ No **[1]** ○ Yes History If Yes Specify | A100 | (ctn0031cdd:MDHX.MDHX17SP / MDHX ANXIETY PANIC SPECIFY) *[98]* ○ NA
19.	18. Other Psychiatric Disorders	(ctn0031cdd:MDHX.MDHX018 / MDHX OTHER PSYCH HX) *[0]* ○ No **[1]** ○ Yes History If Yes Specify | A100 | (ctn0031cdd:MDHX.MDHX18SP / MDHX OTHER PSYCH SPECIFY) *[98]* ○ NA
20.	19. Other Physical Conditions	(ctn0031cdd:MDHX.MDHX019 / MDHX OTHER PHYSICAL HX)

	[0] ◯ No **[1]** ◯ Yes History 　　If Yes 　　Specify　｜ A100 *[98]* ◯ NA	（ctn0031cdd:MDHX.MDHX19SP / MDHX OTHER PHYSICAL SPECIFY）
21.	20. Other Chronic Medical Condition	（ctn0031cdd:MDHX.MDHX020 / MDHX OTHER CHRONIC MED HX） *[0]* ◯ No **[1]** ◯ Yes History 　　If Yes　｜ A100 　　Specify *[98]* ◯ NA

(ctn0031cdd:MDHX.MDHX20SP / MDHX OTHER CHRONIC SPECIFY)

CDD: ctn0031cdd	Table: MDHX	Key Type: PATIENTVISIT
Column Name	**Column Data Type**	**Design Note**
VISIT_DT	DATE - DDMONYYYY	
MDHX01	NUMERIC	
MDHX1SP	STRING(100) - A100	
MDHX02	NUMERIC	
MDHX2SP	STRING(100) - A100	
MDHX03	NUMERIC	
MDHX3SP	STRING(100) - A100	
MDHX04	NUMERIC	
MDHX4SP	STRING(100) - A100	
MDHX05	NUMERIC	
MDHX5SP	STRING(100) - A100	
MDHX06	NUMERIC	
MDHX6SP	STRING(100) - A100	
MDHX07	NUMERIC	
MDHX7SP	STRING(100) - A100	
MDHX08	NUMERIC	
MDHX8SP	STRING(100) - A100	
MDHX09	NUMERIC	
MDHX9SP	STRING(100) - A100	
MDHX010	NUMERIC	

MDHX10SP	STRING(100) - A100	
MDHX011	NUMERIC	
MDHX11SP	STRING(100) - A100	
MDHX012	NUMERIC	
MDHX12SP	STRING(100) - A100	
MDHX013	NUMERIC	
MDH013SP	STRING(100) - A100	
MDHX014	NUMERIC	
MDHX14SP	STRING(100) - A100	
MDHX015	NUMERIC	
MDHX15SP	STRING(100) - A100	
MDHX016	NUMERIC	
MDHX16SP	STRING(100) - A100	
MDHX017	NUMERIC	
MDHX17SP	STRING(100) - A100	
MDHX018	NUMERIC	
MDHX18SP	STRING(100) - A100	
MDHX019	NUMERIC	
MDHX19SP	STRING(100) - A100	
MDHX020	NUMERIC	
MDHX20SP	STRING(100) - A100	

ctn0031 : RANDOMIZATION (RAN)

.

1.	Assessment Date:	Req ⌄ / Req ⌄ / Req ⌄ (2008-2012) (ctn0031cdd:RAN.VISIT_DT / ASSESSMENT DATE)

.

2.*	Date of Randomization [*read-only*]	Req ⌄ / Req ⌄ / Req ⌄ (2007-2011) (ctn0031cdd:RAN.RAN01DT / RAN RANDOMIZATION DATE)

3.	If participant failed to randomize, provide reason:	(ctn0031cdd:RAN.RAN01 / RAN PT NOT RANDOMIZED) **[O]** ◯ Not Randomized (ctn0031cdd:RAN.RAN02 / RAN REASON NOT RANDOMIZED) *[1]* ◯ Withdrew consent *[2]* ◯ Participant's decision/changed mind **[3]** ◯ Judgment of CTP staff Specify CTP Judgment: | A100 (ctn0031cdd:RAN.RAN RAN FAILED CTP SPE(*[4]* ◯ Failed to return *[5]* ◯ Ineligible for study *[98]* ◯ NA

4.	IVRS Court Mandated to Treatment?	(ctn0031cdd:RAN.RAN03 / RAN IVRS COURT MANDATED TX) *[0]* ◯ No *[1]* ◯ Yes

5.*	IVRS Randomization number [*read-only*]	A4 | (ctn0031cdd:RAN.RAN04 / RAN IVRS RANDOMIZATION NUM)

6.*	IVRS treatment assignment: [*read-only*]	(ctn0031cdd:RAN.RAN05 / RAN IVRS TX ASSIGNMENT) *[1]* ◯ TAU *[2]* ◯ STAGE-12

7.	Did you call IVRS to randomize the participant?	(ctn0031cdd:RAN.RAN06 / RAN CALL IVRS TO RANDOMIZE) Enter No if participant was ineligible for study, or was eligible but failed to randomize *[0]* ◯ No *[1]* ◯ Yes

* Item is not required

CDD: ctn0031cdd   Table: RAN   Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
VISIT_DT	DATE - DDMONYYYY	
RAN01DT	DATE - DDMONYYYY	
RAN01	NUMERIC	
RAN02	NUMERIC	
RAN02SP	STRING(100) - A100	
RAN03	NUMERIC	
RAN04	STRING(4) - A4	
RAN05	NUMERIC	
RAN06	NUMERIC	

ctn0031 : Research Visit Attendance (VISR)

1.	Assessment Date:	Req ⌄ / Req ⌄ / Req ⌄ (2008-2012) (ctn0031cdd:VISR.VISIT_DT / ASSESSMENT DATE)

If visit week = 2 and Question 5 on Randomization form = TAU then this form should not be entered

2.	Visit Week	Pulldown List 1 ⌄ (ctn0031cdd:VISR.VSRVISWK / VISR VISIT WEEK)
3.	1. Did participant attend the research visit?	(ctn0031cdd:VISR.VISR01 / VISR DID PART RPT ANY SUE) *[0]* ◯ No *[1]* ◯ Yes
4.	2. Did participant complete all assessments in this visit?	(ctn0031cdd:VISR.VISR02 / VISR02 COMPLETE SESSIONS) *[0]* ◯ No *[1]* ◯ Yes
5.	3. Did the participant report any Adverse Events?	(ctn0031cdd:VISR.VISR03 / VISR03 REPORT AE) *[0]* ◯ No *[1]* ◯ Yes *[98]* ◯ Not assessed If Yes: Complete the Adverse Events form. If Not Assessed: Complete Protocol Violation Form
6.	4. Did the participant report any issues with worsening substance use?	(ctn0031cdd:VISR.VISR04 / VISR04 WORSE SUBSTANCE USE) *[0]* ◯ No *[1]* ◯ Yes *[98]* ◯ Not assessed If Yes: Complete the Substance Use Events from

Pulldown List 1:

RefName	Display Text	Value	Design Note
seBASE	BASELINE	BASELINE	
seWK2	Week 2	WEEK2	
seWK4	Week 4	WEEK4	
seWK8	Week 8	WEEK8	
seMON3	3 Month	MON3	
seMON6	6 Month	MON6	

CDD: ctn0031cdd   Table: VISR   Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note

VISIT_DT	DATE - DDMONYYYY	
VSRVISWK	STRING(8) - BASELINE, WEEK2, WEEK4, WEEK8, MON3, MON6	
VISR01	NUMERIC	
VISR02	NUMERIC	
VISR03	NUMERIC	
VISR04	NUMERIC	

ctn0031 : Therapy Session Attendance (VIST) - Repeating Form

#		Assessment Date:	Visit Week	Did participant attend a therapy session this week?	
1	◇◇◇				

1.	Assessment Date:	Req ▾ / Req ▾ / Req ▾ (2008-2012) (ctn0031cdd:VIST.VISIT_DT / ASSESSMENT DATE)
.		
2.	Visit Week	Pulldown List 1 ▾ (ctn0031cdd:VIST.VSTVISWK / VIST VISIT WEEK)

3. Did participant attend a therapy session this week?

(ctn0031cdd:VIST.VIST01 / VIST DID PART ATTEND VISIT)

[0] ○ No

[1] ○ Yes

    (ctn0031cdd:VIST.VIST01S1 / VIST INDIV SESSION1)

    If Yes: Which session (check all that apply):

        [1] ☐ Individual session 1

        Date of session: Req ▾ / Req ▾ / Req ▾ (2008-2012) (ctn0031cdd:VIST.VISTS1DT / VIST INDIV SESSION1 DT)

        Counselor ID: xxxxx (ctn0031cdd:VIST.VISTC1ID / VIST INDIV SESSION1 COUNSEL)

    (ctn0031cdd:VIST.VIST01S2 / VIST INDIV SESSION2)

        [1] ☐ Individual session 2

        Date of session: Req ▾ / Req ▾ / Req ▾ (2008-2012) (ctn0031cdd:VIST.VISTS2DT / VIST INDIV SESSION2 DT)

        Counselor ID: xxxxx (ctn0031cdd:VIST.VISTC2ID / VIST INDIV SESSION2 COUNSEL)

    (ctn0031cdd:VIST.VIST01S3 / VIST INDIV SESSION3)

        [1] ☐ Individual session 3

        Date of session: Req ▾ / Req ▾ / Req ▾ (2008-2012) (ctn0031cdd:VIST.VISTS3DT / VIST INDIV SESSION3 DT)

        Counselor ID: xxxxx (ctn0031cdd:VIST.VISTC3ID / VIST INDIV SESSION3 COUNSEL)

    (ctn0031cdd:VIST.VIST01G1 / VIST GROUP SESSION1)

        [1] ☐ Group topic: Acceptance

        Date of session: Req ▾ / Req ▾ / Req ▾ (2008-2012) (ctn0031cdd:VIST.VISTG1DT / VIST GROUP SESSION1 DT)

        Counselor ID: xxxxx (ctn0031cdd:VIST.VISTG1ID / VIST GROUP SESSION1 COUNSEL)

    (ctn0031cdd:VIST.VIST01G2 / VIST GROUP SESSION2)

        [1] ☐ Group topic: People, Places and Things

        Date of / / (2008- (ctn0031cdd:VIST.VISTG2DT /

session: [Req ▼] [Req ▼] [Req ▼] 2012)   VIST GROUP SESSION2 DT)

Counselor ID: | xxxxx (ctn0031cdd:VIST.VISTG2ID / VIST GROUP SESSION2 COUNSEL)

(ctn0031cdd:VIST.VIST01G3 / VIST GROUP SESSION3)

[1] ☐ Group topic: Surrender

Date of session: [Req ▼] / [Req ▼] / [Req ▼] (2008-2012) (ctn0031cdd:VIST.VISTG3DT / VIST GROUP SESSION3 DT)

Counselor ID: | xxxxx (ctn0031cdd:VIST.VISTG3ID / VIST GROUP SESSION3 COUNSEL)

(ctn0031cdd:VIST.VIST01G4 / VIST GROUP SESSION4)

[1] ☐ Group topic: Getting Active in 12 Steps

Date of session: [Req ▼] / [Req ▼] / [Req ▼] (2008-2012) (ctn0031cdd:VIST.VISTG4DT / VIST GROUP SESSION4 DT)

Counselor ID: | xxxxx (ctn0031cdd:VIST.VISTG4ID / VIST GROUP SESSION4 COUNSEL)

(ctn0031cdd:VIST.VIST01G5 / VIST GROUP SESSION5)

[1] ☐ Group topic: Emotions

Date of session: [Req ▼] / [Req ▼] / [Req ▼] (2008-2012) (ctn0031cdd:VIST.VISTG5DT / VIST GROUP SESSION5 DT)

Counselor ID: | xxxxx (ctn0031cdd:VIST.VISTG5ID / VIST GROUP SESSION5 COUNSEL)

[2] ◯ Participant has already completed all therapy sessions

[3] ◯ Participant has been discontinued from all therapy sessions

Pulldown List 1:

RefName	Display Text	Value	Design Note
seWK1	Week 1	WEEK1	
seWK2	Week 2	WEEK2	
seWK3	Week 3	WEEK3	
seWK4	Week 4	WEEK4	
seWK5	Week 5	WEEK5	
seWK6	Week 6	WEEK6	
seWK7	Week 7	WEEK7	
seWK8	Week 8	WEEK8	
seMON3	3 Month	MON3	
seMON6	6 Month	MON6	

CDD: ctn0031cdd	Table: VIST	Key Type: PATIENTVISIT	
Column Name	**Column Data Type**		**Design Note**
VISIT_DT	DATE - DDMONYYYY		
VSTVISWK	STRING(8) - WEEK1, WEEK2, WEEK3, WEEK4, WEEK5, WEEK6, WEEK7, WEEK8, MON3, MON6		
VIST01	NUMERIC		
VIST01S1	STRING(255)		
VISTS1DT	DATE - DDMONYYYY		
VISTC1ID	NUMERIC - N5		
VIST01S2	STRING(255)		
VISTS2DT	DATE - DDMONYYYY		
VISTC2ID	NUMERIC - N5		
VIST01S3	STRING(255)		
VISTS3DT	DATE - DDMONYYYY		
VISTC3ID	NUMERIC - N5		
VIST01G1	STRING(255)		
VISTG1DT	DATE - DDMONYYYY		
VISTG1ID	NUMERIC - N5		
VIST01G2	STRING(255)		
VISTG2DT	DATE - DDMONYYYY		
VISTG2ID	NUMERIC - N5		
VIST01G3	STRING(255)		
VISTG3DT	DATE - DDMONYYYY		
VISTG3ID	NUMERIC - N5		
VIST01G4	STRING(255)		
VISTG4DT	DATE - DDMONYYYY		
VISTG4ID	NUMERIC - N5		
VIST01G5	STRING(255)		
VISTG5DT	DATE - DDMONYYYY		
VISTG5ID	NUMERIC - N5		

ctn0031 : SUBSTANCE USE EVENTS (SUE) - Repeating Form

#		Assessment Date:	Visit Week	1. Has your substance use increased since your last visit?	2. Has the intensity of your treatment changed since your last visit?	3. Have you experienced any withdrawal symptoms since your last visit?	4. Have you experienced any drug craving since your last visit?	5. Comments	
1	⊙⊙⊙								

