

Codes for the Following Items: 0 = No Information 1 = No 2 = Yes

	Parent			Child			Summary		
1. Use	0	1	2	0	1	2	0	1	2
A. Ever smoked	( )	( )	( )	( )	( )	( )	( )	( )	( )
B. Ever chewed tobacco	( )	( )	( )	( )	( )	( )	( )	( )	( )
C. Ever smoked (or chewed) tobacco daily for 1 month or more	( )	( )	( )	( )	( )	( )	( )	( )	( )

## Notes:

DSM-5 DR# 21: Smoked?

Parent Rating: \_\_\_\_\_ Child Rating: \_\_\_\_\_

— IF EVER USED TOBACCO, COMPLETE QUESTIONS BELOW.

— IF NO EVIDENCE OF TOBACCO USE, GO TO ALCOHOL USE SECTION ON THE FOLLOWING PAGE.

	Parent			Child			Summary		
2. Quantity of Tobacco Use									
A. Current Use (cigarettes/day or "dips" of chew/day)									
B. Greatest amount of Use (cigarettes/day or "dips" of chew/day)									
Age (years):									
3. Have you ever smoked or "dipped" chew at least once a day for a month or more?	0	1	2	0	1	2	0	1	2
(1 cigarette or 1 "dip" of chew a day or more for at least 30 days)	( )	( )	( )	( )	( )	( )	( )	( )	( )
Age of first regular use (in months):									
4. Ever attempt to quit	0	1	2	0	1	2	0	1	2
	( )	( )	( )	( )	( )	( )	( )	( )	( )
5. Ever quit	0	1	2	0	1	2	0	1	2
	( )	( )	( )	( )	( )	( )	( )	( )	( )
If yes, report longest number of months:									

## Notes:

Subject

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Date

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Interviewer

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Codes for Remaining Items: 0 = No Information 1 = No 2 = Yes

Begin this section with a brief (2-3 minute) semi-structured interview to obtain information about drinking habits.

**Probes:** How old were you when you had your first drink? What's your favorite thing to drink? Do you have a group of friends you usually drink with, or do you usually drink alone? Where do you usually drink? At home? Parties? A friend's house? The street? Bars? Are there special times when you are more likely to drink than others? School dances or other parties? How old were you when you started to drink regularly, say two drinks or more per week? In the past six months has there been at least one week in which you had at least two drinks?

DSM-5 DR# 20: Alcoholic Beverage:

Parent Rating: \_\_\_\_\_ Child Rating: \_\_\_\_\_

	Parent	Child	Summary
<b>1. Use</b>			
A. Drank two drinks in one week four or more times (one drink is equivalent to a 12oz bottle of beer, 5oz glass of wine, or 1.5oz shot of spirits/hard liquor)	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )
B. Age above (at first regular use - years)	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. Current frequency of use (days per month)	<input type="text"/>	<input type="text"/>	<input type="text"/>
D. Have you ever had 3 or more drinks in a single day?	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )
<b>2. Problems related to alcohol</b>			
Has drinking ever caused you any problems at home? With your parents? With your schoolwork? With your teachers? With your friends? With a job? Have you ever gotten in trouble while drinking?	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )
<b>3. Received treatment for alcohol problems.</b>			
	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )

Notes:

— IF RECEIVED A SCORE OF 2 ON ANY OF THE PREVIOUS ITEMS, CONTINUE WITH QUESTIONS ON THE FOLLOWING PAGE.

— IF NO EVIDENCE OF CURRENT OR PAST ALCOHOL USE, GO TO SUBSTANCE USE SECTION ON PAGE 43.

Subject









1. Quantity

A. How many drinks do you usually have when you sit down to drink?

P C S

( ) ( ) ( ) 0 - No information.

( ) ( ) ( ) 1 - 1 - 2 drinks.

( ) ( ) ( ) 2 - 3 or more drinks.

PAST:

P	C	S

B. What's the most you ever drank in a single day? When was that?  
How about in the last six months?  
What's the most you drank in a day?

P C S

( ) ( ) ( ) 0 - No information.

( ) ( ) ( ) 1 - 1 - 2 drinks.

( ) ( ) ( ) 2 - 3 or more drinks.

PAST:

P	C	S

2. Frequency

What's the most number of days in a given week that you had something to drink?  
Do you usually drink Friday and Saturday night? Midweek too?

P C S

( ) ( ) ( ) 0 - No information.

( ) ( ) ( ) 1 - 1 - 2 days.

( ) ( ) ( ) 2 - 3 or more days.

PAST:

P	C	S

3. Concern from Others about Drinking

Has anyone ever complained about your drinking? Friends? Parents?  
Teachers?  
Have you ever been worried about it at all?

P C S

( ) ( ) ( ) 0 - No information.

( ) ( ) ( ) 1 - No.

( ) ( ) ( ) 2 - Yes.

