

E. SUBSTANCE USE DISORDERS

SCREEN Q#1

E1a

ALCOHOL USE DISORDERS (LIFETIME)

YES NO

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

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

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

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:

E1b
E1c

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.

LIFETIME ALCOHOL ABUSE

ALCOHOL ABUSE CRITERIA

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?)

(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 or not taking proper care of your children because of your drinking? (How often)

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

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?)

(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?)

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: 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?)

(4) continues alcohol use despite having persistent or recurrent social or inter-personal problems caused or exacerbated by the effects of alcohol (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?)

AT LEAST ONE "A" ITEM
CODED "3"

1

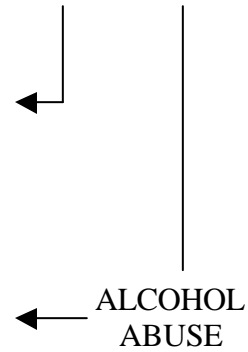
3

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.

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.



ALCOHOL DEPENDENCE

ALCOHOL DEPENDENCE
CRITERIA

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

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 substance 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?

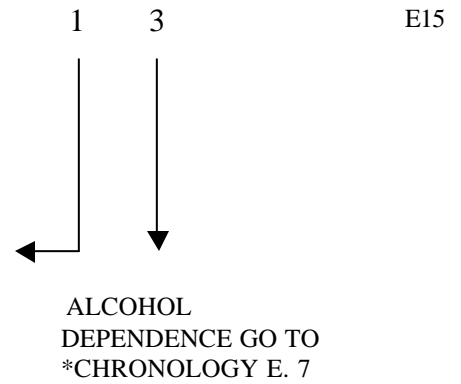
(5) a great deal of time is spent in activities necessary to obtain alcohol, use, or recover from its effects

? 1 2 3 E9

<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>(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>	<p>? 1 2 3 E11</p>
<p>IF NOT ALREADY KNOWN: Has your drinking ever caused significant physical problems or mad a physical problem worse?</p>		
<p>IF YES TO EITHER OF ABOVE: Did you deep on drinking anyway?</p>		
<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>(1) tolerance, as defined by either of the following: (a) a need for markedly increased amounts of alcohol to achieve intoxication or desired effect</p>	<p>? 1 2 3 E12</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>(b) markedly diminished effect with continued use of the same amount of alcohol</p>	
<p>Have you ever had any withdrawal symptoms when you cut down or stopped drinking like . . .</p>	<p>(2) withdrawal, as manifested by either (a) or (b):</p>	<p>? 1 2 3 E13</p>
<p>. . . sweating or racing heart? . . . hand shakes? . . . trouble sleeping? . . . feeling nauseated or vomiting? . . . feeling agitated? . . . or feeling anxious?</p>	<p>(a) at least <u>TWO</u> of the following: <ul style="list-style-type: none"> • autonomic hyperactivity (e.g., sweating or pulse rate greater than 100) • increase hand tremor • insomnia • nausea or vomiting? • psychomotor agitation • anxiety </p>	
<p>(How about having a seizure or seeing, feeling, or hearing things that weren't really there?)</p>	<ul style="list-style-type: none"> • grand mal seizures • transient visual, tactile, or auditory hallucinations or illusions 	
<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 substance from the sedative/hypnotic/anxiolytic class) taken to relieve or avoid withdrawal symptoms</p>	<p>E14</p>

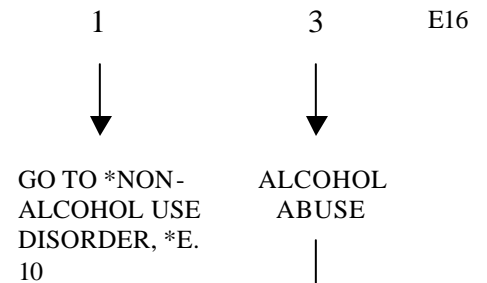
IF UNKNOWN: When did (SXS CODED "3" ABOVE) occur? (Did they all happen around the same time?)

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



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.