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1.	Assessment Date:	Req ▾ / Req ▾ / Req ▾ (2008-2012) (ctn0031cdd:SUE.VISIT_DT / ASSESSMENT DATE)
2.	Visit Week	Pulldown List 1 ▾ (ctn0031cdd:SUE.SUEVISWK / SUE VISIT WEEK)
3.	1. Has your substance use increased since your last visit?	(ctn0031cdd:SUE.SUE01 / SUE SUBSTANCE USE INCREASED) *[0]* ○ No **[1]** ○ Yes 　　If Yes: Did you enter a detox program because of your increased use? 　　(ctn0031cdd:SUE.SUE01A / SUE ENTER DETOX PROGRAM) 　　*[0]* ○ No 　　**[1]** ○ Yes　　　　　　　　　　(ctn0031cdd:SUE.SUE01DAY / SUE DAYS WERE YOU IN DETOX) 　　　　If Yes: How many days were you in detox? 　　　　xx　　(0 =< n <= 99) *[98]* ○ NA
4.	2. Has the intensity of your treatment changed since your last visit?	(ctn0031cdd:SUE.SUE02 / SUE INTENSITY TREATMENT) *[0]* ○ No Change **[1]** ○ Intensity Increased 　　If Increased: How many hours of treatment do you receive per week in your new treatment? 　　xxx　　(0 =< n <= 168) hours/week (ctn0031cdd:SUE.SUE02A / SUE INCREASED HOURS) **[2]** ○ Intensity Decreased 　　If Decreased: How many hours of treatment do you receive per week in your new treatment? 　　xxx　　(0 =< n <= 168) hours/week (ctn0031cdd:SUE.SUE02B / SUE DECREASED HOURS) *[98]* ○ NA
5.	3. Have you experienced any withdrawal symptoms since your last visit?	(ctn0031cdd:SUE.SUE03 / SUE EXPERIENCED WITHDRAWAL) *[0]* ○ No **[1]** ○ Yes 　　If Yes: Check all that apply: 　　(ctn0031cdd:SUE.SUE03A / SUE NAUSEA) 　　*[1]* ☐ Nausea 　　(ctn0031cdd:SUE.SUE03B / SUE SWEATING) 　　*[1]* ☐ Sweating

(ctn0031cdd:SUE.SUE03C / SUE VOMITING)
[1] ☐ Vomiting
(ctn0031cdd:SUE.SUE03D / SUE SHAKING)
[1] ☐ Shaking
(ctn0031cdd:SUE.SUE03E / SUE MOOD OR ANXIETY PROBLEM)
[1] ☐ Mood or Anxiety Problems
(ctn0031cdd:SUE.SUE03F / SUE FATIGUE OR SLEEP PROB)
[1] ☐ Fatigue or Sleep Problems
(ctn0031cdd:SUE.SUE03G / SUE EXPERIENCED OTHER)
[1] ☐ Other (specify):

| A100 | (ctn0031cdd:SUE.SUE03GSP) |

[98] ◯ NA

6.	4. Have you experienced any drug craving since your last visit?	(ctn0031cdd:SUE.SUE04 / SUE DRUG CRAVING)
		
		 [0] ◯ No
		 [1] ◯ (ctn0031cdd:SUE.SUE04A / SUE CRAVINGS WORSE)
		 Yes
		 If Yes: Are these cravings worse than you have had in the past?
		
		    [0] ◯ No
		    [1] ◯ Yes
		      If Yes: What situations did you experience the cravings (check all that apply)?
		      (ctn0031cdd:SUE.SUE04A1 / SUE ALL OR MUCH OF THE TIME)
		      [1] ☐ All or much of the time
		      (ctn0031cdd:SUE.SUE04A2 / SUE STAGE-12 GROUP SESSIONS)
		      [1] ☐ STAGE-12 group sessions
		      (ctn0031cdd:SUE.SUE04A3 / SUE COMMUNITY-BASE 12-STEP)
		      [1] ☐ Community-based 12-Step groups
		      (ctn0031cdd:SUE.SUE04A4 / SUE OTHER DRUG TREATMENT)
		      [1] ☐ Other drug treatment activities (specify): `A100` (ctn0031cdd:SUE.SUE04ASP / SUE OTHER TREATMENT SPECIFY)
		
		 [98] ◯ NA

7.*	5. Comments	A200 (ctn0031cdd:SUE.SUE05 / SUE COMMENTS)

  *   Item is not required

Pulldown List 1:

RefName	Display Text	Value	Design Note

seWK2	Week 2	WEEK2	
seWK4	Week 4	WEEK4	
seWK8	Week 8	WEEK8	
seMON3	3 Month	MON3	
seMON6	6 Month	MON6	

CDD: ctn0031cdd Table: SUE Key Type: PATIENTVISIT		
Column Name	**Column Data Type**	**Design Note**
VISIT_DT	DATE - DDMONYYYY	
SUEVISWK	STRING(8) - WEEK2, WEEK4, WEEK8, MON3, MON6	
SUE01	NUMERIC	
SUE01A	NUMERIC	
SUE01DAY	NUMERIC - N2	
SUE02	NUMERIC	
SUE02A	NUMERIC - N3	
SUE02B	NUMERIC - N3	
SUE03	NUMERIC	
SUE03A	NUMERIC	
SUE03B	NUMERIC	
SUE03C	NUMERIC	
SUE03D	NUMERIC	
SUE03E	NUMERIC	
SUE03F	NUMERIC	
SUE03G	NUMERIC	
SUE04	NUMERIC	
SUE04A	NUMERIC	
SUE04A1	NUMERIC	
SUE04A2	NUMERIC	
SUE04A3	NUMERIC	
SUE04A4	NUMERIC	
SUE05	STRING(200) - A200	
SUE04ASP	STRING(100) - A100	

SUE03GSP	STRING(100) - A100	

ctn0031 : Form Completion Status (WK2)

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1.	Research Visit Attendance	Pulldown List 1 ☑ (ctn0031cdd:WK2.FRMVISR / FORM COMPLETION STATUS CODE)

Pulldown List 1:

RefName	Display Text	Value	Design Note
ieFCS0	0 CRF Completed	0	
ieFCS1	1 Patient Unavailable	1	
ieFCS2	2 Data Collector Error	2	
ieFCS3	3 Patient unable/unwilling to answer	3	
ieFCS9	9 Not Applicable/Other	9	

CDD: ctn0031cdd   Table: WK2   Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
FRMVISR	NUMERIC - 0, 1, 2, 3, 9	

ctn0031 : Form Completion Status (WK4)

.		
1.	Treatment Services Review Lead	Pulldown List 1 ⌄ (ctn0031cdd:WK4.FRMTSRL / FORM COMPLETION STATUS CODE)
2.	Substance Use Calendar Lead	Pulldown List 1 ⌄ (ctn0031cdd:WK4.FRMSUCL / FORM COMPLETION STATUS CODE)
3.	Alcohol Breathalyzer	Pulldown List 1 ⌄ (ctn0031cdd:WK4.FRMAB / FORM COMPLETION STATUS CODE)
4.	Urine Drug Screen	Pulldown List 1 ⌄ (ctn0031cdd:WK4.FRMUDS / FORM COMPLETION STATUS CODE)
5.	Research Visit Attendance	Pulldown List 1 ⌄ (ctn0031cdd:WK4.FRMVISR / FORM COMPLETION STATUS CODE)

Pulldown List 1:

RefName	Display Text	Value	Design Note
ieFCS0	0 CRF Completed	0	
ieFCS1	1 Patient Unavailable	1	
ieFCS2	2 Data Collector Error	2	
ieFCS3	3 Patient unable/unwilling to answer	3	
ieFCS9	9 Not Applicable/Other	9	

CDD: ctn0031cdd   Table: WK4   Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
FRMTSRL	NUMERIC - 0, 1, 2, 3, 9	
FRMSUCL	NUMERIC - 0, 1, 2, 3, 9	
FRMAB	NUMERIC - 0, 1, 2, 3, 9	
FRMUDS	NUMERIC - 0, 1, 2, 3, 9	
FRMVISR	NUMERIC - 0, 1, 2, 3, 9	

ctn0031 : Form Completion Status (WK8)

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1.	Treatment Services Review Lead	Pulldown List 1 ⌄ (ctn0031cdd:WK8.FRMTSRL / FORM COMPLETION STATUS CODE)
2.	Substance Use Calendar Lead	Pulldown List 1 ⌄ (ctn0031cdd:WK8.FRMSUCL / FORM COMPLETION STATUS CODE)
3.	Alcohol Breathalyzer	Pulldown List 1 ⌄ (ctn0031cdd:WK8.FRMAB / FORM COMPLETION STATUS CODE)
4.	Urine Drug Screen	Pulldown List 1 ⌄ (ctn0031cdd:WK8.FRMUDS / FORM COMPLETION STATUS CODE)
5.	Research Visit Attendance	Pulldown List 1 ⌄ (ctn0031cdd:WK8.FRMVISR / FORM COMPLETION STATUS CODE)

Pulldown List 1:

RefName	Display Text	Value	Design Note
ieFCS0	0 CRF Completed	0	
ieFCS1	1 Patient Unavailable	1	
ieFCS2	2 Data Collector Error	2	
ieFCS3	3 Patient unable/unwilling to answer	3	
ieFCS9	9 Not Applicable/Other	9	

CDD: ctn0031cdd   Table: WK8   Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
FRMTSRL	NUMERIC - 0, 1, 2, 3, 9	
FRMSUCL	NUMERIC - 0, 1, 2, 3, 9	
FRMAB	NUMERIC - 0, 1, 2, 3, 9	
FRMUDS	NUMERIC - 0, 1, 2, 3, 9	
FRMVISR	NUMERIC - 0, 1, 2, 3, 9	

ctn0031 : Form Completion Status (3MOS)

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1.	CTN-ASI LITE FOLLOW UP	Pulldown List 1 ▼ (ctn0031cdd:MOS3.FRMASF / FORM COMPLETION STATUS CODE)
2.	Treatment Services Review Lead	Pulldown List 1 ▼ (ctn0031cdd:MOS3.FRMTSRL / FORM COMPLETION STATUS CODE)
3.	Substance Use Calendar Lead	Pulldown List 1 ▼ (ctn0031cdd:MOS3.FRMSUCL / FORM COMPLETION STATUS CODE)
4.	Alcohol Breathalyzer	Pulldown List 1 ▼ (ctn0031cdd:MOS3.FRMAB / FORM COMPLETION STATUS CODE)
5.	Urine Drug Screen	Pulldown List 1 ▼ (ctn0031cdd:MOS3.FRMUDS / FORM COMPLETION STATUS CODE)
6.	Research Visit Attendance	Pulldown List 1 ▼ (ctn0031cdd:MOS3.FRMVISR / FORM COMPLETION STATUS CODE)

Pulldown List 1:

RefName	Display Text	Value	Design Note
ieFCS0	0 CRF Completed	0	
ieFCS1	1 Patient Unavailable	1	
ieFCS2	2 Data Collector Error	2	
ieFCS3	3 Patient unable/unwilling to answer	3	
ieFCS9	9 Not Applicable/Other	9	

CDD: ctn0031cdd   Table: MOS3   Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
FRMASF	NUMERIC - 0, 1, 2, 3, 9	
FRMTSRL	NUMERIC - 0, 1, 2, 3, 9	
FRMSUCL	NUMERIC - 0, 1, 2, 3, 9	
FRMAB	NUMERIC - 0, 1, 2, 3, 9	
FRMUDS	NUMERIC - 0, 1, 2, 3, 9	
FRMVISR	NUMERIC - 0, 1, 2, 3, 9	

ctn0031 : CTN-ASI Lite Follow Up (ASF1)

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| 1. | Assessment Date: | Req ⌄ / Req ⌄ / Req ⌄ (2008-2012) (ctn0031cdd:ASF1.VISIT_DT / ASSESSMENT DATE) |

CTN-ASI Lite Follow Up v.1: General Information

2.	G19. Have you been in a controlled environment in the past 30 days? (A place, theoretically, without access to drugs/alcohol)	(ctn0031cdd:ASF1.ASF0G19) *[1]* ◯ No *[2]* ◯ Jail *[3]* ◯ Alcohol or drug treatment *[4]* ◯ Medical treatment *[5]* ◯ Psychiatric treatment **[6]** ◯ Other (specify): A50 (ctn0031cdd:ASF1.ASF0G19S / ASIF CONTROLLED SPECIFY ENV) *[97]* ◯ Not answered
3.	G20. How many days? (Refers to total number of days detained in the past 30 days)	(ctn0031cdd:ASF1.ASF0G20R / ASIF DAYS CONTROLLED ENV RADIO) **[1]** ◯ xx (0 =< n <= 30) days (ctn0031cdd:ASF1.ASF0G20 / ASIF DAYS CONTROLLED ENV) *[97]* ◯ Not answered *[96]* ◯ Not applicable
4.*	Comments:	A200 (ctn0031cdd:ASF1.ASF0GCOM / ASIF GENERAL COMMENTS)

CTN-ASI LITE v. 1:Medical Status

5.	M1. How many times since your last ASI have you been hospitalized for medical problems?	(ctn0031cdd:ASF1.ASF0M1R / ASIF TIMES HOSPITALIZED RADIO) **[1]** ◯ xx (0 =< n <= 99) times (ctn0031cdd:ASF1.ASF0M1 / ASIF TIMES HOSPITALIZED) *[97]* ◯ Not answered 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.

6.	M4. Are you taking any prescribed medication on a regular basis for a physical problem?	(ctn0031cdd:ASF1.ASF0M4 / ASIF MEDICATION PHYSICAL)
		[0] ◯ No
		[1] ◯ Yes
		    If Yes: A100 (ctn0031cdd:ASF1.ASF0M4SP / ASIF PHYSICAL SPECIFY)
		    Specify:
		[97] ◯ Not answered
		Medication prescribed by a M.D. for medical conditions: not psychiatric medicines. Include medicines prescribed, whether or not the participant is currently taking them. The intent is to verify chronic medical problems.

