

**COMBINE**  
**SCID Section E (SCD ver B.)**

Date Entered \_\_\_\_\_

Staff Initials \_\_\_\_\_

Center	Participant #	Participant Initials	Week	Sequence
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**INSTRUCTIONS:** Complete the alcohol and drug portion of the SCID-E at baseline. At follow-up visits, complete only the alcohol portion.

PLEASE KEEP PAGES TOGETHER.

Note that tolerance should be assessed in the context of lifetime drinking history instead of the last 3 months. The criteria compares the effect currently with the effect when the person first started drinking.

**Time Frames at Baseline:**

- For alcohol, the **past 90 days** should be used as the time frame when assessing alcohol and/or drug dependence diagnoses at baseline. Once dependence has been confirmed, follow up with questions regarding physiological dependence and severity of dependence. If criteria for dependence have not been met, follow up with questions regarding alcohol abuse.
- For substances other than alcohol and opiates, complete the SCID dependence questions for all substance(s) coded 2 or 3 on the drug screening section for the **last 90 days**. Once dependence has been confirmed, it is not necessary to obtain information about whether physiological dependence or severity of dependence. Also, it is not necessary to obtain information about substance abuse.
- For opiates, complete the SCID dependence and abuse questions for opiates coded 2 or 3 on the drug screening section for the **past 6 months**. If dependence has been confirmed, it is not necessary to obtain information about either physiological dependence or severity of dependence.
- Information obtained from the SCID Module E should be recorded on the SCID Modules Form (SCM).

**Time Frames at Follow-up:**

- For follow-up interviews (weeks 16, 52, and 68), the time frame for the interview would be **since the most recent assessment**.

Note: If at week 16 a patient no longer meets dependence criteria but does meet abuse criteria answer the abuse questions and then move on to the dependence questions and remission specifiers. Answer the abuse questions for the time period in question even if completing the remission specifiers.

**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 <b>*NON-ALCOHOL USE DISORDERS*</b> E. 10
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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:

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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

**\*LIFETIME ALCOHOL ABUSE\***

**ALCOHOL ABUSE CRITERIA**

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

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:

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) 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)

? 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.

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.

**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 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

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?"

(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)

? 1 2 3

E11

IF NOT ALREADY KNOWN: 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?

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?

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

? 1 2 3

E12

IF YES: How much more?

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

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

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

Have you ever had any withdrawal symptoms when you cut down or stopped drinking like . . .

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

? 1 2 3

E13

. . . sweating or racing heart?

(a) at least TWO of the following:

. . . hand shakes?

-- autonomic hyperactivity (e.g., sweating or pulse rate greater than 100)

. . . trouble sleeping?

-- increased hand tremor

. . . feeling nauseated or vomiting?

-- insomnia

. . . feeling agitated?

-- nausea or vomiting

. . . or feeling anxious?

-- psychomotor agitation  
-- anxiety

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

-- grand mal seizures  
-- transient visual, tactile, or auditory hallucinations or illusions

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?

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

E14

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

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

ALCOHOL DEPENDENCE GO TO \*CHRONOLOGY\* E.7

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,\* F 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 UNKOWN)

\_\_\_\_\_

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

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

GO TO \*NON-ALCOHOL USE DISORDER.\*F 10

**\*CHRONOLOGY FOR DEPENDENCE\***

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

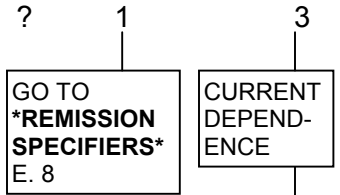
Age at onset of Alcohol Dependence or Abuse (CODE 99 IF UNKNOWN)

\_\_\_\_\_

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)



E20

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

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

**\*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.

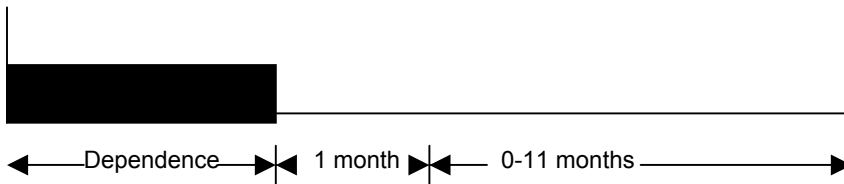
Note: These specifiers do not apply if the individual is **On Agonist Therapy or In a Controlled Environment** (next page).

