

CAAPE-5™

Comprehensive Addictions And Psychological Evaluation – 5

Norman G. Hoffmann, Ph.D.

Name: _____

ID #: _____

Interviewer: _____

Date of Birth: ____/____/____
month day year

Current Date: ____/____/____
month day year

1. Gender:

- (1) Male
 (2) Female

2. How old are you? _____ years

3. In which ethnic grouping would you classify yourself?

- (1) Hispanic / Latino
 (2) African-American
 (3) Native American
 (4) Native Hawaiian / Pacific Islander
 (5) Asian
 (6) Middle Eastern
 (7) Caucasian / White
 (8) Multiracial / Biracial / Other

4. What is your current marital status?

- (1) Never married
 (2) Divorced
 (3) Separated
 (4) Widowed
 (5) Living as married
 (6) Married

5. If ever married:

How many times have you been married? _____

6. What is the highest degree you have earned?

- (1) No school diploma earned
 (2) High school diploma or GED
 (3) Vocational/technical/business school grad.
 (4) Associate degree
 (5) Bachelor's degree
 (6) Master's degree
 (7) Doctoral-level degree

7. What is your current employment status?

- (1) Working full time for pay (>35 hr./wk. or more)
 (2) Working part time for pay (<35 hr./wk.)
 (3) Unemployed
 (4) Not working by choice
 (5) Disabled
 (6) Retired

8. What is your primary job type when working for pay?

- (1) Professional
 (2) Upper-level management / business owner
 (3) Mid-level management
 (4) Sales / marketing
 (5) Supervisory
 (6) Craft / skilled trades / technical
 (7) Office / white collar / clerical
 (8) Transportation / equipment operator
 (9) Laborer / unskilled worker
 (10) Service worker (waiter / waitress)
 (11) Domestic worker (housekeeper, etc.)
 (12) Military service
 (13) Other (specify) _____

9. In what range was your personal income in the past year?

- (1) \$10,000 or less
 (2) \$10,001 to \$20,000
 (3) \$20,001 to \$35,000
 (4) \$35,001 to \$60,000
 (5) \$60,001 to \$90,000
 (6) Over \$90,000

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10. When did you last use [name substance]?

Name each substance group including local terminology where appropriate.

Code according to the most recent use:

- 0 = Never used
1 = Not used for more than 12 months
2 = Used within the past 12 months, but not during past 6 months
3 = Used within the past 6 months, but not during past month

4 = Used in past month

5 = Used within the past week

6 = Used within the past 24 hours

For each substance used in the past month, record number of days used.

Tobacco

0 1 2 3 4 5 6 ___ days

Alcohol

0 1 2 3 4 5 6 ___ days

Marijuana

0 1 2 3 4 5 6 ___ days

Cocaine (powder or crack)

0 1 2 3 4 5 6 ___ days

Amphetamines / stimulants

0 1 2 3 4 5 6 ___ days

Sedatives / tranquilizers

0 1 2 3 4 5 6 ___ days

Heroin / opioids

0 1 2 3 4 5 6 ___ days

Hallucinogens / PCP

0 1 2 3 4 5 6 ___ days

Inhalants

0 1 2 3 4 5 6 ___ days

Other substance (specify) _____

0 1 2 3 4 5 6 ___ days

If no substance use is reported go to Item 48.

One probe for each substance. If one or two substances are used, the probe for problems in the past 12 months can be asked for each substance.

Two-pass option: If multiple substances are used, the initial question can be asked without naming a substance. Circle "no" or "yes" above the left column, and ask the next question. Once all the questions in this section are covered, return to the first "yes" question and do the probes for specific substances.

11. [U] - Have you ever spent more time using [name substance] than you intended to?

Table with columns for 'no yes' and 'times in past 12 mo.' for various substances like Alcohol, Marijuana, Cocaine, Amphetamines, Sedatives, Heroin, Hallucinogens, Inhalants, and Other drugs.

12. [N] - Have you ever neglected some of your usual responsibilities because of [name substance]?

Table with columns for 'no yes' and 'times in past 12 mo.' for various substances like Alcohol, Marijuana, Cocaine, Amphetamines, Sedatives, Heroin, Hallucinogens, Inhalants, and Other drugs.

13. [U] - Have you ever wanted to cut down on your use of [name substance]?

Table with columns for 'no yes' and 'times in past 12 mo.' for various substances like Alcohol, Marijuana, Cocaine, Amphetamines, Sedatives, Heroin, Hallucinogens, Inhalants, and Other drugs.

