

**\*LIFETIME ALCOHOL ABUSE\***

**ALCOHOL ABUSE CRITERIA**

→ IF DEFINITE PERIOD: Let me ask you a few more questions about (TIME WHEN DRINKING THE MOST OR HAD PROBLEMS). During that time...

→ IF NO DEFINITE PERIOD, CHECK LIFETIME USE WITH PHRASES IN ITALICS. Now I'd like to ask you some more questions about your drinking.

A. A maladaptive pattern of alcohol use, leading to clinically significant impairment or distress, as manifested by one (or more) of the following occurring within a 12-month period:

(Did you ever miss/*Have you ever missed*) work or school because you were intoxicated, high, or very hung over? (What about doing a bad job at work or failing courses at school because of your drinking?)

(1) recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to alcohol use; alcohol-related absences, suspensions, or expulsions from school; neglect of children or household)

? 1 2 3

E2

IF NO: What about not keeping your house clean [IF CHILDREN: or not taking proper care of your children because of your drinking?

IF YES TO EITHER: How often? (Over what period of time?

(Did you ever drink/*Have you ever drunk*) in a situation in which it might have been dangerous to drink at all? ([Did you ever drive/*Have you ever driven*] while you were really too drunk to drive?)

(2) recurrent alcohol use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by alcohol use)

? 1 2 3

E3

IF YES AND UNKNOWN: How many times? (When?)

(Did your drinking get/*Has your drinking gotten*) you into trouble with the law?

(3) recurrent alcohol-related legal problems (e.g., arrests for alcohol-related disorderly conduct)

? 1 2 3

E4

IF YES AND UNKNOWN: How often? (Over what period of time?)

IF NOT ALREADY KNOWN: (Did your drinking cause/*Has your drinking caused*) problems with other people, such as with family members, friends, or people at work? ([Did you get/*Have you ever gotten*] into physical fights when you were drinking? What about having bad arguments about what happens when you drink too much?)

(4) continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights)

? 1 2 3

E5

IF YES: Did you keep on drinking anyway? (Over what period of time?)

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

**ALCOHOL DEPENDENCE**

**ALCOHOL DEPENDENCE CRITERIA**

▶ IF DEFINITE PERIOD: Now I'd like to ask you a few more questions about (TIME WHEN DRINKING THE MOST OR HAD PROBLEMS). During that time...

▶ IF NO DEFINITE PERIOD, CHECK FOR LIFETIME USE WITH PHRASES IN ITALICS. Now I'd like to ask you some more questions about your drinking.

A maladaptive pattern of alcohol use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following occurring at any time in the same 12-month period:

NOTE: CRITERIA FOR ALCOHOL DEPENDENCE ARE NOT IN DSM-IV-TR ORDER

(Did you often find/*Have you often found*) that when you started drinking you ended up drinking much more than you were planning to? (Tell me about that.)

IF NO: What about drinking for a much longer period of time than you were planning to?

(3) alcohol is often taken in larger amounts OR over a longer period than was intended

? 1 2 3

E7

(Did you try/*Have you tried*) to cut down or stop drinking alcohol?

IF YES: Did you ever actually stop drinking altogether?

(How many times did you try to cut down or stop altogether?)

IF NO: Did you want to stop or cut down? (Is this something you kept worrying about?)

(4) there is a persistent desire OR unsuccessful efforts to cut down or control alcohol use

? 1 2 3

E8

(Did you spend/*Have you spent*) a lot of time drinking, being high, or hung over? (How much time?)

(5) a great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects

? 1 2 3

E9

(Did you have times/*Have you had times*) when you would drink so often that you started to drink instead of working or spending time at hobbies or with your family or friends, or engaging in other important activities, such as sports, gardening, or playing music?

(6) important social, occupational, or recreational activities given up or reduced because of alcohol use

? 1 2 3

E10

IF UNKNOWN: When did (SXS CODED "3" ABOVE) occur? (Did they all happen around the same time?)

