**Lifetime alcohol use disorder questions**

E1: Double skip instruction

ASK: BASED ON OVERVIEW: You told me that you were drinking the most during (TIME REPORTED IN OVERVIEW). Is that right? During that time, did your drinking cause problems for you? Were you or was anyone else concerned about your drinking?

SKIP INSTRUCTION IF ANSWERED NO

E2: Amount and/or timeframe of alcohol abuse

CODE 3: Alcohol is often taken in larger amounts OR over a longer period than was intended

ASK: IF DEFINITE PERIOD: Let me ask you a few more questions about (TIME WHEN DRINKING THE MOST OR HAD PROBLEMS). IF NO DEFINITE PERIOD, CHECK LIFETIME USE WITH PHRASES IN ITALICS. Now I’d like to ask you some more questions about your drinking. (Did you often find/*Have you often found*) that when you started drinking you ended up drinking much more than you were planning to? (Tell me about that.) IF NO: What about drinking for a much longer period of time than you were planning to?

TIP: If patient is not fully cooperative, determine what others thought of their drinking habits.

E3: Curbing use of alcohol

CODE 3: There is a persistent desire OR unsuccessful efforts to cut down or control alcohol use

ASK: (Did you try/*Have you tried*) to cut down or stop drinking alcohol? IF YES: Did you ever actually stop drinking altogether? (How many times did you try to cut down or stop altogether?) IF NO: Did you want to control your drinking? Did you have a desire to stop or cut down? (Is this something you kept thinking about?)

TIP: desire or attempts to stop drinking will count for a coding of 3

E4: Time spent obtaining alcohol

CODE 3: A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects

ASK: (Did you spend/*Have you spent*) a lot of time drinking, being high, or hung over? (How much time?)

TIP: Determine if the time spend obtaining/using alcohol or recovering has cut into normal functioning

E5: Cravings

CODE 3: Craving, or a strong desire or urge to use alcohol

ASK: (Did you often have/*have you often had*) a strong desire or urge to use alcohol?

TIP: The cravings should make it difficult for the patient to think about anything else, and lead to onset of drinking

E6: Disturbances in social/occupational functioning

CODE 3: 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.

ASK: (Did you ever/*Have you ever*) missed work or school or often come late because you were intoxicated, high, or very hung over? IF NO: How about doing a bad job at work or school, or failing courses or getting kicked out from school? IF NO: How about getting written up 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, making sure your children go to school or get medical care or paying your bills? IF YES TO ANY: How often? Over what period of time?

TIP: If patient has admitted to disturbances to social/occupational functioning, ask questions that may determine a link between them and alcohol use

E7: Continued use despite disturbances in functioning

CODE 3: 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]

ASK: IF NOT ALREADY KNOWN: (Did your drinking cause/*Has your drinking caused*) problems with other people, such as family members, friends, or people at work? ([Did you get/*Have you ever   
gotten*] into arguments about what happens when you drink too much?) ( Have you ever gotten into physical fights when you were drunk?) IF YES: Did you keep on drinking anyway? (Over what period of time)?

TIP: Patient may not acknowledge knowing about the problems caused by drinking, so structure the question to determine simply whether they kept drinking after these life events

E8: Intrusion of alcohol use into activities

CODE 3: Important social, occupational, or recreational activities given up or reduced because of alcohol use

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

TIP: Determine baseline involvement in activities, then compare to level of involvement after persistent alcohol use

E9: Alcohol use in physically hazardous situations

CODE 3: 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]

ASK: Did you ever have a few drinks right before doing something that requires coordination and concentration like driving, climbing on a ladder, or operating heavy machinery? 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?)

TIP: if their work involves hazardous activity and they are intoxicated at work, code 3. It may help to approach this question by asking them in what situations do they typically drink.

E10: Alcohol use despite knowledge of it causing physical/psychological problems

CODE 3: 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]

ASK: IF NOT ALREADY KNOWN: (Did your drinking cause/*Has your drinking ever caused)* you any problems like making you very depressed or anxious, being in a “mental fog,” making it difficult to sleep, or making it so you couldn’t recall what happened while you were drinking? IF NOT ALREADY KNOWN: (Did your drinking cause/*Has your drinking ever caused)* significant physical problems or make a physical problem worse, like stomach ulcers, liver disease, or pancreatitis? IF YES TO EITHER OF ABOVE: Did you keep on drinking anyway?

TIP: be sure to determine timing of physical/psychological problems and whether or not they could have been caused by alcohol use, then determine whether or not the patient knew of the causal link

E11: Tolerance

CODE 3: 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

ASK: (Did you find/*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? 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?)