14. [O] - Has anyone ever objected to your use of [name substance]?

Table with columns for 'no yes' and 'times in past 12 mo.' for various substances like Alcohol, Marijuana, Cocaine, Amphetamines, Sedatives, Heroin, Hallucinogens, Inhalants, and Other drugs.

15. [P] - Have you ever found yourself thinking a lot about using [name substance]?

no	yes		times in past 12 mo.		
0	1	Alcohol-----	0	1	2 3+
0	1	Marijuana-----	0	1	2 3+
0	1	Cocaine-----	0	1	2 3+
0	1	Amphetamines / stimulants-----	0	1	2 3+
0	1	Sedatives / tranquilizers-----	0	1	2 3+
0	1	Heroin / opioids-----	0	1	2 3+
0	1	Hallucinogens / PCP-----	0	1	2 3+
0	1	Inhalants-----	0	1	2 3+
0	1	Other drugs _____	0	1	2 3+

16. [E] - Have you ever used [name substance] to relieve emotional discomfort, such as sadness, anger, or boredom?

no	yes		times in past 12 mo.		
0	1	Alcohol-----	0	1	2 3+
0	1	Marijuana-----	0	1	2 3+
0	1	Cocaine-----	0	1	2 3+
0	1	Amphetamines / stimulants-----	0	1	2 3+
0	1	Sedatives / tranquilizers-----	0	1	2 3+
0	1	Heroin / opioids-----	0	1	2 3+
0	1	Hallucinogens / PCP-----	0	1	2 3+
0	1	Inhalants-----	0	1	2 3+
0	1	Other drugs _____	0	1	2 3+

If no positive responses to Items 11-16, skip to Item 48.

Any positive response to the UNCOPE (Items 11-16) suggests a possible problem. Two or more positive responses on Items 11-15 indicates at least a mild substance use disorder, and three or more at least a moderate use disorder. The positive findings pertain to the same substance. A positive response on Item 16 may indicate self-medication.

Continuation of the interview is required to cover content necessary to confirm a diagnosis.

Criterion 1: Unplanned or excessive use, or longer time using than intended (includes Item 11)

17. Have you ever drunk or used more than you had intended?

no	yes		times in past 12 mo.		
0	1	Alcohol-----	0	1	2 3+
0	1	Marijuana-----	0	1	2 3+
0	1	Cocaine-----	0	1	2 3+
0	1	Amphetamines / stimulants-----	0	1	2 3+
0	1	Sedatives / tranquilizers-----	0	1	2 3+
0	1	Heroin / opioids-----	0	1	2 3+
0	1	Hallucinogens / PCP-----	0	1	2 3+
0	1	Inhalants-----	0	1	2 3+
0	1	Other drug _____	0	1	2 3+

Criterion 2: Desire and/or attempts to restrict use (includes Item 13)

18. Have you ever set rules to control your drinking or drug use? **If no to all, skip the next item**

If yes, ask: Does that apply to [name substance]?

no	yes		times in past 12 mo.		
0	1	Alcohol-----	0	1	2 3+
0	1	Marijuana-----	0	1	2 3+
0	1	Cocaine-----	0	1	2 3+
0	1	Amphetamines / stimulants-----	0	1	2 3+
0	1	Sedatives / tranquilizers-----	0	1	2 3+
0	1	Heroin / opioids-----	0	1	2 3+
0	1	Hallucinogens / PCP-----	0	1	2 3+
0	1	Inhalants-----	0	1	2 3+
0	1	Other drug _____	0	1	2 3+

19. Have you ever failed to follow rules to control your drinking or drug use?

If yes, ask: Does that apply to [name substance]?

no	yes		times in past 12 mo.		
0	1	Alcohol-----	0	1	2 3+
0	1	Marijuana-----	0	1	2 3+
0	1	Cocaine-----	0	1	2 3+
0	1	Amphetamines / stimulants-----	0	1	2 3+
0	1	Sedatives / tranquilizers-----	0	1	2 3+
0	1	Heroin / opioids-----	0	1	2 3+
0	1	Hallucinogens / PCP-----	0	1	2 3+
0	1	Inhalants-----	0	1	2 3+
0	1	Other drug _____	0	1	2 3+

Criterion 3: Spending a great deal of time using

20. **A.** On a typical Friday, or last day of work for the week, how many hours do you spend drinking or using drugs and getting over the effects of use? _____

B. For a typical Saturday and Sunday, or two days when you don't work, how many total hours do you spend drinking or using and recovering from use? _____

C. When you drink or use during a typical work day, such as Monday through Thursday, how many hours would you typically spend drinking or using and recovering from use. _____

D. During a typical week, on how many weekdays do you drink or use drugs? _____

Estimated hours of use during a typical week equals A + B + (C x D). _____

Hours of use can be calculated after the interview.