7.	M5. Do you receive a pension for a physical disability?	(ctn0031cdd:ASF1.ASF0M5 / ASIF RECEIVE PENSION) *[0]* ◯ No

		[1] ○ Yes If Yes: A100 (ctn0031cdd:ASF1.ASF0M5SP / ASIF Specify: PENSION SPECIFY) *[97]* ○ Not answered Include Worker's Compensation, exclude psychiatric disability.
8.	M6. How many days have you experienced medical problems in the past 30 days?	(ctn0031cdd:ASF1.ASF0M6R / ASIF MEDICAL PROBLEMS RADIO) **[1]** ○ | xx (0 =< n <= 30) | days (ctn0031cdd:ASF1.ASF0M6 / ASIF MEDICAL PROBLEMS) *[97]* ○ Not answered 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 participant were abstinent (e.g., cirrhosis of liver, abscesses from needles, etc.)
For questions M7 & M8 please ask participant to use the Participant Rating Scale.		
9.	M7. How troubled or bothered have you been by these medical problems in the past 30 days?	Pulldown List 1 ▼ (ctn0031cdd:ASF1.ASF0M7 / ASIF TROUBLED BY MEDICAL) Restrict response to problem days of question M6.
10.	M8. How important to you now is treatment for these medical problems?	Pulldown List 2 ▼ (ctn0031cdd:ASF1.ASF0M8 / ASIF TREATMENT FOR MEDICAL) Refers to the need for new or additional medical treatment by the participant.
Confidence Ratings: Is the above information significantly distorted by:		
11.	M10. Participant's misrepresentation?	(ctn0031cdd:ASF1.ASF0M10 / ASIF MEDICAL MISREP) *[0]* ○ No *[1]* ○ Yes
12.	M11. Participant's inability to understand?	(ctn0031cdd:ASF1.ASF0M11 / ASIF MEDICAL INABILITY) *[0]* ○ No *[1]* ○ Yes
13.*	Comments:	A200 (ctn0031cdd:ASF1.ASF0MCOM / ASIF MEDICAL COMMENTS)
* Item is not required		

Pulldown List 1:

RefName	Display Text	Value	Design Note
ieNALL	Not at all	0	
iePROB1	Slightly	1	
iePROB2	Moderately	2	
iePROB3	Considerably	3	
iePROB4	Extremely	4	
ieNANS	Not answered	97	

Pulldown List 2:

RefName	Display Text	Value	Design Note
ieNALL	Not at all	0	
iePROB1	Slightly	1	
iePROB2	Moderately	2	
iePROB3	Considerably	3	
iePROB4	Extremely	4	
ieNANS	Not answered	97	

CDD: ctn0031cdd   Table: ASF1   Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
VISIT_DT	DATE - DDMONYYYY	
ASF0G19	NUMERIC	
ASF0G19S	STRING(50) - A50	
ASF0G20R	NUMERIC	
ASF0G20	NUMERIC - N2	
ASF0GCOM	STRING(200) - A200	
ASF0M1R	NUMERIC	
ASF0M1	NUMERIC - N2	
ASF0M4	NUMERIC	
ASF0M4SP	STRING(100) - A100	
ASF0M5	NUMERIC	
ASF0M5SP	STRING(100) - A100	
ASF0M6R	NUMERIC	
ASF0M6	NUMERIC - N2	
ASF0M7	NUMERIC - 0, 1, 2, 3, 4, 97	
ASF0M8	NUMERIC - 0, 1, 2, 3, 4, 97	
ASF0M10	NUMERIC	
ASF0M11	NUMERIC	
ASF0MCOM	STRING(200) - A200	

ctn0031 : CTN-ASI Lite Follow Up (ASF2)

CTN-ASI LITE v. 1: Employment/Support Status

1.	E1. Education completed since your last ASI:	(ctn0031cdd:ASF2.ASF0E1R / ASIF EDUCATION RADIO) **[1]** ◯ | xx (0 =< n <= 99) | Years (ctn0031cdd:ASF2.ASF0E1A / ASIF YEARS EDUCATION) months | xx (0 =< n <= 11) | (ctn0031cdd:ASF2.ASF0E1B / ASIF MONTHS EDUCATION) *[97]* ◯ Not answered GED = 12 years. Include formal eduction only.
2.	E2. Training or technical education completed since your last ASI:	(ctn0031cdd:ASF2.ASF0E2R / ASIF YEARS TRAINING RADIO) **[1]** ◯ | xx (0 =< n <= 99) | Years (ctn0031cdd:ASF2.ASF0E2A / ASIF YEARS TRAINING) months | xx (0 =< n <= 11) | (ctn0031cdd:ASF2.ASF0E2B / ASIF MONTHS TRAINING) *[97]* ◯ Not answered Formal/organized training only. For military training, only include training that can be used in civilian life, i.e., electronics or computers.
3.	E4. Do you have a valid driver's license?	(ctn0031cdd:ASF2.ASF0E4 / ASIF VALID DRIVER'S LICENSE) *[0]* ◯ No *[1]* ◯ Yes *[97]* ◯ Not answered Valid license: not suspended/revoked.
4.	E5. Do you have an automobile available?	(ctn0031cdd:ASF2.ASF0E5 / ASIF AUTOMOBILE AVAILABLE) *[0]* ◯ No *[1]* ◯ Yes *[97]* ◯ Not answered If answer to E4 is No, then E5 must be No. Does not require ownership, only requires availability on a regular basis.
5.	E7. Usual (or last) occupation since your last ASI?	(ctn0031cdd:ASF2.ASF0E7R / ASIF USUAL OCCUPATION RADIO) **[1]** ◯ Specify | A100 (ctn0031cdd:ASF2.ASF0E7SP / ASIF OCCUPATION SPECIFY) | Pulldown List 1 ▾ (ctn0031cdd:ASF2.ASF0E7 / ASIF USUAL OCCUPATION) *[97]* ◯ Not answered Use Hollingshead Categories Reference Sheet.
6.	E9. Does someone contribute the majority of your support?	(ctn0031cdd:ASF2.ASF0E9 / ASIF CONTRIBUTE TO SUPPORT) *[0]* ◯ No *[1]* ◯ Yes *[97]* ◯ Not answered *[96]* ◯ Not applicable Is participant receiving any regular support (i.e., cash, food, housing) from family/friend? Include spouse's contribution; exclude support by an institution.
7.	E11. How many days were you paid for working in the	(ctn0031cdd:ASF2.ASF0E11R / ASIF DAYS PAID FOR WORKING R) **[1]** ◯ | xx (0 =< n <= 30) | days (ctn0031cdd:ASF2.ASF0E11 / ASIF DAYS PAID FOR WORKING)

past 30 days?	[97] ◯ Not answered
	Include under the table work, paid sick days, and vacation.

Pulldown List 1:			
RefName	**Display Text**	**Value**	**Design Note**
ieEUDOC1	1 Higher Executive, Major Professional, Owner of Large Business	1	
ieEUD2	2 Business Manager, Owner, Other Professional	2	
ieEUDOC3	3 Admin Personnel, Manager, Owner/Proprietor of Small Business	3	
ieEUDOC4	4 Clerical and Sales, Technician, Owner of Small Business	4	
ieEUD5	5 Skilled Manual-usually having had training	5	
ieEUD6	6 Semi-skilled	6	
ieEUD7	7 Unskilled, Include unemployed	7	
ieEUD8	8 Homemaker	8	
ieEUD9	9 Student/no Occupation/Disabled	9	

CDD: ctn0031cdd Table: ASF2 Key Type: PATIENTVISIT		
Column Name	**Column Data Type**	**Design Note**
ASF0E1R	NUMERIC	
ASF0E1A	NUMERIC - N2	
ASF0E1B	NUMERIC - N2	
ASF0E2R	NUMERIC	
ASF0E2A	NUMERIC - N2	
ASF0E2B	NUMERIC - N2	
ASF0E4	NUMERIC	
ASF0E5	NUMERIC	
ASF0E7R	NUMERIC	
ASF0E7SP	STRING(100) - A100	
ASF0E7	NUMERIC - 1, 2, 3, 4, 5, 6, 7, 8, 9	
ASF0E9	NUMERIC	
ASF0E11R	NUMERIC	
ASF0E11	NUMERIC - N2	

ctn0031 : CTN-ASI Lite Follow UP (ASF3)

CTN-ASI Lite v.1: Employment/ Support Status

For questions E12-E17: How much money did you receive from the following sources in the past 30 days?

1.	E12. Employment (net income):	(ctn0031cdd:ASF3.ASF0E12R / ASIF MONEY FROM EMPLOYMENT R) **[1]** ○ $ | xxxxx | (ctn0031cdd:ASF3.ASF0E12 / ASIF MONEY FROM EMPLOYMENT) *[97]* ○ Not answered Net or take home pay, include any under the table money.
2.	E13. Unemployment compensation:	(ctn0031cdd:ASF3.ASF0E13R / ASIF MONEY FROM COMPENSAT R) **[1]** ○ $ | xxxxx | (ctn0031cdd:ASF3.ASF0E13 / ASIF MONEY FROM COMPENSATON) *[97]* ○ Not answered
3.	E14. Welfare:	(ctn0031cdd:ASF3.ASF0E14R / ASIF MONEY FROM WELFARE R) **[1]** ○ $ | xxxxx | (ctn0031cdd:ASF3.ASF0E14 / ASIF MONEY FROM WELFARE) *[97]* ○ Not answered Include food stamps, transportation money provided by an agency to go to and from treatment.
4.	E15. Pensions, benefits, or Social Security:	(ctn0031cdd:ASF3.ASF0E15R / ASIF MONEY FROM PENSION R) **[1]** ○ $ | xxxxx | (ctn0031cdd:ASF3.ASF0E15 / ASIF MONEY FROM PENSION) *[97]* ○ Not answered Include disability, pensions, retirement, veteran's benefits, SSI & workers' compensation.
5.	E16. Mate, family or friends:	(ctn0031cdd:ASF3.ASF0E16R / ASIF MONEY FROM MATE RADIO) **[1]** ○ $ | xxxxx | (ctn0031cdd:ASF3.ASF0E16 / ASIF MONEY FROM MATE) *[97]* ○ Not answered 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.
6.	E17. Illegal:	(ctn0031cdd:ASF3.ASF0E17R / ASIF MONEY FROM ILLEGAL R) **[1]** ○ $ | xxxxx | (ctn0031cdd:ASF3.ASF0E17 / ASIF MONEY FROM ILLEGAL) *[97]* ○ Not answered Cash obtained from drug dealing, stealing, fencing stolen goods, gambling, prostitution, etc. Do not attempt to convert drugs exchanged to a dollar value.
7.	E18. How many people depend on you for the majority of their food, shelter, etc.?	(ctn0031cdd:ASF3.ASF0E18R / ASIF HOW MANY DEPEND ON YOU R) **[1]** ○ | xx (0 =< n <= 99) | max = 99 (ctn0031cdd:ASF3.ASF0E18 / ASIF HOW MANY DEPEND ON YOU) *[97]* ○ Not answered

		Must be regularly depending on participant; do include alimony/ child support; do not include the participant or self-supporting spouse, etc.
8.	E19. How many days have you experienced employment problems in the past 30 days?	(ctn0031cdd:ASF3.ASF0E19R / ASIF DAYS EMPLOYMENT PROBLM R) **[1]** ◯ | xx (0 =< n <= 30) | days (ctn0031cdd:ASF3.ASF0E19 / ASIF DAYS EMPLOYMENT PROBLM) *[97]* ◯ Not answered Include inability to find work, if they are actively looking for work or problems with present job in which that job is jeopardized.
For questions E20-E21: Please ask participant to use the Participant Rating Scale. The participant's ratings in question E20 and E21 refer to question E19. Stress help in finding or preparing for a job, not giving them a job.		
9.	E20. How troubled or bothered have you been by these employment problems in the past 30 days?	Pulldown List 1 ⌄ (ctn0031cdd:ASF3.ASF0E20 / ASIF TROUBLED BY EMPLOYMENT) If the participant has been incarcerated or detained during the past 30 days, they cannot have employment problems.
10.	E21. How important to you now is counseling for these employment problems?	Pulldown List 2 ⌄ (ctn0031cdd:ASF3.ASF0E21 / ASIF COUNSEL FOR EMPLOYMENT)
Confidence Ratings: Is the above information significantly distorted by:		
11.	E23. Participant's misrepresentation?	(ctn0031cdd:ASF3.ASF0E23 / ASIF EMPLOYMENT MISREP) *[0]* ◯ No *[1]* ◯ Yes
12.	E24. Participant's inability to understand?	(ctn0031cdd:ASF3.ASF0E24 / ASIF EMPLOYMENT INABILITY) *[0]* ◯ No *[1]* ◯ Yes
13.*	Comments:	A200 (ctn0031cdd:ASF3.ASF0ECOM / ASIF EMPLOYMENT COMMENTS)
* Item is not required		

Pulldown List 1:

RefName	Display Text	Value	Design Note
ieASIRate0	0 Not at all	0	
ieASIRate1	1 Slightly	1	
ieASIRate2	2 Moderately	2	
ieASIRate3	3 Considerably	3	
ieASIRate4	4 Extremely	4	
ieASIRate5	97 Not answered	97	
ieASIRate6	96 Not applicable	96	

Pulldown List 2:			
RefName	**Display Text**	**Value**	**Design Note**
ieASIRate0	0 Not at all	0	
ieASIRate1	1 Slightly	1	
ieASIRate2	2 Moderately	2	
ieASIRate3	3 Considerably	3	
ieASIRate4	4 Extremely	4	
ieASIRate5	97 Not answered	97	
ieASIRate6	96 Not applicable	96	

CDD: ctn0031cdd　　Table: ASF3　　Key Type: PATIENTVISIT		
Column Name	**Column Data Type**	**Design Note**
ASF0E12R	NUMERIC	
ASF0E12	NUMERIC - N5	
ASF0E13R	NUMERIC	
ASF0E13	NUMERIC - N5	
ASF0E14R	NUMERIC	
ASF0E14	NUMERIC - N5	
ASF0E15R	NUMERIC	
ASF0E15	NUMERIC - N5	
ASF0E16R	NUMERIC	
ASF0E16	NUMERIC - N5	
ASF0E17R	NUMERIC	
ASF0E17	NUMERIC - N5	
ASF0E18R	NUMERIC	
ASF0E18	NUMERIC - N2	
ASF0E19R	NUMERIC	
ASF0E19	NUMERIC - N2	
ASF0E20	NUMERIC - 0, 1, 2, 3, 4, 97, 96	
ASF0E21	NUMERIC - 0, 1, 2, 3, 4, 97, 96	
ASF0E23	NUMERIC	

ASF0E24	NUMERIC	
ASF0ECOM	STRING(200) - A200	

ctn0031 : CTN-ASI Lite Follow UP (ASF4)

CTN-ASI LITE V.1: Drug/Alcohol Use
Route of Administration: 1 = Oral, 2 = Nasal, 3 = Smoking, 4 = Non-IV injection, 5 = IV injection.

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. If Past 30 Days is zero, route should be Not applicable.

