NIDA

Annotated Design For Trial: pmctn31a

Protocol: CTN0031A

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August 13, 2008 7:45AM

Time and Events Schedule For Study: pmctn31a

	Assessment	CRF	BASELINE (BASE) [S]	CAS (CAS) [S]	Conflict (Conflict) [U/R/D]	Normal (NORM) [S/D]	METH/Cocaine (METH) [S/D]
1	VISIT INFORMATION FORM	VIS	1				
2	PATIENT INFORMATION	PI	2				
3	PROTOCOL VIOLATION LOG	PVL		1-RF			
4	Study Termination	TERM		2			
5	DEMOGRAPHICS FOR NORMAL COMPARISON PARTICIPANTS	DEM				1	
6	GENERAL HEALTH FORM Normal Comparison	GHF2				2	
7	URINE DRUG SCREEN	UDS				3	6
8	DSM-IV SUBSTANCE RELATED DISORDERS - NORMAL COMPARISONS	DSM1				4	
9	DSM-IV SUBSTANCE RELATED DISORDERS - NORMAL COMPARISONS	DSM2				5	
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14	BLOOD SAMPLE COLLECTION, PROCESSING AND SHIPMENT	BLOOD				10	4
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16	OXIDATIVE STRESS/ DAMAGE MEASURES	OSM				12	12
17	GENERAL HEALTH FORM	GHF1A					1
18	GENERAL HEALTH FORM	GHF1B					2
19	STUDY ELIGIBILITY FORM FOR CTN-0031 PARTICIPANTS	ELIG31					3
20	STROOP COLOR WORD TASK RESULTS	STROOP					7
21	REY AUDITORY-VERBAL LEARNING TEST	RAVLT					8
22	THE IOWA GAMBLING TASK (GT) RESULTS	GT					9
23	THE WISCONSIN CARD SORTING TASK	WCST					10
24	TREATMENT TRACKING FORM	TTF					11-RF

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

pmctn31a : System Screening (SCR)		
Protocol number NIDA-CTN-0031A		
1. NODE	A2	(pmctn31acdd:SCR.NODE / NODE)
2. Participant ID **4 digits must be entered**	A4	(pmctn31acdd:SCR.SCRPID / SCREEN ID)

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

CDD: pmctn31acdd Table: SCR Key Type: PATIENTVISIT		
Column Name	**Column Data Type**	**Design Note**
NODE	STRING(2) - A2	
SCRPID	STRING(4) - A4	

pmctn31a : System Enrollment (ENR)		
Study Enrollment		
1. Participant ID	A25	Please do not enter or modify data on this field (pmctn31acdd:ENR.PINUM / PARTICIPANT NUMBER)

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

CDD: pmctn31acdd   Table: ENR   Key Type: PATIENTVISIT

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

pmctn31a : VISIT INFORMATION FORM (VIS)	
.	
1. Assessment Date:	⎸Req ☑ / ⎸Req ☑ / ⎸Req ☑ (2008-2012) (pmctn31acdd:VIS.VISIT_DT / ASSESSMENT DATE)
2. What visit is this?	(pmctn31acdd:VIS.VISTYP / VIS VISIT TYPE) [1] ◯ CTN0031A [2] ◯ Normal Controls (090400 Maryhaven only)

CDD: pmctn31acdd   Table: VIS   Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
VISIT_DT	DATE - DDMONYYYY	
VISTYP	NUMERIC	

pmctn31a : 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	(pmctn31acdd:PI.PINUM / PINUM)
	site mnemonic-node-ID	
2. Node	A3	(pmctn31acdd:PI.PINODE / PINODE)

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

CDD: pmctn31acdd Table: PI Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
PINUM	STRING(25) - A25	
PINODE	STRING(3) - A3	

pmctn31a : PROTOCOL VIOLATION LOG (PVL) - Repeating Form

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

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1.	Assessment Date:	Req ▾ / Req ▾ / Req ▾ (2008-2012) (pmctn31acdd:PVL.VISIT_DT / Assessment Date)	
	To be filled in by person(s) reporting this protocol violation		
2.	1. Date of violation:	Req ▾ / Req ▾ / Req ▾ (2008-2012) (pmctn31acdd:PVL.PVL01DT / PVL Violation Date)	
3.	2. Violation type (Enter code number from Violation Type Code List):	A3 (pmctn31acdd:PVL.PVL02 / PVL Violation Type)	
4.*	3. If Other is indicated, please provide the specification:	A100 (pmctn31acdd:PVL.PVL03 / PVL Violation Other specify)	
5.	4. Description of violation:	A200 (pmctn31acdd:PVL.PVL04 / PVL Description)	
6.	5. Has this protocol violation been resolved?	(pmctn31acdd:PVL.PVL05 / PVL Resolved) [1] ○ Yes (pmctn31acdd:PVL.PVL05SP / PVL Resolution) If Yes: Indicate resolution/corrective action taken A200 [0] ○ No	
7.*	6. Comments:	A200 (pmctn31acdd:PVL.PVL06 / PVL Comments)	
	* Item is not required		

CDD: pmctn31acdd Table: PVL Key Type: PATIENTVISIT		
Column Name	**Column Data Type**	**Design Note**
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	

pmctn31a : Study Termination (TERM)		
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1.	Assessment Date:	Req ⌄ / Req ⌄ / Req ⌄ (2008-2012) (pmctn31acdd:TERM.VISIT_DT / Assessment Date)
.		
2.	Date of study completion or early termination	Req ⌄ / Req ⌄ / Req ⌄ (2008-2012) (pmctn31acdd:TERM.TERM1DT / Term Complete early term DT)
3.	Did the participant complete all research assessments?	(pmctn31acdd:TERM.TERM02 / Term did pt complete study) [1] ○ Yes [0] ○ (pmctn31acdd:TERM.TERM02a / If No, specify reason) No [1] ○ No longer interested [2] ○ Problem with blood draw (specify if pt or staff problem in comments) [3] ○ Problem with Neurocog Testing (specify if pt or staff problem in comments) [4] ○ Ran out of time, needed to leave [5] ○ Other (specify in comments) (pmctn31acdd:TERM.TERM02sp / Other specify in comments) Comments A100
4.*	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 or designee: (pmctn31acdd:TERM.TERMSIG / PI Signature reviewed) A100 Date: Req ⌄ / Req ⌄ / Req ⌄ (2008-2012) (pmctn31acdd:TERM.TRMSDT / PI Signature date)
* Item is not required		

CDD: pmctn31acdd Table: TERM Key Type: PATIENTVISIT		
Column Name	**Column Data Type**	**Design Note**
VISIT_DT	DATE - DDMONYYYY	
TERM1DT	DATE - DDMONYYYY	
TERM02	NUMERIC	
TERM02a	NUMERIC	
TERM02sp	STRING(100) - A100	
TERMSIG	STRING(100) - A100	
TRMSDT	DATE - DDMONYYYY	

pmctn31a : DEMOGRAPHICS FOR NORMAL COMPARISON PARTICIPANTS (DEM)
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1. Assessment Date: Req ▾ / Req ▾ / Req ▾ (2008-2012) (pmctn31acdd:DEM.VISIT_DT / Assessment Date)
Demographics
2. Date of Birth: Req ▾ / Req ▾ / Req ▾ (1925-1995) (pmctn31acdd:DEM.DEM01DT / DEM Date of Birth)
3. Sex: (pmctn31acdd:DEM.DEM02 / DEM Gender)   [1] ◯ Male   [2] ◯ Female   [98] ◯ Participant chooses not to answer
4. 3. Ethnicity (check only one):   (pmctn31acdd:DEM.DEM03 / DEM Ethnicity)   [1] ◯ Hispanic or Latino   [2] ◯ Not Hispanic or Latino   [98] ◯ Participant chooses not to answer
5. 4. Race (check all that apply):   (pmctn31acdd:DEM.DEM04 / DEM Am Indian, Alaskan)   [1] ☐ American Indian or Alaska Native   (pmctn31acdd:DEM.DEM04A / DEM Asian)   [1] ☐ Asian   (pmctn31acdd:DEM.DEM04B / DEM Black, African American)   [1] ☐ Black or African American   (pmctn31acdd:DEM.DEM04C / DEM Native Hawaii/Pacific)   [1] ☐ Native Hawaiian or Other Pacific Islander   (pmctn31acdd:DEM.DEM04D / DEM White)   [1] ☐ White   (pmctn31acdd:DEM.DEM04E / DEM Other Race)   **[1]** ☐ Other (Specify):   (pmctn31acdd:DEM.DEM04SP / DEM Other Race, Specify)   A100   (pmctn31acdd:DEM.DEM04F / DEM Race not answered)   [1] ☐ Participant chooses not to answer   (pmctn31acdd:DEM.DEM04G / DEM Race Unknown)   [1] ☐ Unknown

CDD: pmctn31acdd Table: DEM Key Type: PATIENTVISIT		
Column Name	**Column Data Type**	**Design Note**
VISIT_DT	DATE - DDMONYYYY	
DEM01DT	DATE - DDMONYYYY	
DEM02	NUMERIC	
DEM03	NUMERIC	
DEM04	NUMERIC	
DEM04A	NUMERIC	
DEM04B	NUMERIC	
DEM04C	NUMERIC	
DEM04D	NUMERIC	
DEM04E	NUMERIC	
DEM04SP	STRING(100) - A100	
DEM04F	NUMERIC	
DEM04G	NUMERIC	

pmctn31a : GENERAL HEALTH FORM Normal Comparison (GHF2)

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1.	Assessment Date:	Req ▾ / Req ▾ / Req ▾ (2008-2012) (pmctn31acdd:GHF2.VISIT_DT / Assessment Date)

B. Assessment of a History of Stroke and Seizure Disorder

2.	1. Have you ever had a stroke? A stroke can also be called a cerebral hemorrhage, cerebral thrombosis, brain hemorrhage, subarachnoid hemorrhage, cerebrovascular accident (CVA) or a mini-stroke or a T.I.A.	(pmctn31acdd:GHF2.GHF2B1 / GHF2 ever had a stroke) [0] ○ No [1] ○ Yes [98] ○ NA
3.	2a. Has a doctor told you that you have epilepsy or a seizure disorder?	(pmctn31acdd:GHF2.GHF2B2A / GHF2 have epilepsy/ seizure) [98] ○ NA [1] ○ Yes **[0]** ○ No (pmctn31acdd:GHF2.GHF2B2B / GHF2 experienced seizures) 2b. If No to 2a: Have you experienced seizures during adulthood? [0] ○ No [1] ○ Yes [98] ○ NA If Yes to questions 1, 2a or 2b, then s/he is ineligible and the interview should stop here. Otherwise, continue.

C. Assessment of Traumatic Brain Injury

4.	1. Have you ever been hospitalized or treated in an emergency room following an injury to your head or neck? Think about any childhood injuries you remember or were told about.	(pmctn31acdd:GHF2.GHF2C1 / GHF2 hospitalized for head) [0] ○ No [1] ○ Yes [98] ○ NA
5.	2. Have you ever injured your head or neck in a car accident or from some other moving vehicle accident?	(pmctn31acdd:GHF2.GHF2C2 / GHF2 injured head in car) [0] ○ No [1] ○ Yes [98] ○ NA
6.	3. Have you ever injured your head or neck in a fall or from being hit by something?	(pmctn31acdd:GHF2.GHF2C3 / GHF2 injured head in fall) [0] ○ No [1] ○ Yes [98] ○ NA
7.	4. Have you ever injured your head or neck in a fight or from being hit by someone?	(pmctn31acdd:GHF2.GHF2C4 / GHF2 injured head in fight) [0] ○ No [1] ○ Yes [98] ○ NA

If all above (1-4) are 'no' then skip to Section E. If 'yes' to any of the questions above, ask:

If Yes to question 5 and if any loss of consciousnes (items 6a-6d) was greater than 30 minutes, then ineligible on this criterion. See Eligibility Form.

