KSADS-PL SCREEN INTERVIEW: Tobacco Use

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2 = Yes Codes for the Following Items: 0 = No Information 1 = No Child Summary Parent 1. Use 0 1 1 1 2 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. Child Summary Parent 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? () () () () () () () () () (1 cigarette or 1 "dip" of chew a day or more for at least 30 days) Age of first regular use (in months): 1 2 2 0 1 0 1 2 4. Ever attempt to quit () () () () () () () () () 0 1 2 0 1 2 0 2 5. Ever quit () () () () () () () () () If yes, report longest number of months: Notes:









Subject

KSADS-PL SCREEN INTERVIEW: Alcohol Use

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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 drinkDo 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?

	F	aren	ıt		Child	i	Su	mma	ary
. <u>Use</u> 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)									
C. Current frequency of use (days per month)									
D. Have you ever had 3 or more drinks in a single day?	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2
t. Problems related to alcohol 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
. Received treatment for alcohol problems.	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2
lotes:									
							·····		

KSADS-PL SCREEN INTERVIEW:

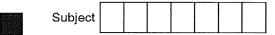
Alcohol Use Disorders

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	드	<u>U</u>	<u> </u>	
1. Quantity	()	()	()	0 - No information.
A. How many drinks do you usually have when you sit down to drink?	()	()	()	1 - 1 - 2 drinks.
	()	()	()	2 - 3 or more drinks.
				PAST: P C S
	<u>P</u>	<u>c</u>	<u>s</u>	
B. What's the most you ever drank in a single day? When was that?	()	()	()	0 - No information.
How about in the last six months? What's the most you drank in a day?	()	()	()	1 - 1 - 2 drinks.
	()	()	()	2 - 3 or more drinks.
				PAST: P C S
	<u>P</u>	<u>c</u>	<u>s</u>	
2. Frequency	()	()	()	0 - No information.
What's the most number of days in a given week that you had something to	()	()	()	1 - 1 - 2 days.
drink? Do you usually drink Friday and Saturday night? Midweek too?	()	()	()	2 - 3 or more days.
				PAST: P C S
	<u>P</u>	<u>c</u>	<u>s</u>	
3. Concern from Others about Drinking	()	()	()	0 - No information.
Has anyone ever complained about your drinking? Friends? Parents?	()	()	()	1 - No.
Teachers? Have you ever been worried about it at all?	()	()	()	2 - Yes.
				PAST:

- OHOL 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).







1. Drug Use

KSADS-PL SCREEN INTERVIEW:

Substance Use

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Codes for Remaining Items:

0 = No Information 1 = No

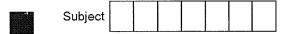
Let me know if you have used any of the drugs on this list before, even if you have only tried them once. Which ones have you used?

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).

arent: Child:		Child Rating:	F	Parer Eve		.	Chile Eve			ımma Ever	-
a. Cannabis <i>Marijuana, pot, hash,</i> 7	THC		0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2
b. Stimulants Speed, uppers, amphe	stamines, dexedrine, diet pills, d	crystal meth	()	()	()	()	()	()	()	()	()
xanax	s, downers), Benzodiazepine, q	quaalude (ludes), valium, librium,	()	()	()	()	()	()	()	()	()
d. Cocaine Coke, crack			()	()	()	()	()	()	()	()	()
· · · · · · · · · · · · · · · · · · ·	eine, methadone, demerol, perd	-	()	()	()	()	()	()	()	()	()
f. PCP Angel dust			()	()	()	()	()	()	()	()	()
g. Hallucinogens Psychedelics, LSD, me	escaline, peyote		()	()	()	()	()	()	()	()	()
h. Solvents/Inhalants Glue, gasoline, chlorofo	orm, ether, paint		()	()	()	()	()	()	()	()	()
i. Other Prescription drugs, nitro Specify:	ous oxide, ecstasy, MDA, etc.		()	()	()	()	()	()	()	()	()
j. Polysubstance (Assess for combined u	use of all listed substances)		()	()	()	()	()	()	()	()	()

IF NO EVIDENCE OF CURRENT OR PAST SUBSTANCE USE, GO TO POST-TRAUMATIC STRESS DISORDER SECTION



ON PAGE 46.

