

Alcohol Use Disorder (Sustained Remission)

[THIS MODULE ASSESSES SYMPTOMS OF ALCOHOL USE DISORDER THAT WERE PRESENT > 12 MONTHS AGO. THIS MODULE SHOULD BE COMPLETED AFTER ASSESSING FOR CURRENT ALCOHOL USE DISORDER, SEE THE ALCOHOL USE DISORDER (CURRENT/EARLY REMISSION) MODULE.]

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|----|---|---|--------------------------|
| 1. | Has there ever been a period of time when you were consuming alcohol excessively? | A <input checked="" type="checkbox"/> | P |
| | When was this period of time? How long did it last? During that time, how many alcoholic drinks did you consume in a typical week? How many drinks did you usually have on a single occasion? What types of alcoholic drinks were you having? When did this pattern start? When did this period of use end? | | |
| | [NOTES:] | | |
| 2. | During this period of alcohol use, did your drinking bother you or cause you any problems? | A | P |
| 3. | [#2 IS CODED P AND/OR ALCOHOL USE IS DEEMED CLINICALLY CONCERNING] | A <input checked="" type="checkbox"/> | P |
| 4. | During this period of problematic alcohol use: | | |
| | 4a. On days that you drank alcohol, did you drink a lot more than you planned to or for longer than you intended? | | <input type="checkbox"/> |
| | 4b. Did you want to, or repeatedly try to, cut down or stop drinking alcohol but were unable to? | | <input type="checkbox"/> |
| | 4c. Did you spend a lot of time trying to get alcohol, drinking, or recovering from your alcohol use? On average, how many hours of your day (or week)? | | <input type="checkbox"/> |
| | 4d. Did you experience strong urges or cravings to drink? | | <input type="checkbox"/> |
| | 4e. Did your drinking repeatedly interfere with your duties at work, school, or home? If you hadn't been drinking, would things have turned out differently? | | <input type="checkbox"/> |
| | 4f. Did your drinking repeatedly cause you problems in social situations or in your relationships with other people? [IF YES:] Did you continue to drink despite these problems? [CHECK ONLY IF USE CONTINUED DESPITE PROBLEMS] | | <input type="checkbox"/> |
| | 4g. Did you reduce or give up any of your usual activities because of your drinking? Spending less time on hobbies because of drinking? Spending less time with family or friends because of drinking? | | <input type="checkbox"/> |

4h. **Did you drink alcohol in situations that could have been dangerous or in which you could have been harmed?** ☐

Did you drive while intoxicated or not been able to remember how you got home? Engaged in risky behaviours, such as swimming or using machinery while intoxicated?

4i. **Did your drinking repeatedly cause or worsen any medical or mental health problems?** ☐

[IF YES:] **Did you continue to drink despite these problems?** [CHECK ONLY IF USE CONTINUED DESPITE PROBLEMS]

4j. [TOLERANCE]: **Did you need to drink greater amounts of alcohol to get the same effect as before, or did you get less of an effect when using the same amount of alcohol?** ☐

4k. [WITHDRAWAL]: **When you reduced or stopped drinking, did you experience any withdrawal symptoms** [AT LEAST TWO SYMPTOMS BELOW ARE NEEDED], **or use alcohol or a similar substance to reduce or prevent withdrawal symptoms?** ☐

- ☐ Sweating, or increased heart rate
- ☐ Shaky hands
- ☐ Difficulty sleeping
- ☐ Nausea or vomiting
- ☐ Seeing or hearing things that others didn't perceive, or experiencing strange physical sensations
- ☐ Agitation or restlessness
- ☐ Anxiety
- ☐ Seizures

[AT LEAST TWO #4 ITEMS ARE CHECKED]

A **P**
☒

5. [NONE OF THE SYMPTOMS OF ALCOHOL USE DISORDER HAVE BEEN PRESENT IN THE PAST 12 MONTHS (CRAVINGS MAY STILL BE PRESENT). IF NOT KNOWN ASK:] **A** **P**
☒

Have you engaged in problematic alcohol use or had any of the symptoms we just discussed in the past twelve months? Can you describe in what ways they have been problematic or which symptoms you've had in the past twelve months?

[IF #5 IS CODED A, CURRENT SYMPTOMS OF ALCOHOL USE DISORDER MAY BE PRESENT AND THE ALCOHOL USE DISORDER (CURRENT/EARLY REMISSION) MODULE SHOULD BE COMPLETED.]

DIAGNOSTIC IMPRESSION:
ALCOHOL USE DISORDER, IN SUSTAINED REMISSION

A **S** **P**
☒

[PERIOD OF PAST USE:] _____

[SPECIFY:]

IN A ☐

CONTROLLED
ENVIRONMENT

[SPECIFY:]

TWO-THREE #4 ITEMS ARE CODED P

MILD ☐

FOUR-FIVE #4 ITEMS ARE CODED P

MODERATE ☐

≥ SIX #4 ITEMS ARE CODED P

SEVERE ☐

[SPECIFY:]

PANIC ATTACKS ARE PRESENT IN THE CONTEXT OF THIS DISORDER

WITH PANIC ☐

[NOTE: TO ASSESS SYMPTOMS OF A PANIC ATTACK,

ATTACKS

SEE PANIC ATTACK SPECIFIER AND PANIC DISORDER MODULE]

6. How old were you when these symptoms first began?

7. How old were you when these symptoms began to be a problem for you?

8. On a scale from 0 to 10, 0 meaning not at all and 10 meaning extremely, how much are you bothered by your symptoms?
