

E. SUBSTANCE USE DISORDERS

ALCOHOL USE DISORDERS (LIFETIME)

IF SCREENING QUESTION #1 ANSWERED "NO," CHECK HERE ___ AND SKIP TO *NON-ALCOHOL SUBSTANCE USE DISORDERS,* E. 10

SCREEN Q#1	
YES	NO

IF SCREENER NOT USED, OR IF QUESTION #1 IS ANSWERED "YES," CONTINUE:

IF NO: GO TO *NON-ALCOHOL USE DISORDERS* E. 10
--

What are your drinking habits like?
(How much do you drink?) (Has there ever been a time in your life when you had five or more drinks on one occasion?)

When in your life were you drinking the most? (How long did that period last?)

RECORD DATE OF HEAVIEST USE AND DESCRIBE PATTERN:

During that time . . .

how often were you drinking?

what were you drinking? how much?

During that time . . .

did your drinking cause problems for you?

did anyone object to your drinking?

IF ALCOHOL DEPENDENCE SEEMS LIKELY, CHECK HERE ___ AND SKIP TO *ALCOHOL DEPENDENCE,* E. 4.

IF ANY INCIDENTS OF EXCESSIVE DRINKING OR ANY EVIDENCE OF ALCOHOL-RELATED PROBLEMS, CONTINUE WITH *ALCOHOL ABUSE,* ON NEXT PAGE.

IF NEVER HAD ANY INCIDENTS OF EXCESSIVE DRINKING AND THERE IS NO EVIDENCE OF ANY ALCOHOL-RELATED PROBLEMS, SKIP TO *NON-ALCOHOL SUBSTANCE USE DISORDERS,* E. 10.

E1

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

LIFETIME ALCOHOL ABUSE

Let me ask you a few more questions about your drinking habits.

ALCOHOL ABUSE CRITERIA

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

<p>Have you ever missed work or school because you were intoxicated, high, or very hung over? (How often? What about doing a bad job at work or failing courses at school because of your drinking?)</p>	<p>(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).</p>	?	1	2	3	E2
<p>IF NO: What about not keeping your house clean or not taking proper care of your children because of your drinking? (How often?)</p>						
<p>IF YES TO EITHER OF ABOVE: How often? (Over what period of time?)</p>						
<p>Did you ever drink in a situation in which it might have been dangerous to drink at all? (Did you ever drive while you were really too drunk to drive?)</p>	<p>(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)</p>	?	1	2	3	E3
<p>IF YES AND UNKNOWN: How many times? (When?)</p>						
<p>Has your drinking gotten you into trouble with the law?</p>	<p>(3) recurrent alcohol-related legal problems (e.g., arrests for alcohol-related disorderly conduct)</p>	?	1	2	3	E4
<p>IF YES AND UNKNOWN: How often? (Over what period of time?)</p>						
<p>IF NOT ALREADY KNOWN: Has your drinking caused problems with other people, such as with family members, friends, or people at work? (Have you ever gotten into physical fights when you were drinking? What about having bad arguments about your drinking?)</p>	<p>(4) continued substance use despite having persistent or recurrent social or inter-personal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights)</p>	?	1	2	3	E5
<p>IF YES: Did you keep on drinking anyway? (Over what period of time?)</p>						

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3=threshold or true

AT LEAST ONE "A" ITEM
CODED "3"

1

3

E6

IF NO POSSIBILITY OF PHYSIOLOGICAL DEPENDENCE OR COMPULSIVE USE,
GO TO ***NON-ALCOHOL USE DISORDERS,*** E. 10. OTHERWISE, CONTINUE
ASKING ABOUT DEPENDENCE, E. 4.

ALCOHOL ABUSE

IF ALCOHOL DEPENDENCE QUESTIONS HAVE ALREADY BEEN ASKED (I.E.,
DEPENDENCE SEEMED LIKELY AFTER ALCOHOL SCREENING ON E. 1, BUT
FULL CRITERIA WERE NOT MET), GO TO ***ALCOHOL ABUSE CHRONOLOGY,*** E. 6.

