BASELINE SUBSTANCE USE SELF REPORT

NIAID AIDS CLINICAL TRIALS GROUP

Patient Number ☐☐ ☐☐☐☐ ☐ Date of Patient Visit ☐☐☐ ☐☐ ☐☐☐☐
mmm dd yyyy

Protocol Number ☐☐☐☐☐☐ Institution Code ☐☐☐☐☐☐

Form Week ☐☐☐ *Seq No. ☐ **Step No. ☐ Key Operator Code ☐☐☐

* Enter a "1" if this is the first of this form for this date. Designate subsequent forms on same date with a 2, 3, etc.
**Enter the subject's current study step number. Enter '1' if the study does not have multiple steps.

FOR OFFICE USE ONLY – DETACH THIS PAGE

INSTRUCTIONS TO THE STUDY NURSE:

The BASELINE SUBSTANCE USE SELF REPORT is confidential and should be given to the participant prior to the clinical exam and preferably in a quiet, secluded area (e.g., exam room or other office). The participant must be able to read at the sixth-grade level at a minimum to complete the questionnaire without additional assistance. A member of the clinic staff may assist the participant in reading the questionnaire, if the participant requests help, but must not record the answers.

It is important to be familiar with the content and format of the questionnaire before giving it to study participants.

At the first visit, please begin by telling the participant:

This questionnaire asks about alcohol and drug use.
- When you finish, please put your completed questionnaire in the envelope and seal it.
- The study staff will mail the sealed envelope to the researchers and will not look at your answers.
- You may choose not to answer any or all of these questions.
- If you do not want to answer a question, draw a line through it.

You should then briefly go over the format of the questions and how to complete them.
The questionnaire should take approximately 5 minutes to complete. Before giving the participant the questionnaire, please fill out the header on each page.

Each question is in the same general format and contains several items.
Note that the participant is always asked to make a "✓" next to the appropriate category.

Labels have been provided for use in mailing the completed confidential questionnaire to the ACTG Data Management Center. Affix a label to an envelope and instruct the participant to place the completed questionnaire in the envelope, seal it and return it to you.
Mail the sealed envelope to the ACTG Data Management Center:

ACTG DATA
FSTRF
4033 Maple Road
Amherst, New York 14226

Questions 1 and 2 are completed and keyed by the clinic personnel.

1. Was the questionnaire given to the participant? ..... (1-Yes, 2-No) ☐
   If No, complete 'a' and STOP.

   a. Specify reason: ..... ☐
   1-Participant declined
   2-Not enough time to complete form in clinic
   9-Other, specify

   If Other, specify [30]: _____

2. Was the sealed envelope returned to you for mailing? ..... (1-Yes, 2-No) ☐

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People have various health habits. The following questions ask about your alcohol and drug use, past and current. The researchers want to protect your privacy. You may choose not to answer any or all of these questions. If you do not want to answer a question, draw a line through it. When you finish, please put your completed questionnaire in the envelope and seal it. The study staff will mail the sealed envelope to the researchers and will not look at your answers.

1. Have you ever smoked cigarettes? ..... ☐ Yes (1) ☐ No (2)

   If No, skip to question 2.

   If Yes, complete 'a', then go to question 2.

   a. What is the average number of packs per day that you smoked in the last 30 days?

None	Less than ½ pack	½ pack to 1 pack	Greater than 1 pack
☐ 0	☐ 1	☐ 2	☐ 3

2. Have you had a drink containing alcohol - a can or glass of beer, a glass of wine, a shot of liquor or a mixed drink with a shot of liquor, or any other kind of alcoholic beverage in the last 30 days?..... ☐ Yes (1) ☐ No (2)

   If No, skip to question 3.

   If Yes, complete 'a' and 'b', then go to question 3.

   a. How often have you had a drink containing alcohol - a can or glass of beer, a glass of wine, a shot of liquor or a mixed drink with a shot of liquor, or any other kind of alcoholic beverage in the last 30 days?

