CRT Baseline Demographic Form

DEMOGRAPHICS

1. **Gender:**  
   - Male (0)  
   - Female (1)

2. **Age:**  
   - [ ] Years  
   - [ ] Months

3. **a. Ethnicity:**  
   - Hispanic or Latino (1)  
   - Not Hispanic or Latino (0)

   **b.** If Hispanic or Latino, for each of the following, please bubble ‘1’ for ‘Yes’ or ‘0’ for ‘No’:

   - [ ] Mexican
   - [ ] Puerto Rican
   - [ ] Mexican American
   - [ ] Chicano
   - [ ] Cuban
   - [ ] Hispanic or Latino, other (specify) (Max 50 characters)

4. **Race:** For each of the following, please bubble ‘1’ for ‘Yes’ or ‘0’ for ‘No’. Bubble ‘1’ for items ‘g’ or ‘h’ if participant chooses not to answer or race is unknown. For those categories with further specification, please respond to all sub-category questions. Answer ‘Yes’ to at least one sub-category. If sub-category is unknown, select ‘Other’ for the sub-category and write ‘Unknown’ for the specify.

   **Race**
   
   - American Indian (0)
   - Alaska Native (1)
   - Asian (If ‘Yes’, please complete 4.b.1 through 4.b.7, if ‘No’, please skip to question 4.c.)
     - [ ] Asian-Indian
     - [ ] Chinese
     - [ ] Filipino
     - [ ] Japanese
     - [ ] Korean
     - [ ] Vietnamese
     - [ ] Asian, other (specify) (Max 50 characters)
   - Black or African American (0)
   - Native Hawaiian or Pacific Islander (If ‘Yes’, please complete 4.d.1 through 4.d.4, if ‘No’, please skip to question 4.e.)
     - [ ] Native Hawaiian
     - [ ] Guamanian
     - [ ] Samoan
     - [ ] Native Hawaiian or Pacific Islander, other (specify) (i.e. chamorro, etc) (Max 50 characters)
   - White (0)
   - Other (specify) (Max 50 characters)
   - Participant chooses not to answer
   - Unknown

4.5 **(80, 81) Height and Weight:**

   - Height: [ ] ft [ ] in
   - Weight: [ ] lbs

Protocol Number (24)

Site (1)

Subject

Date

Rater

Week (0)
5. Educational Level:
- Doctoral Degree (ie. PhD, EdD)
- Professional School Degree (ie. MD, DDS, DVM, JD)
- Master's Degree (ie. MA, MS, MBA, MEng, MEd)
- Bachelor's Degree (ie. BA, BS, AB, BBA)
- Associate's Degree Academic Program
- Associate's Degree Occupational, Technical, or Vocational Program
- Partial college training
- GED
- High School graduate
- Partial high school
- Junior high school
- Under 7 years of schooling

6. Marital Status:
- Never Married
- Married
- Separated
- Living in permanent relationship
- Divorced
- Widowed

7. Total number of children

8. Total number of pre-school children living with client

9. Number of children under 18 of whom you have custody

10. Current employment status of client:
- Working now
- Only temporarily laid off, sick leave or maternity leave
- Looking for work, unemployed
- Retired
- Disabled, permanently or temporarily
- Keeping house
- Student
- Other

11. Occupational level of client:
- Higher executive, bank president, judge, CPA, engineer
- Business manager, District manager, R.N., Teacher
- Administrative, Sales Rep., Travel agent, Tool designer, Insurance agent
- Clerical or sales worker, lab technician, truck dispatcher, Bank teller
- Skilled manual employee, barber, locksmith, painter, plumber, electrician, carpenter
- Machine operator, hospital aide, housekeeper, security guard, taxi driver, wait staff, stock clerk, bartender
- Unskilled employee, street cleaner, janitor, laundry worker, construction laborer, parking lot attendant
- Student
- Homemaker
- Welfare recipient, chronic unemployed
12.(13) Number of months employed in the last two years...........................................................................
13.(17) How long have you lived at your present address? (number of months).................................
14.(18) How many moves have you made in the past 5 years?................................................................

**TIME LINE**

I'M GOING TO LIST A NUMBER OF EVENTS THAT HAVE OCCURRED IN THE LIVES OF MANY PEOPLE. WHEN I COME TO THINGS THAT HAVE HAPPENED TO YOU, PLEASE TELL ME ABOUT IT AND GIVE ME THE AGE AT WHICH IT FIRST OCCURRED

**SUBSTANCE ABUSE**

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
<th>AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.(23) First smoked cigarettes</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>19.(24) First smoked cigarettes daily</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>20.(25) First used marijuana</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>21.(27) First used alcohol</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>22.(85) First used sedatives and barbituates</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>23.(31) First used heroin</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>24.(32) First used cocaine</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>22.(86) First used tranquilizers/anti-anxiety drugs</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>22.(87) First used pain killers/other opioids</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>22.(88) First used stimulants /amphetamines</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>22.(89) First used Hallucinogens</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>22.(90) First used inhalants/solvents</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>22.(91) First used other drugs (steroids, methadone, anti-psychotics)</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Protocol Number

24

Subject

14667
OTHER PROBLEMS

25.(35) First tried to stop using drugs with or without help.............................. ○ ○

26.(36) First drug treatment..................................................................................... ○ ○

27.(37) First involved in illegal activities.................................................................. ○ ○

27b.(37b) Any legal cases pending in which you could end up in jail or prison during the 8 weeks of the study? ............................................................ ○ No ○ Yes

28. Does the subject report color blindness? ○ No ○ Yes

DRUG INFORMATION

32.(53) Total number of days in past 28 that you have used the following:

<table>
<thead>
<tr>
<th>Drug</th>
<th>IN</th>
<th>IV</th>
<th>SB</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heroin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Cocaine</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Benzodiazepines</td>
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<td></td>
</tr>
<tr>
<td>Marijuana</td>
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<tr>
<td>Nicotine</td>
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<td></td>
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<tr>
<td>Other Drugs (steroids, methadone, anti-psychotic..)</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

30.(51) Years of regular alcohol use........
Technology Use Information

33. Do you own a computer? ○ Yes ○ No
34. Do you have access to a computer? ○ Yes ○ No
35. How often do you use a computer? ○ Daily ○ 1 to 2 times a week ○ Monthly ○ Never
38. What do you use the computer for?
   ○ Yes ○ No Email ○ Yes ○ No For work
   ○ Yes ○ No Games ○ Yes ○ No Bill paying
   ○ Yes ○ No Internet ○ Yes ○ No Social Networking
39. How would you rate your computer skills? ○ None ○ Poor ○ Fair ○ Very Good ○ Excellent

Head Injury Information

43. Have you ever had a serious head injury (e.g., concussion, cerebral contusion, TBI, etc)? ○ Yes ○ No
   If yes, answer the following:
   How many? [ ]
   How long ago was your most recent head injury? [ ] months
   Describe:
   Have you ever lost consciousness during a head injury? ○ Yes ○ No
44. Have you ever been diagnosed with Traumatic Brain Injury (TBI)? ○ Yes ○ No
   If YES, how long ago: [ ] months
45. Have you ever undergone testing for a head injury? ○ Yes ○ No
   If YES, what kind of testing?
   ○ Neuropsychological testing (e.g., paper & pencil tests)
   ○ CT Scan
   ○ MRI
   ○ Other: [ ]