

Date:	
Research Staff conducting the screen:	
Thank you for your interest in our research study. My name is [RC NAME] and I am a research coordinator at the Recovery Research Institute within the Department of Psychiatry at the Massachusetts General Hospital. Is this a good time for you to talk about the study?	<input type="checkbox"/> Yes <input type="checkbox"/> No
[IF NO] What time would be good for me to give you more information about the study and do a short phone screen to see if you are eligible?	Date: [MM/DD/YYYY]
I appreciate your time. Have a great day.	
[IF YES] I am going to ask you a series of questions to determine if you are eligible to participate in this study. Some of these questions may not apply to you, but please answer them to the best of your ability. At the end of the screen, I will tell you if you are eligible to participate or if you have been found ineligible. In order to protect the integrity of the study, if you are found ineligible, I will unfortunately not be able to tell you the specific reason why you were found ineligible to participate. Knowing this, do you agree to proceed to screen for the study?	<input type="checkbox"/> Yes <input type="checkbox"/> No
[IF YES] Okay great! First, may I ask how you heard about the study?	<input type="checkbox"/> Twitter <input type="checkbox"/> Facebook <input type="checkbox"/> RRI Website <input type="checkbox"/> Flyer <input type="checkbox"/> RSVP for Health <input type="checkbox"/> Word of Mouth <input type="checkbox"/> SMART Meeting <input type="checkbox"/> Craigslist <input type="checkbox"/> Metro <input type="checkbox"/> MBTA <input type="checkbox"/> West End Clinic <input type="checkbox"/> ARMS <input type="checkbox"/> Did not specify <input type="checkbox"/> Other
[IF OTHER] What was the other source from which you heard about this study?	_____
[IF FLYER] Where did you get the flyer from?	_____
Where are you located?	<input type="checkbox"/> <u>New England (MA, NH, RI, etc.)</u> <input type="checkbox"/> <u>California</u> <input type="checkbox"/> <u>Other</u>
[IF OTHER] If located outside of New England or California, NOT ELIGIBLE to participate [Do not stop screen, complete screen in its entirety]	

<p>Great! Let me tell you a little bit about our study, so you can decide if this is something you'd like to participate in.</p> <p>The study is funded by the National Institutes of Health to learn more about the different pathways, resources, and services that individuals may use to overcome an alcohol problem. We hope this study will help advance treatment and recovery support service options.</p> <p>If you decide to take part in the study, your participation would include 7 visits to our Boston office over the course of 2 years. During each visit, you would complete a series of questionnaires, computerized tasks, and biochemical verification of abstinence, which includes a urine sample and breathalyzer test. In the event that your visits will take place remotely (e.g., over the phone or zoom), study procedures are similar; however, you would complete a self-administered saliva test that is mailed to you in advance. Each visit will take approximately 3 hours. How does that sound so far?</p>	<p><input type="checkbox"/> Yes, remains interested</p> <p><input type="checkbox"/> No longer interested</p>
<p>[IF NO LONGER INTERESTED] Thank you very much for your time, we understand that this study is not for everyone and we appreciate your interest.</p> <p>STOP SCREEN</p>	
<p>[IF REMAINS INTERESTED] Great. Before I can enroll you in this study, I need to ask you some questions to make sure you are eligible. These questions are about your health and medical history, including your alcohol use, and should take about 10 minutes of your time. Some of the questions may make you feel uncomfortable. You may stop at any time. Does that sound okay?</p> <p>I will record your answers in writing, but only collect detailed contact information if you qualify for the study and want to schedule an in-person visit. As a reminder, collected information is completely confidential and protected. There is always risk of loss of confidentiality but we will take appropriate responsible steps to ensure confidentiality. Okay to begin?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>[IF NO] Thank you very much for your time, we understand that this study is not for everyone and we appreciate your interest.</p> <p>STOP SCREEN</p>	
<p>[IF YES]</p> <p>[ps_name], could you please verify the spelling of your first name?</p>	<p>_____</p>

How old are you?	_____
Research Staff Use: Is the participant older than 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No
STOP SCREEN. If under 18, NOT ELIGIBLE to participate.	