PAST:

P	C	S

- IF RECEIVED A SCORE OF 2 ON THE CURRENT RATINGS OF ANY OF THE ABOVE ITEMS, COMPLETE THE ALCOHOL USE DISORDER (CURRENT) SECTION IN THE EATING DISORDERS AND SUBSTANCE-RELATED DISORDERS SUPPLEMENT AFTER COMPLETING THE SCREEN INTERVIEW.
- IF RECEIVED A SCORE OF 2 ON THE PAST RATINGS OF ANY OF THE ABOVE ITEMS, COMPLETE THE ALCOHOL USE DISORDER (PAST) SECTION IN THE EATING DISORDERS AND SUBSTANCE-RELATED DISORDERS SUPPLEMENT AFTER COMPLETING THE SCREEN INTERVIEW.
- NO EVIDENCE OF ALCOHOL USE DISORDER.

NOTE: (RECORD DATE OF POSSIBLE CURRENT AND PAST ALCOHOL USE DISORDERS).

Subject

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Codes for Remaining Items: 0 = No Information 1 = No 2 = Yes

Prior to beginning this section, give the subject the list of drugs included in the back of this interview packet. Remind child about the confidential nature of the interview prior to beginning probes (if appropriate).

1. Drug Use Let me know if you have used any of the drugs on this list before, even if you have only tried them once. Which ones have you used?

DSM-5 DR# 22: Marijuana, cocaine, etc:

DSM-5 DR# 23: Use medications without MD prescription:

Parent: \_\_\_\_\_ Child: \_\_\_\_\_

Parent: \_\_\_\_\_ Child Rating: \_\_\_\_\_

	Parent Ever			Child Ever			Summary Ever		
	0	1	2	0	1	2	0	1	2
a. Cannabis <i>Marijuana, pot, hash, THC</i>	( )	( )	( )	( )	( )	( )	( )	( )	( )
b. Stimulants <i>Speed, uppers, amphetamines, dexedrine, diet pills, crystal meth</i>	( )	( )	( )	( )	( )	( )	( )	( )	( )
c. Sedatives/Hypnotics/Anxiolytics <i>Barbiturates (sedatives, downers), Benzodiazepine, quaalude (ludes), valium, librium, xanax</i>	( )	( )	( )	( )	( )	( )	( )	( )	( )
d. Cocaine <i>Coke, crack</i>	( )	( )	( )	( )	( )	( )	( )	( )	( )
e. Opioids <i>Heroin, morphine, codeine, methadone, demerol, percodan, oxycontin</i>	( )	( )	( )	( )	( )	( )	( )	( )	( )
f. PCP <i>Angel dust</i>	( )	( )	( )	( )	( )	( )	( )	( )	( )
g. Hallucinogens <i>Psychedelics, LSD, mescaline, peyote</i>	( )	( )	( )	( )	( )	( )	( )	( )	( )
h. Solvents/Inhalants <i>Glue, gasoline, chloroform, ether, paint</i>	( )	( )	( )	( )	( )	( )	( )	( )	( )
i. Other <i>Prescription drugs, nitrous oxide, ecstasy, MDA, etc.</i> Specify: _____	( )	( )	( )	( )	( )	( )	( )	( )	( )
j. Polysubstance (Assess for combined use of all listed substances)	( )	( )	( )	( )	( )	( )	( )	( )	( )

Notes:

— IF USED ANY DRUGS, COMPLETE ITEM ON THE FOLLOWING PAGE.

— IF NO EVIDENCE OF CURRENT OR PAST SUBSTANCE USE, GO TO POST-TRAUMATIC STRESS DISORDER SECTION ON PAGE 46.

Subject

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**1. Frequency**

In the past six months, what is the most you have used \_\_\_\_?  
 Every day or almost every day for at least one week? Less? More?  
 Was there a time when you used \_\_\_\_ more?

**Criteria:**

- 0 = No information.  
 1 = Not present.  
 2 = Less than once a month.  
 3 = More than once a month.

	Parent CE				Parent MSP				Child CE				Child MSP				Summary CE				Summary MSP			
	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
a. Cannabis <i>Marijuana, pot, hash, THC</i>	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
b. Stimulants <i>Speed, uppers, amphetamines, dextedrine, diet pills, crystal meth</i>	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
c. Sedatives/Hypnotics/Anxiolytics <i>Barbiturates (sedatives, downers), Benzodiazepine, quaalude (ludes), valium, librium, xanax</i>	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
d. Cocaine <i>Coke, crack</i>	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
e. Opioids <i>Heroin, morphine, codeine, oxycontin methadone, demerol, percodan</i>	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
f. PCP <i>Angel dust</i>	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
g. Hallucinogens <i>Psychedelics, LSD, mescaline, peyote</i>	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
h. Solvents/Inhalants <i>Glue, gasoline, chloroform, ether, paint</i>	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
i. Other <i>Prescription drugs, nitrous oxide, ecstasy, MDA, etc.</i> Specify: _____	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
j. Polysubstance (Assess for combined use of all listed substances)	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

**Notes:**

Subject

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Codes for Remaining Items: 0 = No Information 1 = No 2 = Yes

	Parent			Child			Summary		
<u>2. Problems related to substance use/abuse</u>	0	1	2	0	1	2	0	1	2
	( )	( )	( )	( )	( )	( )	( )	( )	( )
<i>Has your use of ____ ever caused you any problems at home? With your parents? With your schoolwork? With teachers? With friends? With the police?</i>									