1.	D1. Alcohol (any use at all):	A. Past 30 (Days) (ctn0031cdd:ASF4.ASF0D1A / ASIF ALCOHOL ANY PAST 30) xx (0 =< n <= 30)	
2.	D2. Alcohol (to intoxication):	A. Past 30 (Days) (ctn0031cdd:ASF4.ASF0D2A / ASIF ALCOHOL INTOX PAST 30) xx (0 =< n <= 30)	
3.	D3. Heroin:	A. Past 30 (Days) (ctn0031cdd:ASF4.ASF0D3A / ASIF HEROIN PAST 30) xx (0 =< n <= 30)	C. Route of Administration Pulldown List 1 ⌄ (ctn0031cdd:ASF4.ASF0D3C / ASIF HEROIN ROUTE)
4.	D4. Methadone/LAAM (prescribed):	A. Past 30 (Days) (ctn0031cdd:ASF4.ASF0D4A / ASIF METHADONE P PAST 30) xx (0 =< n <= 30)	C. Route of Administration Pulldown List 2 ⌄ (ctn0031cdd:ASF4.ASF0D4C / ASIF METHADONE P ROUTE)
5.	D4a. Methadone/LAAM (illicit):	A. Past 30 (Days) (ctn0031cdd:ASF4.ASF0D4AA / ASIF METHADONE I PAST 30) xx (0 =< n <= 30)	C. Route of Administration Pulldown List 3 ⌄ (ctn0031cdd:ASF4.ASF0D4AC / ASIF METHADONE I ROUTE)
6.	D5. Other Opiates/ Analgesics:	A. Past 30 (Days) (ctn0031cdd:ASF4.ASF0D5A / ASIF OTHER OPIATES PAST 30) xx (0 =< n <= 30)	C. Route of Administration Pulldown List 4 ⌄ (ctn0031cdd:ASF4.ASF0D5C / ASIF OTHER OPIATES ROUTE)
7.	D6. Barbiturates:	A. Past 30 (Days) (ctn0031cdd:ASF4.ASF0D6A / ASIF BARBITURATES PAST 30) xx (0 =< n <= 30)	C. Route of Administration Pulldown List 5 ⌄ (ctn0031cdd:ASF4.ASF0D6C / ASIF BARBITURATES ROUTE)
8.	D7. Other Sedatives/ Hypnotics/ Tranquilizers:	A. Past 30 (Days) (ctn0031cdd:ASF4.ASF0D7A / ASIF OTHER SEDATIVE PAST 30) xx (0 =< n <= 30)	C. Route of Administration Pulldown List 6 ⌄ (ctn0031cdd:ASF4.ASF0D7C / ASIF OTHER SEDATIVE ROUTE)

Pulldown List 1:

RefName	Display Text	Value	Design Note
ieASIRout1	1 Oral	1	
ieASIRout2	2 Nasal	2	
ieASIRout3	3 Smoking	3	
ieASIRout4	4 Non IV injection	4	
ieASIRout5	5 IV injection	5	
ieASIRout6	97 Not answered	97	

ieASIROU7	96 Not applicable	96	

Pulldown List 2:

RefName	Display Text	Value	Design Note
ieASIRout1	1 Oral	1	
ieASIRout2	2 Nasal	2	
ieASIRout3	3 Smoking	3	
ieASIRout4	4 Non IV injection	4	
ieASIRout5	5 IV injection	5	
ieASIRout6	97 Not answered	97	
ieASIROU7	96 Not applicable	96	

Pulldown List 3:

RefName	Display Text	Value	Design Note
ieASIRout1	1 Oral	1	
ieASIRout2	2 Nasal	2	
ieASIRout3	3 Smoking	3	
ieASIRout4	4 Non IV injection	4	
ieASIRout5	5 IV injection	5	
ieASIRout6	97 Not answered	97	
ieASIROU7	96 Not applicable	96	

Pulldown List 4:

RefName	Display Text	Value	Design Note
ieASIRout1	1 Oral	1	
ieASIRout2	2 Nasal	2	
ieASIRout3	3 Smoking	3	
ieASIRout4	4 Non IV injection	4	
ieASIRout5	5 IV injection	5	
ieASIRout6	97 Not answered	97	
ieASIROU7	96 Not applicable	96	

Pulldown List 5:

RefName	Display Text	Value	Design Note
ieASIRout1	1 Oral	1	
ieASIRout2	2 Nasal	2	
ieASIRout3	3 Smoking	3	
ieASIRout4	4 Non IV injection	4	
ieASIRout5	5 IV injection	5	
ieASIRout6	97 Not answered	97	
ieASIROU7	96 Not applicable	96	

Pulldown List 6:

RefName	Display Text	Value	Design Note
ieASIRout1	1 Oral	1	
ieASIRout2	2 Nasal	2	
ieASIRout3	3 Smoking	3	
ieASIRout4	4 Non IV injection	4	
ieASIRout5	5 IV injection	5	
ieASIRout6	97 Not answered	97	
ieASIROU7	96 Not applicable	96	

CDD: ctn0031cdd Table: ASF4 Key Type: PATIENTVISIT		
Column Name	**Column Data Type**	**Design Note**
ASF0D1A	NUMERIC - N2	
ASF0D2A	NUMERIC - N2	
ASF0D3A	NUMERIC - N2	
ASF0D3C	NUMERIC - 1, 2, 3, 4, 5, 97, 96	
ASF0D4A	NUMERIC - N2	
ASF0D4C	NUMERIC - 1, 2, 3, 4, 5, 97, 96	
ASF0D4AA	NUMERIC - N2	
ASF0D4AC	NUMERIC - 1, 2, 3, 4, 5, 97, 96	
ASF0D5A	NUMERIC - N2	
ASF0D5C	NUMERIC - 1, 2, 3, 4, 5, 97, 96	

ASF0D6A	NUMERIC - N2	
ASF0D6C	NUMERIC - 1, 2, 3, 4, 5, 97, 96	
ASF0D7A	NUMERIC - N2	
ASF0D7C	NUMERIC - 1, 2, 3, 4, 5, 97, 96	

ctn0031 : CTN-ASI Lite Follow Up (ASF5)

CTN-ASI LITE V.1: Drug/Alcohol Use (cont.)
Route of Administration: 1 = Oral, 2 = Nasal, 3 = Smoking, 4 = Non-IV injection, 5 = IV injection.

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. If Past 30 Days is zero, route should be Not applicable.

1.	D8. Cocaine:	A. Past 30 (Days) xx (0 =< n <= 30)	(ctn0031cdd:ASF5.ASF0D8A / ASIF COCAINE PAST 30)	C. Route of Administration Pulldown List 1 ⌄ (ctn0031cdd:ASF5.ASF0D8C / ASIF COCAINE ROUTE)
2.	D9. Amphetamines:	A. Past 30 (Days) xx (0 =< n <= 30)	(ctn0031cdd:ASF5.ASF0D9A / ASIF AMPHETAMINES PAST 30)	C. Route of Administration Pulldown List 2 ⌄ (ctn0031cdd:ASF5.ASF0D9C / ASIF AMPHETAMINES ROUTE)
3.	D9a. Methamphetamine:	A. Past 30 (Days) xx (0 =< n <= 30)	(ctn0031cdd:ASF5.ASF0D9AA / ASIF METAMPHETAMINE PAST 30)	C. Route of Administration Pulldown List 3 ⌄ (ctn0031cdd:ASF5.ASF0D9AC / ASIF METAMPHETAMINE ROUTE)
4.	D10. Cannabis:	A. Past 30 (Days) xx (0 =< n <= 30)	(ctn0031cdd:ASF5.ASF0D10A / ASIF CANNABIS PAST 30)	C. Route of Administration Pulldown List 4 ⌄ (ctn0031cdd:ASF5.ASF0D10C / ASIF CANNABIS ROUTE)
5.	D11. Hallucinogens:	A. Past 30 (Days) xx (0 =< n <= 30)	(ctn0031cdd:ASF5.ASF0D11A / ASIF HALLUINOGENS PAST 30)	C. Route of Administration Pulldown List 5 ⌄ (ctn0031cdd:ASF5.ASF0D11C / ASIF HALLUINOGENS ROUTE)
6.	D12. Inhalants:	A. Past 30 (Days) xx (0 =< n <= 30)	(ctn0031cdd:ASF5.ASF0D12A / ASIF INHALANTS PAST 30)	C. Route of Administration Pulldown List 6 ⌄ (ctn0031cdd:ASF5.ASF0D12C / ASIF INHALANTS ROUTE)
7.	D13. More than 1 substance per day (including alcohol, excluding nicotine):	xx (0 =< n <= 30)	(ctn0031cdd:ASF5.ASF0D13A / ASIF MORE THAN ONE PAST 30)	
8.	D14. According to the interviewer, which substance(s) is/are the major problem?	(ctn0031cdd:ASF5.ASF0D14R / ASIL SUBSTANCE MAJR PROBLM R) **[1]** ○ Pulldown List 7 ⌄ (ctn0031cdd:ASF5.ASF0D14 / ASIL SUBSTANCE MAJOR PROBLM) *[97]* ○ Not answered Interviewer should determine the major drug or drugs of abuse (excluding Nicotine use). Code prescribed or illicit methadone as 04.		

Pulldown List 1:

RefName	Display Text	Value	Design Note
ieASIRout1	1 Oral	1	
ieASIRout2	2 Nasal	2	
ieASIRout3	3 Smoking	3	
ieASIRout4	4 Non IV injection	4	

ieASIRout5	5 IV injection	5	
ieASIRout6	97 Not answered	97	
ieASIROU7	96 Not applicable	96	

Pulldown List 2:			
RefName	Display Text	Value	Design Note
ieASIRout1	1 Oral	1	
ieASIRout2	2 Nasal	2	
ieASIRout3	3 Smoking	3	
ieASIRout4	4 Non IV injection	4	
ieASIRout5	5 IV injection	5	
ieASIRout6	97 Not answered	97	
ieASIROU7	96 Not applicable	96	

Pulldown List 3:			
RefName	Display Text	Value	Design Note
ieASIRout1	1 Oral	1	
ieASIRout2	2 Nasal	2	
ieASIRout3	3 Smoking	3	
ieASIRout4	4 Non IV injection	4	
ieASIRout5	5 IV injection	5	
ieASIRout6	97 Not answered	97	
ieASIROU7	96 Not applicable	96	

Pulldown List 4:			
RefName	Display Text	Value	Design Note
ieASIRout1	1 Oral	1	
ieASIRout3	3 Smoking	3	
ieASIRout4	4 Non IV injection	4	
ieASIRout5	5 IV injection	5	
ieASIRout6	97 Not answered	97	
ieASIROU7	96 Not applicable	96	

Pulldown List 5:

RefName	Display Text	Value	Design Note
ieASIRout1	1 Oral	1	
ieASIRout2	2 Nasal	2	
ieASIRout3	3 Smoking	3	
ieASIRout4	4 Non IV injection	4	
ieASIRout5	5 IV injection	5	
ieASIRout6	97 Not answered	97	
ieASIROU7	96 Not applicable	96	

Pulldown List 6:

RefName	Display Text	Value	Design Note
ieASIRout2	2 Nasal	2	
ieASIRout6	97 Not answered	97	
ieASIROU7	96 Not applicable	96	

Pulldown List 7:

RefName	Display Text	Value	Design Note
seASIMD0	00 No problem	00	
seASIMD1	01 Alcohol (any use at all)	01	
seASIMD2	02 Alcohol (to intoxication)	02	
seASIMD3	03 Heroin	03	
seASIMD4	04 Methadone/LAAM	04	
seASIMD5	05 Other Opiates/ Analgesics	05	
seASIMD6	06 Barbiturates	06	
seASIMD7	07 Other Sedatives/ Hypnotics/ Tranquilizers	07	
seASIMD8	08 Cocaine	08	
seASIMDR9	09 Amphetamines	09	
seASIMD9a	09a Methamphetamine	09a	
seASIMD10	10 Cannabis	10	
seASIMD11	11 Hallucinogens	11	

seASIMD12	12 Inhalants	12	
seASIMD15	15 Alcohol and one or more drugs	15	
seASIMD16	16 More than one drug but no alcohol	16	

CDD: ctn0031cdd Table: ASF5 Key Type: PATIENTVISIT		
Column Name	**Column Data Type**	**Design Note**
ASF0D8A	NUMERIC - N2	
ASF0D8C	NUMERIC - 1, 2, 3, 4, 5, 97, 96	
ASF0D9A	NUMERIC - N2	
ASF0D9C	NUMERIC - 1, 2, 3, 4, 5, 97, 96	
ASF0D9AA	NUMERIC - N2	
ASF0D9AC	NUMERIC - 1, 2, 3, 4, 5, 97, 96	
ASF0D10A	NUMERIC - N2	
ASF0D10C	NUMERIC - 1, 3, 4, 5, 97, 96	
ASF0D11A	NUMERIC - N2	
ASF0D11C	NUMERIC - 1, 2, 3, 4, 5, 97, 96	
ASF0D12A	NUMERIC - N2	
ASF0D12C	STRING(255) - 2, 97, 96	
ASF0D13A	NUMERIC - N2	
ASF0D14R	NUMERIC	
ASF0D14	STRING(255) - 00, 01, 02, 03, 04, 05, 06, 07, 08, 09, 09a, 10, 11, 12, 15, 16	

ctn0031 : CTN-ASI Lite Follow Up (ASF6)

CTN-ASI LITE V.1: Drug/Alcohol Use (cont.)

1.	D17. How many times since your last ASI have you had Alcohol DT's?	(ctn0031cdd: ASF6.ASF0D17R / ASIF TIME ALCOHOL DT RADIO) **[1]** ◯ xx (0 =< n <= 99) (ctn0031cdd: ASF6.ASF0D17 / ASIF TIME ALCOHOL DT) *[97]* ◯ Not answered Delirum Tremens (DT's): Occur 24-48 hours after last drink, or significant decrease in alcohol intake. Characterized by shaking, severe disorientation, fever, hallucinations; they usually require medical attention.

How many times since your last ASI have you been treated for:

2.	D19. Alcohol abuse:	(ctn0031cdd: ASF6.ASF0D19R / ASIF TREATED ALCOHOL ABUSE R) **[1]** ◯ xx (0 =< n <= 99) (ctn0031cdd: ASF6.ASF0D19 / ASIF TREATED ALCOHOL ABUSE) *[97]* ◯ Not answered Include detoxification, halfway houses, in/outpatient counseling and AA or NA (If 3 + meetings within one month)
3.	D20. Drug abuse:	(ctn0031cdd: ASF6.ASF0D20R / ASIF TREATED FOR DRUG ABUSE R) **[1]** ◯ xx (0 =< n <= 99) (ctn0031cdd: ASF6.ASF0D20 / ASIF TREATED FOR DRUG ABUSE) *[97]* ◯ Not answered Include detoxification, halfway houses, in/outpatient counseling and AA or NA (If 3 + meetings within one month)

How many of these were detox only:

4.	D21. Alcohol:	(ctn0031cdd: ASF6.ASF0D21R / ASIF DETOX ONLY ALCOHOL R) **[1]** ◯ xx (0 =< n <= 99) (ctn0031cdd: ASF6.ASF0D21 / ASIF DETOX ONLY ALCOHOL) *[97]* ◯ Not answered *[96]* ◯ Not applicable If D19 = 00, then question D21 is Not applicable.
5.	D22. Drugs:	(ctn0031cdd: ASF6.ASF0D22R / ASIF DETOX ONLY DRUGS RADIO) **[1]** ◯ xx (0 =< n <= 99) (ctn0031cdd: ASF6.ASF0D22 / ASIF DETOX ONLY DRUGS) *[97]* ◯ Not answered *[96]* ◯ Not applicable If D20 = 00, then question D22 is Not applicable.

How much money would you say you spent during the past 30 days on: Max = $99999

6.	D23. Alcohol:	(ctn0031cdd: ASF6.ASF0D23R / ASIF MONEY SPENT ALCOHOL R) **[1]** ◯ $ xxxxx (ctn0031cdd: ASF6.ASF0D23 / ASIF MONEY SPENT ALCOHOL)

		[97] ◯ Not answered
		Only count actual money spent. What is the financial burden caused by alcohol?
7.	D24. Drugs:	(ctn0031cdd:ASF6.ASF0D24R / ASIF MONEY SPENT DRUGS RADIO) **[1]** ◯ $ | xxxxx | (ctn0031cdd:ASF6.ASF0D24 / ASIF MONEY SPENT DRUGS) *[97]* ◯ Not answered Only count actual money spent. What is the financial burden caused by drugs?
.		
8.	D25. How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days? Include AA/NA	(ctn0031cdd:ASF6.ASF0D25R / ASIF DAY TREATED OUTPATIENT R) **[1]** ◯ | xx (0 =< n <= 30) | days (ctn0031cdd:ASF6.ASF0D25 / ASIF DAY TREATED OUTPATIENT) *[97]* ◯ Not answered
9.	D26. How many days in the past 30 have you experienced alcohol problems?	(ctn0031cdd:ASF6.ASF0D26R / ASIF DAY ALCOHOL PROBLEMS R) **[1]** ◯ | xx (0 =< n <= 30) | days (ctn0031cdd:ASF6.ASF0D26 / ASIF DAY ALCOHOL PROBLEMS) *[97]* ◯ Not answered Included: Craving, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to.