[IF INELIGIBLE] Thank you, [es_name]. Unfortunately, you are not eligible to participate in our study. You may be eligible to participate in future research studies. If you are interested in participating in future research studies, we can take your contact information and reach out to you with future study opportunities.	
[IF FROM NEW ENGLAND] Are you willing to travel to Boston to complete study visits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
[IF NO OR FROM CALIFORNIA] Are you willing to conduct all visits remotely (e.g. over phone or Zoom)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
[IF NO] If unwilling to travel to Boston for the research study and unwilling to conduct visits remotely, NOT ELIGIBLE to participate. [Do not stop screen, complete screen in its entirety]	
Is there any reason that you would not be living in the Boston area within the next 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
[IF YES] Would you be willing to conduct visits remotely if you were no longer in the Boston area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
[IF NO] If participant will not be in Boston for the next 2 years and is not willing to conduct visits remotely, NOT ELIGIBLE to participate. [Do not stop screen, complete screen in its entirety]	
Are you willing to give us the contact information for two of your friends or family members, so that we can reach out to them, in case we lost contact with you? We ask for this information because obtaining complete data from you is very important to the study. The last study visit will take place 2 years from the time of your baseline visit. We want to make sure we can reach you to complete your final visit at that time.	<input type="checkbox"/> Yes <input type="checkbox"/> No
[IF NO] If they aren't willing to provide collateral contacts NOT ELIGIBLE to participate. [Do not stop screen, complete screen in its entirety]	
Are you willing to provide your SSN in order to receive reimbursement? <i>(If asked for more information: If payments to you are \$600 or greater in a calendar year, Partners will report this to the Internal Revenue Service (IRS) and you will receive a 1099-MISC income form and Partners will use your SSN for this tax-related purpose.</i> <i>If you do not provide your SSN, we cannot issue you a payment for participation. You may still choose to participate in this study and decline reimbursement).</i>	<input type="checkbox"/> Yes, I am willing to provide my SSN to receive the study payment. <input type="checkbox"/> No, I am not willing to provide my SSN; however, I still wish to participate in this study. I understand that I will not receive payments for being in this study unless I provide my SSN. <input type="checkbox"/> No, I am not willing to provide my SSN and decline to participate in this study.

[IF NO] If unwilling to provide SSN and decline to participate in the study, NOT ELIGIBLE to participate [Do not stop screen, complete screen in its entirety]	
<p>During assessments, are you willing to provide a urine sample and complete a breathalyzer test for biochemical verification? Or in the event that your visit takes place remotely, are you willing to provide a self-administered saliva test with study staff guidance? This test would be mailed to your current address before the study visit and can be disposed of after use.</p> <p>Although you do not need to abstinent to participate in this study, we ask that participants not drink or use drugs before coming in for their assessment or before completing their remote assessment. If the breathalyzer test or saliva test indicates that you are under the influence of alcohol when you come in for your assessment or begin your remote assessment, we will need to re-schedule the visit.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
[IF NO] If unwilling to participate in biochemical verification, NOT ELIGIBLE to participate [Do not stop screen, complete screen in its entirety]	
Do you have a stable home address and contact information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
[IF NO] If participant does not have a stable home address and/or contact information, NOT ELIGIBLE to participate [Do not stop screen, complete screen in its entirety]	
Have you consumed alcohol in the past 3 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
[IF NO] If participant has not consumed alcohol in past 3 months, NOT ELIGIBLE to participate. [Do not stop screen, complete screen in its entirety]	
Do you think you have a problem with alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No
[IF NO] If participant does not think they have a problem with alcohol, NOT ELIGIBLE to participant [Do not stop screen, complete screen in its entirety]	
[IF YES] I'm going to ask you a series of questions about your alcohol use during the past 12 months.	<p>In the past 12 months, have you:</p> <input type="checkbox"/> Had times when you ended up drinking more, or longer, than you intended? <input type="checkbox"/> More than once wanted to cut down or stop drinking, or tried to, but couldn't? <input type="checkbox"/> Spent a lot of time drinking? Or being sick or getting over other aftereffects? <input type="checkbox"/> Experienced craving — a strong need, or urge, to drink?