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



KSADS-PL SCREEN INTERVIEW:

Substance Use Disorders

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

Notes







KSADS-PL SCREEN INTERVIEW:

Substance Use Disorders

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Codes for Remaining Items: 0 = No Information 1	= No	2 =	Yes						
	F	arer	nt		Child	ı	Su	mma	ary
2. Problems related to substance use/abuse	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()
Has your use of ever caused you any problems at home? With your parents? With your schoolwork? With teachers? With friends? With the police?									
Notes:									ROBARAMAN ROBERTA

- IF RECEIVED A SCORE OF 3 ON THE <u>CURRENT</u> FREQUENCY ITEM FOR <u>ANY</u> 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).







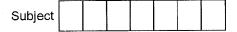
Eating Disorders and Substance-Related Disorders Supplement



Alcohol Use Disorders

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	<u>P</u>	<u>c</u>	<u>s</u>	
1. Drinks More than Planned_	()	()	()	0 - No information.
	()	()	()	1 - Not present.
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?	()	()	()	2 - Subthreshold: Drinks more than planned on only 1 or 2 occasions.
What about drinking all day or going on multiple day binges?	()	()	()	3 - Threshold: Drinks more than planned on 3 or more occasions. PAST:
į				P C S
	<u>P</u>	<u>c</u>	<u>s</u>	
2. Failure to Fulfill Major Role Responsibilities	()	()	()	0 - No information.
Have there been times when you got drunk at school or went to school drunk or were drinking at school?	()	()	()	1 - Not present.
Got drunk or were drinking when you were babysitting Gone to work drunk, or drank at work? How often?	()	()	()	2 - Subthreshold:Once or twice.
	()	()	()	3 - Threshold: Three or more times.
				PAST: P C S
	<u>P</u>	<u>c</u>	<u>s</u>	
3. Use in Physically Hazardous Situations	()	()	()	0 - No information.
Have you done anything dangerous while drinking?	()	()	()	1 - Not present.
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	()	()	()	2 - Subthreshold:Negative consequences on only one or two occasions.
Have you taken any other risks	()	()	()	3 - Threshold: Negative consequences on 3 or more occasions.