ALCOHOL ABUSE CHRONOLOGY

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

— —

E17

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

Criteria for Alcohol Abuse met at any time in the past month

? 1 3

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

↓ ↓

PAST ABUSE CURRENT ABUSE

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

↓ ↓

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

E18

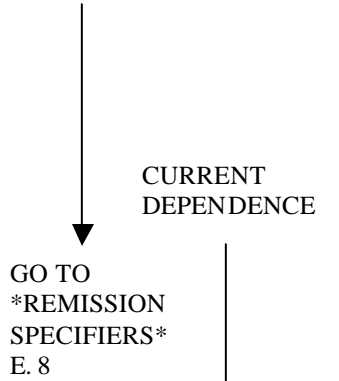
CHRONOLOGY FOR DEPENDENCE

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) — — E19

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) ? 1 3 E20

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

Dependence or Abuse since onset of Dependence)



Indicate if:

E21

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

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

DSM-3R Substance Use Disorder Supplementary Questions

Alcohol use disorders:

If UNCLEAR: For how long a time were you having SXS OF ALCOHOL DEPENDENCE OR ABUSE)?

B. Some symptoms of the disturbance [clustered together] have persisted for at least one month, or have occurred repeatedly over a longer period of time.

? 1 3

ALCOHOL DEPENDENCE PAST FIVE YEARS

During the past five years, how much of the time have you had problems with alcohol?

Approximate percentage of time during past five years that any symptoms of Alcohol Dependence were present

Would you say . . . {CODE OF DESCRIPTIONS

1. Not at all (0%)
2. Rarely (e.g., 5-10%)
3. A significant minority of the time (e.g., 20-30%)
4. About half the time
5. A significant majority of the time (e.g., 70-80%)
6. Almost all of the time (e.g., 90-100%)
9. Unknown

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 of 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. | |

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 substance 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

Sedative-hypnotics-anxiolytics: (“downers”)

Quaalude (“ludes”), Seconal (“reds”), Valium, Xanax, Librium, barbiturates, Miltown, Ativan, Dalmane, Halcion, Restoril

Cannabis:

Marijuana, hashish (“hash”, THC, “pot”, “grass”, “weed”, “reefer”)

Stimulants: (“uppers”)

Amphetamine, “speed”, crystal meth, dexadrine, Ritalin, diet pills, “ice”

Opioids:

Heroin, morphine, opium, Methadone, Darvon, codeine, Percodan, Demerol, Dilaudid

Cocaine:

Snorting, IV, freebase, crack, “speedball”

Hallucinogens: (“psychedelics”)

LSD (“acid”), mescaline, peyote, psilocybin, STP, mushrooms, Extasy, MDMA

PCP:

“angel dust”

Other:

Steroids, “glue”, ethyl chloride, paint, inhalants, nitrous oxide (“laughing gas”, amyl or butyl nitrate (“poppers”), Special K, nonprescription sleep or diet pills

***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 E26a
 Yes No

IF SCREENER NOT USED OR IF QUESTION #2 OR QUESTION #3 WAS ANSWERED "YES", CONTINUE:

Screen Q# 3 E26b
 Yes No

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

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?

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):

→ IF STREET DRUG: When were you using (DRUG) the most?

(1) has ever taken street drug more than 10 times in a one-month period

→ (Has there ever been a time when you used it at least ten times in a one-month period of time?)

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

(2) reports becoming dependent on a prescribed drug OR using much more of it than was prescribed

→ IF DRUG GROUP NEVER USED OR USED ONLY ONCE, OR IF PRESCRIBED DRUG USED AS DIRECTED, CIRCLE "1" FOR DRUG GROUP ON E. 11

→ IF DRUG GROUP USED AT LEAST TWICE, BUT LESS THAN LEVEL INDICATED ON (1), CODE "2" FOR DRUG GROUP ON E. 11

→ 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.

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: heronin, morphine, opium, methadone, Darvon, Codeine, Percodan, Demerol, Dilaudid, unspcified 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, MOMA, 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			

DSM-3R Substance Use Disorder Supplementary Questions

Non-Alcohol Psychoactive Substance Use Disorders:

NON-ALCOHOL PSYCHOACTIVE SUBSTANCE DEPENDENCE PAST FIVE YEARS

During the past five years, how much of the time have you had any problems with (ANY DRUG)?

Approximate percentage of time during the past five years that any symptoms of Non-Alcohol Dependence were present

Would you say . . . [CODE DESCRIPTIONS]

1. Not at all (0%)
2. Rarely (e.g., 5-10%)
3. A significant minority of the time (e.g. 20-30%)
4. About half the time
5. A significant majority of the time (e.g., 70-80%)
6. Almost all of the time (e.g., 90-100%)
9. Unknown

How old were you when you first had (LIST OF NON-ALCOHOL SUBSTANCE DEPENDENCE SXS CODED "3")?