IF ALCOHOL DEPENDENCE QUESTIONS HAVE NOT YET BEEN EVALUATED,
CONTINUE WITH ***ALCOHOL DEPENDENCE,*** ON PAGE E. 4.

?=inadequate information

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2=subthreshold

3=threshold or true

ALCOHOL DEPENDENCE

I'd now like to ask you some more questions about your drinking habits.

ALCOHOL DEPENDENCE CRITERIA

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 twelve month period:

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

Have you often found that when you started drinking you ended up drinking much more 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

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

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?)

Have you spent a lot of time drinking, being high, or hung over?

(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

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

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<p>IF NOT ALREADY KNOWN: Has your drinking ever caused any psychological problems like making you depressed or anxious, making it difficult to sleep, or causing "blackouts?"</p> <p>IF NOT ALREADY KNOWN: Has your drinking ever caused 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>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?</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>Have you ever had 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: 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?</p>	<p>(b) alcohol (or a substance from the sedative / hypnotic / anxiolytic class) taken to relieve or avoid withdrawal symptoms</p>					E14

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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 TWELVE MONTH PERIOD

1

3

E15

ALCOHOL DEPENDENCE GO TO "CHRONOLOGY" E.7

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

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. 10

1

3

E16

GO TO *NON-ALCOHOL USE DISORDER,* E. 10

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 UNKNOWN)

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

PAST ABUSE

CURRENT ABUSE

GO TO *NON-ALCOHOL USE DISORDER,* E. 10

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

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3=threshold or true

CHRONOLOGY FOR DEPENDENCE

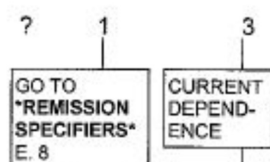
How old were you when you first had
(LIST OF ALCOHOL DEPENDENCE
OR ABUSE SXS CODED "3")?

Age at onset of Alcohol
Dependence or Abuse (CODE 99
IF UNKNOWN)

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

Full criteria for Alcohol
Dependence met at any time in
past month (or never had a month
without symptoms of Dependence
or Abuse since onset of
Dependence)

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



E19

E20

Indicate if:

- 1 - **With Physiological Dependence** (current evidence of tolerance or withdrawal)
- 2 - **Without Physiological Dependence** (no current evidence of tolerance or withdrawal)

E21

NOTE SEVERITY OF DEPENDENCE FOR WORST WEEK OF PAST MONTH

(Additional questions about the effect of alcohol on social
and occupational functioning may be necessary.)

E22

- 1 Mild: Few, if any, symptoms in excess of those required to make the diagnosis, and the symptoms result in no more than mild impairment in occupational functioning or in usual social activities or relationships with others (or criteria met for Dependence in the past and some current problems).
- 2 Moderate: Symptoms or functional impairment between "mild" and "severe."
- 3 Severe: Many symptoms in excess of those required to make the diagnosis, **and** the symptoms markedly interfere with occupational functioning or with usual social activities or relationships with others.

GO TO NON-ALCOHOL USE DISORDERS, E. 10

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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 ONE MONTH IN THE PAST.

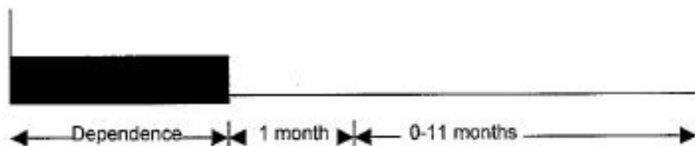
Note: These specifiers do not apply if the individual is **On Agonist Therapy** or **In a Controlled Environment** (next page).