8.*	5. Were you knocked out or unconscious following the injury(ies) you mentioned above?	(pmctn31acdd:GHF2.GHF2C5 / GHF2 knocked out) [0] ○ No. If no loss of consciousness, skip to section E. **[1]** ○ Yes. If Yes, ask: 6a. How long were you knocked out? (If not sure of the time frame, encourage them to make their best guess). xx (0 =< n <= 24) hours (pmctn31acdd:GHF2.GHF2C6AH / GHF2 hours knocked out) xx (0 =< n <= 59) minutes (pmctn31acdd:GHF2.GHF2C6AM / GHF2 minutes knocked out)

If more than one injury with loss of consciousness, ask for each, up to 3 additional. If more than 3, ask for the 3 with the longest loss of consciousness times:

9.*	6b. Additional injury -1	xx (0 =< n <= 24) hours (pmctn31acdd:GHF2.GHF2C6BH / GHF2 add injury 1 hours) xx (0 =< n <= 59) minutes (pmctn31acdd:GHF2.GHF2C6BM / GHF2 add injury 1 minutes)
10.*	6c. Additional injury -2	xx (0 =< n <= 24) hours (pmctn31acdd:GHF2.GHF2C6CH / GHF2 add injury 2 hours) xx (0 =< n <= 59) minutes (pmctn31acdd:GHF2.GHF2C6CM / GHF2 add injury 2 minutes)
11.*	6d. Additional injury -3	xx (0 =< n <= 24) hours (pmctn31acdd:GHF2.GHF2C6DH / GHF2 add injury 3 hours) xx (0 =< n <= 59) minutes (pmctn31acdd:GHF2.GHF2C6DM / GHF2 add injury 3 minutes) If Yes to question 5 and if any loss of consciousness (items 6a-6d) was greater than 30 minutes, then ineligible on

		this criterion. See Eligibility Form.
	E. Assessment of Smoking History	

12.	1a. Do you currently smoke cigarettes?	(pmctn31acdd:GHF2.GHF2E1A / GHF2 do you currently smoke)
		[0] ◯ No. Skip to question 2a
		[1] ◯ Yes. If Yes, ask 1b and 1c then end interview and go to Section F:
		    (pmctn31acdd:GHF2.GHF2E1BR / GHF2E1B Radiogroup)
		    1b. On average, how many cigarettes do you smoke a day?
		    [1] ◯ | xxx | (pmctn31acdd:GHF2.GHF2E1B / GHF2 cigarettes a day)
		    [98] ◯ NA
		    (pmctn31acdd:GHF2.GHF2E1CR / GHF2E1C Radiogroup)
		    1c. For how many years have you been smoking on a daily basis?
		    [1] ◯ | xx | (pmctn31acdd:GHF2.GHF2E1C / GHF2 how many years)
		    [98] ◯ NA
		[98] ◯ NA

13.	2a. Did you ever have a period where you smoked cigarettes on a daily basis?	(pmctn31acdd:GHF2.GHF2E2A / GHF2 smoke on a daily basis)
		[0] ◯ No. End interview and go to Section F
		[1] ◯ Yes. If Yes, ask 2b - 2d then end interview and go to Section F:
		    (pmctn31acdd:GHF2.GHF2E2BR / GHF2E2B Radiogroup)
		    2b. How many cigarettes did you smoke a day on average?
		    [1] ◯ | xxx | (pmctn31acdd:GHF2.GHF2E2B / GHF2 how many did you smoke)
		    [98] ◯ NA
		    (pmctn31acdd:GHF2.GHF2E2CR / GHF2E2C Radiogroup)
		    2c. For how many years did you smoke on a daily basis?
		    [1] ◯ | xx | (pmctn31acdd:GHF2.GHF2E2C / GHF2 how many years smoke)
		    [98] ◯ NA
		    (pmctn31acdd:GHF2.GHF2E2DR / GHF2E2D Radiogroup)
		    2d. How many years has it been since you smoked on a daily basis?
		    [1] ◯ | xx | (pmctn31acdd:GHF2.GHF2E2D / GHF2 years since you smoked)
		    [98] ◯ NA
		[98] ◯ NA

	F. Results from the HIV Self-Report Screening Source Document	
	Record the HIV-status for the participant based on how s/he responded to the HIV Self-report Screening Source Document. If Positive then ineligible on this criterion. See Eligibility Form.	
14.	1. The participant's HIV status is (select one):	(pmctn31acdd:GHF2.GHF2F1 / GHF2 HIV status) *[1]* ◯ Not tested *[0]* ◯ Negative test *[2]* ◯ HIV Positive *[3]* ◯ AIDS Positive *[99]* ◯ Participant chooses not to answer *[98]* ◯ NA
*	Item is not required	

CDD: pmctn31acdd   Table: GHF2   Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
VISIT_DT	DATE - DDMONYYYY	
GHF2B1	NUMERIC	
GHF2B2A	NUMERIC	
GHF2B2B	NUMERIC	
GHF2C1	NUMERIC	
GHF2C2	NUMERIC	
GHF2C3	NUMERIC	
GHF2C4	NUMERIC	

GHF2C5	NUMERIC	
GHF2C6AH	NUMERIC - N2	
GHF2C6AM	NUMERIC - N2	
GHF2C6BH	NUMERIC - N2	
GHF2C6BM	NUMERIC - N2	
GHF2C6CH	NUMERIC - N2	
GHF2C6CM	NUMERIC - N2	
GHF2C6DH	NUMERIC - N2	
GHF2C6DM	NUMERIC - N2	
GHF2E1A	NUMERIC	
GHF2E1BR	NUMERIC	
GHF2E1B	NUMERIC - N3	
GHF2E1CR	NUMERIC	
GHF2E1C	NUMERIC - N2	
GHF2E2A	NUMERIC	
GHF2E2BR	NUMERIC	
GHF2E2B	NUMERIC - N3	
GHF2E2CR	NUMERIC	
GHF2E2C	NUMERIC - N2	
GHF2E2DR	NUMERIC	
GHF2E2D	NUMERIC - N2	
GHF2F1	NUMERIC	

	pmctn31a : URINE DRUG SCREEN (UDS)

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1.	Assessment Date:	Req ☑ / Req ☑ / Req ☑ (2008-2012) (pmctn31acdd:UDS.VISIT_DT / Assessment Date)

Section I: Urine Collection

2.	1. Was a urine sample obtained?	(pmctn31acdd:UDS.UDS01 / UDS obtained)
		[0] ◯ No. If No, complete 1a and leave the rest of the form blank.
		
		    (pmctn31acdd:UDS.UDS01A / UDS was not obtained)
		    1a. Why was a urine sample not obtained?
		    [1] ◯ Participant reported being unable to provide sample
		    [2] ◯ Participant refused to provide sample
		    [3] ◯ Study staff error
		    [98] ◯ Other
		
		        [A50] (pmctn31acdd:UDS.UDS01SP / UDS not obtained, specify)
		
		[1] ◯ Yes
		    (pmctn31acdd:UDS.UDS02 / UDS collection observed)
		    2. Was urine collection observed?
		    [0] ◯ No
		    [1] ◯ Yes
		    [98] ◯ NA
		[98] ◯ NA

3.*	3. Urine temperature within expected range ?(between 90° F and 99° F)	(pmctn31acdd:UDS.UDS03 / UDS temp within range) *[1]* ◯ Yes *[98]* ◯ NA *[0]* ◯ No If the urine sample was not within the expected range, please collect another sample from the participant. Do not test samples that are not within the expected range.

Section II: Urine Drug Screen Results

4.*	4. Cocaine:	(pmctn31acdd:UDS.UDS04 / UDS Cocaine result) *[0]* ◯ Neg *[1]* ◯ Pos *[99]* ◯ Unk
5.*	5. Opiates:	(pmctn31acdd:UDS.UDS05 / UDS Opiates result) *[0]* ◯ Neg *[1]* ◯ Pos *[99]* ◯ Unk
6.*	6. Methamphetamines:	(pmctn31acdd:UDS.UDS06 / UDS Methamphetamine result) *[0]* ◯ Neg *[1]* ◯ Pos *[99]* ◯ Unk
7.*	7. THC (marijuana):	(pmctn31acdd:UDS.UDS07 / UDS THC result) *[0]* ◯ Neg *[1]* ◯ Pos *[99]* ◯ Unk
8.*	8. Amphetamines:	(pmctn31acdd:UDS.UDS08 / UDS Amphetamine result) *[0]* ◯ Neg *[1]* ◯ Pos *[99]* ◯ Unk
9.*	9. Benzodiazepines:	(pmctn31acdd:UDS.UDS09 / UDS Benzodiazepines result) *[0]* ◯ Neg *[1]* ◯ Pos *[99]* ◯ UNK
10.*	10. Comments:	[A200] (pmctn31acdd:UDS.UDS10 / UDS Comments)

* Item is not required

CDD: pmctn31acdd Table: UDS Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
VISIT_DT	DATE - DDMONYYYY	
UDS01	NUMERIC	
UDS01A	NUMERIC	
UDS01SP	STRING(50) - A50	
UDS02	NUMERIC	

UDS03	NUMERIC	
UDS04	NUMERIC	
UDS05	NUMERIC	
UDS06	NUMERIC	
UDS07	NUMERIC	
UDS08	NUMERIC	
UDS09	NUMERIC	
UDS10	STRING(200) - A200	

pmctn31a : DSM-IV SUBSTANCE RELATED DISORDERS - NORMAL COMPARISONS (DSM1)	
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1.	Assessment Date:	Req ⌄ / Req ⌄ / Req ⌄ (2008-2012) (pmctn31acdd: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	(pmctn31acdd:DSM1.DSM01A / DSMIV Amphetamines) *[0]* ○ No *[1]* ○ Yes *[98]* ○ NA
3.	Methamphetamines	(pmctn31acdd:DSM1.DSM01B / DSMIV Methamphetamines) *[0]* ○ No *[1]* ○ Yes *[98]* ○ NA
4.	Cocaine	(pmctn31acdd:DSM1.DSM01C / DSMIV Cocaine) *[0]* ○ No *[1]* ○ Yes *[98]* ○ NA
5.	Other Stimulants	(pmctn31acdd:DSM1.DSM01D / DSMIV Other Stimulants) *[0]* ○ No *[1]* ○ Yes *[98]* ○ NA
6.	Alcohol	(pmctn31acdd:DSM1.DSM01E / DSMIV Alcohol) *[0]* ○ No *[1]* ○ Yes *[98]* ○ NA
7.	Marijuana/Hashish	(pmctn31acdd:DSM1.DSM01F / DSMIV Marijuana/Hashish) *[0]* ○ No *[1]* ○ Yes *[98]* ○ NA
8.	Opiates	(pmctn31acdd:DSM1.DSM01G / DSMIV Opiates) *[0]* ○ No *[1]* ○ Yes *[98]* ○ NA
9.	Benzodiazepines	(pmctn31acdd:DSM1.DSM01H / DSMIV Benzodiazepines) *[0]* ○ No *[1]* ○ Yes *[98]* ○ NA
10.	Primary Drug:	Pulldown List 1 ⌄ (pmctn31acdd:DSM1.DSM02A / DSMIV Primary drug) (specify) [A50] (pmctn31acdd: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	(pmctn31acdd:DSM1.DSM0A1A / DSMIV Use Amphetamines) *[1]* ○ Present *[2]* ○ Absent *[3]* ○ Uncertain *[98]* ○ NA
12.	Methamphetamines	(pmctn31acdd:DSM1.DSM0A1B / DSMIV Use Methamphetamines) *[1]* ○ Present *[2]* ○ Absent *[3]* ○ Uncertain *[98]* ○ NA
13.	Cocaine	(pmctn31acdd:DSM1.DSM0A1C / DSMIV Use Cocaine) *[1]* ○ Present *[2]* ○ Absent *[3]* ○ Uncertain *[98]* ○ NA
14.	Other Stimulants	(pmctn31acdd:DSM1.DSM0A1D / DSMIV Use Other Stimulants) *[1]* ○ Present *[2]* ○ Absent *[3]* ○ Uncertain *[98]* ○ NA
15.	Alcohol	(pmctn31acdd:DSM1.DSM0A1E / DSMIV Use Alcohol) *[1]* ○ Present *[2]* ○ Absent *[3]* ○ Uncertain *[98]* ○ NA
16.	Marijuana/Hashish	(pmctn31acdd:DSM1.DSM0A1F / DSMIV Use Marijuana/Hashish) *[1]* ○ Present *[2]* ○ Absent *[3]* ○ Uncertain *[98]* ○ NA
17.	Opiates	(pmctn31acdd:DSM1.DSM0A1G / DSMIV Use Opiates) *[1]* ○ Present *[2]* ○ Absent *[3]* ○ Uncertain *[98]* ○ NA
18.	Benzodiazepines	(pmctn31acdd: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?	(pmctn31acdd: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: pmctn31acdd 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	STRING(255) - 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	

pmctn31a : DSM-IV SUBSTANCE RELATED DISORDERS - NORMAL COMPARISONS (DSM2)

Substance DEPENDENCE Criteria (continued) 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 symptoms(s))?