CDD: ctn0031cdd Table: ASF6 Key Type: PATIENTVISIT		
Column Name	**Column Data Type**	**Design Note**
ASF0D17R	NUMERIC	
ASF0D17	NUMERIC - N2	
ASF0D19R	NUMERIC	
ASF0D19	NUMERIC - N2	
ASF0D20R	NUMERIC	
ASF0D20	NUMERIC - N2	
ASF0D21R	NUMERIC	
ASF0D21	NUMERIC - N2	
ASF0D22R	NUMERIC	
ASF0D22	NUMERIC - N2	
ASF0D23R	NUMERIC	
ASF0D23	NUMERIC - N5	
ASF0D24R	NUMERIC	
ASF0D24	NUMERIC - N5	

ASF0D25R	NUMERIC	
ASF0D25	NUMERIC - N2	
ASF0D26R	NUMERIC	
ASF0D26	NUMERIC - N2	

ctn0031 : CTN-ASI Lite Follow Up (ASF7)

CTN-ASI LITE V. 1: Drug/Alcohol Use (cont.)

For questions D28-D31, please ask participant to use the Participant Rating Scale. The participant is rating the need for additional substance abuse treatment.

1.	D28. How troubled or bothered have you been within the past 30 days by alcohol problems?	Pulldown List 1 ⌄ (ctn0031cdd:ASF7.ASF0D28 / ASIF TROUBLED BY ALCOHOL)
2.	D30. How important to you now is treatment for alcohol problems?	Pulldown List 2 ⌄ (ctn0031cdd:ASF7.ASF0D30 / ASIF TREATMENT FOR ALCOHOL)
3.	D27. How many days in the past 30 have you experienced drug problems?	(ctn0031cdd:ASF7.ASF0D27R / ASIF DAYS DRUG PROBLEMS R) **[1]** ○ xx (0 =< n <= 30) days (ctn0031cdd:ASF7.ASF0D27 / ASIF DAYS DRUG PROBLEMS) *[97]* ○ Not answered Include: Craving, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to.
4.	D29. How troubled or bothered have you been within the past 30 days by drug problems?	Pulldown List 3 ⌄ (ctn0031cdd:ASF7.ASF0D29 / ASIF TROUBLED BY DRUG)
5.	D31. How important to you now is treatment for drug problems?	Pulldown List 4 ⌄ (ctn0031cdd:ASF7.ASF0D31 / ASIF TREATMENT FOR DRUG)

Confidence Ratings: Is the above information significantly distorted by:

6.	D34. Participant's misrepresentation?	(ctn0031cdd:ASF7.ASF0D34 / ASIF EMPLOYMENT MISREP) *[0]* ○ No *[1]* ○ Yes
7.	D35. Participant's inability to understand?	(ctn0031cdd:ASF7.ASF0D35 / ASIF EMPLOYMENT INABILITY) *[0]* ○ No *[1]* ○ Yes
8.*	Comments:	A200 (ctn0031cdd:ASF7.ASF0DCOM / ASIF DRUG COMMENTS)

* Item is not required

Pulldown List 1:

RefName	Display Text	Value	Design Note
ieRATE1	0 Not at all	0	
ieRATE2	1 Slightly	1	
ieRATE3	2 Moderately	2	
ieRATE4	3 Considerably	3	
ieRATE5	4 Extremely	4	
ieRATE6	97 Not Answered	97	

Pulldown List 2:

RefName	Display Text	Value	Design Note
ieRATE1	0 Not at all	0	
ieRATE2	1 Slightly	1	
ieRATE3	2 Moderately	2	
ieRATE4	3 Considerably	3	
ieRATE5	4 Extremely	4	
ieRATE6	97 Not Answered	97	

Pulldown List 3:

RefName	Display Text	Value	Design Note
ieRATE1	0 Not at all	0	
ieRATE2	1 Slightly	1	
ieRATE3	2 Moderately	2	
ieRATE4	3 Considerably	3	
ieRATE5	4 Extremely	4	
ieRATE6	97 Not Answered	97	

Pulldown List 4:

RefName	Display Text	Value	Design Note
ieRATE1	0 Not at all	0	
ieRATE2	1 Slightly	1	
ieRATE3	2 Moderately	2	
ieRATE4	3 Considerably	3	
ieRATE5	4 Extremely	4	
ieRATE6	97 Not Answered	97	

CDD: ctn0031cdd Table: ASF7 Key Type: PATIENTVISIT		
Column Name	**Column Data Type**	**Design Note**
ASF0D28	NUMERIC - 0, 1, 2, 3, 4, 97	
ASF0D30	NUMERIC - 0, 1, 2, 3, 4, 97	

ASF0D27R	NUMERIC	
ASF0D27	NUMERIC - N2	
ASF0D29	NUMERIC - 0, 1, 2, 3, 4, 97	
ASF0D31	NUMERIC - 0, 1, 2, 3, 4, 97	
ASF0D34	NUMERIC	
ASF0D35	NUMERIC	
ASF0DCOM	STRING(200) - A200	

ctn0031 : CTN-ASI Lite Follow Up (ASF8)

CTN-ASI LITE V. 1: Legal Status

1.	L2. Are you on parole or probation? Note duration and level in comments.	(ctn0031cdd:ASF8.ASF0L2 / ASIF PAROLE OR PROBATION) *[0]* ⚪ No, neither *[1]* ⚪ Yes, parole or post release supervision *[2]* ⚪ Yes, probation or pre-sentencing diversion *[97]* ⚪ Not answered

How many times since your last ASI have you been arrested and charged with the following.

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

2.	L3. Shoplifting/vandalism:	(ctn0031cdd:ASF8.ASF0L3R / ASIF SHOPLIFTING RADIO) **[1]** ⚪ | xx (0 =< n <= 99) | (ctn0031cdd:ASF8.ASF0L3 / ASIF SHOPLIFTING) *[97]* ⚪ Not answered
3.	L4. Parole/probation violations:	(ctn0031cdd:ASF8.ASF0L4R / ASIF PAROLE VIOLATIONS RADIO) **[1]** ⚪ | xx (0 =< n <= 99) | (ctn0031cdd:ASF8.ASF0L4 / ASIF PAROLE VIOLATIONS) *[97]* ⚪ Not answered
4.	L5. Drug charges:	(ctn0031cdd:ASF8.ASF0L5R / ASIF DRUG CHARGES RADIO) **[1]** ⚪ | xx (0 =< n <= 99) | (ctn0031cdd:ASF8.ASF0L5 / ASIF DRUG CHARGES) *[97]* ⚪ Not answered
5.	L6. Forgery:	(ctn0031cdd:ASF8.ASF0L6R / ASIF FORGERY RADIO) **[1]** ⚪ | xx (0 =< n <= 99) | (ctn0031cdd:ASF8.ASF0L6 / ASIF FORGERY) *[97]* ⚪ Not answered
6.	L7. Weapons offense:	(ctn0031cdd:ASF8.ASF0L7R / ASIF WEAPONS OFFENSE RADIO) **[1]** ⚪ | xx (0 =< n <= 99) | (ctn0031cdd:ASF8.ASF0L7 / ASIF WEAPONS OFFENSE) *[97]* ⚪ Not answered
7.	L8. Burglary/larceny/B&E:	(ctn0031cdd:ASF8.ASF0L8R / ASIF BURGLARY/ LARCENY RADIO) **[1]** ⚪ | xx (0 =< n <= 99) | (ctn0031cdd:ASF8.ASF0L8 / ASIF BURGLARY/ LARCENY) *[97]* ⚪ Not answered
8.	L9. Robbery:	(ctn0031cdd:ASF8.ASF0L9R / ASIF ROBBERY RADIO) **[1]** ⚪ | xx (0 =< n <= 99) | (ctn0031cdd:ASF8.ASF0L9 / ASIF ROBBERY) *[97]* ⚪ Not answered
9.	L10. Assault:	(ctn0031cdd:ASF8.ASF0L10R / ASIF ASSULT RADIO) **[1]** ⚪ | xx (0 =< n <= 99) | (ctn0031cdd:ASF8.ASF0L10 / ASIF ASSULT) *[97]* ⚪ Not answered
10.	L11. Arson:	(ctn0031cdd:ASF8.ASF0L11R / ASIF ARSON RADIO)

		[1] ◯ | xx (0 =< n <= 99) | (ctn0031cdd:ASF8.ASF0L11 / ASIF ARSON) *[97]* ◯ Not answered
11.	L12: Rape:	(ctn0031cdd:ASF8.ASF0L12R / ASIF RAPE RADIO) **[1]** ◯ | xx (0 =< n <= 99) | (ctn0031cdd:ASF8.ASF0L12 / ASIF RAPE) *[97]* ◯ Not answered
12.	L13. Homicide/manslaughter:	(ctn0031cdd:ASF8.ASF0L13R / ASIF HOMICIDE/ MANSLAUGHTER R) **[1]** ◯ | xx (0 =< n <= 99) | (ctn0031cdd:ASF8.ASF0L13 / ASIF HOMICIDE/ MANSLAUGHTER) *[97]* ◯ Not answered
13.	L14. Prostitution:	(ctn0031cdd:ASF8.ASF0L14R / ASIF PROSTITUTION RADIO) **[1]** ◯ | xx (0 =< n <= 99) | (ctn0031cdd:ASF8.ASF0L14 / ASIF PROSTITUTION) *[97]* ◯ Not answered
14.	L15. Contempt of court:	(ctn0031cdd:ASF8.ASF0L15R / ASIF CONTEMPT OF COURT RADIO) **[1]** ◯ | xx (0 =< n <= 99) | (ctn0031cdd:ASF8.ASF0L15 / ASIF CONTEMPT OF COURT) *[97]* ◯ Not answered
15.	L16. Other (specify):	(ctn0031cdd:ASF8.ASF0L16R / ASIF OTHER RADIO) **[1]** ◯ | xx (0 =< n <= 99) | (ctn0031cdd:ASF8.ASF0L16 / ASIF OTHER) Other (specify): | A50 (ctn0031cdd:ASF8.ASF0L1 ASIF OTHER SPECIFY) *[97]* ◯ Not answered
16.	L17. How many of these charges resulted in convictions?	(ctn0031cdd:ASF8.ASF0L17R / ASIF CONVICTIONS RADIO) **[1]** ◯ | xx (0 =< n <= 99) | (ctn0031cdd:ASF8.ASF0L17 / ASIF CONVICTIONS) *[97]* ◯ Not answered *[96]* ◯ Not applicable Do not include misdemeanor offenses from questions L18-L20 below. Convictions include fines, probation, incarcerations, suspended sentences, and guilty pleas.
17.*	Comments:	| A200 | (ctn0031cdd:ASF8.ASFL2COM / ASIF LEGAL COMMENTS)

* Item is not required

CDD: ctn0031cdd   Table: ASF8   Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
ASF0L2	NUMERIC	
ASF0L3R	NUMERIC	
ASF0L3	NUMERIC - N2	
ASF0L4R	NUMERIC	

ASF0L4	NUMERIC - N2	
ASF0L5R	NUMERIC	
ASF0L5	NUMERIC - N2	
ASF0L6R	NUMERIC	
ASF0L6	NUMERIC - N2	
ASF0L7R	NUMERIC	
ASF0L7	NUMERIC - N2	
ASF0L8R	NUMERIC	
ASF0L8	NUMERIC - N2	
ASF0L9R	NUMERIC	
ASF0L9	NUMERIC - N2	
ASF0L10R	NUMERIC	
ASF0L10	NUMERIC - N2	
ASFL11R	NUMERIC	
ASF0L11	NUMERIC - N2	
ASF0L12R	NUMERIC	
ASF0L12	NUMERIC - N2	
ASF0L13R	NUMERIC	
ASF0L13	NUMERIC - N2	
ASF0L14R	NUMERIC	
ASF0L14	NUMERIC - N2	
ASF0L15R	NUMERIC	
ASF0L15	NUMERIC - N2	
ASF0L16R	NUMERIC	
ASF0L16	NUMERIC - N2	
ASF0L16S	STRING(50) - A50	
ASF0L17R	NUMERIC	
ASF0L17	NUMERIC - N2	
ASFL2COM	STRING(200) - A200	

ctn0031 : CTN-ASI Lite Follow Up (ASF9)

CTN-ASI Lite v.1: Legal Status (cont.)

How many times since your last ASI have you been charged with the following:

1.	L18. Disorderly conduct, vagrancy, public intoxication:	(ctn0031cdd:ASF9.ASF0L18R / ASIF DISORDELY CONDUCT RADIO) **[1]** ⭘ | xx (0 =< n <= 99) | (ctn0031cdd:ASF9.ASF0L18 / ASIF DISORDELY CONDUCT) *[97]* ⭘ Not answered
2.	L19. Driving while intoxicated (DWI):	(ctn0031cdd:ASF9.ASF0L19R / ASIF DWI RADIO) **[1]** ⭘ | xx (0 =< n <= 99) | (ctn0031cdd:ASF9.ASF0L19 / ASIF DWI) *[97]* ⭘ Not answered
3.	L20. Major driving violations:	(ctn0031cdd:ASF9.ASF0L20R / ASIF MAJR DRIVING VIOLATIN R) **[1]** ⭘ | xx (0 =< n <= 99) | (ctn0031cdd:ASF9.ASF0L20 / ASIF MAJOR DRIVING VIOLATIN) *[97]* ⭘ Not answered Moving violations: speeding, reckless driving, no license, etc.
4.	L21. How many months were you incarcerated since your last ASI?	(ctn0031cdd:ASF9.ASF0L21R / ASIF MONTHS INCARCERATED R) **[1]** ⭘ | xx (0 =< n <= 99) | months (ctn0031cdd:ASF9.ASF0L21 / ASIF MONTHS INCARCERATED) *[97]* ⭘ Not answered If incarcerated 2 weeks or more, round this up to 1 month. List total number of months incarcerated (up to 99). If more than 99, code 99 and enter the number in comments.
5.	L24. Are you presently awaiting charges, trial or sentence?	(ctn0031cdd:ASF9.ASF0L24 / ASIF AWAITING CHARGES) *[0]* ⭘ No *[1]* ⭘ Yes *[97]* ⭘ Not answered
6.	L25. What for (refers to L24)?	(ctn0031cdd:ASF9.ASF0L25R / ASIF WHAT FOR RADIO) **[1]** ⭘ Pulldown List 1 ⌄ (ctn0031cdd:ASF9.ASF0L25 / ASIF WHAT FOR) *[97]* ⭘ Not answered *[96]* ⭘ Not applicable Use code 03-16, 18-20. If more than one, choose most severe. Do not include civil cases, unless a criminal offense is involved.
7.	L26. How many days in the past 30 were you detained or incarcerated?	(ctn0031cdd:ASF9.ASF0L26R / ASIF DAYS DETAINED RADIO) **[1]** ⭘ | xx (0 =< n <= 30) | days (ctn0031cdd:ASF9.ASF0L26 / ASIF DAYS DETAINED) *[97]* ⭘ Not answered Include being arrested and released on the same day.
8.	L27. How many days in the past 30 have you engaged in illegal activities for	(ctn0031cdd:ASF9.ASF0L27R / ASIF DYS ILLEGAL ACTIVITES R)

	profit?	[1] ○	xx (0 =< n <= 30) days (ctn0031cdd: ASF9.ASF0L27 / ASIF DAYS ILLEGAL ACTIVITES)
			[97] ○ Not answered
			Exclude simple drug possession. Include drug dealing, prostitution, selling stolen goods, etc.