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

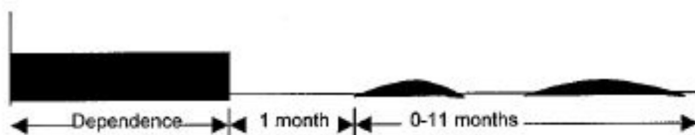
E23

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

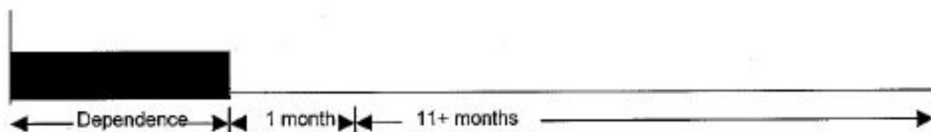
E24



- 2 **Early Partial Remission:** For at least one month, but less than twelve 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 twelve months or longer.



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



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Check ____ if **On Agonist Therapy:** The individual is on a prescribed agonist medication (e.g., valium) 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. E25

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. E26

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3=threshold or true

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

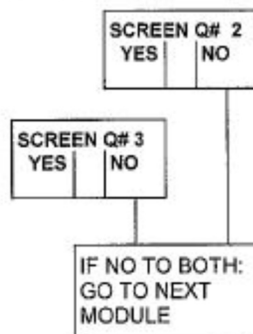
IF SCREENING QUESTIONS #2 AND #3 ARE BOTH ANSWERED "NO."
CHECK HERE AND SKIP TO THE NEXT MODULE.

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.

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?



REFERRING TO LIST ON NEXT PAGE, DETERMINE LEVEL OF DRUG USE USING GUIDELINES BELOW

**GUIDELINES FOR RATING LEVEL
OF DRUG USE:**

FOR EACH DRUG GROUP EVER USED: Either (1) or (2):

- | | |
|--|---|
| <p>→ IF STREET DRUG: When were you using (DRUG) the most?

(Has there ever been a time when you used it at least ten times in a one-month period of time?)</p> | <p>(1) has ever taken street drug more than 10 times in a one-month period</p> |
| <p>→ IF PRESCRIBED: Did you ever get hooked (become dependent) on (PRESCRIBED DRUG) or take much more of it than was prescribed?</p> | <p>(2) reports becoming dependent on a prescribed drug OR using much more of it than was prescribed</p> |
| <p>→ IF DRUG GROUP NEVER USED OR USED ONLY ONCE, OR IF PRESCRIBED DRUG USED AS DIRECTED, CIRCLE "1" FOR DRUG GROUP ON E.11</p> | |
| <p>→ IF DRUG GROUP USED AT LEAST TWICE, BUT LESS THAN LEVEL INDICATED ON (1), CODE "2" FOR DRUG GROUP ON E.11</p> | |
| <p>→ IF DRUG GROUP USED AT LEVEL INDICATED IN ITEM (1) OR IF POSSIBLY DEPENDENT ON PRESCRIBED DRUG (ITEM (2) IS TRUE), CODE "3" ON E.11</p> | |

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3=threshold or true

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. 10)

Sedatives-hypnotics-anxiolytics:

Quaalude, Seconal, Valium, Xanax,
Librium, barbiturates, Miltown,
Ativan, Dalmane, Halcion, Restoril,
or other: _____

_____ ? 1 2 3 E27

Cannabis: marijuana, hashish, THC,
or other: _____

_____ ? 1 2 3 E28

Stimulants: amphetamine, "speed",
crystal meth, dexadrine, Ritalin,
"ice", or other: _____

_____ ? 1 2 3 E29

Opioids: heroin, morphine, opium,
Methadone, Darvon, codeine,
Percodan, Demerol, Dilaudid,
unspecified or other: _____

_____ ? 1 2 3 E30

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

_____ ? 1 2 3 E31

Hallucinogens/PCP: LSD,
mescaline, peyote, psilocybin, STP,
mushrooms, PCP ("angel dust"),
Extasy, MDMA, or other:

_____ ? 1 2 3 E32

Other: steroids, "glue," paint,
inhalants, nitrous oxide ("laughing
gas"), amyl or butyl nitrate
("poppers"), nonprescription sleep
or diet pills, unknown, or other:

_____ ? 1 2 3 E33

ANY DRUG GROUPS CODED "2"
OR "3"

1 3 E34

GO TO
NEXT
MODULE

?= inadequate information

1= drug never used

2= <=10 times in a month

3= >10 times or dependence on prescribed drug

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

E35

USE POLY DRUG COL- UMN

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. 23

FOR DRUG CLASSES CODED "3" CIRCLE THE APPROPRIATE COLUMNS ON PAGES E. 12 TO E. 18

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

ASK EACH OF THE FOLLOWING QUESTIONS FOR EACH DRUG CODED "3": For (DRUG) . . .

Have you often found that when you started using (DRUG) you ended up using much more of it than you were planning to?

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.

	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

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2=subthreshold

3=threshold or true

Have you tried to cut down or stop using (DRUG)?

IF YES: Have you ever actually stopped 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

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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? As long as several hours?)

	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

Have you 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?

	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

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IF NOT ALREADY KNOWN: Has (DRUG) caused psychological problems, like making you depressed?

IF NOT ALREADY KNOWN: Has (DRUG) caused physical problems or made a physical problem worse?

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

(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)	SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	POLY	OTHER
	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

Have you found that you needed to use a lot more (DRUG) in order to get high 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?

(1) Tolerance, as defined by either of the following:	SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	POLY	OTHER
(a) a need for markedly increased amounts of substance to achieve intoxication or desired effect	3	3	3	3	3	3	3	3
	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

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

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. 17

IF NO: After not using (DRUG) for a few
hours or more, 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	OTHEP
(a) the characteristic withdrawal syndrome for the substance	3	3	3	3	3	3	3	3
(b) the same (or a closely related substance is taken to relieve or avoid withdrawal symptoms	2	2	2	2	2	2	2	2
	1	1	1	1	1	1	1	1
	?	?	?	?	?	?	?	?
	E84	E85	E86	E87	E88	E89	E90	E91

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

SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	POLY	OTHER
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SUBSTANCE DEPENDENCE At least 3 items are coded "3" AND items occurred within the same twelve-month period

3	3	3	3	3	3	3	3
E92	E93	E94	E95	E96	E97	E98	E99

FOR EACH CLASS CODED "3", GO TO *CHRONOLOGY*, E. 19

Fewer than 3 items coded "3"

1	1	1	1	1	1	1	1
E100	E101	E102	E103	E104	E105	E106	E107

GO TO *LIFETIME SUBSTANCE ABUSE*, E. 23 AND ASK THE FOUR ABUSE ITEMS FOR EACH DRUG CLASS CODED "1" ABOVE.

CHRONOLOGY

IF UNCLEAR: During the past month, have you used (DRUG) at all?

IF YES: Has your (DRUG) use caused you any problems?

(How about being high when you were at school or work, or taking care of children? How about missing something important because of being high or hung over? How about using (DRUG) while you were driving? How about getting into trouble with the law because of your use of (DRUG)?)

NOTE: YOU MAY NEED TO REFER TO ABUSE CRITERIA, PAGE E. 23.

	SED.- HYPN.- ANX	CANN ABIS	STIMU LANTS	OPI OID	COC- AINE	HALL- PCP	POLY	OTHER
Full criteria for Dependence met at any time in past month (or never had a month without symptoms of Dependence or Abuse since onset of Dependence)	3 E108	3 E109	3 E110	3 E111	3 E112	3 E113	3 E114	3 E115
Indicate type:								
With Physiological Dependence (current evidence of tolerance or withdrawal)	3	3	3	3	3	3	3	3
Without Physiological Dependence (no current evidence of tolerance or withdrawal)	1 E118	1 E117	1 E118	1 E119	1 E120	1 E121	1 E122	1 E123
FOR EACH CLASS CODED "3" ON ITEMS E108-E115, INDICATE SEVERITY SPECIFIERS ON FOLLOWING PAGE								
No symptoms of Dependence or Abuse in past month or meets partial criteria after one month without symptoms	1 E124	1 E125	1 E126	1 E127	1 E128	1 E129	1 E130	1 E131