Age at onset of Non-alcohol Substance Dependence (CODE 99 IF UNKNOWN)

CHECK HERE IF EVER BECAME DEPENDENT ON A PRESCRIBED DRUG

SPECIFY DRUG: _____

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- ABIES	STIMU- LANTS	OPI- OID	CO- CAIN	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

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- ABIES	STIMU- LANTS	OPI- OID	CO- CAIN	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 on hobbies or with your family or friends?

(6) Important social, occupational, or recreational activities given up or reduced because of substance use	SED/ HYPN/ ANX	CANN- ABIES	STIMU- LANTS	OPI- OID	CO- CAIN	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
	?	?	?	?	?	?	?	?
	E60	E61	E62	E63	E64	E65	E66	E67

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 IN
SAME GROUP) when you were feeling
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- ABIES	STIMU- LANTS	OPI- OID	CO- CAIN	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
	1	1	1	1	1	1	1	1
(b) the same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms	?	?	?	?	?	?	?	?
	E84	E85	E86	E87	E88	E89	E90	E91

LIST OF WITHDRAWAL SYMPTOMS (FROM DSM-IV CRITERIA)

Listed below are the characteristic withdrawal symptoms for those classes of psychoactive substances for which a withdrawal syndrome has been identified. (NOTE: a specific withdrawal syndrome has not been identified for CANNABIS AND HALLUCINOGENS/PCP). Withdrawal symptoms may occur following the cessation of prolonged moderate or heavy use of a psychoactive substance or a reduction in the amount used.

SEDATIVES, HYPNOTICS, AND ANXIOLYTICS:

Two (or more) of the following, developing within several hours to a few days after cessation (or reduction) of sedative, hypnotic, or anxiolytic use, which has been heavy and prolonged:

- (1) autonomic hyperactivity (e.g., sweating or pulse rate greater than 100)
- (2) increased hand tremor
- (3) insomnia
- (4) nausea or vomiting
- (5) transient visual, tactile, or auditory hallucinations or illusions
- (6) psychomotor agitation
- (7) anxiety
- (8) grand mal seizures

STIMULANTS/COCAINE:

Dysphoric mood AND two (or more) of the following physiological changes, developing within a few hours to several days after cessation (or reduction of substance use which has been heavy and prolonged):

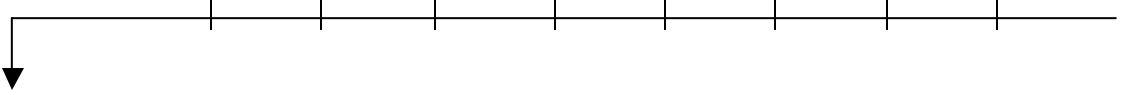
- (1) fatigue
- (2) vivid, unpleasant dreams
- (3) insomnia or hypersomnia
- (4) increase appetite
- (5) psychomotor retardation or agitation

OPIOIDS:

Three (or more) of the following, developing within minutes to several days after cessation (or reduction) of opioid use which has been heavy and prolonged (several weeks or longer) or after administration of an opioid antagonist (after a period of opioid use):

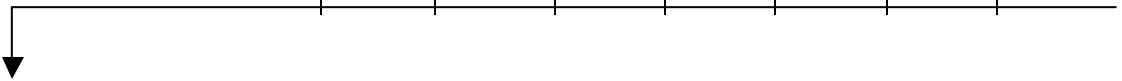
- (1) dysphoric mood
- (2) nausea or vomiting
- (3) muscle aches
- (4) lacrimation or rhinorrhea
- (5) papillary dilation, piloerection, or sweating
- (6) diarrhea
- (7) yawning
- (8) fever
- (9) insomnia

IF UNKNOWN: When did (SXS CODED "3" ABOVE) occur? (Did they all happen around the same time?)	SED/HYPN/ANX	CANN-ABIES	STIMULANTS	OPIOID	COCAINE	HALL/PCP	POLY	OTHER
	3	3	3	3	3	3	3	3
SUBSTANCE DEPENDENCE: At least 3 items are code "3" AND items occurred within the same twelve-month period	E92	E93	E94	E95	E96	E97	E98	E99



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

Fewer than 3 times 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

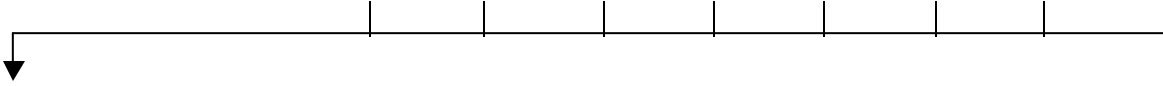
IF UNCLEAR: During the past month, have you used (DRUG) at all?