21. Have you ever found yourself planning your activities around being able to drink or use drugs?

If yes, ask: Does that apply to [name substance]?

no	yes		times in past 12 mo.
0	1	Alcohol	0 1 2 3+
0	1	Marijuana	0 1 2 3+
0	1	Cocaine	0 1 2 3+
0	1	Amphetamines / stimulants	0 1 2 3+
0	1	Sedatives / tranquilizers	0 1 2 3+
0	1	Heroin / opioids	0 1 2 3+
0	1	Hallucinogens / PCP	0 1 2 3+
0	1	Inhalants	0 1 2 3+
0	1	Other drug _____	0 1 2 3+

22. Have you ever stayed intoxicated on alcohol or high from drugs for more than a day at a time?

If yes, ask: Does that apply to [name substance]?

no	yes		times in past 12 mo.
0	1	Alcohol	0 1 2 3+
0	1	Marijuana	0 1 2 3+
0	1	Cocaine	0 1 2 3+
0	1	Amphetamines / stimulants	0 1 2 3+
0	1	Sedatives / tranquilizers	0 1 2 3+
0	1	Heroin / opioids	0 1 2 3+
0	1	Hallucinogens / PCP	0 1 2 3+
0	1	Inhalants	0 1 2 3+
0	1	Other drug _____	0 1 2 3+

Criterion 4: Craving or strong compulsion.
(Includes Item 15)

23. Have you ever had a strong craving to drink or use drugs?

If yes, ask: Does that apply to [name substance]?

no	yes		times in past 12 mo.
0	1	Alcohol	0 1 2 3+
0	1	Marijuana	0 1 2 3+
0	1	Cocaine	0 1 2 3+
0	1	Amphetamines / stimulants	0 1 2 3+
0	1	Sedatives / tranquilizers	0 1 2 3+
0	1	Heroin / opioids	0 1 2 3+
0	1	Hallucinogens / PCP	0 1 2 3+
0	1	Inhalants	0 1 2 3+
0	1	Other drug _____	0 1 2 3+

24. Has the desire to drink or use a drug ever been so strong that you couldn't resist drinking or using?

If yes, ask: Does that apply to [name substance]?

no	yes		times in past 12 mo.
0	1	Alcohol	0 1 2 3+
0	1	Marijuana	0 1 2 3+
0	1	Cocaine	0 1 2 3+
0	1	Amphetamines / stimulants	0 1 2 3+
0	1	Sedatives / tranquilizers	0 1 2 3+
0	1	Heroin / opioids	0 1 2 3+
0	1	Hallucinogens / PCP	0 1 2 3+
0	1	Inhalants	0 1 2 3+
0	1	Other drug _____	0 1 2 3+

Criterion 5: Multiple failures of abstinence.
(Includes Item 25)

25. Have you ever been suspended from school because of your drinking or drug use?

If yes, ask: Does that apply to [name substance]?

no	yes		times in past 12 mo.
0	1	Alcohol	0 1 2 3+
0	1	Marijuana	0 1 2 3+
0	1	Cocaine	0 1 2 3+
0	1	Amphetamines / stimulants	0 1 2 3+
0	1	Sedatives / tranquilizers	0 1 2 3+
0	1	Heroin / opioids	0 1 2 3+
0	1	Hallucinogens / PCP	0 1 2 3+
0	1	Inhalants	0 1 2 3+
0	1	Other drug _____	0 1 2 3+

26. Have you ever had any work or school problems related to your drinking or drug use?

If yes, ask: Does that apply to [name substance]?

no	yes		times in past 12 mo.
0	1	Alcohol	0 1 2 3+
0	1	Marijuana	0 1 2 3+
0	1	Cocaine	0 1 2 3+
0	1	Amphetamines / stimulants	0 1 2 3+
0	1	Sedatives / tranquilizers	0 1 2 3+
0	1	Heroin / opioids	0 1 2 3+
0	1	Hallucinogens / PCP	0 1 2 3+
0	1	Inhalants	0 1 2 3+
0	1	Other drug _____	0 1 2 3+

27. Have you ever had any financial problems related to drinking or drug use?

If yes, ask: Does that apply to [name substance]?