For questions L28-L29: Please ask participant to use the Participant Rating Scale.

| 9. | L28. How serious do you feel your present legal problems are? | Pulldown List 2 ▼ (ctn0031cdd: ASF9.ASF0L28 / ASIF PRESENT LEGAL PROBLEMS) Exclude civil problems. |
| 10. | L29. How important to you now is counseling or referral for these legal problems? | Pulldown List 3 ▼   (ctn0031cdd: ASF9.ASF0L29 / ASIF COUNSEL LEGAL PROBLEM) Participant is rating a need for additional referral to legal counsel for defense against criminal charges. |

Confidence Ratings: Is the above information significantly distorted by:

11.	L31. Participant's misrepresentation?	(ctn0031cdd: ASF9.ASF0L31 / ASIF LEGAL MISREP) *[0]* ○ No *[1]* ○ Yes
12.	L32. Participant's inability to understand?	(ctn0031cdd: ASF9.ASF0L32 / ASIF LEGAL INABILITY) *[0]* ○ No *[1]* ○ Yes
13.*	Comments:	A200 (ctn0031cdd: ASF9.ASF0LCOM / ASIF LEGAL COMMENTS)

* Item is not required

Pulldown List 1:

RefName	Display Text	Value	Design Note
ieCharge03	03 = Shoplifting	3	
ieCharge04	04 = Probation violation	4	
ieCharge05	05 = Drug	5	
ieCharge06	06 = Forgery	6	
ieCharge07	07 = Weapons	7	
ieCharge08	08 = Burglary	8	
ieCharge09	09 = Robbery	9	
ieCharge10	10 = Assault	10	
ieCharge11	11 = Arson	11	
ieCharge12	12 = Rape	12	

ieCharge13	13 = Homicide	13	
ieCharge14	14 = Prostitution	14	
ieCharge15	15 = Contempt	15	
ieCharge16	16 = Other	16	
ieCharge18	18 = Disorderly conduct	18	
ieCharge19	19 = DWI	19	
ieCharge20	20 = Major driving violation	20	

Pulldown List 2:

RefName	Display Text	Value	Design Note
ieASIRate0	0 Not at all	0	
ieASIRate1	1 Slightly	1	
ieASIRate2	2 Moderately	2	
ieASIRate3	3 Considerably	3	
ieASIRate4	4 Extremely	4	
ieASIRate5	97 Not answered	97	

Pulldown List 3:

RefName	Display Text	Value	Design Note
ieASIRate0	0 Not at all	0	
ieASIRate1	1 Slightly	1	
ieASIRate2	2 Moderately	2	
ieASIRate3	3 Considerably	3	
ieASIRate4	4 Extremely	4	
ieASIRate5	97 Not answered	97	

CDD: ctn0031cdd   Table: ASF9   Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
ASF0L18R	NUMERIC	
ASF0L18	NUMERIC - N2	
ASF0L19R	NUMERIC	
ASF0L19	NUMERIC - N2	

ASF0L20R	NUMERIC	
ASF0L20	NUMERIC - N2	
ASF0L21R	NUMERIC	
ASF0L21	NUMERIC - N2	
ASF0L24	NUMERIC	
ASF0L25R	NUMERIC	
ASF0L25	NUMERIC - 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 18, 19, 20	
ASF0L26R	NUMERIC	
ASF0L26	NUMERIC - N2	
ASF0L27R	NUMERIC	
ASF0L27	NUMERIC - N2	
ASF0L28	NUMERIC - 0, 1, 2, 3, 4, 97	
ASF0L29	NUMERIC - 0, 1, 2, 3, 4, 97	
ASF0L31	NUMERIC	
ASF0L32	NUMERIC	
ASF0LCOM	STRING(200) - A200	

ctn0031 : CTN-ASI Lite Follow Up (ASF10)

CTN-ASI Lite v.1: Family/Social Relationships

1.	F1. Marital status:	Pulldown List 1 ⌄ (ctn0031cdd:ASF10.ASF0F1 / ASIF MARITAL STATUS)

2.	F3. Are you satisfied with this situation?	(ctn0031cdd:ASF10.ASF0F3 / ASIF SATISFIED W/ SITUATION) *[0]* ○ No *[2]* ○ Yes *[1]* ○ Indifferent *[97]* ○ Not answered Satisfied = Generally liking the situation. Refers to question F1.

3.	F4. Usual living arrangements (since last ASI):	Pulldown List 2 ⌄ (ctn0031cdd:ASF10.ASF0F4 / ASIF USUAL LIVING ARRANGE)

4.	F6. Are you satisfied with these arrangements?	(ctn0031cdd:ASF10.ASF0F6 / ASIF SATISFIED W/ ARRANGE) *[0]* ○ No *[2]* ○ Yes *[1]* ○ Indifferent *[97]* ○ Not answered Refers to response in question F4.

Do you live with anyone who:

5.	F7. Has a current alcohol problem?	(ctn0031cdd:ASF10.ASF0F7 / ASIF CURRENT ALCOHOL PROBLM) *[0]* ○ No *[1]* ○ Yes *[97]* ○ Not answered

6.	F8. Uses non-prescribed drugs?	(ctn0031cdd:ASF10.ASF0F8 / ASIF NON-PRESCRIBED DRUGS) *[0]* ○ No *[1]* ○ Yes *[97]* ○ Not answered

7.	F9. With whom do you spend most of your free time?	(ctn0031cdd:ASF10.ASF0F9 / ASIF SPEND MOST FREE TIME) *[1]* ○ Family *[2]* ○ Friends *[3]* ○ Alone *[97]* ○ Not answered If a girlfriend/boyfriend is considered as family by participant, then they must refer to them as family throughout this section, not as a friend. Family is not to be referred to as friend.

8.	F10. Are you satisfied with spending your free time this way?	(ctn0031cdd:ASF10.ASF0F10 / ASIF SATISFIED W/ FREE TIME) *[0]* ○ No *[2]* ○ Yes

[1] ◯ Indifferent

[97] ◯ Not answered

A satisfied response must indicate that the person generally likes the situation. Refers to question F9.

Pulldown List 1:

RefName	Display Text	Value	Design Note
ieMarital1	1 Married	1	
ieMarital2	2 Remarried	2	
ieMarital3	3 Widowed	3	
ieMarital4	4 Separated	4	
ieMarital5	5 Divorced	5	
ieMarital6	6 Never married	6	
ieMarital9	97 Not answered	97	

Pulldown List 2:

RefName	Display Text	Value	Design Note
ieLiving1	1 With sexual partner and children	1	
ieLiving2	2 With sexual partner alone	2	
ieLiving3	3 With children alone	3	
ieLiving4	4 With parents	4	
ieLiving5	5 With family	5	
ieLiving6	6 With friends	6	
ieLiving7	7 Alone	7	
ieLiving8	8 Controlled environment	8	
ieLiving9	9 No stable arrangements	9	
ieLiving97	97 Not answered	97	

CDD: ctn0031cdd   Table: ASF10   Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
ASF0F1	NUMERIC - 1, 2, 3, 4, 5, 6, 97	
ASF0F3	NUMERIC	
ASF0F4	NUMERIC - 1, 2, 3, 4, 5, 6, 7, 8, 9, 97	

ASFOF6	NUMERIC	
ASFOF7	NUMERIC	
ASFOF8	NUMERIC	
ASFOF9	NUMERIC	
ASFOF10	NUMERIC	

ctn0031 : CTN-ASI Lite Follow Up (ASF11)

CTN-ASI Lite v.1: Family/Social Relationships (cont.)
Have you had significant periods in which you have experienced serious problems getting along with:

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

1.	F18. Mother:	Past 30 Days Pulldown List 1 ⌄ (ctn0031cdd:ASF11.ASF0F18A / ASIF MOTHER PAST 30 DAYS)
2.	F19. Father:	Past 30 Days Pulldown List 2 ⌄ (ctn0031cdd:ASF11.ASF0F19A / ASIF FATHER PAST 30 DAYS)
3.	F20. Brother/sisters:	Past 30 Days Pulldown List 3 ⌄ (ctn0031cdd:ASF11.ASF0F20A / ASIF BROTHER/SISTR PAST 30)
4.	F21. Sexual partner/spouse:	Past 30 Days Pulldown List 4 ⌄ (ctn0031cdd:ASF11.ASF0F21A / ASIF SEXUAL PARTNER PAST 30)
5.	F22. Children:	Past 30 Days Pulldown List 5 ⌄ (ctn0031cdd:ASF11.ASF0F22A / ASIF CHILDREN PAST 30 DAYS)

6.	F23. Other significant family (specify):	(ctn0031cdd:ASF11.ASF0F23R / ASIF OTHER FAMILY SPECIFY R)
		[1] ◯ A50 (ctn0031cdd:ASF11.ASF0F23S / *[98]* ◯ NA
		          ASIF OTHER FAMILY SPECIFY)
		
		Past 30 Days
		Pulldown List 6 ⌄ (ctn0031cdd:ASF11.ASF0F23A / ASIF OTHER
		          FAMILY PAST 30)

7.	F24. Close friends:	Past 30 Days Pulldown List 7 ⌄ (ctn0031cdd:ASF11.ASF0F24A / ASIF CLOSE FRIENDS PAST 30)
8.	F25. Neighbors:	Past 30 Days Pulldown List 8 ⌄ (ctn0031cdd:ASF11.ASF0F25A / ASIF NEIGHBORS PAST 30)
9.	F26. Co-workers:	Past 30 Days Pulldown List 9 ⌄ (ctn0031cdd:ASF11.ASF0F26A / ASIF CO-WORKERS PAST 30)

Did anyone (F18-F26) abuse you?

10.	F28. Physically (caused you physical harm)?	Past 30 Days Pulldown List 10 ⌄ (ctn0031cdd:ASF11.ASF0F28A / ASIF PHYSICAL ABUSE PAST 30)
11.	F29. Sexually (forced sexual advances/ acts)?	Past 30 Days Pulldown List 11 ⌄ (ctn0031cdd:ASF11.ASF0F29A / ASIF SEXUALLY ABUSE PAST 30)

Pulldown List 1:

RefName	Display Text	Value	Design Note
ieFamily0	0 No	0	

ieFamily1	1 Yes	1	
ieFamily97	97 Not answered	97	
ieFamily96	96 Not applicable	96	

Pulldown List 2:

RefName	Display Text	Value	Design Note
ieFamily0	0 No	0	
ieFamily1	1 Yes	1	
ieFamily97	97 Not answered	97	
ieFamily96	96 Not applicable	96	

Pulldown List 3:

RefName	Display Text	Value	Design Note
ieFamily0	0 No	0	
ieFamily1	1 Yes	1	
ieFamily97	97 Not answered	97	
ieFamily96	96 Not applicable	96	

Pulldown List 4:

RefName	Display Text	Value	Design Note
ieFamily0	0 No	0	
ieFamily1	1 Yes	1	
ieFamily97	97 Not answered	97	
ieFamily96	96 Not applicable	96	

Pulldown List 5:

RefName	Display Text	Value	Design Note
ieFamily0	0 No	0	
ieFamily1	1 Yes	1	
ieFamily97	97 Not answered	97	
ieFamily96	96 Not applicable	96	

Pulldown List 6:

RefName	Display Text	Value	Design Note
ieFamily0	0 No	0	
ieFamily1	1 Yes	1	
ieFamily97	97 Not answered	97	
ieFamily96	96 Not applicable	96	

Pulldown List 7:

RefName	Display Text	Value	Design Note
ieFamily0	0 No	0	
ieFamily1	1 Yes	1	
ieFamily97	97 Not answered	97	
ieFamily96	96 Not applicable	96	

Pulldown List 8:

RefName	Display Text	Value	Design Note
ieFamily0	0 No	0	
ieFamily1	1 Yes	1	
ieFamily97	97 Not answered	97	
ieFamily96	96 Not applicable	96	

Pulldown List 9:

RefName	Display Text	Value	Design Note
ieFamily0	0 No	0	
ieFamily1	1 Yes	1	
ieFamily97	97 Not answered	97	
ieFamily96	96 Not applicable	96	

Pulldown List 10:

RefName	Display Text	Value	Design Note
ieFamily0	0 No	0	
ieFamily1	1 Yes	1	

ieFamily97	97 Not answered	97	
ieFamily96	96 Not applicable	96	

Pulldown List 11:

RefName	Display Text	Value	Design Note
ieFamily0	0 No	0	
ieFamily1	1 Yes	1	
ieFamily97	97 Not answered	97	
ieFamily96	96 Not applicable	96	

CDD: ctn0031cdd   Table: ASF11   Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
ASF0F18A	NUMERIC - 0, 1, 97, 96	
ASF0F19A	NUMERIC - 0, 1, 97, 96	
ASF0F20A	NUMERIC - 0, 1, 97, 96	
ASF0F21A	NUMERIC - 0, 1, 97, 96	
ASF0F22A	NUMERIC - 0, 1, 97, 96	
ASF0F23R	NUMERIC	
ASF0F23S	STRING(50) - A50	
ASF0F23A	NUMERIC - 0, 1, 97, 96	
ASF0F24A	NUMERIC - 0, 1, 97, 96	
ASF0F25A	NUMERIC - 0, 1, 97, 96	
ASF0F26A	NUMERIC - 0, 1, 97, 96	
ASF0F28A	NUMERIC - 0, 1, 97, 96	
ASF0F29A	NUMERIC - 0, 1, 97, 96	

ctn0031 : CTN-ASI Lite Follow Up (ASF12)

SECTION 1: CTN-ASI Lite Follow Up v. 1: General Information

1.	F30. How many days in the past 30 days have you had serious conflicts with your family?	(ctn0031cdd:ASF12.ASF0F30R / ASIF FAMILY CONFLICT 30 DAY R) **[1]** ○ xx (0 =< n <= 30) days (ctn0031cdd:ASF12.ASF0F30 / ASIF FAMILY CONFLICT 30 DAY) *[97]* ○ Not answered

For questions F32 and F34, please ask participant to use the Participant Rating Scale.

