Client Name:_____ Date:_____

Past Alcohol Use Questions (DSM-IV TR)

The following statements are about your alcohol use over the *past 12 months.* Please check *YES* for those statements that describe your drinking during the past 12 months, and check *NO* for those statements that are not true for you.

		Yes	No
1.	In the past 12 months, I often used alcohol in larger amounts or over longer periods of time than I intended.	____	____
2.	In the past 12 months, I often wanted to or tried to cut down or **control** my alcohol use.	____	____
3.	In the past 12 months, I spent a lot of time either (a) using alcohol, (b) in activities trying to obtain alcohol, or (c) recovering from the effects of my drinking.	____	____
4.	In the past 12 months, I gave up or reduced my involvement in important social, occupational, or recreational activities because of my alcohol use.	____	____
5.	In the past 12 months, I continued to use alcohol despite knowing that it likely caused or made worse psychological or physical problems I had (e.g., continued drinking knowing it was making my ulcer or depression worse).	____	____
6.	In the past 12 months, I found I needed **greater** amounts of alcohol than I use to in order to feel intoxicated or to get a desired effect, **OR** I got **much less** of an effect by using the same amount of alcohol as in the past.	____	____
7.	In the past 12 months, I experienced withdrawal symptoms when I tried to cut down or stop my drinking **OR** I drank alcohol to relieve or avoid withdrawal symptoms.	____	____

IF YES, PLEASE DESCRIBE YOUR WITHDRAWAL SYMPTOMS:

_____

_____

8.	In the past 12 months, my continued alcohol use resulted in my not fulfilling major obligations at work, school, or home (e.g., repeated absences or poor performances at work or school; neglecting my children or home).	____	____
9.	In the past 12 months, I repeatedly used alcohol in situations that were physically hazardous (e.g., driving a car or operating machinery).	____	____
10.	In the past 12 months, my drinking has resulted in my having recurrent substance-related legal problems.	____	____
11.	In the past 12 months, I continued to use alcohol despite having persistent or recurrent social or interpersonal problems caused or made worse by the effects of my drinking (e.g., arguments with friends or family about my drinking or physical fights).	____	____

DSM IV-TR: _____

Office Use Only: Scoring Summary for Past Alcohol Use Questions (DSM-IV TR)

A. If **3 or more YES** responses are given for **Items 1 through 7,** then the criteria for **dependence (303.90)** have been satisfied. **STOP**.

   If answer is **NO**, then go to B.

B. If **1 or more YES** response(s) are given for **Items 8 through 11,** then the criteria for **abuse (305.00)** have been satisfied. **STOP**.

DSM-IV Diagnostic Codes (choose only one):
__ V71.09 No Diagnosis
__ 303.90 Alcohol Dependence
__ 305.00 Alcohol Abuse
__ 304.80 Polysubstance Dependence
__ 304.90 Other (or unknown) Substance Dependence: (specify) _____
__ 305.90 Other (or unknown) Substance Abuse: (specify) _____
__ Other: (specify) _____

DSM-IV WITHDRAWAL CRITERIA: ALCOHOL WITHDRAWAL

Two or more of the following symptoms must appear after the cessation of, or reduction in, alcohol use within several hours to a few days:

Mild to Moderate
- gross hand tremor (i.e., the "shakes")
- anxiety (i.e., the "jitters")
- nausea or vomiting
- insomnia
- autonomic hyperactivity (e.g., profuse sweating or racing pulse/tachycardia)

Severe
- severe psychomotor agitation (i.e., marked, generalized tremors)
- vivid visual, tactile, or auditory hallucinations (insight commonly retained)
- grand mal seizures/convulsions (i.e., "rum fits")
- delirium tremens (visual, tactile, or auditory hallucinations with loss of insight, severe agitation, disorientation and confusion)

Client Name:_____ Date:_____

Past Drug Use Questions (DSM-IV TR)

The following questions are about your use of the drug _____over the *past 12 months*. Please check *YES* for those statements that describe your use of _____ over the past 12 months, and check *NO* for those statements that are not true for you.

