**LIFETIME ALCOHOL ABUSE**

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

(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?)

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 drank) 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?)

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

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

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?)

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

(Alcohol Abuse Criteria)

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:

(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)

(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)

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

(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)

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

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…

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

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

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

IF YES: Did you ever actually stop drinking altogether?

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

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

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

(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?

**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 12-month period:

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

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

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

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

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

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SCID-I (for DSM-IV-TR)  Alcohol Dependence  (JAN 2007)  Substance Use Disorders

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?”

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?

IF YES: How much more?

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

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

. . . sweating or racing heart?
. . . hand shakes?
. . . trouble sleeping?
. . . feeling nauseated or vomiting?
. . . feeling agitated?
. . . or feeling anxious?

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

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?

(7) alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused by or exacerbated by alcohol (e.g., continued drinking despite recognition that an ulcer was made worse by alcohol consumption)

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

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

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

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

(a) at least TWO of the following:

- - 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

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

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*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?

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

**Sedatives-hypnotics-anxiolytics:** Methaqualone (Quaalude, "ludes"), barbiturates, secobarbital (Seconal, "reds," "seccies," "dolls"), butalbital (Fiorinal), etchlorvynol (Placidyl, "jelly-bellies"), meprobamate (Miltown, Equanil, "happy pills"), diazepam (Valium), alprazolam (Xanax), clonazepam (Klonopin), flunitrazepam (Rohypnol, "roofies"), temazepam (Restoril), flurazepam (Dalmate), 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," methamphetamine ("crystal meth," "crack," "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, Percocet, Oxycontin), hydrocodone (Vicodin, Lorcet), fentanyl (Duragesic, "percocet"), 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, aerosol propellants, nitrous oxide (laughing gas, "whippets"), nitrites (amyl nitrite, butyl nitrite, "poppers," "snappers"), DXM (DM, "Robo"), over-the-counter bed or diet pills, ephedra, atropine, scopalamine or other: ________________________

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### Lifetime Substance Abuse

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...

<table>
<thead>
<tr>
<th>Question</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>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]?)</td>
<td>(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)</td>
</tr>
<tr>
<td>IF NO: What about not keeping your house clean [IF CHILDREN: or not taking proper care of your children] because of using (DRUG)?</td>
<td></td>
</tr>
<tr>
<td>IF YES TO EITHER: How often? (Over what period of time?)</td>
<td></td>
</tr>
<tr>
<td>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?)</td>
<td>(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)</td>
</tr>
<tr>
<td>IF YES AND UNKNOWN: How many times? (When?)</td>
<td></td>
</tr>
<tr>
<td>Did your/Has your use of (DRUG) ever get you into trouble with the law?</td>
<td>(3) recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct)</td>
</tr>
<tr>
<td>IF YES AND UNKNOWN: How often? (Over what period of time?)</td>
<td></td>
</tr>
<tr>
<td>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?)</td>
<td>(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)</td>
</tr>
<tr>
<td>IF YES: Did you keep on using (DRUG) anyway? (Over what period of time?)</td>
<td></td>
</tr>
</tbody>
</table>

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*SUBSTANCE DEPENDENCE*

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 one (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

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

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

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

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

=?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true
IF NOT ALREADY KNOWN: (Did [DRUG]
cause/Has [DRUG] caused) any
psychological problems like making you
depressed, agitated, or paranoid?

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

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

(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?

IF YES: How much more?

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

(Did you have/Have you ever had) any
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. 18.

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)?

(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
(e.g., recurrent cocaine use
despite recognition of cocaine-
related depression)

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

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

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

(2) withdrawal, as manifested by
either of the following:

(a) the characteristic
withdrawal syndrome for the
substance

(b) the same (or a closely
related) substance is taken
to relieve or avoid withdrawal
symptoms

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