

## E. SUBSTANCE USE DISORDERS

### \*PAST-12-MONTH ALCOHOL USE DISORDER\*

### ALCOHOL USE DISORDER CRITERIA

- IF DENIES ANY LIFETIME ALCOHOL USE ON PAGE 6 OF PATIENT OVERVIEW (OR PAGE 4 OF NON-PATIENT OVERVIEW), CHECK HERE \_\_\_ AND GO TO **\*NON-ALCOHOL SUBSTANCE USE DISORDERS\*** E.10
- IF ACKNOWLEDGES LIFETIME ALCOHOL USE DURING OVERVIEW AND IF UNKNOWN: **Have you drunk alcohol at least six times in the past 12 months, that is, since (1 YEAR AGO)?**
- IF YES: **Now I'd like to ask you some more questions about your drinking since (1 YEAR AGO)...**
- IF NO: GO TO **\*PRIOR-TO-PAST-12-MONTH ALCOHOL USE DISORDER\*** E.6.

E1

- 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:

NOTE: The DSM-IV examples that were omitted in DSM-5 have been restored here.

**During the past year, have you found that once you started drinking you ended up drinking much more than you intended to? For example, you planned to have only one or two drinks but you ended up having many more. (Tell me about that. How often did this happen?)**

1. Alcohol is often taken in larger amounts OR over a longer period than was intended. ? 1 2 3 E2

**IF NO: What about drinking for a much longer period of time than you were intending to?**

**During the past year, have you wanted to stop, cut down, or control your drinking?**

2. There is a persistent desire OR unsuccessful efforts to cut down or control alcohol use. ? 1 2 3 E3

- IF YES: **How long did this desire to stop, cut down, or control your drinking last?**
- IF NO: **During the past year, did you ever try to cut down, stop, or control your drinking? How successful were you? (Did you make more than one attempt to stop, cut down, or control your drinking?)**

**Have you spent a lot of time drinking, being drunk, or hung over? (How much time?)**

3. A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects. ? 1 2 3 E4

?=Inadequate information

1=Absent or false

2=Subthreshold

3=Threshold or true

**Have you had a strong desire or urge to drink in between those times when you were drinking? (Has there been a time when you had such strong urges to have a drink that you had trouble thinking about anything else?)**

4. Craving, or a strong desire or urge to use alcohol. ? 1 2 3 E5

*IF NO: How about having a strong desire or urge to drink when you were around bars or around people with whom you go drinking?*

**During the past year, since (1 YEAR AGO), have you missed work or school or often arrived late because you were intoxicated, high, or very hung over?**

5. Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home [(e.g., repeated absences or poor work performance related to alcohol use; alcohol-related absences, suspensions, or expulsions from school; neglect of children or household)]. ? 1 2 3 E6

*IF NO: How about doing a bad job at work or school, or failing courses or flunking out of school because of your drinking?*

*IF NO: How about getting in trouble at work or school because of your use of alcohol?*

*IF NO: How about not taking care of things at home because of your drinking, like making sure there is food and clean clothes for your family and making sure your children go to school and get medical care? How about not paying your bills?*

*IF YES TO ANY: How often?*

**Has your drinking caused problems with other people, such as family members, friends, or people at work? (Have you found yourself regularly getting into arguments about what happens when you drink too much? Have you gotten into physical fights when you were drunk?)**

6. Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol [(e.g., arguments with spouse about consequences of intoxication, physical fights)]. ? 1 2 3 E7

*IF YES: Have you kept on drinking anyway?*

**Have you had to give up or reduce the time you spent at work or school, with family or friends, or on things you like to do (like sports, cooking, other hobbies) because you were drinking or hungover?**

7. Important social, occupational, or recreational activities given up or reduced because of alcohol use. ? 1 2 3 E8

**During the past year, since (1 YEAR AGO), have you ever had a few drinks right before doing something that requires coordination and concentration like driving, boating, climbing on a ladder, or operating heavy machinery?**

8. Recurrent alcohol use in situations in which it is physically hazardous [(e.g., driving an automobile or operating a machine when impaired by alcohol use)]. ? 1 2 3 E9

*IF YES: Would you say that the amount you had to drink affected your coordination or concentration so that it was more likely that you or someone else could have been hurt?*

*IF YES AND UNKNOWN: How many times? (When?)*

**Has your drinking caused you any problems like making you very depressed or anxious? How about putting you in a "mental fog," making it difficult for you to sleep, or making it so you couldn't recall what happened while you were drinking?**

9. Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol [(e.g., continued drinking despite recognition that an ulcer was made worse by alcohol consumption)]. ? 1 2 3 E10

**Has your drinking caused significant physical problems or make a physical problem worse, like stomach ulcers, liver disease, or pancreatitis?**

*IF YES TO EITHER OF ABOVE: Have you kept on drinking anyway?*

**Have you found that you needed to drink much more in order to get the feeling you wanted than you did when you first started drinking?**

10. Tolerance, as defined by either of the following: ? 1 2 3 E11

a. A need for markedly increased amounts of alcohol to achieve intoxication or desired effect.

b. Markedly diminished effect with continued use of the same amount of alcohol.

→ *IF YES: How much more?*

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

**During the past year, since (1 YEAR AGO), have you had any withdrawal symptoms, in other words, feeling sick when you cut down or stopped drinking?**

11. Withdrawal, as manifested by either of the following: ? 1 2 3 E12

a. At least TWO of the following developing within several hours to a few days after the cessation of (or reduction in) alcohol use:

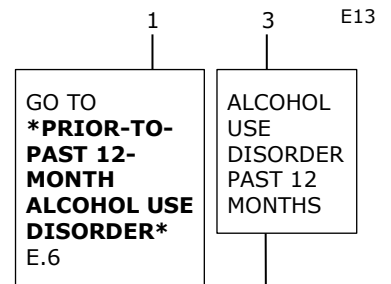
- autonomic hyperactivity (e.g., sweating or pulse rate greater than 100 bpm)
- increased hand tremor
- insomnia
- nausea or vomiting
- psychomotor agitation
- anxiety
- generalized tonic-clonic seizures
- transient visual, tactile, or auditory hallucinations or illusions

b. Alcohol (or a closely related substance such as a benzodiazepine) is taken to relieve or avoid withdrawal symptoms.

→ *IF YES: What symptoms did you have? (Sweating or a racing heart? Your hand[s] shaking? Trouble sleeping? Feeling nauseated or vomiting? Feeling agitated? Feeling anxious? How about having a seizure or seeing, feeling, or hearing things that weren't really there?)*

→ *IF NO: During the past year, have you ever started the day with a drink, or did you often drink or take some other drug or medication to keep yourself from getting the shakes or becoming sick?*

AT LEAST TWO ALCOHOL USE DISORDER ITEMS  
CODED "3" DURING THE PERIOD OF THE PAST 12  
MONTHS



Indicate **severity** of Alcohol Use Disorder for past 12 months: (circle the appropriate number)

1 – **Mild**: Presence of 2–3 symptoms.  
2 – **Moderate**: Presence of 4–5 symptoms.  
3 – **Severe**: Presence of 6 or more symptoms.

E14

CONTINUE WITH **\*PAST-12-MONTH  
ALCOHOL USE CHRONOLOGY\***  
NEXT PAGE