Notes:

- IF RECEIVED A SCORE OF 3 ON THE CURRENT FREQUENCY ITEM FOR ANY DRUG, COMPLETE THE SUBSTANCE ABUSE (CURRENT) SECTION IN THE EATING DISORDERS AND SUBSTANCE-RELATED DISORDERS SUPPLEMENT AFTER FINISHING SCREEN INTERVIEW.
- IF RECEIVED A SCORE OF 3 ON THE PAST FREQUENCY ITEM FOR ANY DRUG, COMPLETE THE SUBSTANCE ABUSE (PAST) SECTION IN THE EATING DISORDERS AND SUBSTANCE-RELATED DISORDERS SUPPLEMENT AFTER FINISHING SCREEN INTERVIEW.
- NO EVIDENCE OF SUBSTANCE USE DISORDER.

NOTE: (RECORD DATE OF POSSIBLE CURRENT AND PAST SUBSTANCE ABUSE).

Subject

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P C S1. Drinks More than Planned

() () ()

0 - No information.

() () ()

1 - Not present.

() () ()

2 - Subthreshold: Drinks more than planned on only 1 or 2 occasions.

() () ()

3 - Threshold: Drinks more than planned on 3 or more occasions.

PAST:

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Do you ever tell yourself you'll only have one or two drinks on a given night and find yourself drinking more or getting drunk anyway?  
How often does this happen?  
What about drinking all day or going on multiple day binges?

P C S2. Failure to Fulfill Major Role Responsibilities

() () ()

0 - No information.

() () ()

1 - Not present.

() () ()

2 - Subthreshold: Once or twice.

() () ()

3 - Threshold: Three or more times.

PAST:

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Have there been times when you got drunk at school or went to school drunk or were drinking at school?  
Got drunk or were drinking when you were babysitting  
Gone to work drunk, or drank at work? How often?

P C S3. Use in Physically Hazardous Situations

() () ()

0 - No information.

() () ()

1 - Not present.

() () ()

2 - Subthreshold: Negative consequences on only one or two occasions.

() () ()

3 - Threshold: Negative consequences on 3 or more occasions.

PAST:

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Have you done anything dangerous while drinking?  
Driven a car while intoxicated? Speeded on the highway?  
Have you done other things you wouldn't normally do when you were drunk, like run across the train tracks when a train was approaching  
Have you taken any other risks

4. Negative Consequences- Legal

Have you ever been arrested when drunk for breach of peace or fighting?  
 Have you ever been picked up for driving under the influence? Arrested  
 for possession or public intoxication?  
 Have you done anything against illegal when you were drunk like stolen a  
 car? Gone joy riding?  
 Other things like sellings drugs, stealing or vandalism?

**Note:** Not scored as symptom in DSM-5

P   C   S

- ( ) ( ) ( ) 0 - No information.  
 ( ) ( ) ( ) 1 - Not present.  
 ( ) ( ) ( ) 2 - Subthreshold: Negative legal consequences on  
 only one occasion.  
 ( ) ( ) ( ) 3 - Threshold: Negative consequences on 2 or  
 more occasions.

PAST:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P	C	S

5. Use Depsite Social Problems

Have you had a serious argument or fight with a girlfriend, boyfriend,  
 friend, or family member when you were drinking?  
 What happened?  
 Has your use of alcohol ever caused problems with a romantic partner? If  
 so, how many times?  
 Have you lost any friends because of your drinking, or developed any  
 problems in your relationship with family members because of it?  
 Have you had trouble getting along with others?  
 Did your drinking make these problems worse?

P   C   S

- ( ) ( ) ( ) 0 - No information.  
 ( ) ( ) ( ) 1 - Not present.  
 ( ) ( ) ( ) 2 - Subthreshold: Negative consequences on only  
 one or two occasions.  
 ( ) ( ) ( ) 3 - Threshold: Negative consequences on 3 or  
 more occasions.

PAST:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P	C	S

6. Tolerance

How old were you when you first started to drink on a regular basis?  
 Typically, how many drinks did you consume?  
 How many drinks do you typically consume now? How old were you when  
 you started to consume this amount?  
 Do you find that you have to drink much more now to get the same high that  
 you got when you first started to drink?  
 How much do you have to drink to get high? 5 drinks/sitting? 50%  
 increase?  
 Can you drink a lot more than most people without really getting drunk? How  
 much more?  
 Does alcohol have less of an effect than before?

P   C   S

- ( ) ( ) ( ) 0 - No information.  
 ( ) ( ) ( ) 1 - Not present.  
 ( ) ( ) ( ) 2 - Subthreshold: Needs to drink 1 to 2 drinks more  
 than initially to achieve intoxication or desired  
 effect.  
 ( ) ( ) ( ) 3 - Threshold: Needs to drink 3 or more drinks than  
 initially to achieve intoxication or desired effect.

