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

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:

→ **IF NO DRUGS IN THAT GROUP EVER USED OR ONLY USED ONCE, CIRCLE "1" FOR EACH DRUG GROUP ON E.11**

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

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

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

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

→ IF PRESCRIBED: Did you ever get hooked (addicted) on (PRESCRIBED DRUG)?

IF NO: Did you ever take much more of it than you were supposed to?

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

→ **IF NEITHER ITEM (1) OR (2) IS TRUE, CIRCLE "2" FOR DRUG GROUP ON G. 11**

→ **IF ONLY ONE ITEM IS TRUE, CIRCLE "2" FOR DRUG GROUP ON G. 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, G. 10)
Sedatives-hypnotics-anxiolytics: Quaalude, Seconal, Valium, Xanax, Librium, barbiturates, Miltown, Ativan, Dalmane, Halcion, Restoril, or other: _____	_____	? 1 2 3 CHI PAR OTH BEST
Cannabis: Marijuana, hashish, THC, or other:_____	_____	? 1 2 3 CHI PAR OTH BEST
Opioids: heroin, morphine, opium, Methadone, Darvon, codeine, Percodan, Demerol, Dilaudid, unspecified or other:_____	_____	? 1 2 3 CHI PAR OTH BEST
Cocaine: intranasal, IV, freebase, crack, "speedball", unspecified or other:_____	_____	? 1 2 3 CHI PAR OTH BEST
Hallucinogens/PCP: LSD, mescaline, peyote, psilocybin, STP, mushrooms, PCP ("angel dust", "peace pill"), Ecstasy, MOMA, or other:_____	_____	? 1 2 3 CHI PAR OTH BEST
Other: steroids, "glue", paint, inhalants, nitrous oxide ("laughing gas"), amyl or butyl nitrate ("poppers"), nonprescription sleep or diet pills, unknown, or other:_____	_____	? 1 3 ↑

IF AT LEAST THREE DRUG GROUPS USED AND PERIOD OF ANY DRUG GROUPS CODED "2" OR "3"

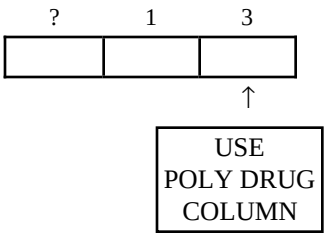
GO TO ***ADJUSTMENT DISORDER***, H. 1

NOTE: ?=inadequate information 1=drug never used 2=≤ 10 times a month 3=≥10 times or dependence on prescribed drug

INDISCRIMINANT USE SEEMS LIKELY, ASK THE FOLLOWING:

You told me that you used (DRUG/ALCOHOL). Was there a period where you were using a lot of different drugs at the same time ant that it did not matter what you were taking as long as you could get high?

A pattern of (the indiscriminant use) of three or more different classes of substances (not including nicotine and caffeine) in which the full criteria for Substance Dependence is met when the substances are considered as a group but not for any single specific substance



NOTE: IN CASES WITH PERIODS OF BOTH INDISCRIMINATE USE AND OTHER PERIODS OF USE OF SPECIFIC DRUGS, POLY DRUG SHOULD BE CODED IN ADDITION TO SPECIFIC DRUG

IF NO DRUG CLASSES WERE CODED "3" ON PREVIOUS PAGE, GO TO *SUBSTANCE ABUSE, G. 21

FOR DRUG CLASSES CODED "3" CIRCLE THE APPROPRIATE COLUMNS ON PAGES G. 12 - G. 20

Now I'm going to ask you some specific questions about the time(s) you used (DRUGS CODED "3") the most. For (DRUGS CODED "3")…

COLUMNS.

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

(1) Tolerance, as defined by either of the following:	SED/ HYPN/ ANX	CANNA -BIS	STIMU- LANTS	OPIOID	CO- CAINE	HALL/ PCP	POLY	OTHER
(a) need for markedly increased amounts of the substance to	3	3	3	3	3	3	3	3
achieve intoxication or desired effect	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 the substance								

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

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 G. 14

IF HAD WITHDRAWAL SXS: After not using (DRUG) for a few hours or more, did you often use it to keep yourself from getting sick with (WITHDRAWAL SXS)?

What about using (DRUG IN SAME GROUP) when you were feeling sick with (WITHDRAWAL SXS) so that you would feel better?

(1) Withdrawal, as defined by either of the following:	SED/ HYPN/ ANX	CANNA -BIS	STIMU- LANTS	OPIOID	CO- CAINE	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
(b) the same (or closely related) substance is taken to relieve or avoid withdrawal symptoms	1	1	1	1	1	1	1	1

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:

At least two 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 at least two 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) increased appetite
(5) psychomotor retardation or agitation

OPIOIDS:

At least three of the following, developing within minutes to several days after cessation (or reduction) of opioid use which has been heavy and prolonged:

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

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

IF NO: What about using it for a lot longer than you were planning to?

