

**PARTICIPANT SCREENING FORM (PSF)**  
**Version [PSVER]: PSF 0199**

Site ID [XSITE]: . . . . .  __ __ __	Local Site Number [XSITEa]: . . . . .  __ __
Staff ID [XSID]: .  __ __ __	Staff Initials [XSIN]: . . . . .  __ __
Participant ID [XPID]:  __ __ __	Last Name [XPNAM]: _____
	First Name : _____ M.I. ____
Edit Staff ID [XEDSID]:  __ __ __	Edit Date [XEDDT]: . . . . . __/__/____
DE Staff ID [XDESID]:  __ __ __	Initial Key Date [XDEDT]: . . . . __/__/____
ReKey Staff ID [XRKSID]:  __ __ __	ReKey Date [XRKDT]: . . . . . __/__/____

The following information will be used to help decide if you are eligible to participate in this study and/or if you need treatment. Please fill in the blanks or circle the numbers in response to each of the following questions.

PS1. What is the date you are starting this form?. . \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ (MM/DD/YYYY)

a. What time is it? (Please circle AM or PM too): . . . |\_\_|\_\_|:|\_\_|\_\_| 1-AM 2-PM  
H H M M

PS2. How did you find out about this study? **(Circle all that apply)**

- 1. Newspaper (please record paper name below) . . . . . 1
- 2. Radio announcement (please record station name below) . . . . 1
- 3. TV announcement (please record station name below) . . . . . 1
- 4. Flyer or brochure (please record where you got it below)
- 5. Parent or family . . . . . 1
- 6. Probation or Parole Officer . . . . . 1
- 7. An agency (please record which agency and the person who you below) . . . . . 1
- 8. Someone told me (please record their relationship below) . . . 1
- 99. Other (please describe below) . . . . . 1
  - v1. \_\_\_\_\_
  - v2. \_\_\_\_\_
  - v3. \_\_\_\_\_

PS3. What is your gender? Male . . . . . 1  
Female . . . . . 2

PS4. Which of the following best describes your race/ethnicity?

- Black/African-American . . . . . 1
- Hispanic. . . . . 2
- White, non-Hispanic. . . . . 3
- Native American/Alaskan Native . . . . . 4
- Asian or Pacific Islander . . . . . 5
- Other (Please describe v. \_\_\_\_\_). . . 99

PS5. In what year were you born? ..... |\_\_|\_\_|\_\_|\_\_| (Year)

a. What is your current age? ..... |\_\_|\_\_| (Age) |\_\_| **Aged 12-18**  
**[If 19+, Go to PS6]**

b. Which of the following best describes who currently has  
legal custody of you? **(Circle one)**

- Parents living together ..... 1
- Parents who are separated and share custody ..... 2
- A single parent ..... 3
- Other family members ..... 4
- Legally emancipated minor living on your own ..... 5
- Runaway/on own (without legal emancipation) ..... 6
- County/State (foster home or protective services) ..... 7
- Juvenile or correctional institution ..... 8
- Some other situation **(Please describe)** ..... 99

v. \_\_\_\_\_

PS6. Where do you currently live?

a. Street: \_\_\_\_\_ b. Apt. No. \_\_\_\_\_

c. City \_\_\_\_\_ d. State \_\_\_\_\_ e. Zip Code \_\_\_\_\_

f. In the next 90 days, do you expect to move out of this area? Yes No

**(If yes, to where?)** ..... 1 0

v1. \_\_\_\_\_

v2. \_\_\_\_\_

v3. \_\_\_\_\_

g. If you were to get into the study, would you have  
transportation to get to treatment each week? ..... 1 0

g1. Do you think you might run away in the next 90 days? ..... 1 0

g2. How many times have you ever run away from home for  
one or more nights? ..... |\_\_|\_\_| (Times)