PAST:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P	C	S

**NOTE: AS SOME DEGREE OF TOLERANCE IS A NORMATIVE PHYSIOLOGICAL PROCESS WITH  
 THE ONSET OF USE, THE ALCOHOL DEPENDENCE SYMPTOM OF TOLERANCE SHOULD ONLY  
 BE CONSIDERED MET IF THE AMOUNT REQUIRED TO ACHIEVE INTOXICATION INCREASES  
 AFTER A PERIOD OF REGULAR USE.**

Subject

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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P C S

- ( ) ( ) ( ) 0 - No information.
- ( ) ( ) ( ) 1 - Not present.
- ( ) ( ) ( ) 2 - Threshold: One or more withdrawal symptoms, or alcohol or drug (e.g. benzodiazapine) taken to avoid withdrawal symptoms.

PAST:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P	C	S

Do not include simple "hang over".

P C S

- ( ) ( ) ( ) 0 - No information.
- ( ) ( ) ( ) 1 - Not present.
- ( ) ( ) ( ) 2 - Subthreshold: Transient thoughts or desire to cut down or control use
- ( ) ( ) ( ) 3 - Threshold: One or more unsuccessful attempts to cut down or control use..

PAST:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P	C	S

P C S

- ( ) ( ) ( ) 0 - No information.
- ( ) ( ) ( ) 1 - Not present.
- ( ) ( ) ( ) 2 - Subthreshold: Time spent in drinking related activities limited (e.g., recreational use only).
- ( ) ( ) ( ) 3 - Threshold: Time extends beyond recreational use and impedes other activities to some extent  
Several hours per day, three or more days per week, time spent acquiring, using alcohol, or recovering from drinking.

PAST:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P	C	S

7. Withdrawal Symptoms

Have you ever had the shakes when you cut down or stopped drinking?  
 Had real bad headaches?  
 Felt very anxious, depressed, or irritable?  
 Had more trouble sleeping?  
 Nausea?  
 Transient hallucinations or illusions?  
 Have you ever drank or taken other drugs to diminish these effects?

8. Tried to quit or Reduce Use

Have you ever tried to stop drinking or cut back?How many times  
 have you tried to cut back?

Have you ever had the shakes when you cut down or stopped drinking?  
 Had real bad headaches?  
 Felt very anxious, depressed, or irritable?  
 Had more trouble sleeping?  
 Nausea?  
 Transient hallucinations or illusions?

9. A Lot of Time Spent in Associated Activities

How much of your time do you spend drinking, being high, or hung over?  
 Do you spend a lot of time thinking about getting drunk or where you're  
 going to get something to drink?  
 How much time do you spend recovering from the effects of alcohol?

Subject

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### 10. Important Occupational, Social, or Recreational Activities Given Up or Reduced Due to Abuse

Have you ever had a period of time that you started to drink instead of spending time at work or with hobbies, friends, family, or other activities? Missed them because you were hung over?  
Lately, would you say you have been drinking instead of spending time doing other hobbies you used to enjoy... like playing sports or doing other things?  
Has your drinking time taken the place of the time you used to spend with your family or friends?

P   C   S

- ( ) ( ) ( )   0 - No information.  
( ) ( ) ( )   1 - Not present.  
( ) ( ) ( )   2 - Subthreshold: Important activity missed on only one or two occasions.  
( ) ( ) ( )   3 - Threshold: Important activities missed on three or more occasions.

PAST:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P	C	S

### 11. Negative Consequences - Physical

Do you have any medical problems that may be made worse by your drinking?  
Have you ever injured yourself while intoxicated? What happened?

P   C   S

- ( ) ( ) ( )   0 - No information.  
( ) ( ) ( )   1 - Not present.  
( ) ( ) ( )   2 - Subthreshold: Minor negative consequences on only one or two occasions.  
( ) ( ) ( )   3 - Threshold: Minor negative consequences on three or more occasions (e.g., minor injuries), or serious consequences on one or more occasions (e.g., spine or brain injury).

PAST:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P	C	S

### 12. Negative Consequences - Psychological

Do your moods change dramatically when you drink?  
Do you find yourself getting angered easily?  
Do you switch from happy to sad?  
Do you feel depressed, anxious, worried or fearful when you are drinking?  
Do you think about suicide or attempt suicide when you are drinking?  
Are these moods made worse during your drinking?  
How many times has this happened?

P   C   S

- ( ) ( ) ( )   0 - No information.  
( ) ( ) ( )   1 - Not present.  
( ) ( ) ( )   2 - Subthreshold: Negative consequences on only one or two occasions.  
( ) ( ) ( )   3 - Threshold: Negative consequences on 3 or more occasions.

PAST:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P	C	S

P C S

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() () ()

() () ()

() () ()

0 - No Information.

1 - Not Present.

2 - Subthreshold: Transient and infrequent cravings to use.

3 - Threshold: Frequent and persistent cravings to use.

PAST:

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13. Craving

Do you find yourself craving alcohol? Thinking about using when you are busy doing other things? How often do you feel like you just want to get drunk?

Codes for Remaining Items: 0 = No Information 1 = No 2 = Yes

Criteria	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
<u>11. Impairment</u>						
A. Socially (with peers):	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )
B. With family:	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )
C. School or Work:	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )
D. Legal Consequences	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )

13. Distress

Does your drinking, or some of the stuff that's happened as a consequence of your drinking sometimes stress you out?