#	Item	Field	Options
1.	Amphetamines	(pmctn31acdd:DSM2.DSM0A2A / DSMIV Wtdr Amphetamines)	[1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
2.	Methamphetamines	(pmctn31acdd:DSM2.DSM0A2B / DSMIV Wtdr Methamphetamines)	[1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
3.	Cocaine	(pmctn31acdd:DSM2.DSM0A2C / DSMIV Wtdr Cocaine)	[1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
4.	Other Stimulants	(pmctn31acdd:DSM2.DSM0A2D / DSMIV Wtdr Other Stimulants)	[1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
5.	Alcohol	(pmctn31acdd:DSM2.DSM0A2E / DSMIV Wtdr Alcohol)	[1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
6.	Marijuana/Hashish	(pmctn31acdd:DSM2.DSM0A2F / DSMIV Wtdr Marijuana/Hashis)	[1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
7.	Opiates	(pmctn31acdd:DSM2.DSM0A2G / DSMIV Wtdr Opiates)	[1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
8.	Benzodiazepines	(pmctn31acdd: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?	(pmctn31acdd: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?

#	Item	Field	Options
10.	Amphetamines	(pmctn31acdd:DSM2.DSM0A3A / DSMIV Strt Amphetamines)	[1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
11.	Methamphetamines	(pmctn31acdd:DSM2.DSM0A3B / DSMIV Strt Methamphetamines)	[1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
12.	Cocaine	(pmctn31acdd:DSM2.DSM0A3C / DSMIV Strt Cocaine)	[1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
13.	Other Stimulants	(pmctn31acdd:DSM2.DSM0A3D / DSMIV Strt Other Stimulants)	[1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
14.	Alcohol	(pmctn31acdd:DSM2.DSM0A3E / DSMIV Strt Alcohol)	[1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
15.	Marijuana/Hashish	(pmctn31acdd:DSM2.DSM0A3F / DSMIV Strt Marijuana/Hashis)	[1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
16.	Opiates	(pmctn31acdd:DSM2.DSM0A3G / DSMIV Strt Opiates)	[1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
17.	Benzodiazepines	(pmctn31acdd: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?	(pmctn31acdd: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 there this something you kept worrying about?

#	Item	Field	Options
19.	Amphetamines	(pmctn31acdd:DSM2.DSM0A4A / DSMIV Stop Amphetamines)	[1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
20.	Methamphetamines	(pmctn31acdd:DSM2.DSM0A4B / DSMIV Stop Methamphetamines)	[1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
21.	Cocaine	(pmctn31acdd:DSM2.DSM0A4C / DSMIV Stop Cocaine)	[1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
22.	Other Stimulants	(pmctn31acdd:DSM2.DSM0A4D / DSMIV Stop Other Stimulants)	[1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
23.	Alcohol	(pmctn31acdd:DSM2.DSM0A4E / DSMIV Stop Alcohol)	[1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA

24.	Marijuana/Hashish	(pmctn31acdd:DSM2.DSM0A4F / DSMIV Stop Marijuana/Hashis) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
25.	Opiates	(pmctn31acdd:DSM2.DSM0A4G / DSMIV Stop Opiates) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
26.	Benzodiazepines	(pmctn31acdd: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?	(pmctn31acdd:DSM2.DSM0A4P / DSMIV Stop Present) [0] ○ No [1] ○ Yes [98] ○ NA

CDD: pmctn31acdd 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	

pmctn31a : DSM-IV SUBSTANCE RELATED DISORDERS - NORMAL COMPARISONS (DSM3)

Substance DEPENDENCE Criteria (continued) 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	(pmctn31acdd:DSM3.DSM0A5A / DSMIV Time Amphetamines) [1] ◯ Present [2] ◯ Absent [3] ◯ Uncertain [98] ◯ NA
2.	Methamphetamines	(pmctn31acdd:DSM3.DSM0A5B / DSMIV Time Methamphetamines) [1] ◯ Present [2] ◯ Absent [3] ◯ Uncertain [98] ◯ NA
3.	Cocaine	(pmctn31acdd:DSM3.DSM0A5C / DSMIV Time Cocaine) [1] ◯ Present [2] ◯ Absent [3] ◯ Uncertain [98] ◯ NA
4.	Other Stimulants	(pmctn31acdd:DSM3.DSM0A5D / DSMIV Time Other Stimulants) [1] ◯ Present [2] ◯ Absent [3] ◯ Uncertain [98] ◯ NA
5.	Alcohol	(pmctn31acdd:DSM3.DSM0A5E / DSMIV Time Alcohol) [1] ◯ Present [2] ◯ Absent [3] ◯ Uncertain [98] ◯ NA
6.	Marijuana/Hashish	(pmctn31acdd:DSM3.DSM0A5F / DSMIV Time Marijuana/Hashis) [1] ◯ Present [2] ◯ Absent [3] ◯ Uncertain [98] ◯ NA
7.	Opiates	(pmctn31acdd:DSM3.DSM0A5G / DSMIV Time Opiates) [1] ◯ Present [2] ◯ Absent [3] ◯ Uncertain [98] ◯ NA
8.	Benzodiazepines	(pmctn31acdd: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?	(pmctn31acdd: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	(pmctn31acdd:DSM3.DSM0A6A / DSMIV Work Amphetamines) [1] ◯ Present [2] ◯ Absent [3] ◯ Uncertain [98] ◯ NA
11.	Methamphetamines	(pmctn31acdd:DSM3.DSM0A6B / DSMIV Work Methamphetamines) [1] ◯ Present [2] ◯ Absent [3] ◯ Uncertain [98] ◯ NA
12.	Cocaine	(pmctn31acdd:DSM3.DSM0A6C / DSMIV Work Cocaine) [1] ◯ Present [2] ◯ Absent [3] ◯ Uncertain [98] ◯ NA
13.	Other Stimulants	(pmctn31acdd:DSM3.DSM0A6D / DSMIV Work Other Stimulants) [1] ◯ Present [2] ◯ Absent [3] ◯ Uncertain [98] ◯ NA
14.	Alcohol	(pmctn31acdd:DSM3.DSM0A6E / DSMIV Work Alcohol) [1] ◯ Present [2] ◯ Absent [3] ◯ Uncertain [98] ◯ NA
15.	Marijuana/Hashish	(pmctn31acdd:DSM3.DSM0A6F / DSMIV Work Marijuana/Hashis) [1] ◯ Present [2] ◯ Absent [3] ◯ Uncertain [98] ◯ NA
16.	Opiates	(pmctn31acdd:DSM3.DSM0A6G / DSMIV Work Opiates) [1] ◯ Present [2] ◯ Absent [3] ◯ Uncertain [98] ◯ NA
17.	Benzodiazepines	(pmctn31acdd: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?	(pmctn31acdd: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	(pmctn31acdd:DSM3.DSM0A7A / DSMIV Prob Amphetamines) [1] ◯ Present [2] ◯ Absent [3] ◯ Uncertain [98] ◯ NA
20.	Methamphetamines	(pmctn31acdd:DSM3.DSM0A7B / DSMIV Prob Methamphetamines) [1] ◯ Present [2] ◯ Absent [3] ◯ Uncertain [98] ◯ NA
21.	Cocaine	(pmctn31acdd:DSM3.DSM0A7C / DSMIV Prob Cocaine) [1] ◯ Present [2] ◯ Absent [3] ◯ Uncertain [98] ◯ NA
22.	Other Stimulants	(pmctn31acdd:DSM3.DSM0A7D / DSMIV Prob Other Stimulants) [1] ◯ Present [2] ◯ Absent [3] ◯ Uncertain [98] ◯ NA
23.	Alcohol	(pmctn31acdd:DSM3.DSM0A7E / DSMIV Prob Alcohol) [1] ◯ Present [2] ◯ Absent [3] ◯ Uncertain [98] ◯ NA

24.	Marijuana/Hashish	(pmctn31acdd:DSM3.DSM0A7F / DSMIV Prob Marijuana/Hashis) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
25.	Opiates	(pmctn31acdd:DSM3.DSM0A7G / DSMIV Prob Opiates) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
26.	Benzodiazepines	(pmctn31acdd: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?	(pmctn31acdd: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 (pmctn31acdd:DSM3.DSM0APA / DSMIV Depd Amphetamines) xx Methamphetamines (pmctn31acdd:DSM3.DSM0APB / DSMIV Depd Methamphetamines) xx Cocaine (pmctn31acdd:DSM3.DSM0APC / DSMIV Depd Cocaine) xx Other Stimulants (pmctn31acdd:DSM3.DSM0APD / DSMIV Depd Other Stimulants) xx Alcohol (pmctn31acdd:DSM3.DSM0APE / DSMIV Depd Alcohol) xx Marijuana/Hashish (pmctn31acdd:DSM3.DSM0APF / DSMIV Depd Marijuana/Hashis) xx Opiates (pmctn31acdd:DSM3.DSM0APG / DSMIV Depd Opiates) xx Benzodiazepines (pmctn31acdd:DSM3.DSM0APH / DSMIV Depd Benzodiazepines)

CDD: pmctn31acdd   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	

pmctn31a : DSM-IV SUBSTANCE RELATED DISORDERS - NORMAL COMPARISONS (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 hung over 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	(pmctn31acdd:DSM4.DSM0B1A / DSMIV high Amphetamines) *[1]* ○ Present *[2]* ○ Absent *[3]* ○ Uncertain *[98]* ○ NA
2.	Methamphetamines	(pmctn31acdd:DSM4.DSM0B1B / DSMIV high Methamphetamines) *[1]* ○ Present *[2]* ○ Absent *[3]* ○ Uncertain *[98]* ○ NA
3.	Cocaine	(pmctn31acdd:DSM4.DSM0B1C / DSMIV high Cocaine) *[1]* ○ Present *[2]* ○ Absent *[3]* ○ Uncertain *[98]* ○ NA
4.	Other Stimulants	(pmctn31acdd:DSM4.DSM0B1D / DSMIV high Other Stimulants) *[1]* ○ Present *[2]* ○ Absent *[3]* ○ Uncertain *[98]* ○ NA
5.	Alcohol	(pmctn31acdd:DSM4.DSM0B1E / DSMIV high Alcohol) *[1]* ○ Present *[2]* ○ Absent *[3]* ○ Uncertain *[98]* ○ NA
6.	Marijuana/Hashish	(pmctn31acdd:DSM4.DSM0B1F / DSMIV high Marijuana/Hashis) *[1]* ○ Present *[2]* ○ Absent *[3]* ○ Uncertain *[98]* ○ NA
7.	Opiates	(pmctn31acdd:DSM4.DSM0B1G / DSMIV high Opiates) *[1]* ○ Present *[2]* ○ Absent *[3]* ○ Uncertain *[98]* ○ NA
8.	Benzodiazepines	(pmctn31acdd: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?	(pmctn31acdd: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	(pmctn31acdd:DSM4.DSM0B2A / DSMIV Dangr Amphetamines) *[1]* ○ Present *[2]* ○ Absent *[3]* ○ Uncertain *[98]* ○ NA
11.	Methamphetamines	(pmctn31acdd:DSM4.DSM0B2B / DSMIV Dangr Methamphetamine) *[1]* ○ Present *[2]* ○ Absent *[3]* ○ Uncertain *[98]* ○ NA
12.	Cocaine	(pmctn31acdd:DSM4.DSM0B2C / DSMIV Dangr Cocaine) *[1]* ○ Present *[2]* ○ Absent *[3]* ○ Uncertain *[98]* ○ NA
13.	Other Stimulants	(pmctn31acdd:DSM4.DSM0B2D / DSMIV Dangr Other Stimulant) *[1]* ○ Present *[2]* ○ Absent *[3]* ○ Uncertain *[98]* ○ NA
14.	Alcohol	(pmctn31acdd:DSM4.DSM0B2E / DSMIV Dangr Alcohol) *[1]* ○ Present *[2]* ○ Absent *[3]* ○ Uncertain *[98]* ○ NA
15.	Marijuana/Hashish	(pmctn31acdd:DSM4.DSM0B2F / DSMIV Dangr Marijuana/Hashi) *[1]* ○ Present *[2]* ○ Absent *[3]* ○ Uncertain *[98]* ○ NA
16.	Opiates	(pmctn31acdd:DSM4.DSM0B2G / DSMIV Dangr Opiates) *[1]* ○ Present *[2]* ○ Absent *[3]* ○ Uncertain *[98]* ○ NA
17.	Benzodiazepines	(pmctn31acdd: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?	(pmctn31acdd: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	(pmctn31acdd:DSM4.DSM0B3A / DSMIV Law Amphetamines) *[1]* ○ Present *[2]* ○ Absent *[3]* ○ Uncertain *[98]* ○ NA
20.	Methamphetamines	(pmctn31acdd:DSM4.DSM0B3B / DSMIV Law Methamphetamines) *[1]* ○ Present *[2]* ○ Absent *[3]* ○ Uncertain *[98]* ○ NA
21.	Cocaine	(pmctn31acdd:DSM4.DSM0B3C / DSMIV Law Cocaine) *[1]* ○ Present *[2]* ○ Absent *[3]* ○ Uncertain *[98]* ○ NA
22.	Other Stimulants	(pmctn31acdd:DSM4.DSM0B3D / DSMIV Law Other Stimulants) *[1]* ○ Present *[2]* ○ Absent *[3]* ○ Uncertain *[98]* ○ NA