Eating Disorders and Substance-Related Disorders Supplement



Alcohol Use Disorders

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A. Negative Consequences - Legal Have you ever been anrested when drunk for breach of peace or fighting? Have you ever been picked up for driving under the influence? Arrested for possession or public indication? Have you drive anything against illegal when drunk like solen a car? Gone by riding? Other things like sellings drugs, stealing or vendalism? Note: Not scored as symptom in DSM-5 P C S S. () () () () 2. Subthreshold: Negative legal consequences on only one occasion. Threshold: Negative consequences on 2 or more occasions. PAST:	Alcohol Osc D	<u>iouraci</u>	<u> </u>		7-3
Have you ever been arrested when drunk for breach of peace or fighting? Have you ever been arrested when drunk for breach of peace or fighting? Have you ever been arrested when drunk for breach of peace or fighting? Have you ever been arrested when drunk for breach of peace or fighting? Have you ever been arrested when drunk for breach of peace or fighting? Have you here a synthing against liegal when you were drunk like solen a cur? Gone joy riding? Note: Not scored as symptom in DSM-5 Have you had a serious argument or fight with a girlfriend, boyfriend. Iffiend, or family member when you were drinking? Have you had a serious argument or fight with a girlfriend, boyfriend. Iffiend, or family member when you were drinking? Have you had a serious argument or fight with a girlfriend, boyfriend. Iffiend, or family member when you were drinking or developed any problems in your reliationship with family members because of It? Have you had touble getting along with others? How you find touble getting along with others? Find a drunking make these problems worse? Find a drunk grow when you first started to drink on a regular basis? Typically, now many drinks did you consume? How would were you when you first started to drink on a regular basis? Typically, now many drinks did you consume? How much first started to drink much more now to get the same high that you got when you thave to think much more now to get the same high that you got when you that started to drink much more now to get the same high that you got when you that so think much more now to get the same high that you got when you this a tothic word to get high a drink? Does alocolo have less of an effect than before?		<u>P</u>	<u>c</u>	<u>s</u>	
Have you ever been arested when drunk for breach of peace or fighting? Have you ever been picked up for driving under the influence? A reside for possession or public indoodston? Allow you drone anything against libragi when you were drunk like solen a ca? Gone joy riding? Other things like sellings drugs, stealing or vandalism? Note: Not scored as symptom in DSM-5 PAST: Have you had a serious argument or fight with a girlfriend, boyfriend, friend, or family member when you were drinking? Have you had a serious argument or fight with a girlfriend, boyfriend, friend, or family member when you were drinking? Have you had a serious argument or fight with a girlfriend, boyfriend, friend, or family member when you were drinking? Have you had a serious argument or fight with a girlfriend, boyfriend, friend, or family member when you were drinking, or developed any problems in your relationship with family members because of it? Have you had a buy friends because of your drinking, or developed any problems in your relationship with family members because of it? Have you had a party friends because of your drinking, or developed any problems in your relationship with family members because of it? Have you had a day if the day with the same high that you you when you that at ord hink mech more now to get the same high that you got when you that at ord hink mech more now to get the same high that you you when you thave to affink mech more now to get the same high that you you when you that started to drink in the fore? PAST: 1 - Not present. 2 - Subthreshold: Negative consequences on only on the ready and you when you	4. Negative Consequences- Legal	()	()	()	0 - No information.
Have you ever been jokked up for driving under the influence? Arrested for possession or public introctation? Have you done anything against lilegal when you were drunk like solen a car? Gone jok yrding? Other things like sellings drugs, stealing or vandalism? Note: Not scored as symptom in DSM-5 PAST: P C S		()	()	()	1 - Not present.
Other things like sellings drugs, stealing or vandalism? Note: Not scored as symptom in DSM-5 PAST: PC S Luse Depsite Social Problems () () () () 0 - No information. Have you had a serious argument or fight with a girlifiend, boyfriend, friend, or family member when you were drinking? What happened? () () () () 1 - Not present. 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? How you had forobbe getting along with others? Did your drinking make these problems worse? As you when you first started to drink on a regular basis? Typically, how many drinks did you consume? How old were you when you first started to drink on a regular basis? Typically, how many drinks did you consume? How old were you when you first started to drink on a regular basis? Typically, how many drinks did you consume? How old were you when you first started to drink on a regular basis? Typically, how many drinks did you consume? How old were you when you first started to drink on a regular basis? Typically, how many drinks did you consume? Do you find that you have to drink much more now to get the same high that you got when you first a same off? How much do you have to drink to get high? 5 drinks/satting? 50% increase? Can you drink a bit more than most people without really getting drunk? How much do you have lost drink to get high? 5 drinks/satting? 50% increase? Does alcohol have less of an effect than before?	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 solen a	()	()	()	
### PC S ### So that secretarian symptom in DSN/49 ### So that happened? ### What happened? ### C S ### C	• • •	()	()	()	
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? PAST: PC 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? 5 drinks/stiting? 50% increase? Can you drink a lot more than most people without reality getting drunk? How much more? Does alcohol have less of an effect than before?	Note: Not scored as symptom in DSM-5				
Have you had a serious argument or light with a glirifriend, 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? PAST: PAST: 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 mor? Does alcohol have less of an effect than before?		<u>P</u>	<u>c</u>	<u>s</u>	
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? PAST: P C S 6. Tolerance () () () () 3 - Threshold: Negative consequences on only one or two occasions. PAST: P C S 6. Tolerance () () () () 0 - No information. () () () () 1 - Not present. P C S () () () () 3 - Threshold: Needs to drink 1 to 2 drinks mon 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? PAST: P AST: 1 - Not present. () () () () 3 - Threshold: Needs to drink 1 to 2 drinks mon than initially to achieve intoxication or desired effect. () () () 3 - Threshold: Needs to drink 3 or more drinks that initially to achieve intoxication or desired effect. PAST: P C S	5. Use Depsite Social Problems	()	()	()	0 - No information.
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? PAST: PCS () () () 3 - Threshold: Negative consequences on only one or two occasions. PAST: PCS () () () 0 - No information. () () () 1 - Not present. () () () 3 - Threshold: Negative consequences on only one or two occasions. PAST: PCS () () () 3 - Threshold: Negative consequences on only one or two occasions. PAST: PCS () () () 3 - Threshold: Negative consequences on only one or two occasions. PAST: PCS () () () 3 - Threshold: Negative consequences on only one or two occasions. PAST: PCS () () () 3 - Threshold: Negative consequences on only one or two occasions. PAST: PCS () () () 3 - Threshold: Negative consequences on only one or two occasions. Threshold: Negative consequences on only one or two occasions. 1 - Not present. () () () () - No information. () () () () - No information. () () () () - No information. () () () - No	Have you had a serious argument or fight with a girlfriend, boyfriend,	()	()	()	1 - Not present.
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? PAST: PCS PCS 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 more now to get the same high that you got when 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? A 3 - Threshold: Negative consequences on 3 or more occasions. PCS PAST: 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 that initially to achieve intoxication or desired effect. PAST:	What happened? Has your use of alcohol ever caused problems with a romantic partner? If	()	()	()	
PAST: P C S 6. Tolerance () () () 0 - No information. () () 1 - Not present. 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? PAST: P C S () () () 1 - Not present. () () () 3 - Subthreshold: Needs to drink 1 to 2 drinks more than initially to achieve intoxication or desired effect. () () () The present of the present o	Have you lost any friends because of your drinking, or developed any problems in your relationship with family members because of it?	()	()	()	
6. Tolerance () () () () 0 - No information. 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? () () () 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 that initially to achieve intoxication or desired effect. PAST: PAST:	Did your drinking make these problems worse?				
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% In 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 that initially to achieve intoxication or desired effect. PAST: PAST: PAST: PAST: PAST:		<u>P</u>	<u>C</u>	<u>s</u>	
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? () () () () 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 that initially to achieve intoxication or desired effect.	6. Tolerance	()	()	()	0 - No information.
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? 2 - Subtrieshold. Needs to drink 1 to 2 drinks hid 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: PAST:	How old were you when you first started to drink on a regular basis?	()	()	()	1 - Not present.
How much do you have to drink to get high? 5 drinks/sitting? 50% 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? O () () () () 3 - Threshold: Needs to drink 3 or more drinks that initially to achieve intoxication or desired effect than before? PAST: PAST:	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	()	()	()	than initially to achieve intoxication or desired
much more? Does alcohol have less of an effect than before?	How much do you have to drink to get high? 5 drinks/sitting? 50% increase?	()	()	()	
	much more?				