2.	F32. How troubled or bothered have you been in the past 30 days by these family problems?	Pulldown List 1 ▼ (ctn0031cdd:ASF12.ASF0F32 / ASIF TROUBLE FAMILY PROBLEM)
3.	F34. How important to you now is treatment or counseling for these family problems?	Pulldown List 2 ▼ (ctn0031cdd:ASF12.ASF0F34 / ASIF TREATMENT FAMILY PROB) Participant is rating his/her need for counseling for family problems, not whether the family would be willing to attend.
4.	F31. How many days in the past 30 have you had serious conflicts with other people (excluding family)?	(ctn0031cdd:ASF12.ASF0F31R / ASIF CONFLICT OTHER PEOPLE R) **[1]** ○ xx (0 =< n <= 30) days (ctn0031cdd:ASF12.ASF0F31 / ASIF CONFLICT OTHER PEOPLE) *[97]* ○ Not answered

For questions F33 and F35, please ask participant to use the Participant Rating Scale.

5.	F33. How troubled or bothered have you been in the past 30 days by these social problems?	Pulldown List 3 ▼ (ctn0031cdd:ASF12.ASF0F33 / ASIF TROUBLE CONFLICT OTHER)
6.	F35. How important to you now is treatment or counseling for these social problems?	Pulldown List 4 ▼ (ctn0031cdd:ASF12.ASF0F35 / ASIF TREATMENT OTHER PEOPLE) Include participant's need to seek treatment for such social problems as loneliness, inability to socialize, and dissatisfaction with friends. Participant rating should refer to dissatisfaction, conflicts, or other serious problems. Exclude problems that would be eliminated if participant had no substance abuse.

Confidence Ratings: Is the above information significantly distorted by:

7.	F37. Participant's misrepresentation?	(ctn0031cdd:ASF12.ASF0F37 / ASIF FAMILY MISREP) *[0]* ○ No *[1]* ○ Yes
8.	F38. Participant's inability to understand?	(ctn0031cdd:ASF12.ASF0F38 / ASIF FAMILY INABILITY) *[0]* ○ No *[1]* ○ Yes
9.*	Comments:	A200 (ctn0031cdd:ASF12.ASF0FCOM / ASIF FAMILY COMMENTS)

* Item is not required

Pulldown List 1:			
RefName	**Display Text**	**Value**	**Design Note**

ieASIRate0	0 Not at all	0	
ieASIRate1	1 Slightly	1	
ieASIRate2	2 Moderately	2	
ieASIRate3	3 Considerably	3	
ieASIRate4	4 Extremely	4	
ieASIRate5	97 Not answered	97	

Pulldown List 2:

RefName	Display Text	Value	Design Note
ieASIRate0	0 Not at all	0	
ieASIRate1	1 Slightly	1	
ieASIRate2	2 Moderately	2	
ieASIRate3	3 Considerably	3	
ieASIRate4	4 Extremely	4	
ieASIRate5	97 Not answered	97	

Pulldown List 3:

RefName	Display Text	Value	Design Note
ieASIRate0	0 Not at all	0	
ieASIRate1	1 Slightly	1	
ieASIRate2	2 Moderately	2	
ieASIRate3	3 Considerably	3	
ieASIRate4	4 Extremely	4	
ieASIRate5	97 Not answered	97	

Pulldown List 4:

RefName	Display Text	Value	Design Note
ieASIRate0	0 Not at all	0	
ieASIRate1	1 Slightly	1	
ieASIRate2	2 Moderately	2	
ieASIRate3	3 Considerably	3	
ieASIRate4	4 Extremely	4	

ieASIRate5	97 Not answered	97	

CDD: ctn0031cdd Table: ASF12 Key Type: PATIENTVISIT		
Column Name	**Column Data Type**	**Design Note**
ASF0F30R	NUMERIC	
ASF0F30	NUMERIC - N2	
ASF0F32	NUMERIC - 0, 1, 2, 3, 4, 97	
ASF0F34	NUMERIC - 0, 1, 2, 3, 4, 97	
ASF0F31R	NUMERIC	
ASF0F31	NUMERIC - N2	
ASF0F33	NUMERIC - 0, 1, 2, 3, 4, 97	
ASF0F35	NUMERIC - 0, 1, 2, 3, 4, 97	
ASF0F37	NUMERIC	
ASF0F38	NUMERIC	
ASF0FCOM	STRING(200) - A200	

ctn0031 : CTN-ASI Lite Follow Up (ASF13)

CTN-ASI Lite v.1: Psychiatric Status
How many times have you been treated for any psychological or emotional problems?

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.

1.	P1. In a hospital or inpatient setting?	(ctn0031cdd:ASF13.ASF0P1R / ASIF PSYC IN HOSPITAL RADIO) **[1]** ○ | xx (0 =< n <= 99) | (ctn0031cdd:ASF13.ASF0P1 / ASIF PSYC IN HOSPITAL) *[97]* ○ Not answered
2.	P2. As an outpatient/ private patient?	(ctn0031cdd:ASF13.ASF0P2R / ASIF PSYC OUTPATIENT RADIO) **[1]** ○ | xx (0 =< n <= 99) | (ctn0031cdd:ASF13.ASF0P2 / ASIF PSYC OUTPATIENT) *[97]* ○ Not answered
3.	P3. Do you receive a pension for a psychiatric disability?	(ctn0031cdd:ASF13.ASF0P3 / ASIF PSYC PENSION) *[0]* ○ No *[1]* ○ Yes *[97]* ○ Not answered

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

4.	P4. Experienced serious depression-sadness, hopelessness, loss of interest, difficulty with daily function?	Past 30 Days Pulldown List 1 ▾ (ctn0031cdd:ASF13.ASF0P4A / ASIF DEPRESSION PAST 30)
5.	P5. Experienced serious anxiety/tension-uptight, unreasonably worried, inability to feel relaxed?	Past 30 Days Pulldown List 2 ▾ (ctn0031cdd:ASF13.ASF0P5A / ASIF ANXIETY PAST 30)
6.	P6. Experienced hallucinations-saw things or heard voices that other people did not hear or see?	Past 30 Days Pulldown List 3 ▾ (ctn0031cdd:ASF13.ASF0P6A / ASIF HALLUCINATIONS PAST 30)
7.	P7. Experienced trouble understanding, concentrating, or remembering?	Past 30 Days Pulldown List 4 ▾ (ctn0031cdd:ASF13.ASF0P7A / ASIF UNDERSTANDING PAST 30)

For questions P8-P10, participant could have been under the influence of alcohol/ drugs

8.	P8. Experienced trouble controlling violent behavior including episodes of rage, or violence? Participant can be under the influence of alcohol/drugs.	Past 30 Days Pulldown List 5 ▾ (ctn0031cdd:ASF13.ASF0P8A / ASIF BEHAVIOR PAST 30)
9.	P9. Experienced serious thoughts of suicide? Participant seriously considered a plan for taking his/her life.	Past 30 Days Pulldown List 6 ▾ (ctn0031cdd:ASF13.ASF0P9A / ASIF SUICIDE PAST 30)
10.	P10. Attempted suicide? Include actual suicidal gestures or attempts.	Past 30 Days Pulldown List 7 ▾ (ctn0031cdd:ASF13.ASF0P10A / ASIF ATTEMP SUICIDE PAST 30)
11.	P11. Been prescribed medication for any psychological/emotional problem? Prescribed for the participant by MD. Record Yes if a medication was prescribed even if the participant is not taking it.	Past 30 Days Pulldown List 8 ▾ (ctn0031cdd:ASF13.ASF0P11A / ASIF PSYC MEDS PAST 30)
12.	P12. How many days in the past 30 have you experienced these	(ctn0031cdd:ASF13.ASF0P12R)

	psychological or emotional problems?	**[1]** ⊘ xx (0 =< n <= 30) (ctn0031cdd:ASF13.ASF0P12 / ASIF PSYC PROBLEMS PAST 30) *[97]* ⊘ Not answered This refers to problems noted in questions P4-P10.

For questions P13-P14, please ask participant to use the Participant Rating Scale.

13.	P13. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?	Pulldown List 9 ⌄ (ctn0031cdd:ASF13.ASF0P13 / ASIF TROUBLE PSYC PROBLEM)
14.	P14. How important to you now is treatment for these psychological or emotional problems?	Pulldown List 10 ⌄ (ctn0031cdd:ASF13.ASF0P14 / ASIF TREATMENT PSYC)

Confidence Ratings: Is the above information significantly distorted by:

15.	P22. Participant's misrepresentation?	(ctn0031cdd:ASF13.ASF0P22 / ASIF PSYC MISREP) *[0]* ⊘ No *[1]* ⊘ Yes
16.	P23. Participant's inability to understand?	(ctn0031cdd:ASF13.ASF0P23 / ASIF PSYC INABILITY) *[0]* ⊘ No *[1]* ⊘ Yes
17.*	Comments:	A200 (ctn0031cdd:ASF13.ASF0PCOM / ASIF PSYC COMMENTS)

* Item is not required

Pulldown List 1:

RefName	Display Text	Value	Design Note
iePsyc0	0 No	0	
iePsyc1	1 Yes	1	
iePsyc97	97 Not answered	97	

Pulldown List 2:

RefName	Display Text	Value	Design Note
iePsyc0	0 No	0	
iePsyc1	1 Yes	1	
iePsyc97	97 Not answered	97	

Pulldown List 3:

RefName	Display Text	Value	Design Note

RefName	Display Text	Value	Design Note
iePsyc0	0 No	0	
iePsyc1	1 Yes	1	
iePsyc97	97 Not answered	97	

Pulldown List 4:

RefName	Display Text	Value	Design Note
iePsyc0	0 No	0	
iePsyc1	1 Yes	1	
iePsyc97	97 Not answered	97	

Pulldown List 5:

RefName	Display Text	Value	Design Note
iePsyc0	0 No	0	
iePsyc1	1 Yes	1	
iePsyc97	97 Not answered	97	

Pulldown List 6:

RefName	Display Text	Value	Design Note
iePsyc0	0 No	0	
iePsyc1	1 Yes	1	
iePsyc97	97 Not answered	97	

Pulldown List 7:

RefName	Display Text	Value	Design Note
iePsyc0	0 No	0	
iePsyc1	1 Yes	1	
iePsyc97	97 Not answered	97	

Pulldown List 8:

RefName	Display Text	Value	Design Note
iePsyc0	0 No	0	
iePsyc1	1 Yes	1	

iePsyc97	97 Not answered	97	

Pulldown List 9:

RefName	Display Text	Value	Design Note
ieASIRate0	0 Not at all	0	
ieASIRate1	1 Slightly	1	
ieASIRate2	2 Moderately	2	
ieASIRate3	3 Considerably	3	
ieASIRate4	4 Extremely	4	
ieASIRate5	97 Not answered	97	

Pulldown List 10:

RefName	Display Text	Value	Design Note
ieASIRate0	0 Not at all	0	
ieASIRate1	1 Slightly	1	
ieASIRate2	2 Moderately	2	
ieASIRate3	3 Considerably	3	
ieASIRate4	4 Extremely	4	
ieASIRate5	97 Not answered	97	

CDD: ctn0031cdd   Table: ASF13   Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
ASF0P1R	NUMERIC	
ASF0P1	NUMERIC - N2	
ASF0P2R	NUMERIC	
ASF0P2	NUMERIC - N2	
ASF0P3	NUMERIC	
ASF0P4A	NUMERIC - 0, 1, 97	
ASF0P5A	NUMERIC - 0, 1, 97	
ASF0P6A	NUMERIC - 0, 1, 97	
ASF0P7A	NUMERIC - 0, 1, 97	
ASF0P8A	NUMERIC - 0, 1, 97	

ASF0P9A	NUMERIC - 0, 1, 97	
ASF0P10A	NUMERIC - 0, 1, 97	
ASF0P11A	NUMERIC - 0, 1, 97	
ASF0P12R	NUMERIC	
ASF0P12	NUMERIC - N2	
ASF0P13	NUMERIC - 0, 1, 2, 3, 4, 97	
ASF0P14	NUMERIC - 0, 1, 2, 3, 4, 97	
ASF0P22	NUMERIC	
ASF0P23	NUMERIC	
ASF0PCOM	STRING(200) - A200	

ctn0031 : Form Completion Status (6MOS)

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1.	CTN-ASI LITE FOLLOW UP	Pulldown List 1 ▼ (ctn0031cdd:MOS6.FRMASF / FORM COMPLETION STATUS CODE)
2.	Treatment Services Review Lead	Pulldown List 1 ▼ (ctn0031cdd:MOS6.FRMTSRL / FORM COMPLETION STATUS CODE)
3.	Substance Use Calendar Lead	Pulldown List 1 ▼ (ctn0031cdd:MOS6.FRMSUCL / FORM COMPLETION STATUS CODE)
4.	Alcohol Breathalyzer	Pulldown List 1 ▼ (ctn0031cdd:MOS6.FRMAB / FORM COMPLETION STATUS CODE)
5.	Urine Drug Screen	Pulldown List 1 ▼ (ctn0031cdd:MOS6.FRMUDS / FORM COMPLETION STATUS CODE)
6.	Research Visit Attendance	Pulldown List 1 ▼ (ctn0031cdd:MOS6.FRMVISR / FORM COMPLETION STATUS CODE)

Pulldown List 1:

RefName	Display Text	Value	Design Note
ieFCS0	0 CRF Completed	0	
ieFCS1	1 Patient Unavailable	1	
ieFCS2	2 Data Collector Error	2	
ieFCS3	3 Patient unable/unwilling to answer	3	
ieFCS9	9 Not Applicable/Other	9	

CDD: ctn0031cdd   Table: MOS6   Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
FRMASF	NUMERIC - 0, 1, 2, 3, 9	
FRMTSRL	NUMERIC - 0, 1, 2, 3, 9	
FRMSUCL	NUMERIC - 0, 1, 2, 3, 9	
FRMAB	NUMERIC - 0, 1, 2, 3, 9	
FRMUDS	NUMERIC - 0, 1, 2, 3, 9	
FRMVISR	NUMERIC - 0, 1, 2, 3, 9	

ctn0031 : Form Completion Status (CAS)

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1.	Adverse Events	Pulldown List 1 ▾ (ctn0031cdd:CAS.FRMAE / FORM COMPLETION STATUS CODE)
2.	Serious Adverse Event	Pulldown List 1 ▾ (ctn0031cdd:CAS.FRMSAE / FORM COMPLETION STATUS CODE)
3.	Protocol Violation Log	Pulldown List 1 ▾ (ctn0031cdd:CAS.FRMPVL / FORM COMPLETION STATUS CODE)
4.	Study Termination	Pulldown List 1 ▾ (ctn0031cdd:CAS.FRMTERM / FORM COMPLETION STATUS CODE)

Pulldown List 1:

RefName	Display Text	Value	Design Note
ieFCS0	0 CRF Completed	0	
ieFCS1	1 Patient Unavailable	1	
ieFCS2	2 Data Collector Error	2	
ieFCS3	3 Patient unable/unwilling to answer	3	
ieFCS9	9 Not Applicable/Other	9	