- h. If you qualify to participate in this study we need to contact a parent or guardian. Is this ok? (If yes, can you tell us which parent would be best to contact and how to contact them?) . . . . 1 Yes No 0 [IF NO, GO TO PS6p]
- j. Name: . . . . v. \_\_\_\_\_
- k. Relationship: v. \_\_\_\_\_
- m. Day phone: . . v. \_\_\_\_\_
- n. Night phone: v. \_\_\_\_\_
- p. Best time/way to contact
- v1. \_\_\_\_\_
- v2. \_\_\_\_\_
- v3. \_\_\_\_\_

Yes No

PS6q. Can your parent or guardian speak English well enough to have a conversation with us? . . . . . 1 0

<b>For CYT Staff Use Only</b>		
<ul style="list-style-type: none"> <li>• Must be able to get to program on a regular basis for next 90 days.</li> <li>• Must be able to attend on the days treatment is offered.</li> <li>• Must have a parent/guardian who is willing to participate.</li> <li>• Parent/guardian must be able to communicate in English.</li> </ul>	Yes	No
r. Is the participant in and likely to stay in the program's catchment area?	1	0
s. Does there appear to be an English fluent parent/guardian to approach?	1	0

|\_ | **Yes**

|\_ | **Yes**

PS7. Are you in or have you just come out of a controlled environment like a jail, hospital, inpatient program or other place where you could not come and go as you pleased? . . . . . Yes No  
 1 0 **[IF NO, GO TO PS8]**

a. How long were you there? . |\_\_|\_\_| + |\_\_|\_\_| + |\_\_|\_\_| + |\_\_|\_\_|  
 Years Months Weeks Days

PS8. During the past 90 days (or the 90 days before you were in a controlled environment), on how many days did you use. . . . . Days

- a. any kind of tobacco? . . . . . |\_\_|\_\_|
- b. marijuana or hashish? . . . . . |\_\_|\_\_| */ / 1+ Days*
- c. any kind of alcohol? . . . . . |\_\_|\_\_| */ / LT 45 Days*
- d. any other drugs? . . . . . |\_\_|\_\_| *| / LT 13 Days*

PS8e. How many times have you ever been admitted to treatment for your alcohol or drug use? . . . . . |\_\_|\_\_| **[IF 0, GO TO PS9]**  
 Times

f. How many of these times were for inpatient or residential treatment? . . . . . |\_\_|\_\_|  
 Times

PS9.	The next questions are about your lifetime marijuana use.	<u>Yes</u>	<u>No</u>	
	(a-g intentionally skipped)			
h.	Have you kept using marijuana even though you knew it was keeping you from meeting your responsibilities at work, school or home? . . . . .	1	0	
j.	Have you used marijuana in situations where it made the situation unsafe or dangerous for you, such as when you were driving a car, using a machine, or where you might get hurt or forced into sex? . . . . .	1	0	
k.	Has your alcohol or drug use caused you to have (repeated) problems with the law? . . . . .	1	0	
m.	Have you kept using marijuana even after you knew it could get you into fights or other kinds of legal trouble? . . . . .	1	0	
n.	Have you needed more marijuana to get high or found that the same amount did not get you as high as it used to? . . . . .	1	0	
p.	Have you had withdrawal problems from marijuana like shaking hands, throwing up, having trouble sitting still or sleeping, or have you used any marijuana to stop being sick or avoid withdrawal problems? . . . . .	1	0	
q.	Have you used marijuana in larger amounts, more often or for a longer time than you meant to? . . . . .	1	0	
r.	Have you been unable to cut down or stop using marijuana? . . . . .	1	0	
s.	Have you spent a lot of your time either getting marijuana, using it, or feeling the effects of marijuana (high, sick)? . . . . .	1	0	
t.	Has your use of marijuana caused you to give up, reduce or have problems with important activities at work, school, home or social events? . . . . .	1	0	
u.	Have you kept using marijuana even after you knew it was causing or adding to medical, psychological or emotional problems you were having? . . . . .	1	0	<input type="checkbox"/> <i>Any Yes</i>