no	yes		times in past 12 mo.
0	1	Alcohol-----	0 1 2 3+
0	1	Marijuana-----	0 1 2 3+
0	1	Cocaine-----	0 1 2 3+
0	1	Amphetamines / stimulants-----	0 1 2 3+
0	1	Sedatives / tranquilizers-----	0 1 2 3+
0	1	Heroin / opioids-----	0 1 2 3+
0	1	Hallucinogens / PCP-----	0 1 2 3+
0	1	Inhalants-----	0 1 2 3+
0	1	Other drug _____	0 1 2 3+

Criterion 6: Social or interpersonal problems
(Includes Item 14)

28. Have you ever been violent or hit anyone while drinking or using drugs?

If yes, ask: Does that apply to [name substance]?

no	yes		times in past 12 mo.
0	1	Alcohol-----	0 1 2 3+
0	1	Marijuana-----	0 1 2 3+
0	1	Cocaine-----	0 1 2 3+
0	1	Amphetamines / stimulants-----	0 1 2 3+
0	1	Sedatives / tranquilizers-----	0 1 2 3+
0	1	Heroin / opioids-----	0 1 2 3+
0	1	Hallucinogens / PCP-----	0 1 2 3+
0	1	Inhalants-----	0 1 2 3+
0	1	Other drug _____	0 1 2 3+

29. Has your drinking or drug use ever had a negative relationship with someone you care about?

If yes, ask: Does that apply to [name substance]?

no	yes		times in past 12 mo.
0	1	Alcohol-----	0 1 2 3+
0	1	Marijuana-----	0 1 2 3+
0	1	Cocaine-----	0 1 2 3+
0	1	Amphetamines / stimulants-----	0 1 2 3+
0	1	Sedatives / tranquilizers-----	0 1 2 3+
0	1	Heroin / opioids-----	0 1 2 3+
0	1	Hallucinogens / PCP-----	0 1 2 3+
0	1	Inhalants-----	0 1 2 3+
0	1	Other drug _____	0 1 2 3+

30. Have you ever had conflicts with anyone over matters that might have been related to your drinking or drug use?

If yes, ask: Does that apply to [name substance]?

no	yes		times in past 12 mo.
0	1	Alcohol-----	0 1 2 3+
0	1	Marijuana-----	0 1 2 3+
0	1	Cocaine-----	0 1 2 3+
0	1	Amphetamines / stimulants-----	0 1 2 3+
0	1	Sedatives / tranquilizers-----	0 1 2 3+
0	1	Heroin / opioids-----	0 1 2 3+
0	1	Hallucinogens / PCP-----	0 1 2 3+
0	1	Inhalants-----	0 1 2 3+
0	1	Other drug _____	0 1 2 3+

Criterion 7: Sacrificing activities because of use

31. Have you ever skipped any family or social functions because of your drinking or drug use?

If yes, ask: Does that apply to [name substance]?

no	yes		times in past 12 mo.
0	1	Alcohol-----	0 1 2 3+
0	1	Marijuana-----	0 1 2 3+
0	1	Cocaine-----	0 1 2 3+
0	1	Amphetamines / stimulants-----	0 1 2 3+
0	1	Sedatives / tranquilizers-----	0 1 2 3+
0	1	Heroin / opioids-----	0 1 2 3+
0	1	Hallucinogens / PCP-----	0 1 2 3+
0	1	Inhalants-----	0 1 2 3+
0	1	Other drug _____	0 1 2 3+

32. Have you ever given up or reduced any activities so that you could drink or use drugs?

If yes, ask: Does that apply to [name substance]?

no	yes		times in past 12 mo.
0	1	Alcohol-----	0 1 2 3+
0	1	Marijuana-----	0 1 2 3+
0	1	Cocaine-----	0 1 2 3+
0	1	Amphetamines / stimulants-----	0 1 2 3+
0	1	Sedatives / tranquilizers-----	0 1 2 3+
0	1	Heroin / opioids-----	0 1 2 3+
0	1	Hallucinogens / PCP-----	0 1 2 3+
0	1	Inhalants-----	0 1 2 3+
0	1	Other drug _____	0 1 2 3+

33. Has you ever missed any work opportunities or work related activities because of alcohol or drug use?
If yes, ask: Does that apply to [name substance]?
no yes **times in past 12 mo.**
 0 1 Alcohol-----0 1 2 3+
 0 1 Marijuana-----0 1 2 3+
 0 1 Cocaine -----0 1 2 3+
 0 1 Amphetamines / stimulants -----0 1 2 3+
 0 1 Sedatives / tranquilizers -----0 1 2 3+
 0 1 Heroin / opioids-----0 1 2 3+
 0 1 Hallucinogens / PCP -----0 1 2 3+
 0 1 Inhalants -----0 1 2 3+
 0 1 Other drug _____ 0 1 2 3+