0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )
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14. Duration (in weeks)

0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )
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Current: \_\_\_\_\_

Past: \_\_\_\_\_

Longest Period of Sobriety: \_\_\_\_\_

Subject

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## Alcohol Use Disorders

Codes for Remaining Items: 0 = No Information 1 = No 2 = Yes

	Summary CE			Summary MSP		
<u>16. Evidence of Alcohol Use Disorder</u>	0	1	2	0	1	2
<i>DSM-5 Criteria</i>	( )	( )	( )	( )	( )	( )

- A. A problematic pattern of alcohol use leading to clinically significant impairment or distress as manifested by at least two of the following, occurring within a 12-month period:
1. Alcohol is taken in larger amounts or over a longer period than was intended.
  2. There is a persistent desire or unsuccessful efforts to cut down or control alcohol use.
  3. A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects.
  4. Craving, or strong desire or urge to use alcohol.
  5. Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home.
  6. Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by alcohol effects.
  7. Important social, occupational, or recreational activities are given up or reduced because of alcohol use.
  8. Recurrent alcohol use in situations that are physically hazardous.
  9. Alcohol use is continued despite knowledge of having persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol.
  10. Tolerance, as defined by either of the following: a) a need for markedly increased amounts of alcohol to achieve intoxication or desired effect after a period of regular use; or b) A markedly diminished effect with continued use of the same amount of alcohol after a period of regular use.
  11. Withdrawal, as manifest by either of the following: a) The characteristic withdrawal syndrome for alcohol; or b) Alcohol (or closely related substance (e.g., benzodiazepine) is taken to relieve or avoid withdrawal symptoms.

17. In Remission

0	1	2	0	1	2
( )	( )	( )	( )	( )	( )

## Specify:

- \_\_\_\_\_ In a controlled environment (access to alcohol is restricted)
- \_\_\_\_\_ Early Remission (After previously meeting full criteria, does not meet any B criteria 1-11 for at least 3 months, but less than 12 months)
- \_\_\_\_\_ Sustained Remission (After previously meeting full criteria, does not any meet B criteria 1-11 at any time during 12 months or longer)

## Specify Severity (Current):

\_\_\_\_\_ Mild (2-3 symptoms) \_\_\_\_\_ Moderate (4-5 symptoms) \_\_\_\_\_ Severe (6+ symptoms)

## Specify Severity (Past):

\_\_\_\_\_ Mild (2-3 symptoms) \_\_\_\_\_ Moderate (4-5 symptoms) \_\_\_\_\_ Severe (6+ symptoms)

**NOTE: ALCOHOL USE DISORDERS MAY BE ASSOCIATED WITH ANY OF THE FOLLOWING PATTERNS OF DRINKING: 1) REGULAR DAILY INTAKE OF LARGE AMOUNTS OF ALCOHOL; 2) REGULAR HEAVY DRINKING LIMITED TO WEEKENDS; OR 3) LONG PERIODS OF SOBRIETY INTERSPERSED WITH BINGES OF DAILY HEAVY DRINKING LASTING SEVERAL WEEKS OR LONGER.**

Subject

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## 1. Uses More than Planned

Do you ever tell yourself you'll only (e.g. have one joint, one line, etc.) on a given night and find yourself using much more than you planned or getting high anyway? How often does this happen?

What about using all day or going on multiple day binges?

## Criteria:

0 - No information.

1 - Not present.

2 - Subthreshold: Uses more than planned on only one or two occasions.

3 - Threshold: Uses more than planned on 3 or more occasions.

	Parent CE				Parent MSP				Child CE				Child MSP				Summary CE				Summary MSP			
	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
A. Cannabis	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
B. Stimulants	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
C. Sedatives / Hypnotics / Anxiolytics	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
D. Cocaine	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
E. Opioids	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
F. PCP	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
G. Hallucinogens	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
H. Solvents/Inhalants	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
I. Other (Specify): _____	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
J. Polysubstance (Assess for combined use of all listed substances)	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

Notes:

Subject

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Date

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Interviewer

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## 2. Failure to Fulfill Major Role Responsibilities

*Have there been times when you got high at school or went to school high?*

*Got high when you were babysitting?*

*Gone to work high or used at work? How often?*

**Criteria:**

- 0 - No information.  
 1 - Not present.  
 2 - Subthreshold: Once or twice  
 3= Threshold: Three or more times.

2 - Subthreshold: Once or twice  
3= Threshold:Three or more times.

	Parent CE				Parent MSP				Child CE				Child MSP				Summary CE				Summary MSP			
	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
A. Cannabis	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	
B. Stimulants	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	
C. Sedatives / Hypnotics / Anxiolytics	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	
D. Cocaine	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	
Failure to Fulfill Major Role Responsibilities	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	
E. Opioids	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	
F. PCP	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	
G. Hallucinogens	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	
H. Solvents/Inhalants	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	
I. Other (Specify):  _____	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	
J. Polysubstance (Assess for combined use of all listed substances)	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	

**Notes:**

Subject

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## 3. Use in Physically Hazardous Situations

Have you done anything dangerous while high?

Driven a car? Speeded on the highway?

Have you done other things you wouldn't normally do, like run across the train tracks when a train was approaching?

Have you taken any other risks?