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.







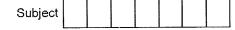
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P () () () () () () ()	<u>C</u> () () () () () () () () () ()	<u>si</u> () () () () () () () () () () () () ()	 0 - No information. 1 - Not present. 2 - Threshold: One or more withdrawal symptoms, or alcohol or drug (e.g benzdiazapine) taken to avoid withdrawal symptoms. PAST:
() () ()	() () <u>C</u> () ()	() () <u>S</u> () () ()	 1 - Not present. 2 - Threshold: One or more withdrawal symptoms, or alcohol or drug (e.g benzdiazapine) taken to avoid withdrawal symptoms. PAST:
() <u>P</u> () () ()	() <u>C</u> () ()	() <u>s</u> () ()	 2 - Threshold: One or more withdrawal symptoms, or alcohol or drug (e.g benzdiazapine) taken to avoid withdrawal symptoms. PAST:
<u>P</u> () () ()	<u>C</u> () () ()	<u>s</u> () () ()	symptoms, or alcohol or drug (e.g benzdiazapine) taken to avoid withdrawal symptoms. PAST: PCS O - No information. 1 - Not present. 2 - Subthreshold: Transient thoughts or desire to cut down or control use
()	()	()	1 - Not present.2 - Subthreshold: Transient thoughts or desire to cut down or control use
()	()	()	1 - Not present.2 - Subthreshold: Transient thoughts or desire to cut down or control use
()	()	()	1 - Not present.2 - Subthreshold: Transient thoughts or desire to cut down or control use
()	()	()	2 - Subthreshold: Transient thoughts or desire to cut down or control use
			down or control use
()	()	()	2. Thurshold: Our or warm transcript attempts to
			3 - Threshold: One or more unsuccessful attempts t cut down or control use
			PAST: P C S
<u>P</u>	<u>c</u>	<u>s</u>	
()	()	()	0 - No information.
()	()	()	1 - Not present.
()	()	()	2 - Subthreshold: Time spent in drinking related activites limited (e.g., recreational use only).
()	()	()	3 - Threshold: Time extends beyond recreational use and impedes other activities to some exter. Several hours per day, three or more days per week, time spent acquiring, using alcohol, or recovering from drinking. PAST:
	()	() () () ()	() () () () () ()







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<u>C</u>

()

<u>s</u>



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10.	Important Occupational,	Social,	or	Recreational	Activites	Given
	Up or Reduced Due to A					

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?

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

	or more occasions.
	DACT.

PAST:			
	1		
	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?