AT LEAST THREE DEPENDENCE ITEMS CODED "3" AND ITEMS OCCURRED WITHIN THE SAME 12-MONTH PERIOD

1

3

E15

IF ALCOHOL ABUSE QUESTIONS (PAGES E.1-E.3) HAVE NOT YET BEEN ASKED, GO TO PAGE E.2 AND CHECK FOR ABUSE.

ALCOHOL DEPENDENCE GO TO \*CHRONOLOGY\* E.7

IF ABUSE QUESTIONS HAVE BEEN ASKED AND ABUSE IS PRESENT, CODE "3." OTHERWISE, IF QUESTIONS HAVE BEEN ASKED AND ABUSE IS NOT PRESENT, GO TO \*NON-ALCOHOL USE DISORDERS,\* E. 9.

1

3

E16

GO TO \*NON-ALCOHOL USE DISORDER,\* E. 9

ALCOHOL ABUSE

**\*ALCOHOL ABUSE CHRONOLOGY\***

How old were you when you first had (ABUSE SXS CODED "3")?

Age at onset of Alcohol Abuse (CODE 99 IF UNKOWN)

\_\_\_\_\_

E17

IF UNCLEAR: During the past month, have you had anything at all to drink?

Criteria for Alcohol Abuse met at any time in past month

?

1

3

E18

IF YES: Tell me more about it. (Has your drinking caused you any problems?)

PAST ABUSE

CURRENT ABUSE

GO TO \*NON-ALCOHOL USE DISORDER,\* E. 9

**\*REMISSION SPECIFIERS FOR DEPENDENCE\***

THE FOLLOWING REMISSION SPECIFIERS CAN BE APPLIED ONLY AFTER NO CRITERIA FOR DEPENDENCE OR ABUSE HAVE BEEN MET FOR AT LEAST 1 MONTH IN THE PAST.

Number of months prior to interview when last had some problems with Alcohol \_\_\_\_\_

E23

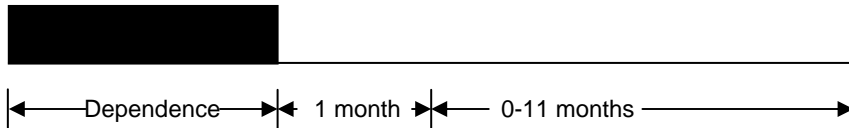
Check \_\_\_\_\_ if **In a Controlled Environment:** The individual is in an environment where access to alcohol and controlled substances is restricted and no criteria for Dependence or Abuse have been met for at least the past month. Examples are closely-supervised and substance-free jails, therapeutic communities, and locked hospital units.

E23a

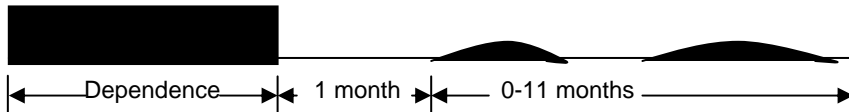
Note: These specifiers do not apply if the individual is **In a Controlled Environment** .

1 **Early Full Remission:** For at least one month, but less than 12 months, no criteria for Dependence or Abuse have been met.

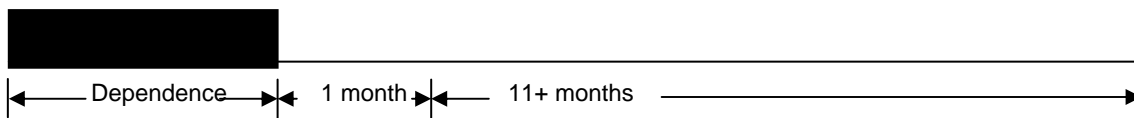
E24



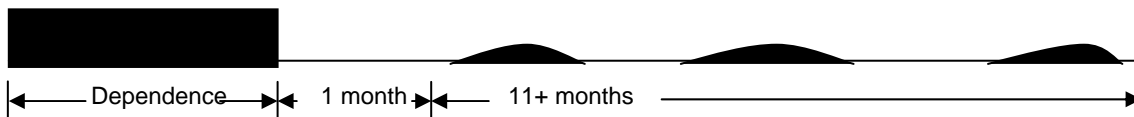
2 **Early Partial Remission:** For at least 1 month, but less than 12 months, one or more criteria for Dependence or Abuse have been met (but the full criteria for Dependence have not been met).