	<input type="checkbox"/> Found that drinking – or being sick from drinking – often interfered with taking care of your home or family? Or caused job troubles? Or school problems? <input type="checkbox"/> Continued to drink even though it was causing trouble with your family or friends? <input type="checkbox"/> Given up or cut back on activities that were important or interesting to you, or gave you pleasure, in order to drink? <input type="checkbox"/> More than once gotten into situations while or after drinking that increased your chances of getting hurt (such as driving, swimming, using machinery, walking in a dangerous area, or having unsafe sex)? <input type="checkbox"/> Continued to drink even though it was making you feel depressed or anxious or adding to another health problem? Or after having had a memory blackout? <input type="checkbox"/> Had to drink much more than you once did to get the effect you want? Or found that your usual number of drinks had much less effect than before? <input type="checkbox"/> Found that when the effects of alcohol were wearing off, you had withdrawal symptoms, such as trouble sleeping, shakiness, restlessness, nausea, sweating, a racing heart, or a seizure? Or sensed things that were not there?
Number of AUD criteria met:	[Total number of boxes checked in previous question]
AUD Severity:	<input type="checkbox"/> Does not meet criteria for AUD (0-1 symptoms) <input type="checkbox"/> Mild (2-3 symptoms) <input type="checkbox"/> Moderate (4-5 symptoms) <input type="checkbox"/> Severe (6+ symptoms)
[IF DO NOT MEET CRITERIA FOR AUD] Does not meet sufficient criteria for AUD diagnosis (0 or 1 AUD criterion), NOT ELIGIBLE to participate. [Do not stop screen, complete screen in its entirety]	
Meet sufficient criteria for AUD diagnosis (2+ AUD criteria = mild, moderate, or severe).	
Are you currently making a new recovery attempt, that is, a serious effort to abstain from drinking or to drink without problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(IF YES) When did you start this attempt?	Date: [MM/DD/YYYY] Days since new recovery attempt began:
Has the participant's new recovery attempt begun within the past 90 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
[IF NO, > 90 DAYS] If recovery attempt started more than 90 days ago, NOT ELIGIBLE to participate. [Do not stop screen, complete screen in its entirety]	
(IF NO, NOT CURRENTLY MAKING A NEW RECOVERY ATTEMPT) Are you planning to make a new recovery attempt or serious effort to abstain from drinking or to drink without problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No

[IF NO] If not planning to make a new recovery attempt, NOT ELIGIBLE to participate. [Do not stop screen, complete screen in its entirety]	
(IF YES) When will you start?	Date: [MM/DD/YYYY] Days until new recovery attempt begins: ____ (Must be less than 14 days away)
Is the participant's new recovery attempt beginning in the next 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
[IF NO] If not planning to make a new recovery attempt either at all OR within next 14 days, NOT ELIGIBLE to participate [Do not stop screen, complete screen in its entirety]	
Is alcohol the primary substance from which you are seeking recovery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(IF NO) What is the primary substance from which you are seeking recovery?	<input type="checkbox"/> Marijuana <input type="checkbox"/> Cocaine (coke, crack, freebase) <input type="checkbox"/> Heroin <input type="checkbox"/> Methadone <input type="checkbox"/> Suboxone/Subutex/Buprenorphine <input type="checkbox"/> Other opioids (e.g. prescription opioids) <input type="checkbox"/> Hallucinogens <input type="checkbox"/> Synthetic Marijuana / Synthetic Drugs <input type="checkbox"/> Amphetamine (uppers) <input type="checkbox"/> Methamphetamine (crank, meth, crystal) <input type="checkbox"/> Benzodiazepines (sedatives/tranquilizers) <input type="checkbox"/> Barbiturates (downers) <input type="checkbox"/> Inhalants <input type="checkbox"/> Steroids <input type="checkbox"/> Other substance (not specified above) [please specify:]
