

KSADS-PL DSM-5 November 2016:

**SUPPLEMENT # 5:
EATING DISORDERS AND SUBSTANCE-
RELATED DISORDERS SUPPLEMENT**

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When we were talking before you talked about your concerns about your weight and your eating habits.

Review weight loss methods (check all that apply):

- Using diet pills
- Taking laxatives
- Taking water pills
- Throwing up
- Exercising a lot
- Taking only non-caloric fluids for a day or more; restriction of energy (e.g., food) intake

Review binge eating episode features (check all that apply):

- Eating much more rapidly than normal
- Eating until feeling uncomfortably full
- Eating large amounts of food when not physically hungry
- Eating alone because of being embarrassed
- Feeling disgusted, depressed, or very guilty after overeating

1. Disturbance of Body Image

Do you feel fat even when everyone else tells you you don't look it?
 Do you wish you were thinner?
 Are there any parts of your body that feel especially fat?
 Does it bother you that you have lost so much weight and you still feel fat?
 Do you think you have actually lost weight or just that other people think so but they are wrong? How are they wrong?

P C S

() () ()
 () () ()
 () () ()
 () () ()

- 0 - No information.
- 1 - Not present.
- 2 - Subthreshold: Reports feels fat, and is often bothered by these thoughts, although that he/she is not fat by objective standards.
- 3 - Threshold: Perceptions of self as fat are unaltered by objective evidence to the contrary.

PAST:

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2. Lack of Control

Do you feel like you don't have any control over your binges?
 Can you stop eating once you've started?

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- 0 - No information.
- 1 - Not present.
- 2 - Subthreshold: Often can control urges to binge or can stop binging once it begins (e.g., at least 50% of the time).
- 3 - Threshold: Sometimes can control urges to binge, usually cannot. Usually has difficulty stopping a binge once it begins.

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

3. Self Evaluation Influenced by Weight

Do you feel like your self-worth is totally tied to your weight?

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
()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()

4. Duration of Eating Disturbance: (in weeks)

Current: _____ Past: _____

Summary CE			Summary MSP		
0	1	2	0	1	2
()	()	()	()	()	()

5. Evidence of Anorexia Nervosa

DSM-5 Criteria

- A. Restriction of energy intake (e.g. food) relative to requirements, leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health (e.g., low weight defined as less than minimally expected).
- B. Intense fear of gaining weight or becoming fat, or persistent behavior that interferes with weight gain, even though at a significantly low weight.
- C. Disturbance in the way in which one's body weight or shape is experienced, undue influence of bodyweight or shape on self-evaluation, or persistent lack of recognition of the seriousness of the current low body weight.

A. Restricting Type

The person has not regularly engaged in binge-eating or purging behaviors during the episode.

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

B. Binge-Eating/ Purging Type

During episode person has regularly engaged in binge-eating or purging behaviors (e.g., self-induced vomiting or the misuse of laxatives, diuretics, or enemas).

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

Specify Severity (Current):

Mild (BMI ≥ 17 kg/m²): _____ Moderate (BMI 16-16.99 kg/m²): _____ Severe (BMI 15-15.99 kg/m²): _____ Extreme (BMI < 15 kg/m²): _____

Specify Severity (Past):

Mild (BMI > 17 kg/m²): _____ Moderate (BMI 16-16.99 kg/m²): _____ Severe (BMI 15-15.99 kg/m²): _____ Extreme (BMI < 15 kg/m²): _____

Criteria for Partial Remission: After meeting full criteria for anorexia nervosa, Criterion A (low body weight) has not been met for a sustained period, but Criterion B or Criterion C are still present.

Criteria for Full Remission: After meeting full criteria for anorexia nervosa, none of the criteria have been met for a sustained period of time.

Subject

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6. Evidence of Binge-Eating Disorder

DSM-5 Criteria

- A. Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
 1. Eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances.
 2. A sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating).
- B. Binge eating episodes are associated with three or more of the following: 1. Eating much more than normal; 2. Eating until feeling uncomfortably full; 3. Eating large amounts of food when not feeling physically hungry; 4. Eating alone because of feeling embarrassed by how much one is eating; 5. Feeling disgusted with oneself, depressed, or very guilty afterward.
- C. Marked distress regarding binge eating is present.
- D. The binge eating occurs on average, at least once a week for 3 months.
- E. Binge eating is not associated with inappropriate compensatory behavior and does not occur exclusively during Bulimia or Anorexia Nervosa.

