Screening/Baseline -3

Site ID: | Subject ID #. | Subject Initials | Week

Date: *(mm/dd/yyyy)*

Cocaine

1. The intensity of my craving, that is, how much I desired cocaine in the past 24 hours was:

☐ None at all ☐ Slight ☐ Moderate ☐ Considerable ☐ Extreme

2. The frequency of my craving, that is, how often I desired cocaine in the past 24 hours was:

☐ Never ☐ Almost never ☐ Several times ☐ Regularly ☐ Almost constantly

3. The length of time I spent craving for cocaine during the past 24 hours was:

☐ None at all ☐ Very short ☐ Short ☐ Somewhat long ☐ Very long

4. Write in the number of times you think you had craving for cocaine during the past 24 hours:

5. Write in the total time spent craving cocaine during the past 24 hours:

hours minutes

6. The worst day: During the past week my most intense craving occurred on the following day:

☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday
☐ Thursday ☐ Friday ☐ Saturday ☐ All days the same (go to Q. 8)

7. The date for that day was:

(mm/dd/yyyy)

8. The intensity of my craving, that is, how much I desired cocaine on that worst day was:

☐ None at all ☐ Slight ☐ Moderate ☐ Considerable ☐ Extreme

Second Drug

9. A **2nd** craved drug during the past 24 hours was:
Mark only one of the following. If no 2nd craved drug, mark "None" and leave Questions 10-16 blank.

☐ None ☐ Downers or Sedatives (Barbiturates, etc.) ☐ Benzos (Valium, Xanax, etc.) ☐ Nicotine
☐ Alcohol ☐ Heroin or other Opiates (Morphine, etc.) ☐ Marijuana ☐ Other Specify

10. The intensity of my craving, that is, how much I desired this **second** drug in the past 24 hours was:

☐ None at all ☐ Slight ☐ Moderate ☐ Considerable ☐ Extreme

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11. The frequency of my craving, that is, how often I desired this **second** drug in the past 24 hours was:

☐ Never ☐ Almost never ☐ Several times ☐ Regularly ☐ Almost constantly

12. The length of time I spent in craving for this **second** drug during the past 24 hours was:

☐ None at all ☐ Very short ☐ Short ☐ Somewhat long ☐ Very long

Third Drug

13. A **3rd** craved drug during the past 24 hours was:
Mark only one of the following. If no 3rd craved drug, mark "None" and leave questions 14-16 blank.

☐ None ☐ Downers or Sedatives (Barbiturates, etc.) ☐ Benzos (Valium, Xanax, etc.) ☐ Nicotine

☐ Alcohol ☐ Heroin or other Opiates (Morphine, etc.) ☐ Marijuana ☐ Other Specify _____

14. The intensity of my craving, that is, how much I desired this **third** drug in the past 24 hours was:

☐ None at all ☐ Slight ☐ Moderate ☐ Considerable ☐ Extreme

15. The frequency of my craving, that is, how often I desired this **third** drug in the past 24 hours was:

☐ Never ☐ Almost never ☐ Several times ☐ Regularly ☐ Almost constantly

16. The length of time I spent in craving for this third drug during the past 24 hours was:

☐ None at all ☐ Very short ☐ Short ☐ Somewhat long ☐ Very long

Completed by (Initials): _____