23.	Alcohol	(pmctn31acdd:DSM4.DSM0B3E / DSMIV Law Alcohol) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
24.	Marijuana/Hashish	(pmctn31acdd:DSM4.DSM0B3F / DSMIV Law Marijuana/Hashish) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
25.	Opiates	(pmctn31acdd:DSM4.DSM0B3G / DSMIV Law Opiates) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
26.	Benzodiazepines	(pmctn31acdd: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?	(pmctn31acdd:DSM4.DSM0B3P / DSMIV Law Present) [0] ○ No [1] ○ Yes [98] ○ NA

CDD: pmctn31acdd 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	
DSM0B2H	NUMERIC	
DSM0B2P	NUMERIC	
DSM0B3A	NUMERIC	
DSM0B3B	NUMERIC	
DSM0B3C	NUMERIC	
DSM0B3D	NUMERIC	
DSM0B3E	NUMERIC	
DSM0B3F	NUMERIC	
DSM0B3G	NUMERIC	
DSM0B3H	NUMERIC	
DSM0B3P	NUMERIC	

pmctn31a : DSM-IV SUBSTANCE RELATED DISORDERS - NORMAL COMPARISONS (DSM5)

Substance ABUSE Criteria (continued) 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	(pmctn31acdd:DSM5.DSM0B4A / DSMIV PepI Amphetamines) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
2. Methamphetamines	(pmctn31acdd:DSM5.DSM0B4B / DSMIV PepI Methamphetamines) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
3. Cocaine	(pmctn31acdd:DSM5.DSM0B4C / DSMIV PepI Cocaine) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
4. Other Stimulants	(pmctn31acdd:DSM5.DSM0B4D / DSMIV PepI Other Stimulants) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
5. Alcohol	(pmctn31acdd:DSM5.DSM0B4E / DSMIV PepI Alcohol) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
6. Marijuana/Hashish	(pmctn31acdd:DSM5.DSM0B4F / DSMIV PepI Marijuana/Hashis) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
7. Opiates	(pmctn31acdd:DSM5.DSM0B4G / DSMIV PepI Opiates) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
8. Benzodiazepines	(pmctn31acdd:DSM5.DSM0B4H / DSMIV PepI Benzodiazepines) [1] ○ Present [2] ○ Absent [3] ○ Uncertain [98] ○ NA
9. If present for methamphetamines, amphetamines, cocaine or other stimulants, past 6 months?	(pmctn31acdd:DSM5.DSM0B4P / DSMIV PepI 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 (pmctn31acdd:DSM5.DSM0BPA / DSMIV Abuse Amphetamines) xx Methamphetamines (pmctn31acdd:DSM5.DSM0BPB / DSMIV Abuse Methamphetamine) xx Cocaine (pmctn31acdd:DSM5.DSM0BPC / DSMIV Abuse Cocaine) xx Other Stimulants (pmctn31acdd:DSM5.DSM0BPD / DSMIV Abuse Other Stimulant) xx Alcohol (pmctn31acdd:DSM5.DSM0BPE / DSMIV Abuse Alcohol) xx Marijuana/Hashish (pmctn31acdd:DSM5.DSM0BPF / DSMIV Abuse Marijuana/Hashi) xx Opiates (pmctn31acdd:DSM5.DSM0BPG / DSMIV Abuse Opiates) xx Benzodiazepines (pmctn31acdd:DSM5.DSM0BPH / DSMIV Abuse Benzodiazepines)

CDD: pmctn31acdd   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	

pmctn31a : STUDY ELIGIBILITY FORM FOR NORMAL COMPARISONS (ELIGNC)

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1.	Assessment Date:	Req ▾ / Req ▾ / Req ▾ (2008-2012) (pmctn31acdd:ELIGNC.VISIT_DT / ASSESSMENT DATE)

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2.	1. Date of Informed Consent:	Req ▾ / Req ▾ / Req ▾ (2008-2012) (pmctn31acdd:ELIGNC.EGN01DT / EGN DATE INFORMED CONSENT)

3.	2. Were all Inclusion criteria met?	(pmctn31acdd:ELIGNC.EGN02 / EGN INCLUSION CRITERIA MET)
		[1] ◯ Yes
		[0] ◯ No Record the Inclusion criteria number(s) which were not met (pmctn31acdd:ELIGNC.EGN02A / EGN INCLUSION CRITERIA 1)
		  xx
		  xx (pmctn31acdd:ELIGNC.EGN02B / EGN INCLUSION CRITERIA 2)
		  xx (pmctn31acdd:ELIGNC.EGN02C / EGN INCLUSION CRITERIA 3)

4.	3. Did any Exclusion criteria apply?	(pmctn31acdd:ELIGNC.EGN03 / EGN EXCLUSION CRITERIA)
		[0] ◯ No
		[1] ◯ Yes Record the Exclusion criteria number(s) (pmctn31acdd:ELIGNC.EGN03A / EGN EXCLUSION CRITERIA 1)
		  xx
		  xx (pmctn31acdd:ELIGNC.EGN03B / EGN EXCLUSION CRITERIA 2)
		  xx (pmctn31acdd:ELIGNC.EGN03C / EGN EXCLUSION CRITERIA 3)
		  xx (pmctn31acdd:ELIGNC.EGN03D / EGN EXCLUSION CRITERIA 4)
		  xx (pmctn31acdd:ELIGNC.EGN03E / EGN EXCLUSION CRITERIA 5)
		  xx (pmctn31acdd:ELIGNC.EGN03F / EGN EXCLUSION CRITERIA 6)
		  xx (pmctn31acdd:ELIGNC.EGN03G / EGN EXCLUSION CRITERIA 7)
		  xx (pmctn31acdd:ELIGNC.EGN03H / EGN EXCLUSION CRITERIA 8)

CDD: pmctn31acdd Table: ELIGNC Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
VISIT_DT	DATE - DDMONYYYY	
EGN01DT	DATE - DDMONYYYY	
EGN02	NUMERIC	
EGN02A	NUMERIC - N2	
EGN02B	NUMERIC - N2	
EGN02C	NUMERIC - N2	
EGN03	NUMERIC	
EGN03A	NUMERIC - N2	
EGN03B	NUMERIC - N2	
EGN03C	NUMERIC - N2	
EGN03D	NUMERIC - N2	
EGN03E	NUMERIC - N2	
EGN03F	NUMERIC - N2	
EGN03G	NUMERIC - N2	
EGN03H	NUMERIC - N2	

pmctn31a : BLOOD SAMPLE COLLECTION, PROCESSING AND SHIPMENT (BLOOD)		
.		
1.	Assessment Date:	Req ☑ / Req ☑ / Req ☑ (2008-2012) (pmctn31acdd:BLOOD.VISIT_DT / Assessment Date)

Section I: Blood Collection

2.	1. Was a blood sample obtained?	(pmctn31acdd:BLOOD.BLOOD1 / BLD sample obtained)

[0] ○ No. If No, complete 1a. and mark "NA" in all subsequent questions.

    (pmctn31acdd:BLOOD.BLOOD1A / BLD sample not obtained)
    1a. Why was a blood sample not obtained?

    [1] ○ Study Staff unable to obtain sample (provide explanation)

        Specify: (pmctn31acdd:BLOOD.BLD1COMM / BLD 1 comments)

        | A200 |

    [2] ○ Participant refused to provide sample
    [98] ○ Other:

        Specify: (pmctn31acdd:BLOOD.BLDCOMM / BLD comments)

        | A200 |

[1] ○ Yes

3.	2. Were there any significant complications from the blood draw?	(pmctn31acdd:BLOOD.BLOOD2 / BLD complications from draw)

[0] ○ No
[1] ○ Yes. If Yes, complete CRF 0031A-12 (Form CBD)
[98] ○ NA

4.	3. Blood draw time (24 hour clock):	(pmctn31acdd:BLOOD.BLOOD3R / BLD draw time radiogroup)

[1] ○ Req ☑ : Req ☑ *24-hour clock* (pmctn31acdd:BLOOD.BLOOD3TM / BLD draw time)
[98] ○ NA

Section II: Cooling and centrifuging the blood sample

Note: For questions about the length of time a procedure took, please round up partial minutes to the next full minute (e.g., if something took 30 seconds, record as 01 minutes)

5.	4. Time between end of blood draw and immersion of tube on a mix of ice and water:	(pmctn31acdd:BLOOD.BLOOD4R / BLD immersion radiogroup)

[1] ○ | xx | minutes (pmctn31acdd:BLOOD.BLOOD4 / BLD draw and immersion)
[98] ○ NA

6.	5. Did you confirm that centrifuge speed was set correctly?	(pmctn31acdd:BLOOD.BLOOD5 / BLD centrifuge speed)

[0] ○ No. If No, please specify:

    Specify: | A200 | (pmctn31acdd:BLOOD.BLD2COMM / BLD 2 comments)

[1] ○ Yes
[98] ○ NA

7.	6. Actual centrifugation time:	(pmctn31acdd:BLOOD.BLOOD6R / BLD centrifuge radiogroup)

[1] ○ | xx | minutes (pmctn31acdd:BLOOD.BLOOD6 / BLD centrifuge time)
[98] ○ NA

8.	7. Were there any problems with the centrifuge, rotor, or centrifugation process? (e.g., centrifuge tube broke and blood spilled inside centrifuge)	(pmctn31acdd:BLOOD.BLOOD7 / BLD problem with centrifuge)

[0] ○ No
[1] ○ Yes. If Yes, please specify:

    Specify: | A200 | (pmctn31acdd:BLOOD.BLD3COMM / BLD 3 comments)

[98] ○ NA

Section III: Pipetting, separation of blood components, and freezing at -70C

Note: Please be sure to maintain the blood sample(s) in a mix of ice and water at all times when not actually pipetting

9.	8. Were there any problems in the process of pipetting the blood sample from the centrifuge tube into the various storage tubes?	(pmctn31acdd:BLOOD.BLOOD8 / BLD problems pipetting)

[1] ○ Yes. If Yes, please specify:

    Specify: | A200 | (pmctn31acdd:BLOOD.BLD4COMM / BLD 4 comment)