<b>For CYT Staff Use Only</b>		
<ul style="list-style-type: none"> <li>• Must have been using marijuana and meet at least one criteria.</li> <li>• Can have up to 44 days of alcohol use or up to 12 days of other drug use - otherwise may not be appropriate for these treatments.</li> <li>• Can be coming from jail, inpatient or other controlled environment.</li> <li>• Can be taking medication and have manageable medical conditions.</li> </ul>	Yes	No
v. Does the participant appear appropriate for any of three treatments?	1	0

*Yes*

PS10. Do you currently. . .	<u>Yes</u>	<u>No</u>
a. have any on-going medical conditions including asthma, diabetes or injuries? . . . . .	1	0
b. take any medications for your health? . . . . .	1	0
c. think you will get or need any <u>medical treatment</u> in the next 90 days that may keep you from coming to substance abuse treatment counseling? . . . . .	1	0
d. think your health is fair to poor? . . . . .	1	0
e. think you are pregnant? ( <i>If male, circle No</i> ) . . . . .	1	0
f. If any of the above are yes, please explain below:		
v1. _____		
v2. _____		
v3. _____		

<b>For CYT Staff Use Only</b>		
<ul style="list-style-type: none"> <li>• Must be able to get to program on a regular basis for next 90 days.</li> <li>• Can be taking medication and have manageable medical conditions.</li> <li>• Asthma or some other medical condition that is being treated/managed is okay.</li> <li>• Any signs of acute medical need (e.g., coughing up blood, unexplained weight loss, persistent pain) and scheduled medical procedures should be reviewed with the Research or Therapist Coordinator before deciding or assigning to treatment.</li> </ul>	Yes	No
g. Will answers to PS10 limit participation in outpatient treatment in the next 90 days?	1	0

|\_| **No**

- PS11. Do you currently . . . Yes No
- a. have any on-going emotional, psychological or behavioral conditions including anxiety, depression, recurring bad memories, attention deficit/hyperactivity disorders, or conduct disorder? . . . . . 1 0
  - b. take any medications for your mental health? . . . . . 1 0
  - c. think you will get or need any psychological treatment in the next 90 days that may keep you from coming to substance abuse treatment counseling? . . . . . 1 0
  - d. feel like you cannot go on or wish you were dead? . . . . . 1 0
- During the past 90 days, have you . . .
- e. thought about suicide? . . . . . 1 0
  - f. attempted or made plans to commit suicide? . . . . . 1 0
- g. If any of the above are yes, please explain below:
- v1. \_\_\_\_\_
  - v2. \_\_\_\_\_
  - v3. \_\_\_\_\_

<b>For CYT Staff Use Only</b>	
<ul style="list-style-type: none"> <li>Must be able to get to program on a regular basis for next 90 days.</li> <li>Can be taking medication and have manageable psychological conditions.</li> <li>ADHD, CD, mild depression, anxiety or stress are okay as long as they are being treated (e.g., Ritalin) or are manageable.</li> <li>Suicidal thoughts should be reviewed carefully. Many adolescents have them. Adolescents with suicide ideation can be included as long as the problem is already under control. If there are any <u>recent</u> specific plans, obtaining of weapons/materials, or specific attempts, review the case with the Research or Therapist Coordinator before answering or assigning to treatment.</li> <li>Severe mental distress, stress, current traumatic victimization, and/or psychosis are not likely to be adequately addressed in this level of care. If there is any concern that these issues exist, review the case with the Research or Therapist Coordinator before answering or assigning to treatment.</li> </ul>	Yes   No
h. Will answers to PS11 limit participation in outpatient treatment in the next 90 days?	1   0

|\_| **No**



If all of the above criteria boxes are checked so far, re-check for record of prior participation and begin the informed consent process. If the adolescent is a new participant, appears to have sufficient capacity to understand informed consent, appears to have sufficient English skills, and his/her parent, guardian or significant other has sufficient English skills to participate, offer participation. If the adolescent and the parent, guardian or significant other agree to participate, get the treatment assignment from the log and document below.

