

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 FOR LIFETIME USING PHRASES IN ITALICS

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 drink/*Have you ever drunk*) in a situation in which it might have been dangerous to drink at all? ([Did you 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 ever 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 ever 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

LIFETIME ALCOHOL DEPENDENCE

ALCOHOL DEPENDENCE 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 FOR LIFETIME USING PHRASE IN ITALICS

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 ever 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 ever 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 ever 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 ever 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

<p>IF NOT ALREADY KNOWN: (Did your drinking cause/<i>Has your drinking ever caused</i>) any psychological problems like making you depressed or anxious, making it difficult to sleep, or causing "blackouts?"</p> <p>IF NOT ALREADY KNOWN: (Did your drinking cause/<i>Has your drinking ever caused</i>) significant physical problems or made a physical problem worse?</p> <p>IF YES TO EITHER OF ABOVE: Did you keep on drinking anyway?</p>	<p>(7) alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol (e.g., continued drinking despite recognition that an ulcer was made worse by alcohol consumption)</p>	?	1	2	3	E11
<p>(Did you find/<i>Have you ever found</i>) that you needed to drink a lot more in order to get the feeling you wanted than you did when you first started drinking?</p> <p>IF YES: How much more?</p> <p>IF NO: What about finding that when you drank the same amount, it had much less effect than before?</p>	<p>(1) tolerance, as defined by either of the following:</p> <p>(a) a need for markedly increased amounts of alcohol to achieve intoxication or desired effect</p> <p>(b) markedly diminished effect with continued use of the same amount of alcohol</p>	?	1	2	3	E12
<p>(Did you have/<i>Have you ever had</i>) any withdrawal symptoms when you cut down or stopped drinking like . . .</p> <p>. . . sweating or racing heart?</p> <p>. . . hand shakes?</p> <p>. . . trouble sleeping?</p> <p>. . . feeling nauseated or vomiting?</p> <p>. . . feeling agitated?</p> <p>. . . or feeling anxious?</p> <p>(How about having a seizure or seeing, feeling, or hearing things that weren't really there?)</p>	<p>(2) withdrawal, as manifested by either (a) or (b):</p> <p>(a) at least <u>TWO</u> of the following:</p> <ul style="list-style-type: none"> -- autonomic hyperactivity (e.g., sweating or pulse rate greater than 100) -- increased hand tremor -- insomnia -- nausea or vomiting -- psychomotor agitation -- anxiety -- grand mal seizures -- transient visual, tactile, or auditory hallucinations or illusions 	?	1	2	3	E13
<p>IF NO: (Would you start/<i>Have you ever started</i>) the day with a drink, or did you often drink or take some other drug or medication to keep yourself from getting the shakes or becoming sick?</p>	<p>(b) alcohol (or a substance from the sedative/hypnotic/anxiolytic class) taken to relieve or avoid withdrawal symptoms</p>					E14

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

INDICATE LEVEL OF USE (USE GUIDELINES, E. 9)

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"), temazepam (Restoril), flurazepam (Dalmane), chlordiazepoxide (Librium), lorazepam (Ativan), triazolam (Halcion), Ambien, Sonata, Lunesta, or other: _____

_____ ? 1 2 3 E27

Cannabis: Marijuana ("pot", "grass", "weed", "reefer"), hashish ("hash"), THC

_____ ? 1 2 3 E28

Stimulants: Amphetamine (Benzedrine, Adderall, "bennies," "black beauties"), "speed", metamphetamine ("crystal meth," "crank," "ice"), dextroamphetamine (Dexedrine, "greenies"), methylphenidate (Ritalin, Concerta, Metadate, Focolin, "Vitamin R"), prescription diet pills or other: _____

_____ ? 1 2 3 E29

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

_____ ? 1 2 3 E30

Cocaine: Snorting, IV, freebase, crack, "speedball," unspecified or other: _____

_____ ? 1 2 3 E31

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

_____ ? 1 2 3 E32

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: _____

_____ ? 1 2 3 E33

ANY DRUG GROUPS CODED "2" OR "3"

1 3 E34

GO TO NEXT MODULE

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

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

E35

NOTE: IN CASES THAT INCLUDE PERIODS OF INDISCRIMINATE USE AND OTHER PERIODS OF USE OF SPECIFIC DRUGS, POLY DRUG SHOULD BE CODED IN ADDITION TO SPECIFIC DRUG COLUMNS.