[0] ○ No
    NA

		[98] ○
10.	9. Were the storage tubes properly labeled, and the labels securely attached to the tubes?	(pmctn31acdd:BLOOD.BLOOD9 / BLD storage tubes labeled) **[0]** ○ No. If No, please specify: Specify: A200 (pmctn31acdd:BLOOD.BLD5COMM / BLD 5 comment) [1] ○ Yes [98] ○ NA
11.	10. At what time were all samples placed in the -70 C freezer?(24 hour clock)	(pmctn31acdd:BLOOD.BLD10DTR / BLD freezer radiogroup) **[1]** ○ Req ⌄ : Req ⌄ *24-hour clock* (pmctn31acdd:BLOOD.BLD10DT / BLD time samples in freezer) [98] ○ NA
12.	11. Were there any problems in this process?	(pmctn31acdd:BLOOD.BLOOD11 / BLD problem in process) **[1]** ○ Yes. If Yes, please specify: Specify: A200 (pmctn31acdd:BLOOD.BLD6COMM / BLD 6 comment) [0] ○ No [98] ○ NA
13.	12. What was the thermometer reading on the -70 C freezer when you closed the door?	(pmctn31acdd:BLOOD.BLOOD12R / BLD thermo radiogroup) **[1]** ○ - | xxx.x | C (pmctn31acdd:BLOOD.BLOOD12 / BLD thermometer reading) [98] ○ NA
Section IV: Blood Shipping		
Note: Were the blood samples shipped?		
14.	13a. COMET	(pmctn31acdd:BLOOD.BLOOD13A / BLD COMET) [0] ○ No [1] ○ Yes [98] ○ NA
15.	13b. MDA	(pmctn31acdd:BLOOD.BLOOD13B / BLD MDA) [0] ○ No [1] ○ Yes [98] ○ NA
16.	13c. SOD	(pmctn31acdd:BLOOD.BLOOD13C / BLD SOD) [0] ○ No [1] ○ Yes [98] ○ NA
17.	13d. GSH-Px	(pmctn31acdd:BLOOD.BLOOD13D / BLD GSH-Px) [0] ○ No [1] ○ Yes [98] ○ NA
18.	13e. CAT	(pmctn31acdd:BLOOD.BLOOD13E / BLD CAT) [0] ○ No [1] ○ Yes [98] ○ NA
19.	13f. TAC	(pmctn31acdd:BLOOD.BLOOD13F / BLD TAC) [0] ○ No [1] ○ Yes [98] ○ NA
If Yes to all (13a - 13f), skip to question 15. If No to any, 14 must be answered		
20.*	14. If samples not shipped, why? (Choose all that apply)	(pmctn31acdd:BLOOD.BLOOD14A / BLD too little blood) [1] ☐ Too little blood collected (pmctn31acdd:BLOOD.BLOOD14B / BLD samples lost) [1] ☐ Samples lost (pmctn31acdd:BLOOD.BLOOD14C / BLD samples invalid) [1] ☐ Samples invalid (pmctn31acdd:BLOOD.BLOOD14D / BLD other specify) **[?]** ☐ Other:

| | | Specify: | A200 | (pmctn31acdd:BLOOD.BLD7COMM / BLD 7 comments) |

21.	15. At what time were samples taken from the -70 C freezer for shipping?(24 hour clock)	(pmctn31acdd:BLOOD.BLD15TMR / BLD time samples radiogroup) [1] ○ Req ∨ : Req ∨ *24-hour clock* (pmctn31acdd:BLOOD.BLD15TM / BLD time samples taken) *[98]* ○ NA
22.	16. Date samples were shipped:	(pmctn31acdd:BLOOD.BLD16DTR / BLD shipped radiogroup) [1] ○ Req ∨ / Req ∨ / Req ∨ (2008-2012) (pmctn31acdd:BLOOD.BLD16DT / BLD date samples shipped) *[98]* ○ NA

* Item is not required

CDD: pmctn31acdd   Table: BLOOD   Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
VISIT_DT	DATE - DDMONYYYY	
BLOOD1	NUMERIC	
BLOOD1A	NUMERIC	
BLD1COMM	STRING(200) - A200	
BLDCOMM	STRING(200) - A200	
BLOOD2	NUMERIC	
BLOOD3R	NUMERIC	
BLOOD3TM	DATE - HHMM	
BLOOD4R	NUMERIC	
BLOOD4	NUMERIC - N2	
BLOOD5	NUMERIC	
BLD2COMM	STRING(200) - A200	
BLOOD6R	NUMERIC	
BLOOD6	NUMERIC - N2	
BLOOD7	NUMERIC	
BLD3COMM	STRING(200) - A200	
BLOOD8	NUMERIC	
BLD4COMM	STRING(200) - A200	
BLOOD9	NUMERIC	
BLD5COMM	STRING(200) - A200	
BLD10DTR	NUMERIC	
BLD10DT	DATE - HHMM	
BLOOD11	NUMERIC	
BLD6COMM	STRING(200) - A200	
BLOOD12R	NUMERIC	
BLOOD12	FLOAT - F5.1	
BLOOD13A	NUMERIC	
BLOOD13B	NUMERIC	
BLOOD13C	NUMERIC	
BLOOD13D	NUMERIC	
BLOOD13E	NUMERIC	
BLOOD13F	NUMERIC	
BLOOD14A	NUMERIC	
BLOOD14B	NUMERIC	
BLOOD14C	NUMERIC	

BLOOD14D	NUMERIC	
BLD7COMM	STRING(200) - A200	
BLD15TMR	NUMERIC	
BLD15TM	DATE - HHMM	
BLD16DTR	NUMERIC	
BLD16DT	DATE - DDMONYYYY	

pmctn31a : COMPLICATIONS FROM BLOOD DRAW (CBD)

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1.	Assessment Date:	Req ▼ / Req ▼ / Req ▼ (2008-2012) (pmctn31acdd:CBD.VISIT_DT / Assessment Date)

Only complete this form if there were significant complications from the blood draw as indicated on CRF 31A-03, Question 2.

2.	1. What were the significant complications from the blood draw? (check all that apply)	(pmctn31acdd:CBD.CBD1A / CBD Significant bruising) *[1]* ☐ Significant bruising (pmctn31acdd:CBD.CBD1B / CBD Pain at draw site) *[1]* ☐ Significant pain at draw site (pmctn31acdd:CBD.CBD1C / CBD Significant swelling) *[1]* ☐ Significant swelling (pmctn31acdd:CBD.CBD1D / CBD Prolonged bleeding) *[1]* ☐ Prolonged bleeding (pmctn31acdd:CBD.CBD1E / CBD Dizziness/nausea) *[1]* ☐ Dizziness/nausea (pmctn31acdd:CBD.CBD1F / CBD Other) **[1]** ☐ Other: Specify: A100 (pmctn31acdd:CBD.CBD1FSP / CBD Specify)

3.	2. Was treatment required for the complication?	(pmctn31acdd:CBD.CBD2 / CBD TX for Complications)
		 [0] ○ No. If No, then CRF is complete
		 [1] ○ Yes
		  2a. specify the treatment provided: (pmctn31acdd:CBD.CBD2A / CBD Specify Tx)
		  A200
		 [98] ○ NA

4.*	3. Did the complication result in any of the following?	(pmctn31acdd:CBD.CBD3H / CBD Horpitalization) *[0]* ○ No *[1]* ○ Yes Hospitalization (pmctn31acdd:CBD.CBD3P / CBD Permanent Disability) *[0]* ○ No *[1]* ○ Yes Permanent Disability (pmctn31acdd:CBD.CBD3L / CBD Life-Threatening Event) *[0]* ○ No *[1]* ○ Yes Life-Threatening Event (pmctn31acdd:CBD.CBD3D / CBD Death) *[0]* ○ No *[1]* ○ Yes Death If Yes to any complication, answer questions to 3a and 3b below
5.*	3a. Date of Resolution:	Req ▼ / Req ▼ / Req ▼ (2008-2012) (pmctn31acdd:CBD.CBD3A / CBD Date of Resolution)
6.*	3b. How was event resolved?	A200 (pmctn31acdd:CBD.CBD3B / CBD How Event Resolved)
7.*	4. Comments:	A200 (pmctn31acdd:CBD.CBD4 / CBD Comments)
*	Item is not required	

CDD: pmctn31acdd Table: CBD Key Type: PATIENTVISIT		
Column Name	**Column Data Type**	**Design Note**
VISIT_DT	DATE - DDMONYYYY	
CBD1A	NUMERIC	
CBD1B	NUMERIC	
CBD1C	NUMERIC	
CBD1D	NUMERIC	
CBD1E	NUMERIC	
CBD1F	NUMERIC	
CBD1FSP	STRING(100) - A100	
CBD2	NUMERIC	
CBD2A	STRING(200) - A200	

CBD3H	NUMERIC	
CBD3P	NUMERIC	
CBD3L	NUMERIC	
CBD3D	NUMERIC	
CBD3A	DATE - DDMONYYYY	
CBD3B	STRING(200) - A200	
CBD4	STRING(200) - A200	

pmctn31a : OXIDATIVE STRESS/ DAMAGE MEASURES (OSM)

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1.	Assessment Date:	Req ☑ / Req ☑ / Req ☑ (2008-2012) (pmctn31acdd:OSM.VISIT_DT / Assessment Date)

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2.	1. Date and time samples received and placed in lab freezer.	(pmctn31acdd:OSM.OSM1R / OSM1 radiogroup) **[1]** ○ Req ☑ / Req ☑ / Req ☑ (2008-2012) (pmctn31acdd:OSM.OSM1DTM / OSM datetime lab received) Req ☑ : Req ☑ *24-hour clock* *[98]* ○ NA
3.	2. Date blood samples were drawn at site. (see label)	(pmctn31acdd:OSM.OSM2R / OSM2 radiogroup) **[1]** ○ Req ☑ / Req ☑ / Req ☑ (2008-2011) (pmctn31acdd:OSM.OSM2DT / OSM date lab drawn) *[98]* ○ NA

Comet Assay Results

4.*	3. Tail length	(pmctn31acdd:OSM.OSM3R / OSM3 radiogroup) **[1]** ○ Value xx.xx μm (pmctn31acdd:OSM.OSM3 / OSM Tail length) *[98]* ○ NA Comments (pmctn31acdd:OSM.OSM3B / OSM Tail length comment) A100
5.*	4. Tail fluorescence intensity	(pmctn31acdd:OSM.OSM4R / OSM4 radiogroup) **[1]** ○ Value xx.xx % (pmctn31acdd:OSM.OSM4 / OSM tail intensity) *[98]* ○ NA Comments (pmctn31acdd:OSM.OSM4B / OSM tail intensity comment) A100

Malondialdehyde Assay Results

6.*	5. MDA	(pmctn31acdd:OSM.OSM5R / OSM5 radiogroup) **[1]** ○ Value x.xx μmol/L (pmctn31acdd:OSM.OSM5 / OSM MDA) *[98]* ○ NA Comments (pmctn31acdd:OSM.OSM5B / OSM MDA comment) A100

Antioxidant Parameters

7.*	6. SOD	(pmctn31acdd:OSM.OSM6R / OSM6 radiogroup) **[1]** ○ Value xx.xx U/g hemoglobin (pmctn31acdd:OSM.OSM6 / OSM SOD) *[98]* ○ NA Comments (pmctn31acdd:OSM.OSM6B / OSM SOD Comment) A100
8.*	7. GSH-Px	(pmctn31acdd:OSM.OSM7R / OSMc radiogroup) **[1]** ○ Value xx.xx U/g hemoglobin (pmctn31acdd:OSM.OSM7 / OSM GSH-Px) *[98]* ○ NA Comments (pmctn31acdd:OSM.OSM7B / OSM GSH-Px Comment) A100
9.*	8. CAT	(pmctn31acdd:OSM.OSM8R / OSM8 radiogroup) **[1]** ○ Value xx.xx kat/g hemoglobin (pmctn31acdd:OSM.OSM8 / OSM CAT) *[98]* ○ NA Comments (pmctn31acdd:OSM.OSM8B / OSM CAT Comment) A100

10.*	9. TAC	(pmctn31acdd:OSM.OSM9R / OSM9 radiogroup) **[1]** ○ Value x.xx mmol/L (pmctn31acdd:OSM.OSM9 / OSM TAC) *[98]* ○ NA Comments (pmctn31acdd:OSM.OSM9B / OSM TAC Comment) A100

 * Item is not required

CDD: pmctn31acdd   Table: OSM   Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
VISIT_DT	DATE - DDMONYYYY	
OSM1R	NUMERIC	
OSM1DTM	DATE - DDMONYYYY HHMM	
OSM2R	NUMERIC	
OSM2DT	DATE - DDMONYYYY	
OSM3R	NUMERIC	
OSM3	FLOAT - F5.2	
OSM3B	STRING(100) - A100	
OSM4R	NUMERIC	
OSM4	FLOAT - F5.2	
OSM4B	STRING(100) - A100	
OSM5R	NUMERIC	
OSM5	FLOAT - F4.2	
OSM5B	STRING(100) - A100	
OSM6R	NUMERIC	
OSM6	FLOAT - F5.2	
OSM6B	STRING(100) - A100	
OSM7R	NUMERIC	
OSM7	FLOAT - F5.2	
OSM7B	STRING(100) - A100	
OSM8R	NUMERIC	
OSM8	FLOAT - F5.2	
OSM8B	STRING(100) - A100	
OSM9R	NUMERIC	
OSM9	FLOAT - F4.2	
OSM9B	STRING(100) - A100	

pmctn31a : GENERAL HEALTH FORM (GHF1A)

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1.	Assessment Date:	Req ☑ / Req ☑ / Req ☑ (2008-2012) (pmctn31acdd:GHF1A.VISIT_DT / Assessment Date)

A. Stroop Color Discrimination Task - CTN-0031 PARTICIPANTS ONLY

Inform the participant that you will do a quick check of his/her ability to identify colors that are included in the neurocognitive measures. Point to each color on the "Color Discrimination Task for CTN-0031-A" sheet and ask the participant to name the color.

