

**COMBINE**

**SCID Section E-Alcohol Portion (SCF ver A.)**

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

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

Center □ □	Participant # □ □ □ □ □ □ □ □	Participant Initials □ □ □	Week □ □	Sequence 0 1
	Date □ □ / □ □ / □ □ □ □ mo. da. yr.	Staff ID □ □ □		

**INSTRUCTIONS:** Complete the alcohol portion of the SCID-E at weeks 16, 52, and 68.

PLEASE KEEP PAGES TOGETHER.

**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")?

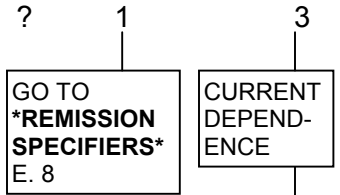
Age at onset of Alcohol Dependence or Abuse (CODE 99 IF UNKNOWN)

\_\_\_\_\_

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.

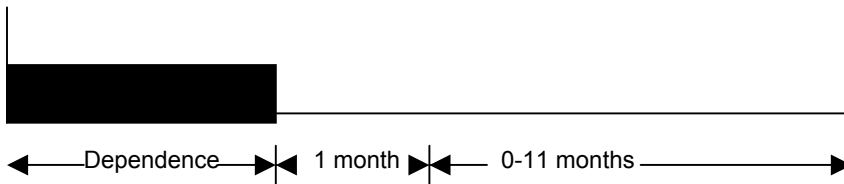
Note: These specifiers do not apply if the individual is **On Agonist Therapy or In a Controlled Environment** (next page).

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

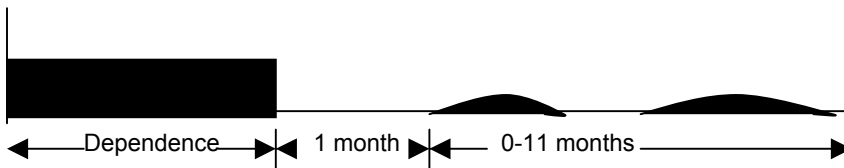
\_\_\_\_\_ | E23

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

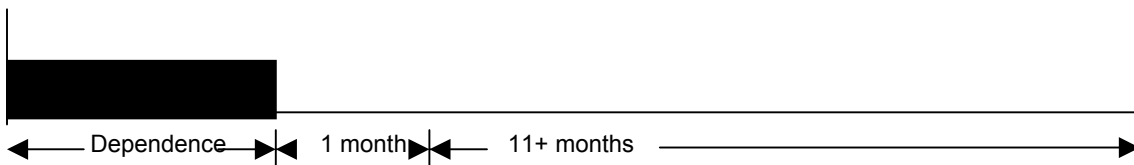
E24



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.



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