3 **Sustained Full Remission:** None of the criteria for Dependence or Abuse have been met at any time during a period of 12 months or longer.



4 **Sustained Partial Remission:** Full criteria for Dependence have not been met for a period of 12 months or longer; however, one or more criteria for Dependence or Abuse have been met.



**\*NON-ALCOHOL SUBSTANCE USE DISORDERS\*  
(LIFETIME DEPENDENCE AND ABUSE)**

Now I am going to ask you about your use of drugs or medicines.

SHOW DRUG LIST TO SUBJECT.

Have you ever taken any of these to get high, to sleep better, to lose weight, or to change your mood?

CIRCLE THE NAME OF EACH DRUG EVER USED (OR WRITE IN NAME IF "OTHER")

RECORD PERIOD OF HEAVIEST USE (AGE OR DATE, AND DURATION) AND DESCRIBE PATTERN OF USE

**Sedatives-hypnotics-anxiolytics:** Methaqualone (Quaalude, "ludes"), barbiturates, secobarbital (Seconal, "reds," "seccies," "dolls"), butalbital (Fiorinal), ethchlorvynol (Placidyl, "jelly-bellies"), meprobamate (Miltown, Equanil, "happy pills"), diazepam (Valium), alprazolam (Xanax), clonazepam (Klonopin), flunitrazepam (Rohypnol, "roofies"), gamma hydroxybutyrate (GHB), temazepam (Restoril), flurazepam (Dalmane), chlordiazepoxide (Librium), lorazepam (Ativan), triazolam (Halcion), Ambien, Sonata, Lunesta, or other: \_\_\_\_\_

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**Cannabis:** Marijuana ("pot", "grass", "weed", "reefer"), hashish ("hash"), THC, or other: \_\_\_\_\_

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**Stimulants:** Amphetamine (Benzedrine, Adderall, "bennies," "black beauties"), "speed", methamphetamine ("crystal meth," "crank," "ice"), dextroamphetamine (Dexedrine, "greenies"), methylphenidate (Ritalin, Concerta, Metadate, Focalin, "Vitamin R"), prescription diet pills or other: \_\_\_\_\_

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**Opioids:** Heroin ("smack"), morphine, opium, methadone (Dolophine), dextropropoxyphene (Darvocet, Darvon), codeine, oxycodone (Percodan, Percocet, Oxycontin, Roxicet), hydrocodone (Vicodin, Lorcet), fentanyl (Duragesic, "percopop"), meperidine (Demerol), hydromorphone (Dilaudid) or other: \_\_\_\_\_

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**Cocaine:** Snorting, IV, freebase, crack, "speedball," unspecified or other: \_\_\_\_\_

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**Hallucinogens/PCP:** LSD ("acid"), mescaline, peyote, psilocybin (mushrooms), MDMA ("STP," "Ecstasy"), PCP ("angel dust", "peace pill"), ketamine ("Special K," "Vitamin K"), or other: \_\_\_\_\_

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**Other:** Steroids, solvents (paint thinners, gasoline, glues, toluene), gases (butane, propane, aerosol propellants, nitrous oxide (laughing gas, "whippets"), nitrites (amyl nitrite, butyl nitrite, "poppers," "snappers"), DXM (DM, "Robo"), over-the-counter sleep or diet pills, ephedra, atropine, scopolamine or other: \_\_\_\_\_

IF SUBJECT HAS NOT USED ANY DRUG FROM ANY CLASS MORE THAN ONCE, CHECK HERE \_\_\_ AND GO TO NEXT MODULE. E27

FOR NON-PRESCRIBED DRUGS: Which drug caused you the most problems? E28

IF SUBJECT DENIES PROBLEMS: Which one did you use the most?

IF ANY PRESCRIBED MEDICATIONS: Did you ever get hooked (become dependent) on (PRESCRIBED DRUG) or take much more of it than was prescribed?