Criterion 8: Dangerous behaviors

34. Have you ever injected a drug to get high?
If the response is yes, ask:
 Did you inject [name substance]?
no yes **times in past 12 mo.**
 0 1 Cocaine -----0 1 2 3+
 0 1 Heroin or other opioids -----0 1 2 3+
 0 1 Amphetamines / stimulants -----0 1 2 3+
 0 1 Other drugs _____ 0 1 2 3+

35. Have you ever driven any type of motor vehicle when you may have been intoxicated or under the influence?
If yes, ask: Does that apply to [name substance]?
no yes **times in past 12 mo.**
 0 1 Alcohol-----0 1 2 3+
 0 1 Marijuana-----0 1 2 3+
 0 1 Cocaine -----0 1 2 3+
 0 1 Amphetamines / stimulants -----0 1 2 3+
 0 1 Sedatives / tranquilizers -----0 1 2 3+
 0 1 Heroin / opioids-----0 1 2 3+
 0 1 Hallucinogens / PCP -----0 1 2 3+
 0 1 Inhalants -----0 1 2 3+
 0 1 Other drug _____ 0 1 2 3+

36. Have you ever done any things while drinking or using other drugs under the influence was dangerous?
If yes, ask: Does that apply to [name substance]?
no yes **times in past 12 mo.**
 0 1 Alcohol-----0 1 2 3+
 0 1 Marijuana-----0 1 2 3+
 0 1 Cocaine -----0 1 2 3+
 0 1 Amphetamines / stimulants -----0 1 2 3+
 0 1 Sedatives / tranquilizers -----0 1 2 3+
 0 1 Heroin / opioids-----0 1 2 3+
 0 1 Hallucinogens / PCP -----0 1 2 3+
 0 1 Inhalants -----0 1 2 3+
 0 1 Other drug _____ 0 1 2 3+