2.	1. Did the participant identify the red block as being red?	(pmctn31acdd:GHF1A.GHF1A1 / GHF1 identify red block) [0] ○ No [1] ○ Yes [98] ○ NA
3.	2. Did the participant identify the green block as being green?	(pmctn31acdd:GHF1A.GHF1A2 / GHF1 identify green block) [0] ○ No [1] ○ Yes [98] ○ NA
4.	3. Did the participant identify the blue block as being blue?	(pmctn31acdd:GHF1A.GHF1A3 / GHF1 identify blue block) [0] ○ No [1] ○ Yes [98] ○ NA

SECTION 3: If Yes to all items (1-3), the participant is eligible on the Stroop discrimination criterion, mark NA in question 4; If No, to any more than one of the above items (1-3), the participant is ineligible for the study

5.	4. If No to just one of the items 1-3, did the participant name a color close to the color misidentified (e.g., orange for red; a specific shade of green for green; purple for blue)?	(pmctn31acdd:GHF1A.GHF1A4 / GHF1 name a color close) [0] ○ No [1] ○ Yes [98] ○ NA If Yes to item 4, the participant is eligible but instruct him/her to refer to the color by the correct name (e.g., let's call this red if the participant said orange instead of red); If No to item 4, the participant is ineligible

B. Assessment of a History of Stroke and Seizure Disorder

6.	1. Have you ever had a stroke? A stroke can also be called a cerebral hemorrhage, cerebral thrombosis, brain hemorrhage, subarachnoid hemorrhage, cerebrovascular accident (CVA) or a mini-stroke or a T.I.A.	(pmctn31acdd:GHF1A.GHF1B1 / GHF1 ever had a stroke) [0] ○ No [1] ○ Yes [98] ○ NA
7.	2a. Has a doctor told you that you have epilepsy or a seizure disorder?	(pmctn31acdd:GHF1A.GHF1B2A / GHF1 have epilepsy/ seizure) [98] ○ NA [1] ○ Yes [0] ○ No. (pmctn31acdd:GHF1A.GHF1B2B / GHF1 experienced seizures) 　　2b. If No to 2a: Have you experienced seizures during adulthood? 　　[98] ○ NA 　　[0] ○ No 　　[1] ○ (pmctn31acdd:GHF1A.GHF1B2C / GHF1 seizures without drugs) 　　　Yes, 　　　2c. If Yes to 2b: Have you experienced seizures during times when you were not using drugs or withdrawing from drugs or alcohol? 　　　[98] ○ NA 　　　[0] ○ No 　　　[1] ○ Yes If Yes to questions 1, 2a, or 2c, then s/he is ineligible and the interview should stop here. Otherwise, continue.

C. Assessment of Traumatic Brain Injury

8.	1. Have you ever been hospitalized or treated in an emergency room following an injury to your head or neck? Think about any childhood injuries you remember or were told about.	(pmctn31acdd:GHF1A.GHF1C1 / GHF1 hospitalized for head) [0] ○ No [1] ○ Yes [98] ○ NA
9.	2. Have you ever injured your head or neck in a car accident or from some other moving vehicle accident?	(pmctn31acdd:GHF1A.GHF1C2 / GHF1 injured head in car) [0] ○ No [1] ○ Yes [98] ○ NA

10.	3. Have you ever injured your head or neck in a fall or from being hit by something?	(pmctn31acdd:GHF1A.GHF1C3 / GHF1 injured head in fall) *[0]* ◯ No *[1]* ◯ Yes *[98]* ◯ NA
11.	4. Have you ever injured your head or neck in a fight or from being hit by someone?	(pmctn31acdd:GHF1A.GHF1C4 / GHF1 injured head in fight) *[0]* ◯ No *[1]* ◯ Yes *[98]* ◯ NA
If all above (1-4) are no then skip to Section D. If yes to any of the questions above, ask:		

12.*	5. Were you knocked out or unconscious following the injury(ies) you mentioned above?	(pmctn31acdd:GHF1A.GHF1C5 / GHF1 knocked out)
		[0] ◯ No. If no loss of consciousness, skip to section D.
		[1] ◯ Yes. If Yes, ask: 6a. How long were you knocked out? (If not sure of the time frame, encourage them to make their best guess).
		   xx (0 =< n <= 24) hours (pmctn31acdd:GHF1A.GHF1C6AH / GHF1 hours knocked out)
		   xx (0 =< n <= 59) minutes (pmctn31acdd:GHF1A.GHF1C6AM / GHF1 minutes knocked out)

If more than one injury with loss of consciousness, ask for each, up to 3 additional. If more than 3, ask for the 3 with the longest loss of consciousness times:		
13.*	6b. Additional injury -1	xx (0 =< n <= 24) hours (pmctn31acdd:GHF1A.GHF1C6BH / GHF1 add injury 1 hours) xx (0 =< n <= 59) minutes (pmctn31acdd:GHF1A.GHF1C6BM / GHF1 add injury 1 minutes)
14.*	6c. Additional injury -2	xx (0 =< n <= 24) hours (pmctn31acdd:GHF1A.GHF1C6CH / GHF1 add injury 2 hours) xx (0 =< n <= 59) minutes (pmctn31acdd:GHF1A.GHF1C6CM / GHF1 add injury 2 minutes)
15.*	6d. Additional injury -3	xx (0 =< n <= 24) hours (pmctn31acdd:GHF1A.GHF1C6DH / GHF1 add injury 3 hours) xx (0 =< n <= 59) minutes (pmctn31acdd:GHF1A.GHF1C6DM / GHF1 add injury 3 minutes)
* Item is not required		

CDD: pmctn31acdd   Table: GHF1A   Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
VISIT_DT	DATE - DDMONYYYY	
GHF1A1	NUMERIC	
GHF1A2	NUMERIC	
GHF1A3	NUMERIC	
GHF1A4	NUMERIC	
GHF1B1	NUMERIC	
GHF1B2A	NUMERIC	
GHF1B2B	NUMERIC	
GHF1B2C	NUMERIC	
GHF1C1	NUMERIC	
GHF1C2	NUMERIC	
GHF1C3	NUMERIC	
GHF1C4	NUMERIC	
GHF1C5	NUMERIC	
GHF1C6AH	NUMERIC - N2	
GHF1C6AM	NUMERIC - N2	
GHF1C6BH	NUMERIC - N2	
GHF1C6BM	NUMERIC - N2	
GHF1C6CH	NUMERIC - N2	
GHF1C6CM	NUMERIC - N2	
GHF1C6DH	NUMERIC - N2	

GHF1C6DM	NUMERIC - N2	

pmctn31a : GENERAL HEALTH FORM (GHF1B)

D. Assessment of Illicit Stimulant Use History - CTN-0031 PARTICIPANTS ONLY

| 1. | 1. How old were you when you first used cocaine, methamphetamine, or amphetamine? | (pmctn31acdd:GHF1B.GHF1D1R / GHF1 Radiogroup)
[1] ◯ \| xx \| (pmctn31acdd:GHF1B.GHF1D1 / GHF1 how old were you)

[98] ◯ NA |

E. Assessment of Smoking History

| 2. | 1a. Do you currently smoke cigarettes? | (pmctn31acdd:GHF1B.GHF1E1A / GHF1 do you currently smoke)
[0] ◯ No. Skip to question 2a
[1] ◯ Yes. If Yes, ask 1b and 1c then end interview and go to Section F:
　　(pmctn31acdd:GHF1B.GHF1E1BR / GHF1E1B Radiogroup)
　　1b. On average, how many cigarettes do you smoke a day?
　　[1] ◯ \| xxx \| (pmctn31acdd:GHF1B.GHF1E1B / GHF1 cigarettes a day)
　　[98] ◯ NA
　　(pmctn31acdd:GHF1B.GHF1E1CR / GHF1E1C Radiogroup)
　　1c. For how many years have you been smoking on a daily basis?
　　[1] ◯ \| xx \| (pmctn31acdd:GHF1B.GHF1E1C / GHF1 how many years)
　　[98] ◯ NA
[98] ◯ NA |

| 3. | 2a. Did you ever have a period where you smoked cigarettes on a daily basis? | (pmctn31acdd:GHF1B.GHF1E2A / GHF1 smoke on a daily basis)
[0] ◯ No. End interview and go to Section F
[1] ◯ Yes. If Yes ask 2b - 2d then end interview and go to Section F:
　　(pmctn31acdd:GHF1B.GHF1E2BR / GHF1E2B Radiogroup)
　　2b. How many cigarettes did you smoke a day on average?
　　[1] ◯ \| xxx \| (pmctn31acdd:GHF1B.GHF1E2B / GHF1 how many did you smoke)
　　[98] ◯ NA
　　(pmctn31acdd:GHF1B.GHF1E2CR / GHF1E2C Radiogroup)
　　2c. For how many years did you smoke on a daily basis?
　　[1] ◯ \| xx \| (pmctn31acdd:GHF1B.GHF1E2C / GHF1 how many years smoke)
　　[98] ◯ NA
　　(pmctn31acdd:GHF1B.GHF1E2DR / GHF1E2D Radiogroup)
　　2d. How many years has it been since you smoked on a daily basis?
　　[1] ◯ \| xx \| (pmctn31acdd:GHF1B.GHF1E2D / GHF1 years since you smoked)
　　[98] ◯ NA
[98] ◯ NA |

F. Results from the HIV Self-Report Screening Source Document

Record the HIV-status for the participant based on how s/he responded to the HIV Self-report Screening Source Document.

| 4. | 1. The participant's HIV status is (select one): | (pmctn31acdd:GHF1B.GHF1F1 / GHF1 HIV status)
[1] ◯ Not tested
[0] ◯ Negative test
[2] ◯ HIV Positive
[3] ◯ AIDS Positive
[99] ◯ Participant chooses not to answer
[98] ◯ NA |

CDD: pmctn31acdd　Table: GHF1B　Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
GHF1D1R	NUMERIC	
GHF1D1	NUMERIC - N2	
GHF1E1A	NUMERIC	
GHF1E1BR	NUMERIC	
GHF1E1B	NUMERIC - N3	
GHF1E1CR	NUMERIC	

GHF1E1C	NUMERIC - N2	
GHF1E2A	NUMERIC	
GHF1E2BR	NUMERIC	
GHF1E2B	NUMERIC - N3	
GHF1E2CR	NUMERIC	
GHF1E2C	NUMERIC - N2	
GHF1E2DR	NUMERIC	
GHF1E2D	NUMERIC - N2	
GHF1F1	NUMERIC	

pmctn31a : STUDY ELIGIBILITY FORM FOR CTN-0031 PARTICIPANTS (ELIG31)

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1.	Assessment Date:	Req ⌄ / Req ⌄ / Req ⌄ (2008-2012) (pmctn31acdd:ELIG31.VISIT_DT / ASSESSMENT DATE)

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2.	1. Date of Informed Consent:	Req ⌄ / Req ⌄ / Req ⌄ (2008-2012) (pmctn31acdd:ELIG31.EGI01DT / EGI DATE INFORMED CONSENT)
3.	2. Were all Inclusion criteria met?	(pmctn31acdd:ELIG31.EGI02 / EGI INCLUSION CRITERIA MET) [1] ○ Yes [0] ○ No Record the Inclusion criteria number(s) which were not met (pmctn31acdd:ELIG31.EGI02A / EGI INCLUSION CRITERIA 1) xx xx (pmctn31acdd:ELIG31.EGI02B / EGI INCLUSION CRITERIA 2) xx (pmctn31acdd:ELIG31.EGI02C / EGI INCLUSION CRITERIA 3) xx (pmctn31acdd:ELIG31.EGI02D / EGI INCLUSION CRITERIA 4) xx (pmctn31acdd:ELIG31.EGI02E / EGI INCLUSION CRITERIA 5) xx (pmctn31acdd:ELIG31.EGI02F / EGI INCLUSION CRITERIA 6)
4.	3. Did any Exclusion criteria apply?	(pmctn31acdd:ELIG31.EGI03 / EGI EXCLUSION CRITERIA) [0] ○ No [1] ○ Yes Record the Exclusion criteria number(s) (pmctn31acdd:ELIG31.EGI03A / EGI EXCLUSION CRITERIA 1) xx xx (pmctn31acdd:ELIG31.EGI03B / EGI EXCLUSION CRITERIA 2)
5.	4. If eligible, record the participant's Date of Birth (CTN-0031 Demographics CRF):	(pmctn31acdd:ELIG31.EGIDOBR / EGI DATE OF BIRTH IF ELIG) [1] ○ Req ⌄ / Req ⌄ / Req ⌄ (1925-1995) (pmctn31acdd:ELIG31.EGI04DT / EGI DATE OF BIRTH RADIO) [98] ○ NA
6.	5. If eligible, record the most recent clinic intake date (Clinic records):	(pmctn31acdd:ELIG31.EGIIDTR / EGI DATE OF INTAKE IF ELIG) [1] ○ Req ⌄ / Req ⌄ / Req ⌄ (2008-2012) (pmctn31acdd:ELIG31.EGI05IDT / EGI DATE OF INTAKE RADIO) [98] ○ NA