<b>For CYT Staff Use Only</b>				
<b>Participation Documentation</b>		<b>Yes</b>	<b>No</b>	
PS14	Is this a new participant in the study?	1	0	<input type="checkbox"/> <b>Yes</b>
PS15	Does he/she have sufficient mental capacity to participate?	1	0	<input type="checkbox"/> <b>Yes</b>
PS16	Does he/she have sufficient English skills to participate?	1	0	<input type="checkbox"/> <b>Yes</b>
PS17	Does his/her parents/guardian/significant other have sufficient English skills to participate?	1	0	<input type="checkbox"/> <b>Yes</b>
PS18	Is the participant eligible? (If special reason no, give below) v. _____	1	0	
PS19	Does he/she want to participate? (If no, give reason below) v. _____	1	0	
PS20	Does he/she have a parent/guardian's permission to participate? (If no, give reason below) v. _____	1	0	
PS21	Was he/she randomly assigned to treatment? (If no, give reason below) v. _____	1	0	
XTX	Treatment Assignment Code (MCB5, MC12, FSNM, ACRA, MDFT)			
XRA	Random Assignment Number (6-digits from XRA log)			
XRADT	Randomization Date (MM/DD/YYYY)			
XRASID	ID number of staff who gets tx assignment from log (At CGC, ID number of staff who takes envelope)			
CTXDT	First assigned treatment session (MM/DD/YYYY)			
CTXLC	First assigned treatment location (2 digit local id - XSITEA)			
CTXSID	First assigned treatment staff (4 digit XSID)			
XLSTDT	Last date this form was updated (MM/DD/YYYY)			

Criteria		Acceptable if...\a
<b>Inclusion (Target conditions - participant must meet all)</b>		
a.	Is between the ages of 12 and 18 years old,	12 LE PS5a LE 18
b.	Must have used marijuana in the past 90 days (or 90 days prior to being in a controlled environment),	PS8b GE 1
c.	Must report 1+ DSM-IV lifetime symptoms of Cannabis Abuse or Dependence	Any PS9h to PS9u = 1
d.	Meets ASAM (1996) patient placement criteria for level I (outpatient) or level II (intensive outpatient, under state waiver where applicable),	Criteria b, j, k, & p met and PS9v checked
<b>Exclusion (logistical/pragmatic constraints - participant must meet none)</b>		
g.	Used alcohol 45 or more days of the 90 days prior to intake (or prior to being in a controlled environment where relevant),	PS8c LT 45
h.	Used other drugs 13 or more days of the 90 days prior to intake (or prior to being in a controlled environment where relevant),	PS8d LT 13
j.	Has an acute medical condition that requires immediate treatment or is likely to prohibit full participation in treatment and/or cannot be managed in this level of care,	PS10g EQ 0
k.	Has an acute psychological condition that requires immediate treatment and/or is likely to prohibit full participation in treatment and/or cannot be managed in this level of care,	PS11h EQ 0
m	Appears to have insufficient mental capacity to understand the consent and/or participate in treatment,	PS15 EQ 1
n.	Currently lives outside of the program's catchment area or is expected to move out within the next 90 days,	PS6f EQ 0
p.	Has a history of violent behavior, severe conduct disorder, predatory crime or criminal justice system involvement that is likely to prohibit full participation in treatment (e.g., pending incarceration),	PS12r EQ 0
q.	Lacks sufficient ability to use English to participate in treatment, or	PS16 EQ 1
r.	Lacks parents or collateral with sufficient English Sufficiency	PS17 EQ 1
s.	Has previously participated in this study.	PS14 EQ 1
t.	Excluded based on "other" information (document in PS18 & notes for review)	Pass a-s & PS18 EQ 1
<b>Eligible Participants (must meet both)</b>		
u.	Understands and is willing to sign the informed consent, and	PS19 EQ 1
v.	Has a significant other (typically a parent) who understands and is willing to sign a collateral consent form.	PS20 EQ 1

\a EQ-equal, GE-greater than or equal to; GT-greater than; IN-including; LE-less than or equal to; LT: Less than; PS- refers to a question number on the Participant Screener Form (PSF).