		YES	NO
1.	In the past 12 months, I often used (**drug listed above**) in larger amounts or over longer periods of time than I intended.	____	____
2.	In the past 12 months, I often wanted to or tried to cut down or **control** my use of (**drug listed above**).	____	____
3	In the past 12 months, I spent a lot of time either (a) using (**drug listed above**), (b) in activities trying to obtain **(drug listed above**), or (c) recovering from the effects of my use of **(drug listed above**).	____	____
4.	In the past 12 months, I gave up or reduced my involvement in important social, occupational, or recreational activities because of my use of (**drug listed above**).	____	____
5.	In the past 12 months, I continued to use (**drug listed above**) despite knowing that it likely caused or made worse psychological or physical problems I had (e.g., continued drug knowing it was making my hepatitis or depression worse.	____	____
6.	In the past 12 months, I found that I needed **greater** amounts of (**drug listed above**) than I use to in order to feel intoxicated or to get a desired effect **OR** that I got **much less** effect by using the same amount of (**the drug listed above**) as in the past.	____	____
7.	In the past 12 months, I experienced withdrawal symptoms when I tried to cut down or stop my use of use of (**drug listed above**) **OR** I took (**drug listed above**) to relieve or avoid withdrawal symptoms.	____	____

IF YES, PLEASE DESCRIBE YOUR WITHDRAWAL SYMPTOMS

_____

_____

8.	In the past 12 months, my continued use of (**drug listed above**) resulted in my not fulfilling major obligations at work, school, or home (e.g., repeated absences or poor performances at work or school; neglecting my children or home).	____	____
9.	In the past 12 months, I repeatedly used (**drug listed above**) in situations that were physically hazardous (e.g., driving a car or operating machinery).	____	____
10.	In the past 12 months, my use of (**drug listed above**) has resulted in my having recurrent substance-related legal problems.	____	____
11.	In the past 12 months, I continued to use (**drug listed above**) despite having persistent or recurrent social or interpersonal problems caused or made worse by the effects of my use of (e.g., arguments with friends or family about my drug use or physical fights)	____	____

DSM IV-TR: _____

Office Use Only: Scoring Summary for Past Drug Use Questions (DSM-IV TR)

A. If **3 or more YES** responses are given for **Items 1 through 7,** then the criteria for **dependence** have been satisfied. **STOP**.

If answer is **NO**, then go to B.

B. If **1 or more YES** response(s) are given for **Items 8 through 11,** then the criteria for **abuse** have been satisfied. **STOP**.

DSM-IV Diagnostic Codes (choose only one):

__ V71.09 No Diagnosis
__ 304.00 Opioid Dependence
__ 305.50 Opioid Abuse
__ 304.10 Sedative, Hypnotic, or Anxiolytic Dependence
__ 305.40 Sedative, Hypnotic, or Anxiolytic Abuse
__ 304.20 Cocaine Dependence
__ 305.60 Cocaine Abuse
__ 304.30 Cannabis Dependence
__ 305.20 Cannabis Abuse
__ 304.40 Amphetamine Dependence
__ 305.70 Amphetamine Abuse
__ 304.80 Polysubstance Dependence
__ 304.90 Other (or unknown) Substance Dependence: (specify) _____
__ 305.90 Other (or unknown) Substance Abuse: (specify) _____
__ Other: (specify) _____

DSM-IV-TR WITHDRAWAL CRITERIA

COCAINE AND AMPHETAMINE WITHDRAWAL
Two or more of the following symptoms must appear within a few hours to several days after the cessation of, or reduction in, cocaine and/or amphetamine use:

(a) Dysphoric mood and fatigue, (b) marked increase in appetite; (c) vivid, unpleasant dreams; (d) marked psychomotor retardation or agitation; (d) insomnia or hypersomnia

SEDATIVE, HYPNOTIC OR ANXIOLYTIC WITHDRAWAL
Two or more of the following symptoms must appear within a few hours to a few days after the cessation of, or reduction in, sedative, hypnotic, or anxiolytic use:

(a) gross hand tremor (i.e., the "shakes"); (b) anxiety (i.e., the "jitters"); (c) nausea or vomiting; (d) insomnia; (d) autonomic hyperactivity (e.g., profuse sweating or racing pulse/tachycardia); (e) severe psychomotor agitation (i.e., marked, generalized tremors): (f) vivid visual, tactile, or auditory hallucinations (insight commonly retained); (g) grand mal seizures/convulsions; (h) delirium tremens (visual, tactile, or auditory hallucinations with loss of insight, severe agitation, disorientation and confusion)

OPIOID WITHDRAWAL
1. Either cessation of, or reduction in, heavy/prolonged opioid use (several weeks or longer) or administration of an opioid antagonist after a period of opioid use.
2. Three or more of the following symptoms developing within minutes to several days after #1 has occurred:

(a) dysphoric mood; (b) lacrimation (i.e., teary eyes) or rhinorrhea (i.e., runny nose); (c) yawning; (d) nausea or vomiting: (e) diarrhea; (f) pupillary dilation, piloerection (i.e., goose bumps), or profuse sweating; (g) muscle aches; (h) fever; (i) insomnia

CANNABIS WITHDRAWAL: No specified symptoms listed in DSM-IV-TR