	SED/ HYPN/ ANX	CANNA -BIS	STIMU- LANTS	OPIOID	CO- CAINE	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

Did you try to cut down or stop using (DRUG)?

IF YES: Did you ever actually stop taking (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	CANNA -BIS	STIMU- LANTS	OPIOID	CO- CAINE	HALL/ PCP	POLY	OTHER
(4) 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

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

Did you spend a lot of time taking (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	CANNA -BIS	STIMU- LANTS	OPIOID	CO- CAINE	HALL/ PCP	POLY	OTHER
(5) A great deal of time 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

Did you use (DRUG) so often that you started to use (DRUG) instead of working or spending time on hobbies or with your family or friends?

	SED/ HYPN/ ANX	CANNA -BIS	STIMU- LANTS	OPIOID	CO- CAINE	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

IF NOT ALREADY KNOWN: Did (DRUG) make you feel bad emotionally, like getting sad or unhappy?

IF NOT ALREADY KNOWN: Did (DRUG) ever cause physical problems or make a physical problem worse?

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

	SED/ HYPN/ ANX	CANNA -BIS	STIMU- LANTS	OPIOID	CO- CAINE	HALL/ PCP	POLY	OTHER
(7) Continued substance use despite knowledge of having had	3	3	3	3	3	3	3	3
a persistent or recurrent physiological or (significant)	2	2	2	2	2	2	2	2
psychological problem that was likely to have been caused by or	1	1	1	1	1	1	1	1
exacerbated by the substance								

	SED/ HYPN/ ANX	CANNA -BIS	STIMU- LANTS	OPIOID	CO- CAINE	HALL/ PCP	POLY	OTHER
SUBSTANCE DEPENDENCE								
At least 3 items above are coded "3"	3	3	3	3	3	3	3	3

FOR EACH CLASS CODED "3", GO TO ***CURRENT USE***, G. 18

	SED/ HYPN/ ANX	CANNA -BIS	STIMU- LANTS	OPIOID	CO- CAINE	HALL/ PCP	POLY	OTHER
Fewer than 3 items coded "3"	1	1	1	1	1	1	1	1

Were there any other bad times when you were using (DRUGS CODED "1" ABOVE) and had problems like the ones we've just been talking about?

IF YES AND DEPENDENCE SEEMS POSSIBLE, GO BACK TO PAGE G. 12 AND CHECK FOR THIS OTHER TIME PERIOD.

IF NO: GO TO ***SUBSTANCE USE***, G. 21 AND ASK THE FOUR ABUSE ITEMS FOR EACH DRUG CLASS CODED "1"

DETERMINING CURRENT USE

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 hungover? how about using (DRUG) while you were driving? How about getting into trouble with the law because of your use of (DRUG)?)

	SED/ HYPN/ ANX	CANNA -BIS	STIMU- LANTS	OPIOID	CO- CAINE	HALL/ PCP	POLY	OTHER
Symptoms of Dependence or Abuse in past month (see G. 21 for Substance Abuse criteria)	3	3	3	3	3	3	3	3

FOR EACH CLASS CODED "3" INDICATE SEVERITY SPECIFIERS BELOW

	SED/ HYPN/ ANX	CANNA -BIS	STIMU- LANTS	OPIOID	CO- CAINE	HALL/ PCP	POLY	OTHER
No symptoms of Dependence or Abuse in the past month	1	1	1	1	1	1	1	1

FOR EACH CLASS CODED "1" INDICATE REMISSION SPECIFIERS G. 20

FOR EACH DRUG CLASS WITH CURRENT DEPENDENCE, CODE SEVERITY:

	SED/ HYPN/ ANX	CANNA -BIS	STIMU- LANTS	OPIOID	CO- CAINE	HALL/ PCP	POLY	OTHER
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)	3	3	3	3	3	3	3	3
	2	2	2	2	2	2	2	2
	1	1	1	1	1	1	1	1

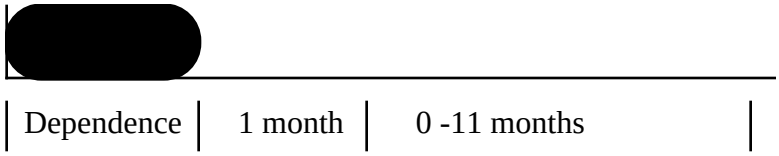
1	Mild:	Few, if any, symptoms in excess of those required to make the diagnosis, and the symptoms result in no more than mild impairment in occupational functioning or in usual social activities or relationships with others.
2	Moderate:	Symptoms or functional impairment between “mild” and “severe”.
3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