IF AT LEAST THREE DRUG GROUPS USED AND PERIOD OF INDISCRIMINANT USE SEEMS LIKELY, ASK THE FOLLOWING: E28a

You've told me that you've used (DRUG/ALCOHOL). Was there a period when you were using a lot of different drugs at the same time and that it did not matter what you were taking as long as you could get high?

Behavior during the same 12-month period in which the person was repeatedly using at least three groups of substance (not including caffeine and nicotine), but no single substance predominated. Further, during this period, the Dependence criteria were (likely) met for substances as a group but not for any specific substance.

?      1      2      3

USE  
POLY  
DRUG  
COL-  
UMN

**\*INDICATE DRUG CLASS TO BE ASSESSED FOR DEPENDENCE/ABUSE CRITERIA\***

INDICATE DRUG CLASS TO BE ASSESSED FOR SUBSTANCE DEPENDENCE OR ABUSE. RETURN HERE, IF NECESSARY, AND RECODE DRUG CLASS IF THERE IS THE NEED TO ASSESS DEPENDENCE OR ABUSE FOR A DIFFERENT CLASS OF SUBSTANCE (E.G., CRITERIA NOT MET FOR DEPENDENCE OR ABUSE FOR FIRST DRUG CLASS, BUT THERE IS ALSO EVIDENCE OF HEAVY USE OF ANOTHER CLASS OF DRUG.)

SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	POLY	OTHER
3	3	3	3	3	3	3	3
1	1	1	1	1	1	1	1
E29	E30	E31	E32	E33	E34	E35	E36

IF SUBSTANCE DEPENDENCE SEEMS LIKELY, CHECK HERE \_\_\_ AND SKIP TO \*SUBSTANCE DEPENDENCE,\* E. 13. E37

**\*LIFETIME SUBSTANCE ABUSE\***

**NON-ALCOHOL SUBSTANCE ABUSE CRITERIA**

▶ IF DEFINITE PERIOD: Now I'd like to ask you some more questions about (TIME WHEN USED DRUG MOST OR HAD PROBLEMS). During that time...

▶ IF NO DEFINITE PERIOD, CHECK FOR LIFETIME USE WITH PHRASES IN ITALICS. Now I'd like to ask you some more questions about your use of [DRUG]...

A. A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following occurring within a 12-month period:

(Did you miss/*Have you ever missed*) work or school because you were very high or very hung over? (What about doing a bad job at work or failing courses at school because you used [DRUG]?)

IF NO: What about not keeping your house clean [IF CHILDREN: or not taking proper care of your children] because of using (DRUG)?

IF YES TO EITHER: How often? (Over what period of time?)

(1) recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household)

? 1 2 3

E38

(Did you ever use/*Have you ever used*) (DRUG) in a situation in which it might have been dangerous to be using (DRUG) at all? ([Did you ever drive/*Have you ever driven*] while you were really too high to drive?)

IF YES AND UNKNOWN: How many times? (When?)

(2) recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use)

? 1 2 3

E39

(Did your/*Has your*) use of (DRUG) ever get you into trouble with the law?

IF YES AND UNKNOWN: How often? (Over what period of time?)

(3) recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct)

? 1 2 3

E40

IF NOT ALREADY KNOWN: (Did your use of [DRUG] cause/*Has your use of [DRUG] caused*) problems with other people, such as with family members, friends, or people at work? (Did you get into physical fights or bad arguments about your [DRUG] use?)

IF YES: Did you keep on using (DRUG) anyway? (Over what period of time?)

(4) continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights)

? 1 2 3

E41

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

**\*SUBSTANCE DEPENDENCE\***

**SUBSTANCE DEPENDENCE CRITERIA**

▶ IF DEFINITE PERIOD: Now I'd like to ask you some more questions about (TIME WHEN USED DRUG MOST OR HAD PROBLEMS). During that time...

▶ IF NO DEFINITE PERIOD, CHECK FOR LIFETIME USING PHRASES IN ITALICS. Now I'd like to ask you some more questions about your use of [DRUG]...