<u>P</u>	<u>c</u>	<u>s</u>	
()	()	()	0 - No information.
()	()	()	1 - Not present.
()	()	()	2 - Subthreshold: Minor negative consequences or 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:

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 switch north happy to sade:

Do you feel depressed, anxious, worried or fearful when you are drinking?

Do you think about suicide or attempt suicide when you are drinking?

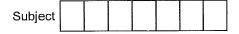
Are these moods made worse during your drinking?

How many times has this happened?

<u>s</u> C () () 0 - No information. () () () 1 - Not present. () () () 2 - Subthreshold: Negative consequences on only one or two occasions. () () () 3 - Threshold: Negative consequences on 3 or

PAST:			
	Р	С	S

more occasions.







-

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1	3	Cra	avir	c

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?

<u>P</u>	<u>C</u>	<u>s</u>
----------	----------	----------

- () () ()
 - () () 1 Not Present.
- () () ()

()

2 - Subthreshold: Transient and infrequent cravings to use.

0 - No Information.

- () () ()
- **3 -** Threshold: Frequent and persistent cravings to use.

PAST:			
	n	^	

Codes for Remaining Items:	0 = 1	No I	nforr	natio	n	1 =	No		2	= Ye	es							-
Criteria	F	are CE		_	are VISI		(Chil CE			Chil MSI		Sui	nm CE	ary		nm: VISP	_
11. Impairment A. Socially (with peers):		1	2 ()		1 ()	2 ()		1 ()	2 ()	1	1 ()			1 ()			1 ()	
B. With family:	1	1	2 ()	-	1 ()	2 ()	0 ()		2 ()	0 ()	-	2 ()	0 ()	1 ()			1 ()	
C. School or Work:	-	1	2 ()	-	1 ()	2 ()		1 ()	2 ()	1	1 ()	2 ()	0 ()	1 ()			1 ()	
D. Legal Consequences	_	1	2 ()	l		2 ()	l		2 ()	1	1		1	1 ()	2 ()		1 ()	
						, — ,	r			ı						.		
13. Distress Does you drinking, or some of the stuff that's happened as a consequence of your drinking sometimes stress you out?	- 1		2	0 ()	-	2 ()	1 '		2 ()	0 ()	1 ()			1 ()			1 ()	
14. <u>Duration</u> (in weeks)	0		2	0 ()		2 ()	0 ()		2	0		2	0 ()	1			1 ()	
Current: Past:	L	onge	est Pe	riod c	of Sc	briet	y:				_							









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Codes for Remain	ing Items: 0 = No Inform	ation 1 = No	2 = Yes						
					mma CE	ary		mm MSP	-
16. Evidence of Alcohol Use Disorder DSM-5 Criteria				0 ()	1 ()	2 ()	0 ()	1 ()	2
 A. A problematic pattern of alcohol use leading to of following, occurring within a 12-month period: 	linically significant impairment	or distress as manife	sted by at least <u>t</u>	wo of th	he		L		
 Alcohol is taken in larger amounts or over a There is a persistent desire or unsuccessful A great deal of time is spent in activities nec Craving, or strong desire or urge to use alco Recurrent alcohol use resulting in a failure to Continued alcohol use despite having persis Important social, occupational, or recreation Recurrent alcohol use in situations that are p Alcohol use is continued despite knowledge caused or exacerbated by alcohol. Tolerance, as defined by either of the follow effect after a period of regular use; or b) A r regular use. Withdrawal, as manifest by eitehr of the follow substance (e.g, benzodiazepine) is taken to 	efforts to cut down or control al essary to obtain alcohol, use al hol. of fulfill major role obligations at tent or recurrent social or interpal activities are given up or rediphysically hazardous, of having persistent or recurrenting: a) a need for markedly increasedly diminished effect with owing: a) The characteristic wito	Icohol use. Icohol, or recover from work, school, or hom personal problems ca uced because of alco int physical or psychol reased amounts of alc continued use of the drawal syndrome for a	e. used or exacerb hol use. ogical problem t cohol to achieve same amount o	hat is li intoxica f alcoho	kely ation ol aft	to hav or de er a p	ve bee sired eriod	en of	
17. In Remission				0 ()	1 ()	2 ()	0 ()	1 ()	2
Specify:				L					
In a controlled environment (access to alcohol	•		0		40	11.			
Early Remission (After previously meeting full Sustained Remission (After previously meetin									
Specify Severity (Current):	• /								
Mild (2-3 symptoms) Moderate (4-5 symp	otoms) Severe (6+ symptoms)	oms)							
Specify Severity (Past):									
Mild (2-3 symptoms) Moderate (4-5 symptoms)	otoms) Severe (6+ sympto	oms)							
NOTE: ALCOHOL USE DISORDERS MAY BE ASSED DRINKING: 1) REGULAR DAILY INTAKE OF LAR LIMITED TO WEEKENDS: OR 3) LONG PERIODS OF DRINKING LASTING SEVERAL WEEKS OR LON	GE AMOUNTS OF ALCOHOL OF SOBRIETY INTERSPERSED	.; 2) REGULAR HEA	<u>VY DRINKING</u>						