Criterion 9: Medical or psychological contraindication

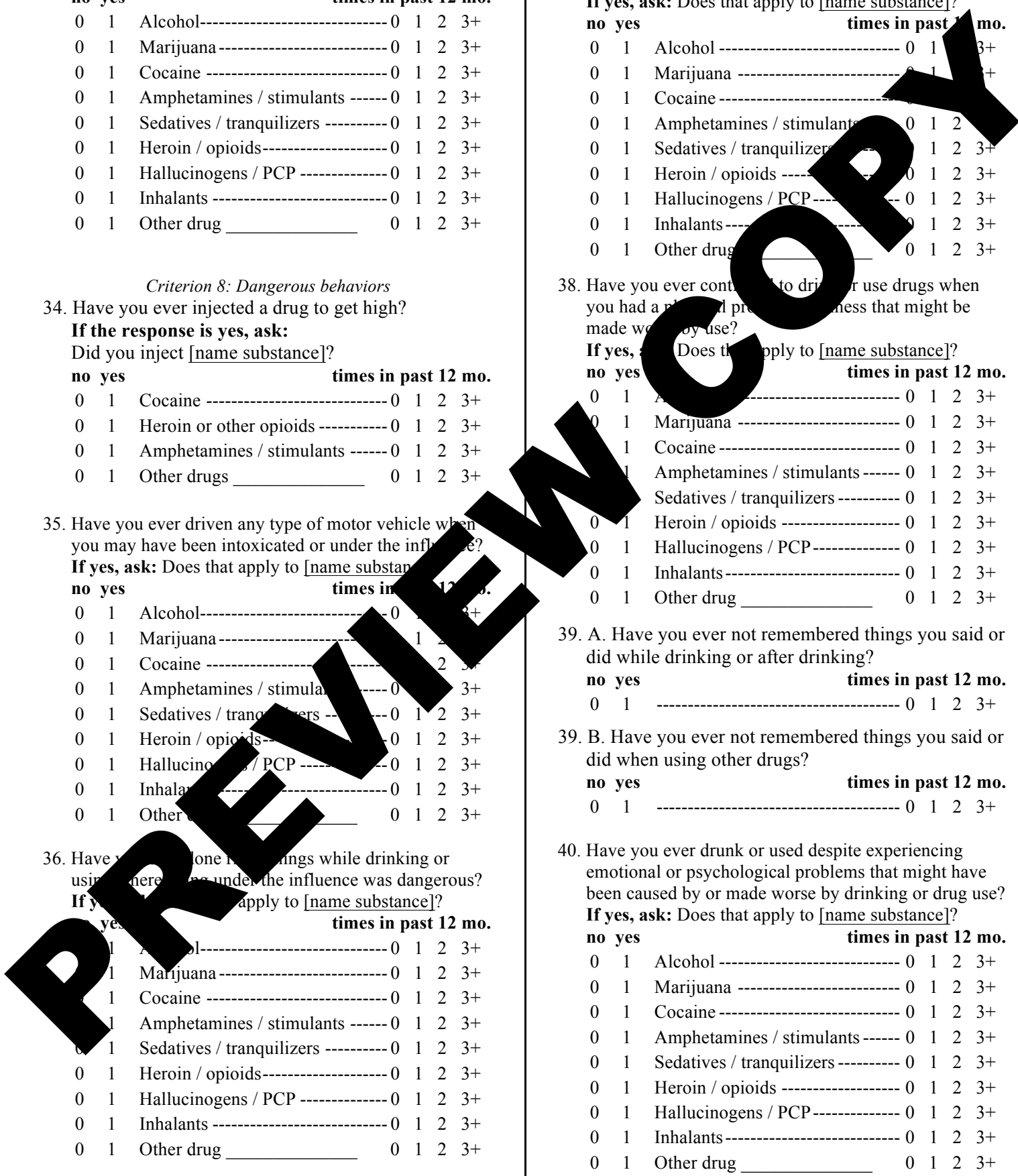
37. Have you ever had any physical problems that might have been caused by drinking or drug use?
If yes, ask: Does that apply to [name substance]?
no yes **times in past 12 mo.**
 0 1 Alcohol -----0 1 2 3+
 0 1 Marijuana -----0 1 2 3+
 0 1 Cocaine -----0 1 2 3+
 0 1 Amphetamines / stimulants -----0 1 2 3+
 0 1 Sedatives / tranquilizers -----0 1 2 3+
 0 1 Heroin / opioids -----0 1 2 3+
 0 1 Hallucinogens / PCP -----0 1 2 3+
 0 1 Inhalants -----0 1 2 3+
 0 1 Other drug _____ 0 1 2 3+

38. Have you ever continued to drink or use drugs when you had a physical problem or illness that might be made worse by use?
If yes, ask: Does that apply to [name substance]?
no yes **times in past 12 mo.**
 0 1 Alcohol -----0 1 2 3+
 0 1 Marijuana -----0 1 2 3+
 0 1 Cocaine -----0 1 2 3+
 0 1 Amphetamines / stimulants -----0 1 2 3+
 0 1 Sedatives / tranquilizers -----0 1 2 3+
 0 1 Heroin / opioids -----0 1 2 3+
 0 1 Hallucinogens / PCP -----0 1 2 3+
 0 1 Inhalants -----0 1 2 3+
 0 1 Other drug _____ 0 1 2 3+

39. A. Have you ever not remembered things you said or did while drinking or after drinking?
no yes **times in past 12 mo.**
 0 1 -----0 1 2 3+

39. B. Have you ever not remembered things you said or did when using other drugs?
no yes **times in past 12 mo.**
 0 1 -----0 1 2 3+

40. Have you ever drunk or used despite experiencing emotional or psychological problems that might have been caused by or made worse by drinking or drug use?
If yes, ask: Does that apply to [name substance]?
no yes **times in past 12 mo.**
 0 1 Alcohol -----0 1 2 3+
 0 1 Marijuana -----0 1 2 3+
 0 1 Cocaine -----0 1 2 3+
 0 1 Amphetamines / stimulants -----0 1 2 3+
 0 1 Sedatives / tranquilizers -----0 1 2 3+
 0 1 Heroin / opioids -----0 1 2 3+
 0 1 Hallucinogens / PCP -----0 1 2 3+
 0 1 Inhalants -----0 1 2 3+
 0 1 Other drug _____ 0 1 2 3+



Criterion 10: Tolerance

If no alcohol use is reported in past year, skip to Item 43.

41. When you drink, how many standard drinks do you usually have? A standard drink would be 12 oz. of beer, glass of wine or 1.5 oz. of liquor.