TIP: could the addition of other substances to produce intoxication be considered an increase in tolerance?

E12: Withdrawal A

CODE 3: 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

ASK: (Did you have/*Have you ever had*) any of these symptoms when you cut down or stopped drinking like: sweating or racing heart; your hand shaking; trouble sleeping; feeling nauseated or vomiting; feeling agitated; feeling anxious?

TIP: may need to consult charts for medical history

E13: Withdrawal B

CODE 3: Alcohol (or a closely related substance such as a benzodiazepine) is taken to relieve or avoid withdrawal symptoms

ASK: IF NO TO E12: (Would you start/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?

TIP: colloquially known as “hair of the dog”

E14: CODING FOR ALCOHOL USE DISORDER

CODE 3: AT LEAST TWO ALCOHOL USE DISORDER ITEMS CODED “3” AND ITEMS OCCURRED WITHIN THE SAME 12-MONTH PERIOD

ASK: IF UNKNOWN: When did (SXS CODED “3” ABOVE) occur? (Did they all happen around the same time?)

TIP: determine timing of symptoms coded 3

**Chronology for alcohol use disorder**

E15: Age of onset

CODE 99: if unknown

Patient provided age

ASK: How old were you when you first had (LIST OF ALCOHOL USE DISORDER SXS CODED “3”)?

E16: Alcohol use disorder in past month

CODE 3: Full criteria for Alcohol Use Disorder met at any time in past month

ASK: IF UNCLEAR: During the past month, have you had anything at all to drink? IF YES: Tell me more about it. (Has your drinking caused you any problems?)

**Other substance use disorder questions**

E31: Amount and/or timeframe of substance abuse

CODE 3: The substance is often taken in larger amounts OR over a longer period than was intended

ASK: IF DEFINITE PERIOD: Now I’d like to ask you some more questions about (TIME WHEN USED DRUG MOST OR HAD PROBLEMS). IF NO DEFINITE PERIOD, CHECK FOR LIFETIME USE WITH PHRASES IN ITALICS. Now I’d like to ask you some more questions about your use of [DRUG]. (Did you often find/*Have you often found*) that when you started using (DRUG) you ended up using more of it than you were planning to? (Tell me about it.) IF NO: What about using it over a longer period of time than you were planning to?

TIP: If patient is not fully cooperative, determine what others thought of their substance use habits

E32: Curbing use of substance

CODE 3: There is a persistent desire OR unsuccessful efforts to cut down or control substance use

ASK: (Did you try/*Have you tried*) to cut down or stop using (DRUG)? IF YES: Did you ever actually stop using (DRUG) altogether? (How many times did you try to cut down or stop altogether?) IF NO: Did you want to control your [DRUG] use? Did you have a desire to stop or cut down? (Is this something you or your loved ones kept thinking about?)

TIP: desire or attempts to stop using substance will count for a coding of 3

E33: Time spend obtaining substance

CODE 3: A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects

ASK: (Did you spend/*Have you spent*) a lot of time getting (DRUG) or using (DRUG) or has it taken a lot of time for you to get over the effects of (DRUG)? (How much time?)

TIP: Determine if the time spend obtaining/using substance or recovering has cut into normal functioning

E34: Cravings

CODE 3: Craving, or a strong desire or urge to use the substance

ASK: (Did you often have/*have you often had*) a strong desire or urge to use (DRUG)?)

TIP: The cravings should make it difficult for the patient to think about anything else, and lead to onset of substance use

E35: Disturbance in social/occupational functioning

CODE 3: Recurrent substance 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 substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household)

ASK: (Did you ever/*Have you ever*) missed work or school or often come late because you were intoxicated, high, or recovering from the night before? IF NO: How about doing a bad job at work or school, or failing courses or getting kicked out from school? IF NO: How about getting written up because of your use of (DRUG)? IF NO: How about not taking care of things at home because of your use of (DRUG), like making sure there is food and clean clothes for your family, making sure your children go to school or get medical care, or paying your bills? IF YES TO ANY: How often? Over what period of time?

TIP: If patient has admitted to disturbances to social/occupational functioning, ask questions that may determine a link between them and substance use

E36: Continued use despite disturbances in functioning

CODE 3: Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights)

ASK: IF NOT ALREADY KNOWN: (Did your use of [DRUG] cause/*Has your use of [DRUG] caused*) problems with other people, such as with family members, friends, or people at work? (Did you get into arguments about your [DRUG] use?) IF YES: Did you keep on using (DRUG) anyway? (Over what period of time?)