[IF PRIMARY SUBSTANCE NOT ALCOHOL] Report their primary substance. If alcohol is not primary substance, NOT ELIGIBLE to participate [Do not stop screen, complete screen in its entirety]	
Have you participated in any of the following mutual-help organizations in the past 30 days?	<input type="checkbox"/> Alcoholics Anonymous <input type="checkbox"/> Narcotics Anonymous <input type="checkbox"/> Other 12-Step Fellowship <input type="checkbox"/> SMART Recovery <input type="checkbox"/> Other mutual-help organization <input type="checkbox"/> None of the above <input type="checkbox"/> If other, please specify: _____
Are you planning to participate in SMART Recovery during this recovery attempt or serious effort?	<input type="checkbox"/> Yes <input type="checkbox"/> No

(IF YES) How will you participate in SMART Recovery?	<input type="checkbox"/> In-person meetings only <input type="checkbox"/> In-person meetings and online <input type="checkbox"/> Online only
Are you planning to participate in Alcoholics Anonymous during this recovery attempt or serious effort?	<input type="checkbox"/> Yes <input type="checkbox"/> No
[IF NO PARTICIPATION IN SMART OR AA AND NO PLANNED PARTICIPATION] If participant has not participated in SMART and/or AA in the past 30 days and does not plan to participate in SMART and/or AA, NOT ELIGIBLE to participate.	
RESEARCH STAFF USE: Does the participant meet the eligibility criteria?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>[IF NO] Thank you, [es_name]. Unfortunately, you are not eligible to participate in our study. In order to protect the integrity of the study, as mentioned before, I will not be able to tell you the specific reason why you were found ineligible to participate.</p> <p>However, you may be eligible to participate in future research studies. If you are interested in participating in future research studies, we can take your contact information and reach out to you with future study opportunities.</p>	
<p>[Ask question to all callers, including those who have been found ineligible]</p> <p>Are you interested in participating in future research studies? If so, we can take your contact information and reach out to you with future study opportunities.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>(IF YES)</p> <p>Collect contact information and note interest in screening log.</p> <p>Thank you so much for calling.</p>	<input type="checkbox"/> Primary Contact Number: _____ <input type="checkbox"/> Email Address: _____
<p>ELIGIBLE</p> <p>Great! It sounds like you are eligible to participate in our study! So now let me tell you a little bit more about the study.</p>	
<p>If you decide take part in this study, the visits would include an initial assessment followed by 3-, 6-, 9-, 12-, 18-, and 24-month follow-up assessments. The questionnaires during visits will include questions regarding various topics such as your demographic information, substance use history, treatment service utilization and recovery support, among others.</p> <p>To compensate you for your time and effort, we would compensate you up to \$455. That is \$45,</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>\$55, \$60, \$65, \$70, \$75, and \$85 for the initial visit and 3-, 6-, 9-, 12-, 18-, and 24-month follow-up visits, respectively. The reason I say “up to \$455” is because we are unable to pay participants for the assessments they do not come in to complete.</p> <p>Reimbursement will be by check and it may take up to 10 business days to receive payment after you complete your initial assessment, per our MGH guidelines, but payment will likely be faster for subsequent payments. In order to receive payment for participating in this study, you will need to provide your Social Security Number (SSN). This is necessary in order for us to comply with tax reporting obligations. This information is confidential and protected, and will be stored securely and redacted when no longer required.</p> <p>Finally, please know that your honesty is the most important part of this study: research studies only work if participants tell us how they truly think and feel. There are no “right” and “wrong” answers; never consider what you think we might like to hear. Always simply tell us how it is.</p> <p>So, what do you think? Would you like to participate in this study?</p>	
