

Eligibility and enrollment form for DEII Buprenorphine initiative

Instructions: Please answer the following questions regarding the client's eligibility for the DEII Buprenorphine initiative. This form should be completed for any client referred to the DEII Buprenorphine initiative.

- 1. Is the person 18 years or older? No Yes
- 2. Is this person HIV-positive? No Yes

BUPRENORPHINE

Client must respond "yes" to all of the following questions to be eligible:

- 1. Is the client diagnosed with an opioid use disorder as determined by DSM-5 criteria? No Yes
- 2. Does the client want pharmacotherapy for the opioid use disorder? No Yes
- 3. Is the client currently receiving primary care at the intervention site? No Yes
 - 3a. If the client is not currently receiving primary care at the intervention site, are they eligible for primary care at the intervention site? No Yes

How many times did the interventionist attempt to reach this client, prior to the time where the interventionist was able to connect with the client and explain the intervention activities to the client? _____

INFORMED CONSENT

10. Did the subject sign the consent form?	<input type="radio"/> No <input type="radio"/> Yes
10a. Date consent form signed (mm/dd/yyyy)	____/____/____
11. Did the subject sign the audio recording consent form?	<input type="radio"/> No <input type="radio"/> Yes
11a. Date audio consent form signed (mm/dd/yyyy)	____/____/____

If NOT CONSENTED, specify reason(s): (choose all that apply)

Client's reasons:

- Timing
- Not interested/Client didn't want to wait
- Personal problems
- Questions too personal
- Too ill
- Unknown
- Other (specify):

Discretion of study staff:

- Too tired
- Too ill, physical health problem
- Too ill, mental health problem
- Inappropriate behavior
- Not comprehending questions
- Incomprehensible responses
- Too high/inebriated
- Other (specify): _____

OUTCOME

Ineligible / Eligible: **Participant ID #:** ____ _

IMPORTANT: The Participant ID will be used on all study instruments. Write it down and store in secure locked/password protected file with the participant's contact information and/or your local Client ID.