TIP: Patient may not acknowledge knowing about the problems caused by substance us, so structure the question to determine simply whether they kept using the substance after these life events

E37: Intrusion of substance use into activities

CODE 3: Important social, occupational, or recreational activities given up or reduced because of substance use

ASK: (Did you have/*Have you had*) to give up or reduce the time you spent at work, with family or friends, or on your hobbies because you were using (DRUG) instead?

TIP: Determine baseline involvement in activities, then compare to level of involvement after persistent substance use

E38: Substance use in physically hazardous situations

CODE 3: Recurrent substance use   
in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use)

ASK: (Did you ever get/*Have you ever gotten*) high before doing something that requires coordination and concentration like driving, climbing on a ladder, or operating heavy machinery? IF YES: Would you say that your being high affected your coordination or concentration so that it was more likely that you or someone else could have been hurt?( FOR STIMULANTS ONLY) IF YES: Would you say that your being high on stimulants made you drive recklessly like driving very fast or taking unnecessary risks? IF YES TO ANY ABOVE AND UNKNOWN: How many times? (When?)

TIP: if their work involves hazardous activity and they are intoxicated at work, code 3. It may help to approach this question by asking them in what situations do they typically use the substance.

E39: Substance use despite knowledge of it causing physical/psychological problems

CODE 3: Substance 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 the substance (e.g., recurrent cocaine use despite recognition of cocaine-related depression)

ASK: IF NOT ALREADY KNOWN: (Did your use of (DRUG) cause/*Has your use of (DRUG) ever caused)* you any problems like making you very depressed, anxious, paranoid, very irritable or extremely agitated? What about triggering panic attacks, making it difficult to sleep, putting you into a “mental fog,” or making it so you couldn’t recall what happened while you were using (DRUG)? IF NOT ALREADY KNOWN: (Did your use of (DRUG) cause/*Has your use of (DRUG) ever caused)* physical problems, like heart palpitations, coughing or trouble breathing, constipation, or skin infections? IF YES TO EITHER OF ABOVE: Did you keep on drinking anyway?

TIP: be sure to determine timing of physical/psychological problems and whether or not they could have been caused by alcohol use, then determine whether or not the patient knew of the causal link

E40: Tolerance

CODE 3: A need for markedly increased amounts of substance to achieve intoxication or desired effect. B. Markedly diminished effect with continued use of the same amount of substance

ASK: (Did you find/*Have you found*) that you needed to use much more (DRUG) in order to get the feeling you wanted than you did when you first started using it?) IF YES: How much more? IF NO: What about finding that when you used the same amount, it had much less effect than before? IF PRESCRIBED MEDICATION: Were you taking this exactly as your doctor told you to?

TIP: **Note:** This criterion is not considered to be met for those taking opioids, sedatives, hypnotics, or anxiolytics, or stimulant medications solely under medical supervision. Could the addition of other substances to produce intoxication be considered an increase in tolerance?

E41: Withdrawal

CODE 3: Withdrawal, as manifested by either of the following: A. The characteristic withdrawal syndrome for the substance. B. The same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms (may need to consult charts for medical history)

ASK: (Did you have/*Have you ever had*) any withdrawal symptoms, in other words felt sick when you cut down or stopped using (DRUG)? IF YES: What symptoms did you have? REFER TO LIST OF WITHDRAWAL SYMPTOMS. IF NO: After not using (DRUG) for a few hours or more, did you sometimes use it or something like it to keep yourself from getting sick with (WITHDRAWAL SYMPTOMS)? IF PRESCRIBED MEDICATION: Were you taking this exactly as your doctor told you to?

TIP: Note**:** This criterion does not apply to PCP, hallucinogens, or inhalants. Note: This criterion is not considered met for those taking opioids, sedatives, hypnotics or anxiolytics, or stimulant medications solely under medical supervision.

E42: CODING FOR OTHER SUBSTANCE USE DISORDER

CODE 3: AT LEAST TWO SUBSTANCE USE DISORDER ITEMS CODED "3" AND ITEMS OCCURRED WITHIN THE SAME 12-MONTH PERIOD

ASK: IF UNKNOWN: When did (SXS CODED "3" ABOVE) occur? (Did they all happen around the same time?)

**Chronology for substance use disorder**

E43: Age of onset

CODE 99: if unknown

Patient provided age

ASK: How old were you when you first had (LIST OF OTHER SUBSTANCE USE DISORDER SXS CODED “3”)?

E44: Other substance use disorder in past month

CODE 3: Full criteria for Substance Use Disorder met at any time in past month

ASK: IF UNCLEAR: During the past month, have you used (DRUG) at all? IF YES: Tell me more about it. (Has your [DRUG] use caused you any problems?)