   (Check one)

Daily	5 or 6 Times a Week	3 or 4 Times a Week	Once or Twice a Week	2 or 3 Times a Month	Once a Month
☐ 6	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

   b. How many drinks did you usually have on a day when you drank any alcoholic beverages? By a drink, we mean a can or glass of beer, a glass of wine, a shot of liquor, or a mixed drink with a shot of liquor or any other kind of alcoholic beverage.

   (Check one)

12 or More Drinks	9 - 11 Drinks	7 or 8 Drinks	5 or 6 Drinks	3 or 4 Drinks	1 or 2 Drinks
☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0

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3. Please check "Yes" or "No" for each question:

a. Have you ever used marijuana/hash/THC?..... ..... ☐ Yes (1) ☐ No (2)
If No, skip to question 3b.

If Yes, How often have you used this drug in the last 30 days? ***(Check one)***

Daily	5 or 6 Times a Week	3 or 4 Times a Week	Once or Twice a Week	2 or 3 Times a Month	Once a Month	Never
☐ 6	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0

b. Have you ever used cocaine (crack, powder, freebase)?..... ☐ Yes (1) ☐ No (2)
If No, skip to question 3c.

If Yes, How often have you used this drug in the last 30 days? ***(Check one)***

Daily	5 or 6 Times a Week	3 or 4 Times a Week	Once or Twice a Week	2 or 3 Times a Month	Once a Month	Never
☐ 6	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0

c. Have you ever used heroin (smack)?..... ☐ Yes (1) ☐ No (2)
If No, skip to question 3d.

If Yes, How often have you used this drug in the last 30 days? (***Check one)***

Daily	5 or 6 Times a Week	3 or 4 Times a Week	Once or Twice a Week	2 or 3 Times a Month	Once a Month	Never
☐ 6	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0

d. Have you ever used amphetamines (speed)?..... ☐ Yes (1) ☐ No (2)
If No, skip to question 3e.

If Yes, How often have you used this drug in the last 30 days? ***(Check one)***

Daily	5 or 6 Times a Week	3 or 4 Times a Week	Once or Twice a Week	2 or 3 Times a Month	Once a Month	Never
☐ 6	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0

e. Have you ever used methamphetamines (crystal meth, MDMA) ? ..... ☐ Yes (1) ☐ No (2)
If No, skip to question 3f.

If Yes, How often have you used this drug in the last 30 days? ***(Check one)***

Daily	5 or 6 Times a Week	3 or 4 Times a Week	Once or Twice a Week	2 or 3 Times a Month	Once a Month	Never
☐ 6	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0

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f. Have you ever used barbiturates (downers)?..... ..... ☐ Yes (1) ☐ No (2)
If No, skip to question 3g.

If Yes, How often have you used this drug in the last 30 days? ***(Check one)***

Daily	5 or 6 Times a Week	3 or 4 Times a Week	Once or Twice a Week	2 or 3 Times a Month	Once a Month	Never
☐ 6	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0

g. Have you ever used any other street drug (Ecstasy, K)?..... ☐ Yes (1) ☐ No (2)
If No, skip to question 4.

If Yes, How often have you used these in the last 30 days? ***(Check one)***

Daily	5 or 6 Times a Week	3 or 4 Times a Week	Once or Twice a Week	2 or 3 Times a Month	Once a Month	Never
☐ 6	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0

4. Have you ever used prescription drugs (codeine, Valium, Xanax, Oxycontin) for which you did not have a prescription from a doctor? ..... ☐ Yes (1) ☐ No (2)
If No, skip to question 5.

If Yes, How often have you used these in the last 30 days? ***(Check one)***

Daily	5 or 6 Times a Week	3 or 4 Times a Week	Once or Twice a Week	2 or 3 Times a Month	Once a Month	Never
☐ 6	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0

5. Have you <u>ever</u> been in methadone treatment? ..... ☐ Yes (1) ☐ No (2)

6. Are you <u>currently</u> in methadone treatment? ..... ☐ Yes (1) ☐ No (2)

Language: English [E]

06-23-03

Date Form Keyed (DO NOT KEY): _____ / _____ / _____