A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following occurring at any time in the same 12-month period:

NOTE: CRITERIA FOR SUBSTANCE DEPENDENCE ARE NOT IN DSM-IV-TR ORDER

(Did you often find/*Have you often found*) that when you started using (DRUG) you ended up using much more of it than you were planning to? (Tell me about it.)

IF NO: What about using it over a much longer period of time than you were planning to?

(3) substance is often taken in larger amounts OR over a longer period than was intended

? 1 2 3

E43

(Did you try/*Have you tried*) to cut down or stop using (DRUG)?

IF YES: Did you ever actually stop using (DRUG) altogether?

(How many times did you try to cut down or stop altogether?)

IF NO: Did you want to stop or cut down? (Is this something you kept worrying about?)

(4) there is a persistent desire OR unsuccessful efforts to cut down or control substance use

? 1 2 3

E44

(Did you spend/*Have you spent*) a lot of time using (DRUG) or doing whatever you had to do to get it? Did it take you a long time to get back to normal? (How much time?)

(5) a great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects

? 1 2 3

E45

(Did you often have/*Have you often had*) times when you would use (DRUG) so often that you used (DRUG) instead of working or spending time with your family or friends or engaging in other important activities, such as sports, gardening, or playing music?

(6) important social, occupational, or recreational activities given up or reduced because of substance use

? 1 2 3

E46



**\*REMISSION SPECIFIERS FOR DEPENDENCE\***

THE FOLLOWING REMISSION SPECIFIERS CAN BE APPLIED ONLY AFTER NO CRITERIA FOR DEPENDENCE OR ABUSE HAVE BEEN MET FOR AT LEAST 1 MONTH IN THE PAST.

Number of months prior to interview when last had some problems with drug \_\_\_\_\_

E58

Check \_\_\_ if **On Agonist Therapy:** The individual is on a prescribed agonist medication (e.g., methadone) and no criteria for Dependence or Abuse have been met for that class of medication for at least the past month (except tolerance to or withdrawal from, the agonist). This category also applies to those being treated for Dependence using a partial agonist or a mixed agonist/antagonist.

E58a

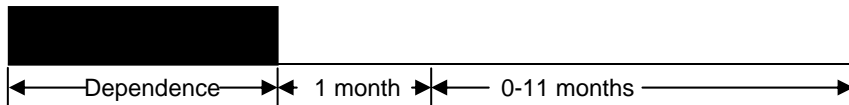
Check \_\_\_ if **In a Controlled Environment:** The individual is in an environment where access to alcohol and controlled substances is restricted and no criteria for Dependence or Abuse have been met for at least the past month. Examples are closely-supervised and substance-free jails, therapeutic communities, and locked hospital units.

E58b

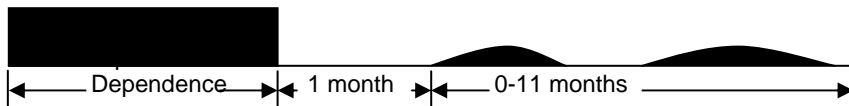
Note: These specifiers do not apply if the individual is **On Agonist Therapy** or **In a Controlled Environment.**

- 1 **Early Full Remission:** For at least 1 month, but less than 12 months, no criteria for Dependence or Abuse have been met.

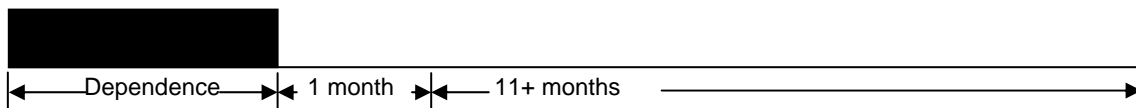
E59



- 2 **Early Partial Remission:** For at least 1 month, but less than 12 months, one or more criteria for Dependence or Abuse have been met (but the full criteria for Dependence have not been met).



- 3 **Sustained Full Remission:** None of the criteria for Dependence or Abuse have been met at any time during a period of 12 months or longer.



- 4 **Sustained Partial Remission:** Full criteria for Dependence have not been met for a period of 12 months or longer; however, one or more criteria for Dependence or Abuse have been met.

