Check one Alcohol or Drug Category for Which This Form is Being Filled Out (use a different form for each drug)

|  |  |  |  |
| --- | --- | --- | --- |
| \_\_\_ Alcohol Use | \_\_\_ Cannabis Use | \_\_\_ Hallucinogen Use: Phencyclidine (LSD) | **\_\_\_** Hallucinogen Use: Other Hallucinogen |
| **\_\_\_** Inhalants Use | \_\_\_ Opioid Use | **\_\_\_** Sedative, Hypnotic, Anxiolytic **Use** | **\_\_\_** Stimulant Use: Amphetamines |
| **\_\_\_** Stimulant Use:  Cocaine | **\_\_\_** Stimulant Use: Other | \_\_\_ Tobacco Use | Other Substance Use (or **\_\_\_** unknown) |

Past Alcohol or Drug Use Questions

**The following statements are about your alcohol or drug use over the *past 12 months.***

**Please check *YES* for those statements that describe your drinking or drug use 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 or drugs in large amounts over longer periods of time than I intended. |  |  |
| 2 | **In the past 12 months**, I often wanted or tried to cut down or **control** my alcohol or drug use. |  |  |
| 3. | **In the past 12 months,** I spend a lot of time either (a) using alcohol or drugs, (b) in activities trying to obtain alcohol or drugs, or (c) recovering from the effects of my drinking or drug use. |  |  |
| 4. | **In the past 12 months,** I gave up or reduced my involvement in important social, occupational, or recreational activities because of my alcohol or drug use. |  |  |
| 5. | **In the past 12 months,** I continued to use alcohol or drugs despite knowing that it likely caused or made worse psychological or physical problems I had (for example, continued drinking or drug use knowing it was making my ulcer or depression worse). |  |  |
| 6. | **In the past 12 months,** I found I needed greater amounts of alcohol or drugs 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 or drugs 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 drug use **OR** I drank alcohol or used drugs to relieve or avoid withdrawal symptoms.  **IF YES, PLEASE DESCRIBE YOUR WITHDRAWAL SYMPTOMS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 8. | **In the past 12 months**, my continued alcohol or drug use resulted in my not fulfilling major obligations at work, school, or home (for example, repeated absences or poor performances at work or school; neglecting my children or home). |  |  |
| 9. | **In the past 12 months,** I repeatedly used alcohol or drugs in situations that were physically hazardous (for example, driving a car or operating machinery). |  |  |
| 10. | **In the past 12 months,** I have experienced strong desires, urges, or cravings to use alcohol or drugs. |  |  |
| 11. | **In the past 12 months,** I continued to use alcohol or drugs despite having persistent or recurrent social or interpersonal problems caused or made worse by the effects of my drinking or drug use (e.g., arguments with friends or family about my drinking or drug use or physical fights). |  |  |

**DSM 5 Drug Classes (part 2 for trainees)**

* **Alcohol**
* **Caffeine**
* **Cannabis**
* **Hallucinogens**
  + **Phencyclidine**
  + **Other hallucinogens**
* **Inhalants**
* **Opioids**
* **Sedatives, hypnotics, or anxiolytics**
* **Stimulants**
* **Tobacco**
* **Other (or unknown)**

**For some drug classes, you can use the class name in the diagnosis, rather than the specific substance. For example, for someone who uses cocaine, you would not use Stimulant Use Disorder rather you would use Cocaine Use Disorder. However, for Xanax it would be better to say Anxiolytics Use Disorder.**

**Severity Coding:**

**Mild; 2-3 symptoms endorsed**

**Moderate; 4-5 symptoms endorsed**

**Severe; 6 or more symptoms endorsed**

**Specifiers:**

* **Early Remission: No symptoms except cravings (item 10 in checklist) for at least 3 months but less than 12 months.**
* **Full remission: No symptoms except cravings (item 10 in checklist) for at least 12 months.**

**Note: Withdrawals (item 7) are not considered a symptom for hallucinogens or inhalants as it has not been established that they occur. The severity categories remain the same, however.**

**Note: For substances medically prescribed and taken in compliance with medical prescriptions: Tolerance and withdrawals are not considered symptoms if they occur solely under appropriate medical supervision.**

|  |  |  |
| --- | --- | --- |
| **Disorder** | **DSM 5 Code**  **(Mild 2-3 Symptoms)** | **DSM 5 Code (Moderate 4-5; Severe ≥ 6 Symptoms)** |
| Alcohol Use Disorder | 305.00 | 303.90 |
| Cannabis Use Disorder | 305.20 | 304.30 |
| Hallucinogen Use Disorder  Phencyclidine (LSD) | 305.90 | 304.60 |
| Hallucinogen Use Disorder  Other Hallucinogen | 305.30 | 304.50 |
| Inhalant Use Disorder | 305.90 | 304.60 |
| Opioid Use Disorder | 305.50 | 304.00 |
| Sedative, Hypnotic, Anxiolytic Use Disorder | 305.40 | 304.10 |
| Stimulant Use Disorder  Amphetamine-type | 305.70 | 304.40 |
| Stimulant Use Disorder  Cocaine | 305.60 | 304.20 |
| Stimulant Use Disorder  Other | 305.70 | 304.40 |
| Tobacco Use Disorder | 305.1 | 305.1 |
| Other/Unknown Substance Use Disorder | 305.90 | 304.90 |