IF NO DRUG CLASSES WERE CODED "3" ON PREVIOUS PAGE (I.E., "2"S ONLY), GO TO *SUBSTANCE ABUSE*, E. 20

FOR DRUG CLASSES CODED "3" CIRCLE THE APPROPRIATE COLUMNS ON PAGES E. 11 TO E. 18

NON-ALCOHOL SUBSTANCE DEPENDENCE

Now I'm going to ask you some specific questions about your use of (DRUG CODED "3").

- IF DEFINITE PERIOD: During (TIME WHEN DRINKING THE MOST OR HAD PROBLEMS)...
- IF NO DEFINITE PERIOD, CHECK FOR LIFETIME USING PHRASES IN ITALICS

SUBSTANCE DEPENDENCE CRITERIA

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

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

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

NOTE: CRITERIA FOR DEPENDENCE ARE IN A DIFFERENT ORDER THAN IN DSM-IV-TR.

	SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	POLY	OTHER
(3) the substance is often taken in larger amounts OR over a longer period than was intended	3	3	3	3	3	3	3	3
	2	2	2	2	2	2	2	2
	1	1	1	1	1	1	1	1
	?	?	?	?	?	?	?	?
	E36	E37	E38	E39	E40	E41	E42	E43

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true

(Did you try/*Have you ever 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 UNCLEAR: Did you want to stop or cut down?

IF YES: Is this something you kept worrying about?

	SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	POLY	OTHER
(4) there is a persistent desire OR unsuccessful efforts to cut down or control substance use	3	3	3	3	3	3	3	3
	2	2	2	2	2	2	2	2
	1	1	1	1	1	1	1	1
	?	?	?	?	?	?	?	?
	E44	E45	E46	E47	E48	E49	E50	E51

(Did you spend/*Have you ever 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?)

	SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	POLY	OTHER
(5) a great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects	3	3	3	3	3	3	3	3
	2	2	2	2	2	2	2	2
	1	1	1	1	1	1	1	1
	?	?	?	?	?	?	?	?
	E52	E53	E54	E55	E56	E57	E58	E59

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

	SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	POLY	OTHER
(6) important social, occupational, or recreational activities given up or reduced because of substance use	3	3	3	3	3	3	3	3
	2	2	2	2	2	2	2	2
	1	1	1	1	1	1	1	1
	?	?	?	?	?	?	?	?
	E60	E61	E62	E63	E64	E65	E66	E67

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

IF NOT ALREADY KNOWN: (Did [DRUG] cause/Has [DRUG] ever caused) any psychological problems, like making you depressed, agitated, or paranoid?

IF NOT ALREADY KNOWN: (Did [DRUG] cause/Has [DRUG] ever caused) any significant physical problems or made a physical problem worse?

IF YES TO EITHER OF ABOVE: Did you keep on using (DRUG) anyway?

	SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	POLY	OTHER
(7) the substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g., recurrent cocaine use despite recognition of cocaine-related depression)	3	3	3	3	3	3	3	3
	2	2	2	2	2	2	2	2
	1	1	1	1	1	1	1	1
	?	?	?	?	?	?	?	?
	E68	E69	E70	E71	E72	E73	E74	E75

(Did you find/Have you ever found) that you needed to use a lot more (DRUG) in order to get the feeling you wanted than you did when you first starting using it?

IF YES: How much more?

IF NO: What about finding that when you used the same amount, it had much less effect than before?

	SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	POLY	OTHER
(1) tolerance, as defined by either of the following:	3	3	3	3	3	3	3	3
(a) a need for markedly increased amounts of substance to achieve intoxication or desired effect	2	2	2	2	2	2	2	2
	1	1	1	1	1	1	1	1
	?	?	?	?	?	?	?	?
(b) markedly diminished effect with continued use of the same amount of substance	E76	E77	E78	E79	E80	E81	E82	E83

THE FOLLOWING ITEM MAY NOT APPLY TO CANNABIS AND
HALLUCINOGENS/PCP

(Did you have/*Have you ever had*) withdrawal symptoms, that is, felt sick when you cut down or stopped using (DRUG)?