- (1) 9 or more
(2) 7 or 8
(3) 5 or 6
(4) 3 or 4
(5) 1 or 2

42. Have you ever been able to drink about a fifth of liquor or 20 beers or 3 bottles of wine in a day?

no yes times in past 12 mo.
0 1 0 1 2 3+

43. Have you ever found that you could drink or use more than you once did? That is, did it take more to get intoxicated or high?

If yes, ask: Does that apply to [name substance]? ever in the past 12 mo.

no yes no yes
0 1 Alcohol-----0 1
0 1 Marijuana-----0 1
0 1 Cocaine -----0 1
0 1 Amphetamines / stimulants -----0 1
0 1 Sedatives / tranquilizers -----0 1
0 1 Heroin / opioids-----0 1
0 1 Hallucinogens / PCP -----0 1
0 1 Inhalants -----0 1
0 1 Other drug -----0 1

44. Have you ever found that [name substance] didn't have the same effect with the same amount of alcohol?

If yes, ask: Does that apply to [name substance]? ever in the past 12 mo.

no yes no yes
0 1 Alcohol-----0 1
0 1 Marijuana-----0 1
0 1 Cocaine -----0 1
0 1 Amphetamines / stimulants -----0 1
0 1 Sedatives / tranquilizers -----0 1
0 1 Heroin / opioids-----0 1
0 1 Hallucinogens / PCP -----0 1
0 1 Inhalants -----0 1
0 1 Other drug -----0 1

Criterion 11: Withdrawal

45. Have you ever had shakes, sweating, nausea, fatigue, runny nose, insomnia, or any other ill effects after stopping or cutting down on drinking or drug use?

If yes, ask: Does that apply to [name substance]?

no yes times in past 12 mo.

0 1 Alcohol-----0 1 2 3+
0 1 Marijuana-----0 1 2 3+
0 1 Cocaine -----0 1 2 3+
0 1 Amphetamines / stimulants -----0 1 2 3+
0 1 Sedatives / tranquilizers -----0 1 2 3+
0 1 Heroin / opioids-----0 1 2 3+
0 1 Hallucinogens / PCP -----0 1 2 3+
0 1 Inhalants-----0 1 2 3+
0 1 Other drug -----0 1 2 3+

46. Have you ever used a drug or drugs to ease a hangover or reduce other ill effects of use?

If yes, ask: Does that apply to [name substance]?

no yes times in past 12 mo.

0 1 Alcohol-----0 1 2 3+
0 1 Marijuana-----0 1 2 3+
0 1 Cocaine -----0 1 2 3+
0 1 Amphetamines / stimulants -----0 1 2 3+
0 1 Sedatives / tranquilizers -----0 1 2 3+
0 1 Heroin / opioids-----0 1 2 3+
0 1 Hallucinogens / PCP-----0 1 2 3+
0 1 Inhalants-----0 1 2 3+
0 1 Other drug -----0 1 2 3+

Legal problems: Not a DSM-5 criterion

47. Have you ever been arrested, ticketed, or detained by any law officers for any reason related to your alcohol or drug use?

If yes, ask: Does that apply to [name substance]?

no yes times in past 12 mo.

0 1 Alcohol-----0 1 2 3+
0 1 Marijuana-----0 1 2 3+
0 1 Cocaine -----0 1 2 3+
0 1 Amphetamines / stimulants -----0 1 2 3+
0 1 Sedatives / tranquilizers -----0 1 2 3+
0 1 Heroin / opioids-----0 1 2 3+
0 1 Hallucinogens / PCP-----0 1 2 3+
0 1 Inhalants-----0 1 2 3+
0 1 Other drug -----0 1 2 3+

Comments:

Major Depressive Episode

48. Has there ever been at least a two-week period when you felt depressed, blue, or sad?
___ (0) No ___ (1) Yes
49. Have you ever had at least a two-week period when you lost interest in almost all activities or were unable to get pleasure from almost anything?
___ (0) No ___ (1) Yes

If both Item 48 and Item 49 are "no," skip to Item 59.

50. How recently have you had a two-week or longer period of feeling depressed or when you lost interest in things?
___ (1) In the past 2 months
___ (2) 3 to 6 months ago
___ (3) 7 to 12 months ago
___ (4) Over a year ago

The following questions refer to your experiences during these periods.