## Criteria:

0 - No information.

1 - Not present.

2 - Subthreshold: Negative consequences on only one or two occasions.

3 - Threshold: Negative consequences on 3 or more occasions.

1 - Not present.	Parent CE				Parent MSP				Child CE				Child MSP				Summary CE				Summary MSP			
2 - Subthreshold: Negative consequences on only one or two occasions.	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
3 - Threshold: Negative consequences on 3 or more occasions.	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
A. Cannabis	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
B. Stimulants	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
C. Sedatives / Hypnotics / Anxiolytics	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
D. Cocaine	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
E. Opioids	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
F. PCP	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
G. Hallucinogens	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
H. Solvents/Inhalants	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
I. Other (Specify):  _____	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
J. Polysubstance (Assess for combined use of all listed substances)	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

Notes:

Subject

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## 4. Negative Consequences - Legal

**NOTE: Not scored as symptom in DSM-5***Ever get arrested for breach of peace or getting in a fight when you were high?**Have you done anything illegal when you were high? Stolen a car? Gone joy riding?**Been picked up for driving under the influence, possession, or public intoxication? Other things like selling drugs, stealing or vandalism?***Criteria:****0** - No information.**1** - Not present.**2** - Subthreshold: Negative consequences on only one occasion.**3** - Threshold: Negative consequences on 2 or more occasions.

2 - Subthreshold: Negative consequences on only one occasion.	Parent CE				Parent MSP				Child CE				Child MSP				Summary CE				Summary MSP			
3 - Threshold: Negative consequences on 2 or more occasions.	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
A. Cannabis	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
B. Stimulants	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
C. Sedatives / Hypnotics / Anxiolytics	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
D. Cocaine	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
E. Opioids	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
F. PCP	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
G. Hallucinogens	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
H. Solvents/Inhalants	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
I. Other (Specify):  _____	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
J. Polysubstance (Assess for combined use of all listed substances)	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

**Notes:**

Subject

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## 5. Use Despite Social Problems

Has your use of drugs ever caused problems with a romantic partner? If so, how many times?

Have you had a serious argument or fight with a friend, or family member when you were high or because of your drug use?

Have you lost any friends because of your using, or developed any problems in your relationship with family members because of it?

Have you had trouble getting along with others? Did your drug use make the problems worse?

## Criteria:

0 - No information.

1 - Not present.

2 - Subthreshold: Negative consequences on only one or two occasions.

3 - Threshold: Negative consequences on 3 or more occasions.

	Parent CE				Parent MSP				Child CE				Child MSP				Summary CE				Summary MSP			
	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
A. Cannabis	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
B. Stimulants	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
C. Sedatives / Hypnotics / Anxiolytics	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
D. Cocaine	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
E. Opioids	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
F. PCP	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
G. Hallucinogens	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
H. Solvents/Inhalants	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
I. Other (Specify): _____	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
J. Polysubstance (Assess for combined use of all listed substances)	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

Notes:

Subject

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## 6. Tolerance

How old were you when you first started to use on a regular basis? Typically, how much do you use?

How much do you typically use now? How old were you when you started to use this amount?

Do you find that you have to use much more now to get the same high that you did when you first started to use? How much do you have to use to get high? 50% increase?

Do you use a lot more than most people without really getting high? How much more?

Does \_\_\_\_ have less of an effect than before?

## Criteria:

0 - No information.

1 - Not present.

2 - Subthreshold: Needs to use somewhat more of the drug than initially to achieve intoxication or desired effect.

3 - Threshold: Needs to use at least 1½ times more of the drug to achieve intoxication or desired effect.

	Parent CE				Parent MSP				Child CE				Child MSP				Summary CE				Summary MSP			
	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
A. Cannabis	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
B. Stimulants	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
C. Sedatives / Hypnotics / Anxiolytics	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
D. Cocaine	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
E. Opioids	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
F. PCP	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
G. Hallucinogens	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
H. Solvents/Inhalants	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
I. Other (Specify): _____	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
J. Polysubstance (Assess for combined use of all listed substances)	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

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Subject

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## 7. Withdrawal Symptoms

Have you ever had any bad reactions when you tried to quit or cut down?

Shakes, paranoia, hallucinations, insomnia, depression, anxiety, etc.

## Criteria:

0 - No information.

1 - Not present.

2 - Threshold: One or more withdrawal symptoms endorsed.

	Parent CE			Parent MSP			Child CE			Child MSP			Summary CE			Summary MSP		
	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
A. Cannabis	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
B. Stimulants	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
C. Sedatives / Hypnotics / Anxiolytics	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
D. Cocaine	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
E. Opioids	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
F. PCP	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
G. Hallucinogens	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
H. Solvents/Inhalants	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
I. Other (Specify): _____	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
J. Polysubstance (Assess for combined use of all listed substances)	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

Notes:

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8. Tried to quit or Reduce Use*Have you ever tried to quit or cut back?**How many times have you tried?**What happened?***Criteria:**

0 - No information.

1 - Not present.

2 - Subthreshold: Transient thoughts about desire to cut down or control use.

3 - Threshold: One or more unsuccessful attempts to cut down or control use.