<p>[If NO] Thank you very much for your time, we understand that this study is not for everyone and we appreciate your interest. STOP SCREEN</p>	
<p>[If YES] In just a moment, I will collect your contact information as well as the contact information for two people in your life, so we can reach out to them if we lose contact with you. We will simply tell them that you are in a study tracking health behaviors; they must confirm with us that they are willing to serve in this role.</p> <p>Before I ask you for your email address, I need to ask you about how you prefer to get emails from us. There are two options: receiving them using the "SEND SECURE" option, or receiving them without it. Let me explain:</p> <p>Email sent over the internet is not secure unless both parties are using an encryption technology. This provides a secure connection both on the sender's and receiver's communications while in transit. Without encryption, it is possible for other individuals</p>	<p><input type="checkbox"/> Use SEND SECURE <input type="checkbox"/> Don't use SEND SECURE <input type="checkbox"/> N/A (no email)</p> <p><input type="checkbox"/> Contact Number: _____ <input type="checkbox"/> Email Address: _____</p>

<p>(beyond the intended recipient of the email) to access and read the email and this could result in the unauthorized use or disclosure of your information, for which Partners HealthCare will not be held responsible. If you prefer to receive communications by unencrypted email despite these risks, your preference will apply to all emails sent to you from research staff in this study.</p> <p>If you would like to receive your emails encrypted, we will use the SEND SECURE option. In order to read these emails, you will need to do two things:</p> <ol style="list-style-type: none"> 1. The first time you get a 'send secure' message, you need to register with Cisco Registered Envelope Service (CRES). This is done once and takes only a few minutes. 2. To read future secure emails you need to enter the password you created. <p>If you would like to receive your emails unencrypted, we will not use the SEND SECURE option.</p> <p>What do you prefer?</p>	
<p>Who are the two people we can reach out to in case we are unable to contact you directly? These can be family members, friends, or partners.</p> <p>NOTE: Information for at least one contact person is required.</p>	<p><input type="checkbox"/> Contact 1 Name: _____</p> <p><input type="checkbox"/> Contact 1 Email: _____</p> <p><input type="checkbox"/> Contact 1 Phone: _____</p> <p><input type="checkbox"/> Contact 1 Relation: [Friend, Family, Partner, Other]</p> <p><input type="checkbox"/> Contact 2 Name: _____</p> <p><input type="checkbox"/> Contact 2 Email: _____</p> <p><input type="checkbox"/> Contact 2 Phone: _____</p> <p><input type="checkbox"/> Contact 2 Relation: [Friend, Family, Partner, Other]</p>
<p>(If eligible and interested in participating) Schedule assessment</p>	<p>Time: HH:MM Date: [MM/DD/YYYY] Scheduling Notes: _____</p>
<p>[IF ELIGIBLE AND SCHEDULED FOR AN ASSESSMENT]</p> <p>[IF IN PERSON VISIT] Okay, we are all set then. Your assessment will take place in person at our office and is scheduled for [schedule1]. I will send you an appointment confirmation and directions to our office shortly.</p> <p>[IF REMOTE VISIT] Okay, we are all set then. Your assessment will take place over the phone on [schedule1]. I will send you an appointment confirmation shortly. The first thing we'll be doing during your enrollment visit is going over our consent form, which will be emailed to you. You'll need to sign the form electronically, so we recommend having access to a computer at the time of your assessment.</p> <p>Again, my name is [rname], and if you have any additional questions or anything comes up, please don't hesitate to reach out by phone or email. (Confirm he/she has your contact information). Thank you again for your interest and participation in our study. It was great talking with you! CALL END.</p>	