

COMBINE Reasons for NOT Wanting to Participate (RNP 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" value="0"/> <input type="text" value="1"/>
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"/>
mo.		da.		yr.

What are your **reasons for not wanting to participate**? (Check off all reasons given. Probe once: "Anything else?") If more than 3 reasons are given, ask client to indicate the 3 most important reasons, out of all possible reasons on the form.. Code (98) Don't know; (99) N/A

0a) Reason #1 0b) Reason #2 0c) Reason #3

Logistical/practical reasons

- | Yes | No | |
|--------------------------|--------------------------|-----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | (1) Too much time required |
| <input type="checkbox"/> | <input type="checkbox"/> | (2) Objects to blood tests |
| <input type="checkbox"/> | <input type="checkbox"/> | (3) Objects to urine tests |
| <input type="checkbox"/> | <input type="checkbox"/> | (4) Inconvenient location |
| <input type="checkbox"/> | <input type="checkbox"/> | (5) Childcare problems |
| <input type="checkbox"/> | <input type="checkbox"/> | (6) Can't take time off from work |
| <input type="checkbox"/> | <input type="checkbox"/> | (7) Plans to move out of area |

Treatment program related reasons

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | (8) Does not want random or "chance" assignment |
| <input type="checkbox"/> | <input type="checkbox"/> | (9) Does not want "experimental" treatment |
| <input type="checkbox"/> | <input type="checkbox"/> | (10) Too intrusive / invasion of privacy |
| <input type="checkbox"/> | <input type="checkbox"/> | (11) Thinks none of the treatments could help |
| <input type="checkbox"/> | <input type="checkbox"/> | (12) Program too long / intense for needs |
| <input type="checkbox"/> | <input type="checkbox"/> | (13) Program too short / superficial for needs |
| <input type="checkbox"/> | <input type="checkbox"/> | (14) Prefers another treatment not offered in Project COMBINE |
| <input type="checkbox"/> | <input type="checkbox"/> | (15) Objects to having to return for follow-ups for a year |
| <input type="checkbox"/> | <input type="checkbox"/> | (16a) Dislikes one or more of the COMBINE treatments |
| | | (16b) Record which treatment _____ Code: |
| | | 1 = CBI Alone |
| | | 2 = MM + Naltrexone |
| | | 3 = MM + Acamprosate |
| | | 4 = MM + Naltrexone + Acamprosate |
| | | 5 = CBI + Naltrexone |
| | | 6 = CBI + Acamprosate |
| | | 7 = CBI + Naltrexone + Acamprosate |
| <input type="checkbox"/> | <input type="checkbox"/> | (17) Prefers group format |
| <input type="checkbox"/> | <input type="checkbox"/> | (18) Doesn't want to take medications |
| <input type="checkbox"/> | <input type="checkbox"/> | (19) Wants medication but concerned about getting placebo |

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mo. da. yr.	

Influence of others

- | Yes | No | |
|--------------------------|-------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> (20) | Spouse/significant other |
| <input type="checkbox"/> | <input type="checkbox"/> (21) | Other family members |
| <input type="checkbox"/> | <input type="checkbox"/> (22) | Friends/co-workers |
| <input type="checkbox"/> | <input type="checkbox"/> (23) | Employer |
| <input type="checkbox"/> | <input type="checkbox"/> (24) | Therapist/counselor |
| <input type="checkbox"/> | <input type="checkbox"/> (25) | Health provider |
| <input type="checkbox"/> | <input type="checkbox"/> (26) | Clergy |
| <input type="checkbox"/> | <input type="checkbox"/> (27) | Court / probation / other legal pressure |
| <input type="checkbox"/> | <input type="checkbox"/> (28) | Other patients |
| <input type="checkbox"/> | <input type="checkbox"/> (29) | Hospital / clinic staff |
| <input type="checkbox"/> | <input type="checkbox"/> (30) | Members of support group or AA |

Other

<input type="checkbox"/>	<input type="checkbox"/> (31a)	Other reason
	<input type="checkbox"/> (31b)	Specify: _____