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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?

iteria: O - No information. I - Not present. 2 - Subthreshold: Uses more than planned on only one or two occasions.			ren E	t	L		ren ISP	t				nild E		1		nild SP		_	Su	mr Cl	nar E	у	s		ma SP	ry
3 - Threshold: Uses more than planned on 3 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 / Anxiolitics	()	()	()	()	()	() ()	())	()	()	()	()	()	()	()	()	() (()	()	()	()	()	()	()
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F. PCP	()	()	()	()	()	() ()	())	()	()	()	()	()	()	()	()	() (()	()	()	()	()	()	()
G. Hallucinogens	()	()	()	()	()	(()	())	()	()	()	()	()	()	()	()	() (()	()	()	()	()	()	()
H. Solvents/Inhalants	()	()	()	()	()	()) ()	())	()	()	()	()	()	()	()	()	() (()	()	()	()	()	()	()
I. Other (Specify):	()	()	()	()	()	()) ()	())	()	()	()	()	()	()	()	()	() (()	()	()	()	()	()	()
J. Polysubstance (Assess for combined use of all listed substances)	()	()	()	()	()	()) ()) ())	()	()	()	()	()	()			() (()	 ()	()	()	()	()	()

	Subject			
Date	/ / /	20	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

2 - Subthreshold: Once or twice 3= Threshold:Three or more times.	ļ		rei CE	nt 				rent SP		<u> </u>		ilc E			Ch Ms			s 	um C	mai E	y 	S 		mai SP	ry
A. Cannabis	0	1	2		3	0	1 ()	2	3 ()	0 ()	1 ()	2	. •	0 ()	1 ()	2	3 ()	0 ()	1	2 ()	3 ()	0 ()	1	2	3
B. Stimulants	()	()	()) ()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
C. Sedatives / Hypnotics / Anxiolitics	()	()	()) ()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
D. Cocaine Failure to Fulfill Major Role Responsi	o (iti	es)	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
E. Opioids	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
F. PCP	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
G. Hallucinogens	()	()	()) ()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
H. Solvents/Inhalants	()	()	()) ()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
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J. Polysubstance (Assess for combined use of all listed substances)	()	()	()) ()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()







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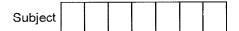
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3. Use in Physically Hazardous Situations

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?

teria: 0 - No information. 1 - Not present. 2 - Subthreshold: Negative consequences on only one or two occasions.			ren CE	t			ren ISP	t		_	hild CE	d		_	hild ISP		;	Sum (ıma CE	ry	S		ıma SP	ry
Threshold: Negative consequences on 3 or more occasions. A. Cannabis	0	1	2	•	0	1	2	3	0	1	. 2		-	-	. 2		0	1	2	3	0	1	2	_
A. Carinabis		()) () 	()		()) () 	()) () () () () () (()	()	()	()	()) (
B. Stimulants	()	()	()	()	()	()	()	()	()	()	()	()	()	()	(()	()	()	()	()	()	()	()	()
C. Sedatives / Hypnotics / Anxiolitics	()	()	()	()	()	()	()	()	()	()) ()	()	()	()	(()	()	()	()	()	()	()	()	()
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E. Opioids	()	()	()	()	()	()	()	()	()	()	(()	()		(()	()	()	()	()	()	()	()	()
F. PCP	()	()	()	()	()	()	()	()	()	()) ()	()	()	()	() ()	()	()	()	()	()	()	()	()
G. Hallucinogens	()	()	()	()	()	()	()	()	()	()) (]	()	()		(()	()	()	()	()	()	()	()	()
H. Solvents/Inhalants	()	()	()	()	()	()	()	()	()	()) (()	()	()	() ()	()	()	()	()	()	()	()	()
I. Other (Specify):																								
	()	()	()	()	()	()	()	()	()	()	()	()	()		() ()	()	()	()	()	()	()	()	()
J. Polysubstance (Assess for combined use of all listed substances)	()	()	()	()	()	()	()	()	()) (()	()) () ()	()	()	()	()	()	()	()	()









Criteria:



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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?

