

**\*LIFETIME ALCOHOL ABUSE\***

**ALCOHOL ABUSE CRITERIA**

Let me ask you a few more questions about (TIME WHEN DRINKING THE MOST OR TIME WHEN DRINKING CAUSED MOST PROBLEMS). During that time...

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**

I'd now like to ask you some more questions about (TIME WHEN DRINKING THE MOST OR TIME WHEN DRINKING CAUSED MOST PROBLEMS). During that time...

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.)

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

? 1 2 3

E7

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

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

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

? 1 2 3

E8

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?)

(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 NOT ALREADY KNOWN: (Did your drinking cause/*Has your drinking ever caused*) any psychological problems like making you depressed or anxious, making it difficult to sleep, or causing "blackouts?"

(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)

? 1 2 3

E11

IF NOT ALREADY KNOWN: (Did your drinking cause/*Has your drinking ever caused*) significant physical problems or made a physical problem worse?

IF YES TO EITHER OF ABOVE:  
Did you keep on drinking anyway?

(Did you find/*Have you found*) that you needed to drink a lot more in order to get the feeling you wanted than you did when you first started drinking?

(1) tolerance, as defined by either of the following:

? 1 2 3

E12

IF YES: How much more?

(a) a need for markedly increased amounts of alcohol to achieve intoxication or desired effect

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

(b) markedly diminished effect with continued use of the same amount of alcohol

(Did you have/*Have you ever had*) any withdrawal symptoms when you cut down or stopped drinking like . . .

(2) withdrawal, as manifested by either (a) or (b):

? 1 2 3

E13

. . . sweating or racing heart?

(a) at least TWO of the following:

. . . hand shakes?

-- autonomic hyperactivity (e.g., sweating or pulse rate greater than 100)

. . . trouble sleeping?

-- increased hand tremor

. . . feeling nauseated or vomiting?

-- insomnia

. . . feeling agitated?

-- nausea or vomiting

. . . or feeling anxious?

-- psychomotor agitation  
-- anxiety

(How about having a seizure or seeing, feeling, or hearing things that weren't really there?)

-- grand mal seizures  
-- transient visual, tactile, or auditory hallucinations or illusions

IF NO: (Would you start/*Have you ever started*) 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?

(b) alcohol (or a substance from the sedative/hypnotic /anxiolytic class) taken to relieve or avoid withdrawal symptoms

E14

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

IF SCREENING QUESTIONS #2 AND #3 ARE BOTH ANSWERED "NO," CHECK  
HERE \_\_\_ AND SKIP TO THE NEXT MODULE.

SCREEN Q# 2	
YES	NO

E26a

IF SCREENER NOT USED OR IF QUESTION #2 OR QUESTION #3 WAS  
ANSWERED "YES," CONTINUE:  
Now I am going to ask you about your use  
of drugs or medicines.

SCREEN Q# 3	
YES	NO

E26b

SHOW DRUG LIST TO SUBJECT.

IF NO TO BOTH: GO TO NEXT MODULE
--

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

\_\_\_\_\_

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

\_\_\_\_\_

**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: \_\_\_\_\_

\_\_\_\_\_

**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: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

**Other:** Steroids, solvents (paint thinners, gasoline, glues, toluene),  
gases (butane, propane, aerosal 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: \_\_\_\_\_

\_\_\_\_\_

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

**\*LIFETIME SUBSTANCE ABUSE\***

**NON-ALCOHOL SUBSTANCE ABUSE CRITERIA**

Now I'd like to ask you some questions about (TIME WHEN USED DRUG THE MOST OR TIME WHEN DRUG CAUSED THE MOST PROBLEMS). During that time...

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]?)

(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

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?)

(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?)

(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

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

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

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

? 1 2 3

E40

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

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?)

(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

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

**\*SUBSTANCE DEPENDENCE\***

**SUBSTANCE DEPENDENCE CRITERIA**

I'd now like to ask you some more questions about (TIME WHEN YOU WERE USING THE MOST DRUGS OR TIME WHEN DRUGS CAUSED MOST PROBLEMS).

During that time...

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

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

<p>IF NOT ALREADY KNOWN: (Did [DRUG] cause/Has [DRUG] caused) any psychological problems like making you depressed, agitated, or paranoid?</p>	<p>(7) 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</p>	?	1	2	3	E47
<p>IF NOT ALREADY KNOWN: (Did [DRUG] cause/Has [DRUG] caused) any significant physical problems or make a physical problem worse?</p>	<p>(e.g., recurrent cocaine use despite recognition of cocaine-related depression)</p>					
<p>IF YES TO EITHER OF ABOVE: Did you keep on using (DRUG) anyway?</p>						
<p>(Did you find/Have you found) that you needed to use a lot more (DRUG) in order to get the feeling you wanted than you did when you first started using it?</p>	<p>(1) tolerance, as defined by either of the following:</p>	?	1	2	3	E48
<p>IF YES: How much more?</p>	<p>(a) a need for markedly increased amounts of the substance to achieve intoxication or desired effect</p>					
<p>IF NO: What about finding that when you used the same amount, it had much less effect than before?</p>	<p>(b) markedly diminished effect with continued use of the same amount of the substance</p>					
<p>(Did you have/Have you ever had) any withdrawal symptoms, that is, felt sick when you cut down or stopped using (DRUG)?</p>	<p>(2) withdrawal, as manifested by either of the following:</p>	?	1	2	3	E49
<p>IF YES: What symptoms did you have? REFER TO LIST OF WITHDRAWAL SYMPTOMS ON E. 18.</p>	<p>(a) the characteristic withdrawal syndrome for the substance</p>					
<p>IF NO: After not using (DRUG) for a few hours or more, did you sometimes use it to keep yourself from getting sick with (WITHDRAWAL SYMPTOMS)?</p>	<p>(b) the same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms</p>					