FOR EACH CLASS CODED "1" INDICATE REMISSION SPECIFIERS E. 21

FOR EACH DRUG CLASS WITH CURRENT DEPENDENCE, CODE SEVERITY:

USE SCALE BELOW TO RATE SEVERITY OF DEPENDENCE FOR WORST WEEK OF PAST MONTH

(Additional questions about the effect of the substance on social and occupational functioning may be necessary)

SED.- HYPN.- ANX	CANN ABIS	STIMU LANTS	OPI OID	COC- AINE	HALL- PCP	POLY	OTHER
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
E132	E133	E134	E135	E136	E137	E138	E139

- 1 Mild: Few, if any, symptoms in excess of those required to make the diagnosis, and the symptoms result in no more than mild impairment in occupational functioning or in usual social activities or relationships with others.
- 2 Moderate: Symptoms or functional impairment between "mild" and "severe."
- 3 Severe: Many symptoms in excess of those required to make the diagnosis, and the symptoms markedly interfere with occupational functioning or with usual social activities or relationships with others.

REMISSION SPECIFIERS

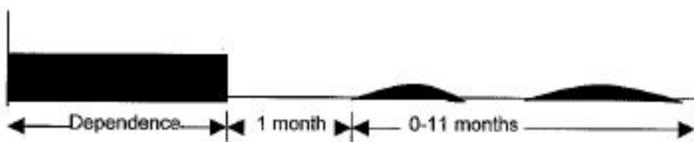
THE FOLLOWING REMISSION SPECIFIERS CAN BE APPLIED ONLY AFTER NO CRITERIA FOR DEPENDENCE OR ABUSE HAVE BEEN MET FOR AT LEAST ONE MONTH IN THE PAST.

Note: these specifiers do not apply if the individual is **On Agonist therapy** or **In a Controlled Environment**.
(See page E 9 for definitions of these specifiers).

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



- 2 **Early Partial Remission:** For at least one month, but less than twelve 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 twelve months or longer.



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



USE SCALE BELOW TO INDICATE TYPE OF REMISSION	SED- HYPN.- ANX.	CANN ABIS	STIMU LANTS	OPI OID	COC- AINE	HALL- PCP	POLY	OTHER
Early Full Remission	1	1	1	1	1	1	1	1
Early Partial Remission	2	2	2	2	2	2	2	2
Sustained Full Remission	3	3	3	3	3	3	3	3
Sustained Partial Remission	4	4	4	4	4	4	4	4
Check if On Agonist Therapy	_____		_____	_____	_____		_____	_____
Check if In a Controlled Environment	_____	_____	_____	_____	_____	_____	_____	_____
	E140	E141	E142	E143	E144	E145	E146	E147

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. 18 THAT DID NOT MEET CRITERIA FOR

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).

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 twelve month period:

Have you ever missed work or school because you were intoxicated, high, or very hung over? (How often? 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 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?)

(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).	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
	E148	E149	E150	E151	E152	E153	E155

Have you ever used (DRUG) in a situation in which it might have been dangerous to be using (DRUG) at all? (Have you ever driven while you were really to 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

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: Has your use of (DRUG) caused problems with other people, such as with family members, friends, or people at work? (Did you ever 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)	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	E187

FOR DRUG CLASSES WITH LIFETIME ABUSE (I.E., CODED "3" ON PRIOR ITEM):	SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	OTHER
Has some symptoms of Substance Abuse in past month	3	3	3	3	3	3	3
IF UNCLEAR: When was the last time you had problems with (SUBSTANCE)?	1	1	1	1	1	1	1
	E188	E189	E190	E191	E192	E193	E195