CDD: pmctn31acdd Table: ELIG31 Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
VISIT_DT	DATE - DDMONYYYY	
EGI01DT	DATE - DDMONYYYY	
EGI02	NUMERIC	
EGI02A	NUMERIC - N2	
EGI02B	NUMERIC - N2	
EGI02C	NUMERIC - N2	
EGI02D	NUMERIC - N2	
EGI02E	NUMERIC - N2	
EGI02F	NUMERIC - N2	
EGI03	NUMERIC	
EGI03A	NUMERIC - N2	
EGI03B	NUMERIC - N2	
EGIDOBR	NUMERIC	
EGI04DT	DATE - DDMONYYYY	
EGIIDTR	NUMERIC	
EGI05IDT	DATE - DDMONYYYY	

pmctn31a : STROOP COLOR WORD TASK RESULTS (STROOP)

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| 1. | Assessment Date: | Req ▾ / Req ▾ / Req ▾ (2008-2012) (pmctn31acdd:STROOP.VISIT_DT / ASSESSMENT DATE) |

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| 2. | 1. Please record the time of day at which the administration of the Stroop Color Word Task began (using the 24 hour clock): | (pmctn31acdd:STROOP.STR21R / STROOP TASK TIME RADIOGROUP)
 [1] ◯ Req ▾ : Req ▾ *24-hour clock* (pmctn31acdd:STROOP.STR21 / STROOP TASK TIME)
 [98] ◯ NA |

Please complete the following fields based on the results of the Stroop Task

3.	Trial 1: Color Naming	(pmctn31acdd:STROOP.STR31R1 / STROOP COLOR TIM RADIOGROUP) Time to Complete Trial [1] ◯ x (0 =< n <= 4) minutes: (pmctn31acdd:STROOP.STR31A / STROOP COLOR TIME MINS) xx (0 =< n <= 59) seconds (pmctn31acdd:STROOP.STR31B / STROOP COLOR TIME SECS) [98] ◯ NA (pmctn31acdd:STROOP.STR31R2 / STROOP COLOR ERR RADIOGROUP) Number of Errors [1] ◯ A3 (pmctn31acdd:STROOP.STR31C / STROOP NAMING ERRORS) [98] ◯ NA
	Total seconds [*read-only*]	xxx (pmctn31acdd:STROOP.STR31D / STROOP TOTAL NAMING TIME)
4.	Trial 2: Word Reading	(pmctn31acdd:STROOP.STR32R1 / STROOP READ TIM RADIO GROUP) Time to Complete Trial [1] ◯ x (0 =< n <= 4) minutes: (pmctn31acdd:STROOP.STR32A / STROOP READING TIME MINS) xx (0 =< n <= 59) seconds (pmctn31acdd:STROOP.STR32B / STROOP READING TIME SECS) [98] ◯ NA (pmctn31acdd:STROOP.STR32R2 / STROOP READ ERR RADIO GROUP) Number of Errors [1] ◯ A3 (pmctn31acdd:STROOP.STR32B2 / STROOP READING ERRORS) [98] ◯ NA
	Total seconds [*read-only*]	xxx (pmctn31acdd:STROOP.STR32C / STROOP TOTAL READING TIME)
5.	Trial 3: Interference Trial	(pmctn31acdd:STROOP.STR33R1 / STROOP INT TIM RADIO GROUP) Time to Complete Trial [1] ◯ x (0 =< n <= 4) minutes: (pmctn31acdd:STROOP.STR33A / STROOP INTERFER TIME MINS) xx (0 =< n <= 59) seconds (pmctn31acdd:STROOP.STR33B / STROOP INTERFER TIME SECS) [98] ◯ NA (pmctn31acdd:STROOP.STR33R2 / STROOP INT ERR RADIO GROUP) Number of Errors [1] ◯ A3 (pmctn31acdd:STROOP.STR33C / STROOP INT ERR RADIO GROUP) [98] ◯ NA
	Total seconds [*read-only*]	xxx (pmctn31acdd:STROOP.STR33D / STROOP TOTAL TRIAL TIME)
	Derived Interference Reaction Time [*read-only*]	A3 seconds (pmctn31acdd:STROOP.STR4 / STROOP REACTION TIME)

CDD: pmctn31acdd   Table: STROOP   Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
VISIT_DT	DATE - DDMONYYYY	
STR21R	NUMERIC	
STR21	DATE - HHMM	
STR31R1	NUMERIC	
STR31A	NUMERIC - N1	
STR31B	NUMERIC - N2	
STR31R2	NUMERIC	

STR31C	STRING(3) - A3	
STR31D	NUMERIC - N3	
STR32R1	NUMERIC	
STR32A	NUMERIC - N1	
STR32B	NUMERIC - N2	
STR32R2	NUMERIC	
STR32B2	STRING(3) - A3	
STR32C	NUMERIC - N3	
STR33R1	NUMERIC	
STR33A	NUMERIC - N1	
STR33B	NUMERIC - N2	
STR33R2	NUMERIC	
STR33C	STRING(3) - A3	
STR33D	NUMERIC - N3	
STR4	STRING(3) - A3	

pmctn31a : REY AUDITORY-VERBAL LEARNING TEST (RAVLT)	
.	
1. Assessment Date:	Req ☑ / Req ☑ / Req ☑ (2008-2012) (pmctn31acdd:RAVLT.VISIT_DT / Assessment Date)
Please complete the following fields based on the raw scores generated for the RAVLT Record Sheet and Score Summary.	
2. Trial I	(pmctn31acdd:RAVLT.RAVLT1R / RAVLT I radiogroup) **[1]** ⊙ │ xx (0 =< n <= 15)│ (pmctn31acdd:RAVLT.RAVLT1 / RAVLT Trial I Raw Scores) *[98]* ⊙ NA
3. Trial II	(pmctn31acdd:RAVLT.RAVLT2R / RAVLT II radiogroup) **[1]** ⊙ │ xx (0 =< n <= 15)│ (pmctn31acdd:RAVLT.RAVLT2 / RAVLT Trial II Raw Scores) *[98]* ⊙ NA
4. Trial III	(pmctn31acdd:RAVLT.RAVLT3R / RAVLT III radopgroup) **[1]** ⊙ │ xx (0 =< n <= 15)│ (pmctn31acdd:RAVLT.RAVLT3 / RAVLT Trial III Raw Scores) *[98]* ⊙ NA
5. Trial IV	(pmctn31acdd:RAVLT.RAVLT4R / RAVLT IV radiogroup) **[1]** ⊙ │ xx (0 =< n <= 15)│ (pmctn31acdd:RAVLT.RAVLT4 / RAVLT Trial IV Raw Scores) *[98]* ⊙ NA
6. Trial V	(pmctn31acdd:RAVLT.RAVLT5R / RAVLT V radiogroup) **[1]** ⊙ │ xx (0 =< n <= 15)│ (pmctn31acdd:RAVLT.RAVLT5 / RAVLT Trial V Raw Scores) *[98]* ⊙ NA
7. Trial B	(pmctn31acdd:RAVLT.RAVLTBR / RAVLT B radiogroup) **[1]** ⊙ │ xx (0 =< n <= 15)│ (pmctn31acdd:RAVLT.RAVLTB / RAVLT Trial B Raw Scores) *[98]* ⊙ NA
8. Trial VI	(pmctn31acdd:RAVLT.RAVLT6R / RAVLT VI radiogroup) **[1]** ⊙ │ xx (0 =< n <= 15)│ (pmctn31acdd:RAVLT.RAVLT6 / RAVLT Trial VI Raw Scores) *[98]* ⊙ NA
Learning [*read-only*]	│ A2 │ (pmctn31acdd:RAVLT.RALVLTL / RAVLT Sum Scores Trial 1-V)

CDD: pmctn31acdd   Table: RAVLT   Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
VISIT_DT	DATE - DDMONYYYY	
RAVLT1R	NUMERIC	
RAVLT1	NUMERIC - N2	
RAVLT2R	NUMERIC	
RAVLT2	NUMERIC - N2	
RAVLT3R	NUMERIC	
RAVLT3	NUMERIC - N2	
RAVLT4R	NUMERIC	
RAVLT4	NUMERIC - N2	
RAVLT5R	NUMERIC	
RAVLT5	NUMERIC - N2	
RAVLTBR	NUMERIC	
RAVLTB	NUMERIC - N2	
RAVLT6R	NUMERIC	
RAVLT6	NUMERIC - N2	
RALVLTL	STRING(2) - A2	

pmctn31a : THE IOWA GAMBLING TASK (GT) RESULTS (GT)

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1.	Assessment Date:	|Req ∨| / |Req ∨| / |Req ∨| (2008-2012) (pmctn31acdd:GT.VISIT_DT / Assessment Date)

Please complete the following fields based on the raw scores generated by the Score Report for the GT.

2.	NET TOTAL	(pmctn31acdd:GT.GTNETR / GT NET TOTAL radiogroup) **[1]** ◯ | A2 | + (pmctn31acdd:GT.GTNET / GT NET TOTAL) **[0]** ◯ | A2 | - (pmctn31acdd:GT.GTNETP / GT NET TOTALP) *[98]* ◯ NA
3.	NET 1	(pmctn31acdd:GT.GTNET1R / GT NET1 radiogroup) **[1]** ◯ | A2 | (pmctn31acdd:GT.GTNET1 / GT NET1) + **[0]** ◯ | A2 | (pmctn31acdd:GT.GTNET1P / GT NET1P) - *[98]* ◯ NA
4.	NET 2	(pmctn31acdd:GT.GTNET2R / GT NET2 radiogroup) **[1]** ◯ | A2 | (pmctn31acdd:GT.GTNET2 / GT NET2) + **[0]** ◯ | A2 | (pmctn31acdd:GT.GTNET2P / GT NET2P) - *[98]* ◯ NA
5.	NET 3	(pmctn31acdd:GT.GTNET3R / GT NET3 radiogroup) **[1]** ◯ | A2 | (pmctn31acdd:GT.GTNET3 / GT NET3) + **[0]** ◯ | A2 | (pmctn31acdd:GT.GTNET3P / GT NET3P) - *[98]* ◯ NA
6.	NET 4	(pmctn31acdd:GT.GTNET4R / GT NET4 radiogroup) **[1]** ◯ | A2 | (pmctn31acdd:GT.GTNET4 / GT NET4) + **[0]** ◯ | A2 | (pmctn31acdd:GT.GTNET4P / GT NET4P) - *[98]* ◯ NA
7.	NET 5	(pmctn31acdd:GT.GTNET5R / GT NET5 radiogroup) **[1]** ◯ | A2 | (pmctn31acdd:GT.GTNET5 / GT NET5) + **[0]** ◯ | A2 | (pmctn31acdd:GT.GTNET5P / GT NET5P) - *[98]* ◯ NA
8.	DECK A	(pmctn31acdd:GT.GTDECKAR / GT DECK A radiogroup) **[0]** ◯ | A2 | (pmctn31acdd:GT.GTDECKA / GT DECK A) *[98]* ◯ NA
9.	DECK B	(pmctn31acdd:GT.GTDECKBR / GT DECK B radiogroup) **[0]** ◯ | A2 | (pmctn31acdd:GT.GTDECKB / GT DECK B) *[98]* ◯ NA
10.	DECK C	(pmctn31acdd:GT.GTDECKCR / GT DECK C radiogroup) **[0]** ◯ | A2 | (pmctn31acdd:GT.GTDECKC / GT DECK C) *[98]* ◯ NA
11.	DECK D	(pmctn31acdd:GT.GTDECKDR / GT DECK D radiogroup) **[0]** ◯ | A2 | (pmctn31acdd:GT.GTDECKD / GT DECK D) *[98]* ◯ NA
12.	Trials Administered	(pmctn31acdd:GT.GTRIALSR / GT Trials Adm radiogroup) **[1]** ◯ | A3 | (pmctn31acdd:GT.GTTRIALS / GT Trials Administered) *[98]* ◯ NA
13.	Total Money	(pmctn31acdd:GT.GTMONEYR / GT Total Money radiogroup) **[1]** ◯ $ | A4 | (pmctn31acdd:GT.GTMONEY / GT Total Money) + **[0]** ◯ $ | A4 | (pmctn31acdd:GT.GTMONEYP / GT Total MoneyP) - *[98]* ◯ NA

