ALCOHOL USE DISORDERS (LIFETIME)

How much do you drink alcohol (beer, wine, coolers, hard liquor, mixed drinks)?

Was there ever any time when you drank too much? (has alcohol ever caused problems for you?)

IF YES: What problems did it cause?

Has anyone ever objected to your drinking (was bothered by it, told you not to do it)?

IF YES: Why?

IF NO SUGGESTION THAT EVER DRANK ALCOHOL EXCESSIVELY OR HAD ALCOHOL RELATED PROBLEMS, CHECK HERE _____ AND SKIP TO ***NON-ALCOHOL SUBSTANCE USE DISORDERS*, G. 10**

IF HAS ACKNOWLEDGED HAVING PROBLEMS: When in your life were you having the most problems because of your drinking? (How long did that period last?)

IF HAS NOT ACKNOWLEDGED HAVING PROBLEMS BUT DRANK EXCESSIVELY: When in your life were you drinking the most? (How long did that period last?)

Now I am going to ask you some questions about that time…

How often were you drinking (then)?

What were you drinking?
How much?

ALCOHOL DEPENDENCE

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**:

During that time…

Did you find that you needed to drink a lot more in order to get high 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?

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

(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

	?	1	2	3
CHI				
PAR				
OTH				
BEST				

Did you ever have any withdrawal symptoms (get sick) when you cut down or stopped drinking like…

…sweating or heart beating really fast?

…hand shaking?
…trouble sleeping?
…throwing up, or feeling like you're going to throw up?
…can't sit still?
…nervous or anxious?

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

IF NO: Did you start the day with a drink, or often drink to keep yourself from getting the shakes or becoming sick?

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

(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 is taken to relieve or avoid withdrawal symptoms

	?	1	2	3
CHI				
PAR				
OTH				
BEST				

Did you often find that when you started drinking you ended up drinking much more than you were planning to?

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
CHI				
PAR				
OTH				
BEST				

Did you try 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) A persistent desire OR unsuccessful efforts to cut down or control substance use

	?	1	2	3
CHI				
PAR				
OTH				
BEST				

Did you spend a lot of time drinking, being high, or hung over? Would you spend a lot of time finding alcohol or getting someone to get it for you?

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

	?	1	2	3
CHI				
PAR				
OTH				
BEST				

Did you drink so often that you started to drink instead of going to school (doing your schoolwork, going to work) or spending time at hobbies or with your family or friends?

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

	?	1	2	3
CHI				
PAR				
OTH				
BEST				

IF NOT ALREADY KNOWN: Did your drinking ever cause any emotional problems like making you sad or depressed, or nervous, so you would have trouble sleeping? Did you ever have "blackouts" where you couldn't remember what happened when you were drunk?

IF NOT ALREADY KNOWN: Did your drinking ever give you a bad physical problem that you would need to see a doctor about? or make a physical problem worse?

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

(7) Continued alcohol use despite knowledge of having had a persistent or recurrent physical or psychological problem that was 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
CHI				
PAR				
OTH				
BEST				

AT LEAST THREE "A" ITEMS CODED "3"

1	2	3

↑

Continue

Was there any other bad time when you were drinking and had these kinds of problems:

IF YES AND DEPENDENCE SEEMS POSSIBLE, GO BACK TO PAGE E.2 AND CHECK FOR THIS OTHER TIME PERIOD.

IF NO: GO TO ***ALCOHOL ABUSE*, G. 8**

CHRONOLOGY

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

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

IF YES: Has you drinking caused you any problems?

(How about being drunk while you were at school (work)? or babysitting (taking care of the children)? How about missing something important because of being high? because of a hangover? How about drinking when you were driving?

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

Has met symptomatic criteria for Alcohol Dependence at any time in the past month

? 1 3 [ ][ ][ ] ↑

CURRENT DEPEND-ENCE

May have met symptomatic criteria for Alcohol Abuse at any time in the past month (see G.8 for Alcohol Abuse criteria)

GO TO *SEVERITY SPECIFIERS* BELOW

? 1 3 [ ][ ][ ] ↑ ↑

IF DEPENDENCE PRESENT IN PAST BUT NOT IN THE LAST FOUR WEEKS, CODE "1" AND GO TO *REMISSION SPECIFIERS* G.6

GO TO ***REMISSION SPECIFIERS*** G. 6

CURRENT DEPEND-ENCE

SEVERITY SPECIFIERS
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)

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, G.10

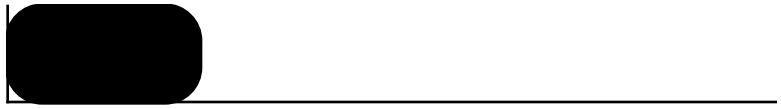
REMISSION SPECIFIERS

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

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 ___ ___ ___

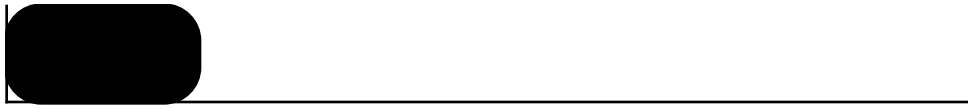
1. Early Full Remission: For at least one month, but for less than twelve months, no criteria for Dependence or Abuse have been met



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 (but the full criteria for Dependence have not been met).



Check _____ if **On Agonist Therapy:** The individual is on a prescribed agonist medication 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 an agonist/antagonist.

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, or locked hospital units.

LIFETIME ALCOHOL ABUSE

Let me ask you a few more questions about (PERIOD DISCUSSED DURING DEPENDENCE QUESTIONS).

During that time…

ALCOHOL 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:

Did you get drunk or high or very hungover a lot when you were doing something important, like being at school or work (or babysitting or taking care of children)?

IF NO: What about missing something important, like staying away from school or work or missing an appointment because you were drunk, high, or very hung over? (How often?)

(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
CHI				
PAR				
OTH				
BEST				

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? Took chances on a bike or bus or subway?)
(How often?)

(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
CHI				
PAR				
OTH				
BEST				

Did your drinking get you into trouble with the law? (How often?)

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

	?	1	2	3
CHI				
PAR				
OTH				
BEST				

IF NOT ALREADY KNOWN: Did your drinking make you have problems with other people, like your family, friends, or teachers or kids at school (work)? (Did you ever get into physical fights or bad arguments about your drinking?)

IF YES: Did you keep on drinking anyway?

(4) continued alcohol use despite having persistent or recurrent social or interpersonal problems caused by or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights)

	?	1	2	3
CHI				
PAR				
OTH				
BEST				

AT LEAST ONE "A" ITEM CODED "3"

?	1	3
	↑	↑

GO TO ***NON-ALCOHOL USE DISORDERS * G.10**

ALCOHOL ABUSE

Current (i.e., criteria met in past month)

?	1	2	3
	↑		↑

PAST ABUSE

CURRENT ABUSE

CONTINUE ON NEXT PAGE