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

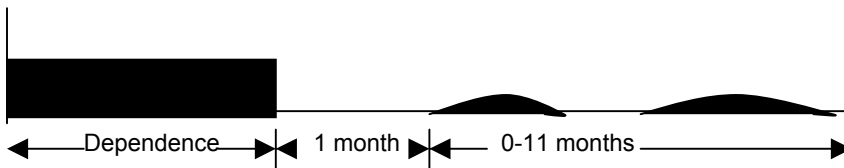
\_\_\_\_\_ | E23

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

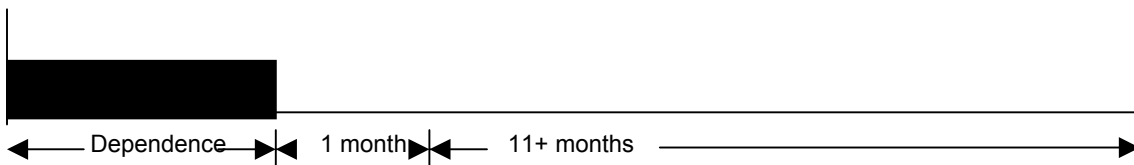
E24



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.



?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

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

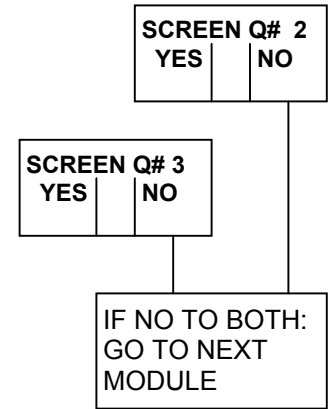
**\*NON-ALCOHOL SUBSTANCE USE DISORDERS\* (LIFETIME DEPENDENCE AND ABUSE)**

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):

→ 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:** 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

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

?=inadequate information

1=absent or false

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?

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	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

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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?

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	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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?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

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

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?

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(2) Withdrawal, as manifested by either of the following:	SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	POLY	OTHER
(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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**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) increased 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) pupillary 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?)

**SUBSTANCE DEPENDENCE** At least 3 items are coded "3" AND items occurred within the same twelve-month period

SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	POLY	OTHER
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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	3	3	3	3	3	3	3
	E108	E109	E110	E111	E112	E113	E114	E115

Indicate type:

<b>With Physiological Dependence</b> (current evidence of tolerance or withdrawal)	3	3	3	3	3	3	3	3
<b>Without Physiological Dependence</b> (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

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	1
2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3
	E132	E133	E134	E135	E136	E137	E138	E139

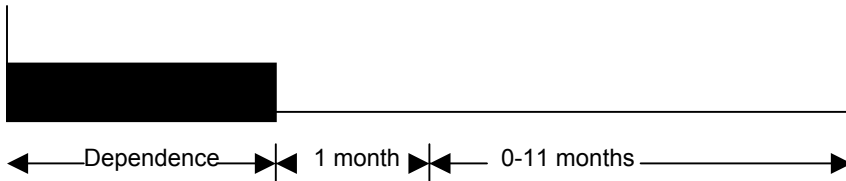
- 1 Mild: Few, if any, symptoms in excess of those required to make the diagnosis, and the symptoms result in no more than mild impairment in occupational functioning or in usual social activities or relationships with others.
- 2 Moderate: Symptoms or functional impairment between "mild" and "severe."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

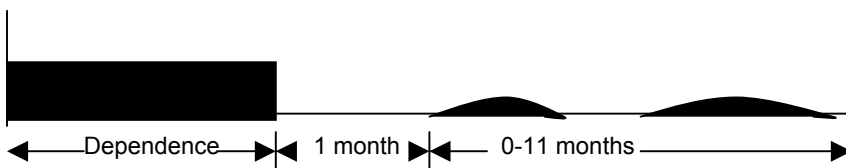
THE FOLLOWING REMISSION SPECIFIERS CAN BE APPLIED ONLY AFTER NO CRITERIA FOR DEPENDENCE OR ABUSE HAVE BEEN MET FOR AT LEAST ONE MONTH IN THE PAST.

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).

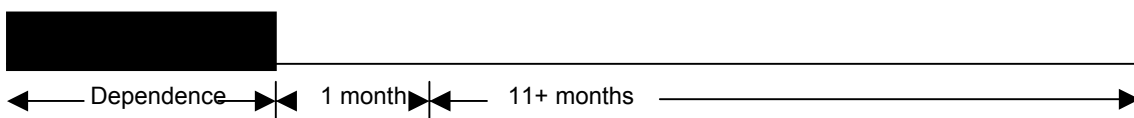
- 1 **Early Full Remission:** For at least one month, but for less than twelve months, no criteria for Dependence or Abuse have been met.



- 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



<b>USE SCALE BELOW TO INDICATE TYPE OF REMISSION</b>	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 <b>On Agonist Therapy</b>	_____		_____	_____	_____		_____	_____
Check if <b>In a Controlled Environment</b>	_____	_____	_____	_____	_____	_____	_____	_____
	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).

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?)

**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:

---

(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

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<b>SUBSTANCE ABUSE (LIFETIME):</b> 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