CDD: ctn0031cdd   Table: CAS   Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
FRMAE	NUMERIC - 0, 1, 2, 3, 9	
FRMSAE	NUMERIC - 0, 1, 2, 3, 9	
FRMPVL	NUMERIC - 0, 1, 2, 3, 9	
FRMTERM	NUMERIC - 0, 1, 2, 3, 9	

ctn0031 : ADVERSE EVENTS (AE) - Repeating Form

#		Visit Week	Assessment Date:	AE #	AE symptom(s) or diagnosis	Onset Date	Severity	Actions Taken	Study intervention related	Was Event Serious?	Outcome	End Date	
1													

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1.	Visit Week		Pulldown List 1 ⌄ (ctn0031cdd:AE.AEVISWK / AE VISIT WEEK)
2.	Assessment Date:		Req ⌄ / Req ⌄ / Req ⌄ (2008-2012) (ctn0031cdd:AE.VISIT_DT / ASSESSMENT DATE)
3.	AE #		xx (0 =< n <= 99) (ctn0031cdd:AE.AE01 / AE NUMBER)
4.	AE symptom(s) or diagnosis		A100 (ctn0031cdd:AE.AE02 / AE SYMPTOMS OR DIAGNOSIS)
5.	Onset Date		Req ⌄ / Req ⌄ / Req ⌄ (2008-2012) (ctn0031cdd:AE.AE03DT / AE ONSET DATE)
6.	Severity		(ctn0031cdd:AE.AE04 / AE SEVERITY) [1] ◯ Mild [2] ◯ Moderate [3] ◯ Severe [4] ◯ Life threatening [5] ◯ Death
7.	Actions Taken		(ctn0031cdd:AE.AE05 / AE ACTIONS TAKEN) [0] ◯ None [1] ◯ Temporarily Discontinued Study Therapy [2] ◯ Discontinued Study Therapy [3] ◯ Terminated from Study
8.	Study intervention related		(ctn0031cdd:AE.AE06 / AE STUDY RELATED) [1] ◯ Unrelated [2] ◯ Possibly [3] ◯ Probably [4] ◯ Definitely
9.	Was Event Serious?		(ctn0031cdd:AE.AE07 / AE SERIOUS) [0] ◯ No [1] ◯ Yes
10.	Outcome		(ctn0031cdd:AE.AE08 / AE OUTCOME)

		[1] ⚪ Resolved
		[2] ⚪ Resolved with Sequelae
		[3] ⚪ Not Resolved
		[4] ⚪ Fatal
11.	End Date	(ctn0031cdd:AE.AE09 / AE ONGOING) **[2]** ⚪ Req ▾ / Req ▾ / Req ▾ (2008-2012) (ctn0031cdd:AE.AE09DT / AE END DATE) *[1]* ⚪ Ongoing

Pulldown List 1:

RefName	Display Text	Value	Design Note
seBASE	BASELINE	BASELINE	
seWK2	Week 2	WEEK2	
seWK4	Week 4	WEEK4	
seWK8	Week 8	WEEK8	
seMON3	3 Month	MON3	
seMON6	6 Month	MON6	

CDD: ctn0031cdd   Table: AE   Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
AEVISWK	STRING(8) - BASELINE, WEEK2, WEEK4, WEEK8, MON3, MON6	
VISIT_DT	DATE - DDMONYYYY	
AE01	NUMERIC - N2	
AE02	STRING(100) - A100	
AE03DT	DATE - DDMONYYYY	
AE04	NUMERIC	
AE05	NUMERIC	
AE06	NUMERIC	
AE07	NUMERIC	
AE08	NUMERIC	
AE09	NUMERIC	
AE09DT	DATE - DDMONYYYY	

ctn0031 : Serious Adverse Event (SAE) - Repeating Form

#	Assessment Date:	Visit Week	AE Number:	SAE Number:	1. SAE symptom(s) or diagnosis:	2a. Death:	2b. Life-threatening:	2c. Hospitalization: (other than detox or rehab)	2d. Disability:	2e. Congenital anomaly:	2f. Required intervention to prevent one of the above outcomes:	3. Relevant tests/laboratory data:	
1													

1.	Assessment Date:	Req ▾ / Req ▾ / Req ▾ (2008-2012) (ctn0031cdd:SAE.\
2.	Visit Week	Pulldown List 1 ▾ (ctn0031cdd:SAE.SAEVISWK / SAE VISIT W
3.	AE Number:	xx (0 =< n <= 99) (ctn0031cdd:SAE.SAEAENUM / S/
4.	SAE Number:	xx (0 =< n <= 99) (ctn0031cdd:SAE.SAENUM / SAE
5.	1. SAE symptom(s) or diagnosis:	Must match corresponding AE (ctn0031c DIAGNOSI A100

2. SAE categorization (respond No or Yes to all questions):

6.	2a. Death:	(ctn0031cdd:SAE.SAE02A / SAE DEATH) [0] ○ No [1] ○ Yes [98] ○ NA
7.	2b. Life-threatening:	(ctn0031cdd:SAE.SAE02B / SAE LIFE-THREAT) [0] ○ No [1] ○ Yes [98] ○ NA
8.	2c. Hospitalization: (other than detox or rehab)	(ctn0031cdd:SAE.SAE02C / SAE HOSPITALIZATION) [0] ○ No [1] ○ Yes [98] ○ NA
9.	2d. Disability:	(ctn0031cdd:SAE.SAE02D / SAE DISABILITY) [0] ○ No [1] ○ Yes [98] ○ NA
10.	2e. Congenital anomaly:	(ctn0031cdd:SAE.SAE02E / SAE CONGENITAL ANOMALY) [0] ○ No [1] ○ Yes [98] ○ NA
11.	2f. Required intervention to prevent one of the above outcomes:	(ctn0031cdd:SAE.SAE02F / SAE REQUIRED INTERVENTION) [0] ○ No [1] ○ Yes [98] ○ NA
12.	3. Relevant tests/laboratory data, including dates:	(ctn0031cdd:SAE.SAE03R / SAE RELEVANT TEST RADIO) [1] ○ A200 (ct REI

		[98] ○ NA
13.	4. Was any Concomitant Drug Therapy provided?	(ctn0031cdd:SAE.SAE04 / SAE CONCOMITANT DRUG) [0] ○ No [1] ○ Yes [98] ○ Unknown
	4a Drug	**4b Quantity per Administration:**
14.		

Concomitant Drug Therapy Entry

14.a	4a Drug (include generic name)	A50	(c
14.b	4b Quantity per Administration:	A50	(c
14.c	4c Route of Administration:	A50	(c
15.	5. Relevant history, including date of consent and pre-existing medical conditions (e.g., allergies, pregnancy, smoking and alcohol use, Hepatic/renal dysfunction, etc):	A200	(ctn0031cd HISTORY)
16.*	6. Additional comments:	A200 A200 A200	(ctn0031cd COMMENT! (ctn0031cd COMMENT! (ctn0031cd COMMENT!

* Item is not required

Pulldown List 1:			
RefName	Display Text	Value	Design Note
seBASE	BASELINE	BASELINE	
seWK2	Week 2	WEEK2	
seWK4	Week 4	WEEK4	
seWK8	Week 8	WEEK8	
seMON3	3 Month	MON3	

seMON6	6 Month	MON6	

CDD: ctn0031cdd   Table: SAE   Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
VISIT_DT	DATE - DDMONYYYY	
SAEVISWK	STRING(8) - BASELINE, WEEK2, WEEK4, WEEK8, MON3, MON6	
SAEAENUM	NUMERIC - N2	
SAENUM	NUMERIC - N2	
SAE01	STRING(100) - A100	
SAE02A	NUMERIC	
SAE02B	NUMERIC	
SAE02C	NUMERIC	
SAE02D	NUMERIC	
SAE02E	NUMERIC	
SAE02F	NUMERIC	
SAE03R	NUMERIC	
SAE03	STRING(200) - A200	
SAE04	NUMERIC	
SAE05	STRING(200) - A200	
SAE06A	STRING(200) - A200	
SAE06B	STRING(200) - A200	
SAE06C	STRING(200) - A200	

CDD: ctn0031cdd   Table: SAE2   Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
SAE04A	STRING(50) - A50	
SAE04B	STRING(50) - A50	
SAE04C	STRING(50) - A50	

ctn0031 : Protocol Violation Log (PVL) - Repeating Form

#		Visit Week	Assessment Date:	1. Date of violation:	2. Violation type (Enter code number from Violation Type Code List):	3. If Other is indicated, please provide the specification:	4. Description of violation	5. Has this protocol violation been resolved?	6. Comments:	
1										

To be filled in by person(s) reporting this protocol violation

1.	Visit Week	Pulldown List 1 ⌄ (ctn0031cdd:PVL.PVLVISWK / PVL VISIT WEEK)
2.	Assessment Date:	Req ⌄ / Req ⌄ / Req ⌄ (2008-2012) (ctn0031cdd:PVL.VISIT_DT / ASSESSMENT DATE)
3.	1. Date of violation:	Req ⌄ / Req ⌄ / Req ⌄ (2008-2012) (ctn0031cdd:PVL.PVL01DT / PVL VIOLATION DATE)
4.	2. Violation type (Enter code number from Violation Type Code List):	A3 (ctn0031cdd:PVL.PVL02 / PVL VIOLATION TYPE)
5.*	3. If Other is indicated, please provide the specification:	A100 (ctn0031cdd:PVL.PVL03 / PVL VIOLATION OTHER SPECIFY)
6.	4. Description of violation	A200 (ctn0031cdd:PVL.PVL04 / PVL DESCRIPTION)
7.	5. Has this protocol violation been resolved?	(ctn0031cdd:PVL.PVL05 / PVL RESOLVED) **[1]** ◯ Yes If Yes: Indicate resolution/ corrective action taken (ctn0031cdd:PVL.PVL05SP / PVL RESOLUTION) A200 *[0]* ◯ No
8.*	6. Comments:	A200 (ctn0031cdd:PVL.PVL06 / PVL COMMENTS)

* Item is not required

Pulldown List 1:

RefName	Display Text	Value	Design Note
seBASE	BASELINE	BASELINE	
seWK2	Week 2	WEEK2	
seWK4	Week 4	WEEK4	
seWK8	Week 8	WEEK8	
seMON3	3 Month	MON3	
seMON6	6 Month	MON6	

CDD: ctn0031cdd   Table: PVL   Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
PVLVISWK	STRING(8) - BASELINE, WEEK2, WEEK4, WEEK8, MON3, MON6	
VISIT_DT	DATE - DDMONYYYY	
PVL01DT	DATE - DDMONYYYY	
PVL02	STRING(3) - A3	
PVL03	STRING(100) - A100	
PVL04	STRING(200) - A200	
PVL05	NUMERIC	
PVL05SP	STRING(200) - A200	
PVL06	STRING(200) - A200	

ctn0031 : Study Termination (TERM)

1.	Visit week	Pulldown List 1 ☑ (ctn0031cdd:TERM.TERVISWK / TERM VISIT WEEK)
2.	Assessment Date:	Req ☑ / Req ☑ / Req ☑ (2008-2012) (ctn0031cdd:TERM.VISIT_DT / ASSESSMENT DATE)
3.	1. Date of study completion or early termination	Req ☑ / Req ☑ / Req ☑ (2008-2012) (ctn0031cdd:TERM.TERM1DT / TERM COMPLETE EARLY TERM DT)
4.	2. Did the participant complete the study?	(ctn0031cdd:TERM.TERM02 / TERM DID PT COMPLETE STUDY) *[1]* ○ Yes **[0]** ○ If No: (ctn0031cdd:TERM.TERM02A / TERM B/C INCARCERATED) a. Was the participant incarcerated for duration of study? *[0]* ○ No *[1]* ○ Yes *[98]* ○ NA (ctn0031cdd:TERM.TERM02B / TERM B/C LOST TO FOLLOWUP) b. Was the participant lost to follow-up (lost contact) not due to incarceration? *[0]* ○ No *[1]* ○ Yes *[98]* ○ NA (ctn0031cdd:TERM.TERM02C / TERM B/C CLINICAL REASONS) c. Was the participant terminated for clinical reasons? *[0]* ○ No *[1]* ○ Yes *[98]* ○ NA (ctn0031cdd:TERM.TERM02D / TERM B/C AE/SAE) d. Did an AE/SAE occur? *[0]* ○ No *[1]* ○ Yes *[98]* ○ NA (ctn0031cdd:TERM.TERM02E / TERM B/C WITHDREW CONSENT) e. Did the participant withdraw consent? *[0]* ○ No *[1]* ○ Yes *[98]* ○ NA (ctn0031cdd:TERM.TERM02F / TERM B/C DECEASED) f. Did the participant die? *[0]* ○ No *[1]* ○ Yes *[98]* ○ NA

	(ctn0031cdd: TERM.TERM02G / TERM OTHER REASON)
	
	g. Was the participant terminated for some other reason?
	
	[0] ◯ No
	
	[1] ◯ Yes (ctn0031cdd: TERM.TERM02GS / TERM OTHER REASON SPECIFY)
	      If Yes: Provide details
	       A100
	
	[98] ◯ NA

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5.	I have reviewed all the data recorded on all CRF pages and certify that they are accurate and complete to the best of my knowledge.	Principal Investigator: (ctn0031cdd: TERM.TERMSIG / PI SIGNATURE REVIEWED) A100 Date: Req ▾ / Req ▾ / Req ▾ (2008-2012) (ctn0031cdd: TERM.TRMSDT / PI SIGNATURE DATE)

Pulldown List 1:

RefName	Display Text	Value	Design Note
seBASE	BASELINE	BASELINE	
seWK2	Week 2	WEEK2	
seWK4	Week 4	WEEK4	
seWK8	Week 8	WEEK8	
seMON3	3 Month	MON3	
seMON6	6 Month	MON6	

CDD: ctn0031cdd   Table: TERM   Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
TERVISWK	STRING(8) - BASELINE, WEEK2, WEEK4, WEEK8, MON3, MON6	
VISIT_DT	DATE - DDMONYYYY	
TERM1DT	DATE - DDMONYYYY	
TERM02	NUMERIC	
TERM02A	NUMERIC	
TERM02B	NUMERIC	
TERM02C	NUMERIC	
TERM02D	NUMERIC	
TERM02E	NUMERIC	

TERM02F	NUMERIC	
TERM02G	NUMERIC	
TERM02GS	STRING(100) - A100	
TERMSIG	STRING(100) - A100	
TRMSDT	DATE - DDMONYYYY	

CRB Electronic Signature Affidavit
By my dated signature below, I, **[*First Name*] [*Last Name*]**, verify that all case report form pages accurately display the results of the examinations, tests, evaluations and treatments performed on this patient. Pursuant to Section 11.100 of Title 21 of the Code of Federal Regulations, this is to certify that I intend that this electronic signature is to be the legally binding equivalent of my handwritten signature. To this I do attest by supplying my user name and password and clicking the button marked **Submit** below.

CRF Electronic Signature Affidavit
By my dated signature below, I, **[*First Name*] [*Last Name*]**, verify that this case report form accurately displays the results of the examinations, tests, evaluations and treatments noted within. Pursuant to Section 11.100 of Title 21 of the Code of Federal Regulations, this is to certify that I intend that this electronic signature is to be the legally binding equivalent of my handwritten signature. To this I do attest by supplying my user name and password and clicking the button marked **Submit** below.