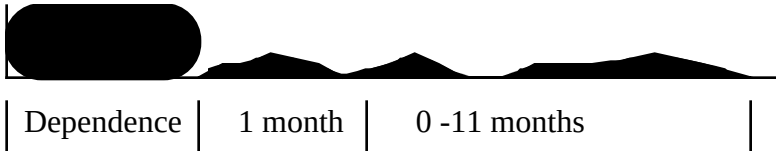
THE FOLLOWING REMISSION SPECIFIERS CAN BE APPLIED ONLY AFTER NO CRITERIA FOR DEPENDENCE OR ABUSE HAVE BEEN MET **FOR AT LEAST ONE MONTH.**

Note: These specifiers do not apply if the individual is **On Agonist Therapy** or **In a Controlled Environment** (See page G. 7 for definitions of these specifiers).

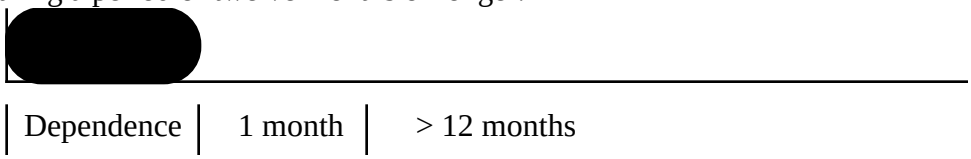
1. **Early Full Remission**: For at least one month, but for less than twelve months, no criteria for Dependence or Abuse have been met



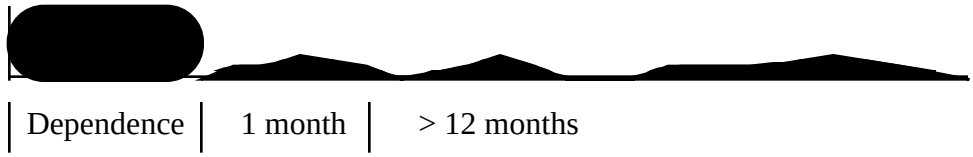
2. **Early Partial Remission**: For at least one month, but less than twelve months, one or more criteria for Dependence or Abuse have been met (but the full criteria for Dependence have not been met).



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



USE SCALE BELOW TO INDICATE TYPE OF REMISSION	SED/ HYPN/ ANX	CANNA-BIS	STIMU-LANTS	OPIOID	CO-CAINE	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**	____	____	____	____	____	____	____	____

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 the time(s) you used (DRUGS CODED "2") the most.

FOR EACH DRUG CLASS CODED "3" ON PAGE E. XX THAT DID NOT MEET CRITERIA FOR DEPENDENCE.

Also, I need to ask you a few more questions about (PERIOD DISCUSSED DURING DEPENDENCE QUESTIONS FOR DRUG CLASSES CODED "3" THAT DID NOT MEET CRITERIA FOR DEPENDENCE).

During those times…

Were you often stoned or high or very hungover with (DRUG) while you were doing something important, like being at school or work, 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 stoned, high, or very hung over? (How often?)

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**:

	SED/ HYPN/ ANX	CANNA BIS	STIMU- LANTS	OPIOID	CO- CAINE	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	3	3	3	3	3	3	3	3
substance use: substance related absences, suspensions, or	2	2	2	2	2	2	2	2
expulsions from school; neglect of children or household)	1	1	1	1	1	1	1	1

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

Did you ever use (DRUG) somewhere when it was dangerous to be using the drug at all? (Did you ever drive while you were really too high to drive? How often?)

	SED/ HYPN/ ANX	CANNA -BIS	STIMU- LANTS	OPIOID	CO- CAINE	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 drug 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

Did your use of (DRUG) get you into trouble with the law? (How often?)

	SED/ HYPN/ ANX	CANNA -BIS	STIMU- LANTS	OPIOID	CO- CAINE	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

IF NOT ALREADY KNOWN: Did your use of (DRUG) make problems with other people, like parents? Brothers or sisters? Friends? People at school (work)? (Did you ever get into physical fights or bad arguments about you use of (DRUG)?

IF YES: Did you keep on using (DRUG) anyway?

(4) Continued substance use despite having persistent or recurrent social	SED/ HYPN/ ANX	CANNA -BIS	STIMU- LANTS	OPIOID	CO- CAINE	HALL/ PCP	POLY	OTHER
RATE SEVERITY OF DEPENDENCE FOR	3	3	3	3	3	3	3	3
WORST WEEK OF PAST MONTH (Additional questions	2	2	2	2	2	2	2	2
about the effect of the substance on social and occupational functioning may be necessary)	1	1	1	1	1	1	1	1

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