 0 - No information. 1 - Not present. 2 - Subthreshold: Negative consequences on only one occasion. 3 - Threshold: Negative consequences on 2 or more occasions. 	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
A. Cannabís	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
B. Stimulants	() () () ()	() () () ()	() () () ()	() () () ()	() () () ()	() () () ()
C. Sedatives / Hypnotics / Anxiolitics	()()()()	()()()()	()()()()	() () () ()	() () () ()	() () () ()
D. Cocaine	()()()()	()()()()	()()()()	() () () ()	()()()()	() () () ()
E. Opioids	() () () ()	()()()()	()()()()	() () () ()	()()()()	() () () ()
F. PCP	()()()()	()()()()	()()()()	() () () ()	()()()()	() () () ()
G. Hallucinogens	()()()()	()()()()	()()()()	() () () ()	() () () ()	0000
H. Solvents/Inhalants	()()()()	()()()()	()()()()	()()()()	()()()()	() () () ()
I. Other (Specify):	()()()()	() () () ()	()()()()	() () () ()	() () () ()	() () () ()
J. Polysubstance (Assess for combined use of all listed substances)	() () () ()	()()()()	()()()()	() () () ()	() () () ()	() () () ()







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5. Use Depsite Social Problems

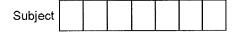
Has your use of drugs ever caused problems with a romantic partner? If so, how many times?

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.			ren CE	t 	<u></u>	-	reni ISP	t .			Chi CE					ild SP		s	Sum C	ma E	ry	S		ma SP	ry
A. Cannabis	0	1 ()	2	3	0 ()	1	2	3	0	(1	2 ()	3 ()	0 ()	1 ()	2	3 ()	0 ()	1 ()	2 ()	3 ()	0	1	2 ()	3
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)	()	()	()	()	()	()	()	()	()) ()	()	()	()	()	()	()	()	()	()	()	()	()	()







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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?

Parent

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

Parent

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	CE	MSP	CE	MSP	CE	MSP
intoxication or desired effect.						
A. Cannabis	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
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)	() () () ()	()()()()	()()()()	() () () ()	() () () ()	()()()()

Child

Child

Summary







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7. Withdrawal Symptoms

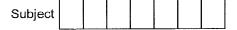
Have you ever had any bad reactions when you tried to quit or cut down?

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

Criteria:

- 0 No information.
- 1 Not present.
- 2 Threshold: One or more withdrawal symptoms endorsed

symptoms endorsed.	}	Pare CE			Parei MSF		1	Chile CE	d		Child MSF		S	umma CE	ary	Su	mm: MSP	
A. Cannabis	0	1 ()	2	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()
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)	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()







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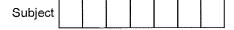
Tried to quit or Reduce Use

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.			ren CE	t			rent SP	t 		-	hild CE				nild SP		S	Sum C	ma E	ry	5		mai SP	r y
A. Cannabis	0	1	2	3	0 ()	1	2 .	3 ()	0 ()	1	2	3	0 ()	1 ()	2	3 ()	0 ()	1 ()	2	3 ()	0 ()	1	2 ()	3 ()
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)	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()







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Parent



Summary

Substance Use Disorders

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Child

Summary

Child

<u>9.</u>	Α	Lot	of	Time	Spen	in 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 fron the effects of ____?

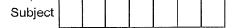
Parent

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.

thinking about drug has moderate to severe impact on functional activities.		C	E		L	M	SP		L		E			N	SP				E			M	SP	
Some mid-week use. A. Cannabís	0	1	2	3	0	1	2	3	0	1 ()	_	3	0	1	2	3	0	1 ()	2 ()	3	0	1	_	3 ()
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)	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()







Eating Disorders and Substance-Related Disorders Supplement



Substance Use Disorders

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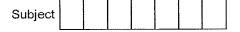
10. Important Occupational, Social, or Recreational Activities Given Up or Reduced Due to Abuse

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	s?
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	iei
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.