CDD: pmctn31acdd Table: GT Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
VISIT_DT	DATE - DDMONYYYY	
GTNETR	NUMERIC	
GTNET	STRING(2) - A2	
GTNETP	STRING(2) - A2	
GTNET1R	NUMERIC	
GTNET1	STRING(2) - A2	
GTNET1P	STRING(2) - A2	
GTNET2R	NUMERIC	
GTNET2	STRING(2) - A2	
GTNET2P	STRING(2) - A2	
GTNET3R	NUMERIC	
GTNET3	STRING(2) - A2	
GTNET3P	STRING(2) - A2	
GTNET4R	NUMERIC	
GTNET4	STRING(2) - A2	
GTNET4P	STRING(2) - A2	
GTNET5R	NUMERIC	
GTNET5	STRING(2) - A2	
GTNET5P	STRING(2) - A2	
GTDECKAR	NUMERIC	
GTDECKA	STRING(2) - A2	
GTDECKBR	NUMERIC	
GTDECKB	STRING(2) - A2	
GTDECKCR	NUMERIC	
GTDECKC	STRING(2) - A2	
GTDECKDR	NUMERIC	
GTDECKD	STRING(2) - A2	
GTRIALSR	NUMERIC	
GTTRIALS	STRING(3) - A3	
GTMONEYR	NUMERIC	
GTMONEY	STRING(4) - A4	
GTMONEYP	STRING(4) - A4	

pmctn31a : THE WISCONSIN CARD SORTING TASK (WCST)
.

1.	Assessment Date:	Req ⌄ / Req ⌄ / Req ⌄ (2008-2012) (pmctn31acdd:WCST.VISIT_DT / Assessment Date)

Please complete the following fields based on the report generated by the computerized WCST.

2.	Total Correct	(pmctn31acdd:WCST.WCST2AR / WCST Total Cor radiogroup) **[1]** ◯ Raw Scores (pmctn31acdd:WCST.WCST2A / WCST Total Correct Raw Scor) A2 *[98]* ◯ NA
3.	Total Errors	(pmctn31acdd:WCST.WCST2BR / WCST Total Error radiogroup) **[1]** ◯ Raw Scores A2 (pmctn31acdd:WCST.WCST2BR2 / WCST Total Errors Raw Score) Age & Education Demographically Corrected T Scores (pmctn31acdd:WCST.WCST2C / WCST Total Errors T Scores) %iles (pmctn31acdd:WCST.WCST2C2 / WCST Total Errors %iles) A2 A2 *[98]* ◯ NA
4.	Perseverative Responses	(pmctn31acdd:WCST.WCST2DR / WCST Persevere radiogroup) **[1]** ◯ Raw Scores A2 (pmctn31acdd:WCST.WCST2DR2 / WCST Persevere Raw Score) Age & Education Demographically Corrected T Scores (pmctn31acdd:WCST.WCST2E / WCST Persevere T Score) %iles (pmctn31acdd:WCST.WCST2E2 / WCST Persevere %iles) A2 A2 *[98]* ◯ NA
5.	Perseverative Errors	(pmctn31acdd:WCST.WCST2FR / WCST Persever Er radiogroup) **[1]** ◯ Raw Scores A2 (pmctn31acdd:WCST.WCST2F / WCST Persevere Errors Score) Age & Education Demographically Corrected T Scores (pmctn31acdd:WCST.WCST2G / WCST Persevere T Scores) %iles (pmctn31acdd:WCST.WCST2G2 / WCST Persevere Er %iles) A2 A2 *[98]* ◯ NA
6.	Nonperseverative Errors	(pmctn31acdd:WCST.WCST2HR / WCST Nonpersev radiogroup) **[1]** ◯ Raw Scores A2 (pmctn31acdd:WCST.WCST2H / WCST Nonpersev Error Score) Age & Education Demographically Corrected T Scores (pmctn31acdd:WCST.WCST2I / WCST Nonpersevere TScore) %iles (pmctn31acdd:WCST.WCST2I2 / WCST Nonpersevere %iles) A2 A2 *[98]* ◯ NA
7.	Categories Completed	(pmctn31acdd:WCST.WCST2JR / WCST Categories radiogroup) **[1]** ◯ Raw Scores A1 (pmctn31acdd:WCST.WCST2J / WCST Categories Scores) Age & Education Demographically Corrected %iles (pmctn31acdd:WCST.WCST2K / WCST Categories %iles) A2 *[98]* ◯ NA
8.	Failure to Maintain Set	(pmctn31acdd:WCST.WCST2LR / WCST Failure radiogroup) **[1]** ◯ Raw Scores A2 (pmctn31acdd:WCST.WCST2L / WCST Failure Maintain Score) Age & Education Demographically Corrected %iles (pmctn31acdd:WCST.WCST2M / WCST Failure Maintain %iles)

A2

[98] ◯ NA

CDD: pmctn31acdd Table: WCST Key Type: PATIENTVISIT		
Column Name	**Column Data Type**	**Design Note**
VISIT_DT	DATE - DDMONYYYY	
WCST2AR	NUMERIC	
WCST2A	STRING(2) - A2	
WCST2BR	NUMERIC	
WCST2BR2	STRING(2) - A2	
WCST2C	STRING(2) - A2	
WCST2C2	STRING(2) - A2	
WCST2DR	NUMERIC	
WCST2DR2	STRING(2) - A2	
WCST2E	STRING(2) - A2	
WCST2E2	STRING(2) - A2	
WCST2FR	NUMERIC	
WCST2F	STRING(2) - A2	
WCST2G	STRING(2) - A2	
WCST2G2	STRING(2) - A2	
WCST2HR	NUMERIC	
WCST2H	STRING(2) - A2	
WCST2I	STRING(2) - A2	
WCST2I2	STRING(2) - A2	
WCST2JR	NUMERIC	
WCST2J	STRING(1) - A1	
WCST2K	STRING(2) - A2	
WCST2LR	NUMERIC	
WCST2L	STRING(2) - A2	
WCST2M	STRING(2) - A2	

pmctn31a : TREATMENT TRACKING FORM (TTF) - Repeating Form										
#	Assessment Date:	1. CTN-0031 Study Week Assessed:	2. Did the participant attend any treatment during the week?	A. Date of Treatment Attendance	B. Date of Treatment Attendance	C. Date of Treatment Attendance	D. Date of Treatment Attendance	E. Date of Treatment Attendance	F. Date of Treatment Attendance	G. Date of Treatment Attendance
1										

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1.	Assessment Date:	Req ☑ / Req ☑ / Req ☑ (2008-2012) (pmctn31acdd:TTF.VISIT_DT / Assessment Date)

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2.	1. CTN-0031 Study Week Assessed:	Pulldown List 1 ☑ (pmctn31acdd:TTF.TTF1 / TTF Study Week)
3.	2. Did the participant attend any treatment during the week?	(pmctn31acdd:TTF.TTF2 / TTF Any Treatment) [0] ○ No [1] ○ Yes [98] ○ NA

If Yes, please record the treatment hours attended. For each day on which the participant attended treatment, record the date and the number of hours of individual treatment and the number of hours of group treatment attended

4.*	A. Date of Treatment Attendance	Req ☑ / Req ☑ / Req ☑ (2008-2012) (pmctn31acdd:TTF.TTF3ADT / TTFA Date of Treatment) Number of individual treatment hours attended (pmctn31acdd:TTF.TTF3A1 / TTFA Number of TX hours) Number of group treatment hours attended (pmctn31acdd:TTF.TTF3A2 / TTFA Number of group hrs) xx.x xx.x
5.*	B. Date of Treatment Attendance	Req ☑ / Req ☑ / Req ☑ (2008-2012) (pmctn31acdd:TTF.TTF3BDT / TTFB Date of Treatment) Number of individual treatment hours attended (pmctn31acdd:TTF.TTF3B1 / TTFB Number of TX hours) Number of group treatment hours attended (pmctn31acdd:TTF.TTF3B2 / TTFB Number of group hrs) xx.x xx.x
6.*	C. Date of Treatment Attendance	Req ☑ / Req ☑ / Req ☑ (2008-2012) (pmctn31acdd:TTF.TTF3CDT / TTFC Date of Treatment) Number of individual treatment hours attended (pmctn31acdd:TTF.TTF3C1 / TTFC Number of TX hours) Number of group treatment hours attended (pmctn31acdd:TTF.TTF3C2 / TTFC Number of group hrs) xx.x xx.x
7.*	D. Date of Treatment Attendance	Req ☑ / Req ☑ / Req ☑ (2008-2012) (pmctn31acdd:TTF.TTF3DDT / TTFD Date of Treatment) Number of individual treatment hours attended (pmctn31acdd:TTF.TTF3D1 / TTFD Number of TX hours) Number of group treatment hours attended (pmctn31acdd:TTF.TTF3D2 / TTFD Number of group hrs) xx.x xx.x
8.*	E. Date of Treatment Attendance	Req ☑ / Req ☑ / Req ☑ (2008-2012) (pmctn31acdd:TTF.TTF3EDT / TTFE Date of Treatment) Number of individual treatment hours attended (pmctn31acdd:TTF.TTF3E1 / TTFE Number of TX hours) Number of group treatment hours attended (pmctn31acdd:TTF.TTF3E2 / TTFE Number of group hrs) xx.x xx.x
9.*	F. Date of Treatment Attendance	Req ☑ / Req ☑ / Req ☑ (2008-2012) (pmctn31acdd:TTF.TTF3FDT / TTFF Date of Treatment) Number of individual treatment hours attended (pmctn31acdd:TTF.TTF3F1 / TTFF Number of TX hours) Number of group treatment hours attended (pmctn31acdd:TTF.TTF3F2 / TTFF Number of group hrs) xx.x xx.x
10.*	G. Date of Treatment Attendance	Req ☑ / Req ☑ / Req ☑ (2008-2012) (pmctn31acdd:TTF.TTF3GDT / TTFG Date of Treatment) Number of individual treatment hours attended (pmctn31acdd:TTF.TTF3G1 / TTFG Number of TX hours) Number of group treatment hours attended (pmctn31acdd:TTF.TTF3G2 / TTFG Number of group hrs) xx.x xx.x
	* Item is not required	

Pulldown List 1:			
RefName	Display Text	Value	Design Note
ieTTFWK1	Study Week 1	1	
ieTTFWK2	Study Week 2	2	
ieTTFWK3	Study Week 3	3	
ieTTFWK4	Study Week 4	4	
ieTTFWK5	Study Week 5	5	
ieTTFWK6	Study Week 6	6	
ieTTFWK7	Study Week 7	7	
ieTTFWK8	Study Week 8	8	
ieNA	NA	98	

CDD: pmctn31acdd Table: TTF Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
VISIT_DT	DATE - DDMONYYYY	
TTF1	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 98	
TTF2	NUMERIC	
TTF3ADT	DATE - DDMONYYYY	
TTF3A1	FLOAT - F4.1	
TTF3A2	FLOAT - F4.1	
TTF3BDT	DATE - DDMONYYYY	
TTF3B1	FLOAT - F4.1	
TTF3B2	FLOAT - F4.1	
TTF3CDT	DATE - DDMONYYYY	
TTF3C1	FLOAT - F4.1	
TTF3C2	FLOAT - F4.1	
TTF3DDT	DATE - DDMONYYYY	
TTF3D1	FLOAT - F4.1	
TTF3D2	FLOAT - F4.1	
TTF3EDT	DATE - DDMONYYYY	
TTF3E1	FLOAT - F4.1	
TTF3E2	FLOAT - F4.1	
TTF3FDT	DATE - DDMONYYYY	
TTF3F1	FLOAT - F4.1	
TTF3F2	FLOAT - F4.1	
TTF3GDT	DATE - DDMONYYYY	
TTF3G1	FLOAT - F4.1	
TTF3G2	FLOAT - F4.1	

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.