Summary CE			Summary MSP		
0	1	2	0	1	2
()	()	()	()	()	()

7. Evidence of Bulimia Nervosa

DSM-5 Criteria

- A. Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
 1. Eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances.
 2. A sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating).
- B. Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, enemas, or other medications; fasting; or excessive exercise.
- C. The binge eating and inappropriate compensatory behaviors both occur, on average, at least once a week for 3 months.
- D. Self-evaluation is unduly influenced by body shape and weight.
- E. The disturbance does not occur exclusively during episodes of Anorexia Nervosa,

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

8. Specify type:

Purging type: During the current episode, the person has regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas.

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

Nonpurging type: During the current episode the person has used other compensatory behaviors like fasting or excessive exercise, but not purging type of behaviors

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

Rate severity for Binge-Eating Disorder based on number of binge eating episodes per week, rate severity of Bulimia Nervosa base on number of inappropriate compensatory behaviors per week.

Specify Severity (Current):

Mild (1-3): _____ Moderate (4-7): _____ Severe (8-13): _____ Extreme (14+): _____

Specify Severity (Past):

Mild (1-3): _____ Moderate (4-7): _____ Severe (8-13): _____ Extreme (14+): _____

Criteria for Partial Remission - Binge-Eating Disorder: After meeting full criteria for Binge-Eating Disorder, binge eating occurs at an average frequency of less than one episode per week for a sustained period of time.

Criteria for Partial Remission - Bulimia Nervosa: After meeting full criteria for bulimia nervosa, some, but not all criteria have not been met for a sustained period.

Criteria for Full Remission Both Disorders: After meeting full criteria, none of the criteria have been met for a sustained period of time.

Subject

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1. Drinks More than Planned

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 S

() () ()

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.

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2. Failure to Fulfill Major Role Responsibilities

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 S

() () ()

0 - No information.

() () ()

1 - Not present.

() () ()

2 - Subthreshold: Once or twice.

() () ()

3 - Threshold: Three or more times.

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3. Use in Physically Hazardous Situations

Have you done anything dangerous while drinking? Driven a car while intoxicated? Sped 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?

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:

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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 selling drugs, stealing or vandalism?

Note: Not scored as symptom in DSM-5

P C S

() () ()
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 () () ()

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:
 P C S

5. Use Despite 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?

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 () () ()
 () () ()
 () () ()

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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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:
 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.

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?

Do not include simple "hang over".

P C S

() () ()
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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:
P C S

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?

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() () ()

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:
P C S

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?

P C S

() () ()
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() () ()
() () ()

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:
P C S



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:
 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:
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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:
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Alcohol Use Disorders

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?

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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:
 P C S

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

Criteria	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
11. Impairment						
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
 () () () () () () () () () () () () () () () () () ()

14. Duration (in weeks)

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

Current: _____ Past: _____ Longest Period of Sobriety: _____

Subject



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

16. Evidence of Alcohol Use Disorder

Summary CE			Summary MSP		
0	1	2	0	1	2
()	()	()	()	()	()

DSM-5 Criteria

- 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 by 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 physiological 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.

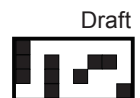
	Parent CE				Parent MSP				Child CE				Child MSP				Summary CE				Summary MSP							
	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
A. Cannabis	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
B. Stimulants	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
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

Date / / 20

Interviewer



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.

	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	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:

3. Use in Physically Hazardous Situations

Have you done anything dangerous while high?

Driven a car? Sped 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.

	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	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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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.

	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	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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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	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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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	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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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)	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()

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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	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:

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.

	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	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	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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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	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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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.

	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	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:

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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.

	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	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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Substance Use Disorders

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

Criteria	Parent CE			Parent MSP			Child CE			Child MSP			Summary CE			Summary MSP		
14. Impairment																		
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
	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
15. Distress																		
<i>Does your using, or some of the stuff that's happened as a consequence of your using sometimes stress you out?</i>																		
	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
16. Duration (in weeks)																		
	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()

Current: ____ ____ ____

Past: ____ ____ ____

Longest Period of Sobriety: ____ ____ ____

Subject

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

17 . 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 cause 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)	()	()	()	()	()	()

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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: _____
- B. Stimulants: _____
- C. Sedatives / Hypnotics / Anxiolitics: _____
- D. Cocaine: _____
- E. Opioids: _____
- F. PCP: _____
- G. Hallucinogens: _____
- H. Solvents/Inhalants: _____
- I. Other (Specify): _____:
- J. Polysubstance: _____

17. Remission Status (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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