on only one or two occasions. 3 - Threshold: Important activities missed on 3 or more occasions.	ļ		ren CE	t 	ļ		rent SP	t 	ļ <u>.</u>		nild E	l :			ild SP		S 	um C	mai E	ry 	S		mai SP	r y
A. Cannabis	0	1	2	3 ()	0 ()	1	2 ()	3 ()	0 ()	1 ()	2	3	0 ()	1	2	3 ()	0 ()	1 ()	2 ()	3 ()	0 ()	1 ()	2 ()	3 ()
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)	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()











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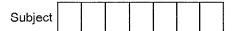
11. Negative Consequences - Physical

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. 		Pa (ren CE	t		-	aren VISP	-				hild CE	I	***************************************		nild SP	·	S		mai E	r y	 	Sum M	ma SP	
A. Cannabis	0	1	2	3	0	1	2	3	3	0	1	2	: 3	0	1	2	3	0	1	2	3	0	1	2	3
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)	()	()	()	()	()) ()	())	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()







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12. Negative Consequences - Psychological

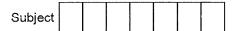
Do your moods change dramatically when you use _ Do you find yourself getting angered easily? Do you switch from happy to sad?

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	Parent CE				Parent MSP			Child CE				Child MSP				Summary CE				Summary MSP							
3 or more occasions.	0	1	2	3	0		1	2	3	0	1	I	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	()	()	()	()	()	() (()	()	()	() ()	()	()	()	()	()	()	()	()	()	()	()	()	()	_
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J. Polysubstance (Assess for combined use of all listed substances)	()	()	()	()	()) (()	()	()) (()	()	()	()	()	()	()	()	()	()	()	()	- ()	-







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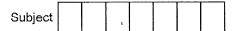
13. Craving

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.

cravings to use. 3 - Threshold: Frequent and persistent cravings to use.		Parent CE			Parent MSP			Child CE			Child MSP				Summary CE				5	Summary MSP				
A. Cannabis	0 ()	1	2	3	0 ()	1 ()	2 ()	_	0 ()	1	2	: 3	0 ()	1 ()	2	3 ()	0 ()	1 ()	2 ()	3 ()	0	1 ()	_	3 ()
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)	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	.()	()	()	()	()	()	()	()	()







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Substance Use Disorders

Codes for Remaining Items:	0 = No	Infor	matic	n	1 =	No		2	= Ye	es				,			
Criteria	Par C			are VISF			CE			Chil MSI		Su 	mm CE	ary		mma VISP	_
11. Impairment																	
A. Socially (with peers):	()(1	1 ()	2 ()		1 ()	2 ()	1	1	2 ()		1 ()	2 ()		1 ()	
B. With family:	0 1		1	1 ()	2 ()		1 ()	2 ()		1 ()	2 ()		1 ()			1 ()	
C. School or Work:	0 1		1 -	1 ()	2 ()		1 ()	2 ()	1	1 ()	2 ()		1 ()		1	1 ()	
D. Legal Consequences	0 1		1	1 ()			1 ()		1	1	2 ()		1 ()	2 ()	0	1 ()	_
13. Distress	0 1	2			2 ()			2 ()		1 ()		1	1 ()	2 ()	_	1 ()	
Does you uses, or some of the stuff that's happened as a consequence of your using sometimes stress you out?	CC CC CC CC CC																
14. <u>Duration</u> (in weeks)	0 1			1 ()		1	1 ()		1 -	1		1	1	2	0 ()		2
Current: Past:	Long	est Pe	eriod o	f So	briet	/:				_							
Subject													Е				

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Summary

Codes for Remaining Items: 0 = No Information

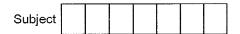
2 = Yes

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 oer 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 reducted 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 probelmes cause or exacerbated by drugs.
 - 10. Tolerance.
 - 11. Withdrawal.

	CE	Summary MSP
A. Cannabis	0 1 2	0 1 2
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)	() () ()	() · () ()

N	otes	
1.4	Otes	







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Specify Severity of Substance Use Disorder (C	urrent/Past)							
0 No diagnosis; 1 Mild (2-3 symptoms); 2 Mod	erate (4-5 symptoms); 3 Seve	ere (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 environr 1-11 for at least 3 months but less than 12 mo months on longer)	·	•	Su 	ımma CE	ary		mm: MSP	
A, Cannabis			0	1 ()	2 ()	0 ()	1 ()	2 ()
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:								