IF YES: What symptoms did you have? REFER TO LIST OF WITHDRAWAL SYMPTOMS ON E. 15.

IF NO: After not using (DRUG) for a few hours or more, (did you often use it/have you often used it) to keep yourself from getting sick with (WITHDRAWAL SXS)?

IF NO: What about using (DRUG IN SAME GROUP) when you were feeling sick with (WITHDRAWAL SXS) so that you would feel better?

(2) withdrawal, as manifested by either of the following:	SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	POLY	OTHER
(a) the characteristic withdrawal syndrome for the substance	3	3	3	3	3	3	3	3
	2	2	2	2	2	2	2	2
(b) the same (or a closely related substance is taken to relieve or avoid withdrawal symptoms	1	1	1	1	1	1	1	1
	?	?	?	?	?	?	?	?
	E84	E85	E86	E87	E88	E89	E90	E91

LIFETIME SUBSTANCE ABUSE

→ FOR EACH DRUG CLASS CODED “2” (I.E., DRUGS USED AT A LEVEL OF <10 TIMES IN ANY ONE MONTH), START THIS SECTION WITH THE FOLLOWING INTRODUCTION:

Now I’m going to ask you some specific questions about your use of (DRUGS CODED “2”)

→ FOR EACH DRUG CLASS CODED “3” ON PAGE E. 10 THAT DID NOT MEET CRITERIA FOR DEPENDENCE:

Now I’d like to ask you a few more questions about your use of (DRUGS CODED “3” THAT DID NOT MEET CRITERIA FOR DEPENDENCE).

→ IF DEFINITE PERIOD OF USE: During (TIME WHEN USED DRUG THE MOST OR HAD PROBLEMS)...

→ IF NO DEFINITE PERIOD, CHECK FOR LIFETIME USIN PHRASES IN ITALICS

SUBSTANCE ABUSE CRITERIA

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 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 [DRUG] use?)

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

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

	SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	OTHER
(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)	3	3	3	3	3	3	3
	2	2	2	2	2	2	2
	1	1	1	1	1	1	1
	?	?	?	?	?	?	?
	E148	E149	E150	E151	E152	E153	E155

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

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

	SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	OTHER
(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)	3	3	3	3	3	3	3
	2	2	2	2	2	2	2
	1	1	1	1	1	1	1
	?	?	?	?	?	?	?
	E156	E157	E158	E159	E160	E161	E163

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

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

	SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	OTHER
(3) recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct)	3	3	3	3	3	3	3
	2	2	2	2	2	2	2
	1	1	1	1	1	1	1
	?	?	?	?	?	?	?
	E164	E165	E166	E167	E168	E169	E171

IF NOT ALREADY KNOWN: (Did your use of [DRUG] cause/Has your use of [DRUG] ever caused) problems with other people, such as with family members, friends, or people at work? ([Did you got/Have you ever gotten] 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)	SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	OTHER
	3	3	3	3	3	3	3
	2	2	2	2	2	2	2
	1	1	1	1	1	1	1
	?	?	?	?	?	?	?
	E172	E173	E174	E175	E176	E177	E179

SUBSTANCE ABUSE (LIFETIME): At least one "A" item is coded "3"	SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	OTHER
	3	3	3	3	3	3	3
	1	1	1	1	1	1	1
	E180	E181	E182	E183	E184	E185	E186

FOR DRUG CLASSES WITH LIFETIME ABUSE (I.E., CODED "3" ON PRIOR ITEM):

AGE AT ONSET

How old were you when you first had (LIST OF SUBSTANCE DEPENDENCE OR ABUSE SXS CODED "3")?	SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	OTHER
Age at onset of substance dependence or abuse (CODE 99 IF UNKNOWN)	—	—	—	—	—	—	—
	E187a	E187b	E187c	E187d	E187e	E187f	E187h

Has some symptoms of Substance Abuse in past month	SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	OTHER
IF UNCLEAR: When was the last time you had problems with (SUBSTANCE)?	3	3	3	3	3	3	3
	1	1	1	1	1	1	1
	E188	E189	E190	E191	E192	E193	E195

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true