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- ABIES	STIMU- LANTS	OPI- OID	CO- CAIN	HALL/ PCP	POLY	OTHER
Full criteria for Dependence met at anytime in the past month (or never had a month without symptoms of Dependence or Abuse since onset of Dependence)	3	3	3	3	3	3	3	3
	E108	E109	E110	E111	E112	E113	E114	E115

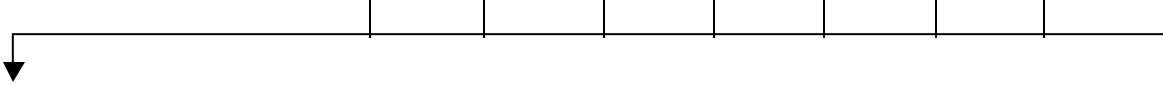


Indicate type:

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	1	1	1	1	1	1	1
	E116	E117	E118	E119	E120	E121	E122	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	1	1	1	1	1	1	1
	E124	E125	E126	E127	E128	E129	E130	E131



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

USE SCALE BELOW TO RATE SEVERITY OF DEPENDENCE FOR WORST WEEK OF PAST MONTH	SED/ HYPN/ ANX	CANN- ABIES	STIMU- LANTS	OPI- OID	CO- CAIN	HALL/ PCP	POLY	OTHER
(Additional questions about the effect of the substance on social and occupational functioning may be necessary)	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 resulting 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, on 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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USE SCALE BELOW TO INDICATE TYPE OF REMISSION	SED/ HYPN/ ANX	CANN- ABIES	STIMU- LANTS	OPI- OID	CO- CAIN	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	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Check if In a Controlled Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	E140	E141	E142	E143	E144	E145	E146	E147
	E140a		E141a	E142a	E143a		E144a	E145a
	E140b	E141b	E142b	E143b	E144b	E145b	E146b	E147b

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 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).

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?)

	SED/ HYPN/ ANX	CANN- ABIES	STIMU- LANTS	OPI- OID	CO- CAIN	HALL/ PCP	POLY	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	3
	2	2	2	2	2	2	2	2
	1	1	1	1	1	1	1	1
	E148	E149	E150	E151	E152	E153	E154	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 too high to drive?)

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

	SED/ HYPN/ ANX	CANN- ABIES	STIMU- LANTS	OPI- OID	CO- CAIN	HALL/ PCP	POLY	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	3
	2	2	2	2	2	2	2	2
	1	1	1	1	1	1	1	1
	E156	E157	E158	E159	E160	E161	E162	E163

Has your use of (DRUG) ever gotten you in trouble with the law?

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

	SED/ HYPN/ ANX	CANN- ABIES	STIMU- LANTS	OPI- OID	CO- CAIN	HALL/ PCP	POLY	OTHER
(3) Recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct)	3	3	3	3	3	3	3	3
	2	2	2	2	2	2	2	2
	1	1	1	1	1	1	1	1
	E164	E165	E166	E167	E168	E169	E170	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?)

	SED/ HYPN/ ANX	CANN- ABIES	STIMU- LANTS	OPI- OID	CO- CAIN	HALL/ PCP	POLY	OTHER
(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?)	3 2 1	3 2 1	3 2 1	3 2 1	3 2 1	3 2 1	3 2 1	3 2 1
	E172	E173	E174	E175	E176	E177	E178	E179
	SED/ HYPN/ ANX	CANN- ABIES	STIMU- LANTS	OPI- OID	CO- CAIN	HALL/ PCP	POLY	OTHER
SUBSTANCE ABUSE (LIFETIME): At least one "A" item is coded "3"	3 1	3 1	3 1	3 1	3 1	3 1	3 1	3 1
	E180	E181	E182	E183	E184	E185	E186	E187
FOR DRUG CLASSES WITH LIFETIME ABUSE (I.E., CODED "3" ON PRIOR ITEM):	SED/ HYPN/ ANX	CANN- ABIES	STIMU- LANTS	OPI- OID	CO- CAIN	HALL/ PCP	POLY	OTHER
Has some symptoms of Substance Abuse in past month	3	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	1
	E188	E189	E190	E191	E192	E193	E194	E195