	Parent CE				Parent MSP				Child CE				Child MSP				Summary CE				Summary MSP			
	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
A. Cannabis	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
B. Stimulants	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
C. Sedatives / Hypnotics / Anxiolytics	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
D. Cocaine	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
E. Opioids	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
F. PCP	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
G. Hallucinogens	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
H. Solvents/Inhalants	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
I. Other (Specify): _____	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
J. Polysubstance (Assess for combined use of all listed substances)	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

**Notes:**

Subject

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## 9. A Lot of Time Spent in Associated Activities

How much of your time do you spend using, being high, or hung over? Do you spend a lot of time planning on how you're going to get \_\_\_\_?  
 How much time do you spend recovering from the effects of \_\_\_\_?

## Criteria:

- 0 - No information.
- 1 - Not present.
- 2 - Subthreshold: Time spent using drug or thinking about drug has minimal impact on functional activities. Use primarily restricted to weekends.
- 3 - Threshold: Time spent using drug or thinking about drug has moderate to severe impact on functional activities. Some mid-week use.

3 - Threshold: Time spent using drug or thinking about drug has moderate to severe impact on functional activities. Some mid-week use.	Parent CE				Parent MSP				Child CE				Child MSP				Summary CE				Summary MSP			
	0 ( )	1 ( )	2 ( )	3 ( )	0 ( )	1 ( )	2 ( )	3 ( )	0 ( )	1 ( )	2 ( )	3 ( )	0 ( )	1 ( )	2 ( )	3 ( )	0 ( )	1 ( )	2 ( )	3 ( )	0 ( )	1 ( )	2 ( )	3 ( )
A. Cannabis	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
B. Stimulants	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
C. Sedatives / Hypnotics / Anxiolytics	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
D. Cocaine	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
E. Opioids	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
F. PCP	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
G. Hallucinogens	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
H. Solvents/Inhalants	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
I. Other (Specify):  _____	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
J. Polysubstance (Assess for combined use of all listed substances)	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

Notes:

Subject

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## 10. Important Occupational, Social, or Recreational Activities Given Up or Reduced Due to Abuse

Have you ever had a period of time that you started to use drugs instead of spending time at work or with hobbies, friends, family, or other activities?

Missed them because you were hungover?

Lately, would you say you have been using \_\_\_\_\_ instead of spending time doing other hobbies you used to enjoy... like playing sports or doing other things?

Has your using time taken the place of the time you used to spend with your family or friends?

## Criteria:

0 - No information.

1 - Not present.

2 - Subthreshold: Important activity missed on only one or two occasions.

3 - Threshold: Important activities missed on 3 or more occasions.

	Parent CE				Parent MSP				Child CE				Child MSP				Summary CE				Summary MSP			
	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
A. Cannabis	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
B. Stimulants	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
C. Sedatives / Hypnotics / Anxiolytics	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
D. Cocaine	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
E. Opioids	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
F. PCP	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
G. Hallucinogens	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
H. Solvents/Inhalants	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
I. Other (Specify): _____	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
J. Polysubstance (Assess for combined use of all listed substances)	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

Notes:

Subject

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## 11. Negative Consequences - Physical

Do you have any medical problems that may be made worse by your using \_\_\_\_?

Did your family doctor ever request that you not use and you did anyway?

Have you passed out? Woken up the next day not remembering what you did the night before?

**Criteria:**

0 - No information.

1 - Not present.

2 - Subthreshold: Negative consequences on only one or two occasions.

3 - Threshold: Negative consequences on 3 or more occasions.

	Parent CE				Parent MSP				Child CE				Child MSP				Summary CE				Summary MSP			
	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
A. Cannabis	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
B. Stimulants	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
C. Sedatives / Hypnotics / Anxiolitics	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
D. Cocaine	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
E. Opioids	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
F. PCP	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
G. Hallucinogens	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
H. Solvents/Inhalants	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
I. Other (Specify): _____	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
J. Polysubstance (Assess for combined use of all listed substances)	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

Notes:

Subject

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## 12. Negative Consequences - Psychological

Do your moods change dramatically when you use \_\_\_\_\_?

Do you find yourself getting angered easily?

Do you switch from happy to sad?

Do you feel depressed, anxious, worried or fearful when you are using \_\_\_\_\_?

Do you think about suicide or attempt suicide when you are using \_\_\_\_\_?

Are these moods made worse during your drug use?

How many times has this happened?

**Criteria:**

0 - No information.

1 - Not present.

2 - Subthreshold: Negative consequences on only one or two occasions.

3 - Threshold: Negative consequences on 3 or more occasions.

Not present	Parent CE				Parent MSP				Child CE				Child MSP				Summary CE				Summary MSP			
2 - Subthreshold: Negative consequences on only one or two occasions.	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
3 - Threshold: Negative consequences on 3 or more occasions.	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
A. Cannabis	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
B. Stimulants	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
C. Sedatives / Hypnotics / Anxiolytics	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
D. Cocaine	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
E. Opioids	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
F. PCP	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
G. Hallucinogens	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
H. Solvents/Inhalants	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
I. Other (Specify):  _____	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
J. Polysubstance (Assess for combined use of all listed substances)	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

Notes:

Subject

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## 13. Craving

Do you find yourself craving \_\_\_\_\_? Thinking about using when you are busy doing other things? How often do you feel like you just want to get high?

