

Date Entered: _____

Staff Initials: _____

COMBINE Active Status Form (ASF ver. A)

Center	Participant #	Participant Initials	Week	Sequence
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	Date		Staff ID	
	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	mo. da.	yr.		

Instructions: If an inactive participant resumes treatment sessions and/or medication, complete the form and enter the information into the data management system.

1. Did the patient resume MM visits? a. YES b. NO c. N/A
 [If no or N/A, skip to question 3.]

2. Date patient resumed MM visits: / /
 mo. da. yr.

3. Did the patient resume CBI sessions? a. YES b. NO c. N/A
 [If no or N/A, skip to question 5.]

4. Date patient resumed CBI sessions: / /
 mo. da. yr.

5. Did the patient resume taking medication? a. YES b. NO c. N/A
 [If no or N/A, skip to the end.]

6. Date patient resumed taking medication: / /
 mo. da. yr.