## Criteria:

- 0 - No information.  
 1 - Not present.  
 2 - Subthreshold: Transient and infrequent cravings to use.  
 3 - Threshold: Frequent and persistent cravings to use.

3 - Threshold: Frequent and persistent cravings to use.	Parent CE				Parent MSP				Child CE				Child MSP				Summary CE				Summary MSP			
	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
A. Cannabis	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
B. Stimulants	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
C. Sedatives / Hypnotics / Anxiolitics	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
D. Cocaine	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
E. Opioids	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
F. PCP	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
G. Hallucinogens	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
H. Solvents/Inhalants	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
I. Other (Specify):  _____	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
J. Polysubstance (Assess for combined use of all listed substances)	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

Notes:

Subject

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**Codes for Remaining Items:** 0 = No Information 1 = No 2 = Yes

Criteria	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
<b>11. Impairment</b>						
A. Socially (with peers):	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )
B. With family:	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )
C. School or Work:	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )
D. Legal Consequences	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )

**13. Distress**

Does you uses, or some of the stuff that's happened as a consequence of your using sometimes stress you out?

0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )
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**14. Duration (in weeks)**

0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )
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Current: \_\_\_\_\_

Past: \_\_\_\_\_

Longest Period of Sobriety: \_\_\_\_\_

Subject

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Codes for Remaining Items: 0 = No Information 1 = No 2 = Yes

## 16. Evidence of Substance Use Disorder

- A. A problematic pattern of drug use leading to clinically significant impairment or distress as manifested by at least two of the following, occurring within a 12-month period:
1. Drug often taken in larger amounts or over longer period than intended.
  2. There is a persistent desire or unsuccessful efforts to cut down or control drug use.
  3. A great deal of time spent in activities to obtain drugs, use drugs, or recover from its effects.
  4. Craving, a strong desire or urge to use drug.
  5. Recurrent drug use resulting in failure to fulfill major role obligations at work, school, or home.
  6. Continued use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by effects of drugs.
  7. Important social, occupational, or recreational activities are given up or reduced because of drug use.
  8. Recurrent use in situations in which it is physically hazardous.
  9. Drug use is continued despite knowledge of having persistent physical or psychological problems caused or exacerbated by drugs.
  10. Tolerance.
  11. Withdrawal.

	Summary CE			Summary MSP		
	0	1	2	0	1	2
A. Cannabis	( )	( )	( )	( )	( )	( )
B. Stimulants	( )	( )	( )	( )	( )	( )
C. Sedatives / Hypnotics / Anxiolytics	( )	( )	( )	( )	( )	( )
D. Cocaine	( )	( )	( )	( )	( )	( )
E. Opioids	( )	( )	( )	( )	( )	( )
F. PCP	( )	( )	( )	( )	( )	( )
G. Hallucinogens	( )	( )	( )	( )	( )	( )
H. Solvents/Inhalants	( )	( )	( )	( )	( )	( )
I. Other (Specify): _____	( )	( )	( )	( )	( )	( )
J. Polysubstance (Assess for combined use of all listed substances)	( )	( )	( )	( )	( )	( )

Notes:

Subject

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## Specify Severity of Substance Use Disorder (Current/Past)

0 No diagnosis; 1 Mild (2-3 symptoms); 2 Moderate (4-5 symptoms); 3 Severe (6+ symptoms)

A. Cannabis: \_\_\_\_\_

D. Cocaine: \_\_\_\_\_

G. Hallucinogens: \_\_\_\_\_

B. Stimulants: \_\_\_\_\_

E. Opioids: \_\_\_\_\_

H. Solvents/Inhalants: \_\_\_\_\_

C. Sedatives / Hypnotics / Anxiolitics: \_\_\_\_\_

F. PCP: \_\_\_\_\_

I. Other (Specify): \_\_\_\_\_

J. Polysubstance: \_\_\_\_\_

## 17. Remission Status (specify)

Specify: Specify: N/A; 0 In controlled environment (access restricted); 1 Early Remission (does not meet B criteria 1-11 for at least 3 months but less than 12 months); 2 Sustained Remission (does not meet B criteria 1-11 for 12 months on longer)

	Summary CE			Summary MSP		
	0	1	2	0	1	2
A. Cannabis	( )	( )	( )	( )	( )	( )
B. Stimulants	( )	( )	( )	( )	( )	( )
C. Sedatives / Hypnotics / Anxiolitics	( )	( )	( )	( )	( )	( )
D. Cocaine	( )	( )	( )	( )	( )	( )
E. Opioids	( )	( )	( )	( )	( )	( )
F. PCP	( )	( )	( )	( )	( )	( )
G. Hallucinogens	( )	( )	( )	( )	( )	( )
H. Solvents/Inhalants	( )	( )	( )	( )	( )	( )
I. Other (Specify): _____	( )	( )	( )	( )	( )	( )
J. Polysubstance (Assess for combined use of all listed substances)	( )	( )	( )	( )	( )	( )

Notes:

Subject

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