51. Did you have trouble getting to sleep and staying asleep or did you find yourself sleeping a lot?
___ (0) No ___ (1) Yes

- 52.A. Did you lose your appetite or lose weight without dieting?
___ (0) No ___ (1) Yes: skip to Item 58

- 52.B. Did you gain weight without intending to do so?
___ (0) No ___ (1) Yes

53. Did you have trouble thinking or concentrating?
___ (0) No ___ (1) Yes

54. Did you have little energy or were you fatigued most days?
___ (0) No ___ (1) Yes

55. Did you have thoughts of death or suicide?
___ (0) No ___ (1) Yes

56. Were you unusually agitated, or did you find your movements unusually slowed?
___ (0) No ___ (1) Yes

57. Did you have any thoughts of death, dying, or suicide?
___ (0) No ___ (1) Yes

58. Did such periods of depression or loss of interest occur when you were not using alcohol or other drugs?
___ (0) No ___ (1) Yes, when not using

Manic Episode

59. At any time in your life, have you ever experienced at least a week when you felt unusually happy or "on top of the world" for no reason?
___ (0) No ___ (1) Yes
60. During a period of a week or more were you unusually agitated or irritable?
___ (0) No ___ (1) Yes

61. Has there been a period of a week or more where you had so much energy that you needed little or no sleep for at least several days?
___ (0) No ___ (1) Yes

If Items 59 through Item 61 are "no," skip to Item 69.

62. How recently have you had such a period of at least a week when you felt "on top of the world" or needed little sleep?
___ (1) In the past 2 months
___ (2) 3 to 6 months ago
___ (3) 7 to 12 months ago
___ (4) More than a year ago

The following six questions refer to your experiences during these periods of elevated or irritable mood.

63. Were you distractible; that is, was it hard to keep your mind focused on a topic or task?
___ (0) No ___ (1) Yes

64. Was there ever a period of at least a week when your thinking seemed speeded up or when you could hardly keep up with your thoughts or they seemed jumbled?
___ (0) No ___ (1) Yes

65. Were you more talkative than usual or did you feel a need to keep talking?
___ (0) No ___ (1) Yes

66. Did you feel you could do almost anything or did you feel very important?
___ (0) No ___ (1) Yes

67. Did you do something you regretted later, such as spending a lot of money, engaging in out of character sexual behavior, or making bad decisions?
___ (0) No ___ (1) Yes

68. Have these types of episodes always been associated with alcohol or drug use or have they happened when you were not using?
___ (0) Only with use ___ (1) When not using

Panic

69. Have you ever experienced a distinct period of intense fear or discomfort in the absence of any real danger?
___ (0) No ___ (1) Yes

If no, skip to Item 76.

70. How many such periods have you experienced in the past 12 months? ___ panicky periods

Score one criterion for each positive response coded "1"

71. During such a period, have you experienced choking, shortness of breath, or smothering sensations?

- ___ (0) Neither
___ (1) Choking only
___ (1) Shortness of breath / smothering

72. Did you feel dizzy, lightheaded, or faint?

- ___ (0) No ___ (1) Yes

73. During a period of fear, did you experience sweating, shaking, or trembling?

- ___ (0) None
___ (1) Sweating
___ (1) Shaking or trembling

74. Did you have nausea or stomach distress, chest pain, or a pounding heart?

- ___ (0) None
___ (1) Nausea or stomach distress
___ (1) Chest pains
___ (1) Pounding or racing heart

75. During such a period, were you afraid of going crazy or dying?

- ___ (0) Neither
___ (1) Going crazy / Losing control
___ (1) Dying

Comment

Posttraumatic Stress

76. Have you ever experienced or witnessed a traumatic event that involved possible death or serious injury?
___ (0) No ___ (1) Yes

77. Has learning about a violent or life threatening accident or event involving a family member or close friend ever caused you distress?

- ___ (0) No ___ (1) Yes

If both Item 76 and Item 77 are "0", skip to Item 89.

78. Do the memories of that experience keep coming back into your mind? (Criterion A)

- ___ (0) No ___ (1) Yes

79. Have you ever had more than one distressing dream about that stressful time? (B)

- ___ (0) No ___ (1) Yes

80. Have you ever felt as though the event was happening again? (B)

- ___ (0) No ___ (1) Yes

81. Have you ever experienced intense distress when something reminds you of the stressful event? (B)

- ___ (0) No ___ (1) Yes

82. Have you actively avoided thoughts or feelings associated with the event? (Criterion C)

- ___ (0) No ___ (1) Yes

83. Do you avoid places or things that remind you of the event or otherwise avoid such memories? (Criterion C)

- ___ (0) No ___ (1) Yes

84. Are you unable to remember some parts of the event or stressful time? (Criterion D)

- ___ (0) No ___ (1) Yes

85. Have you been more withdrawn since the event, or less interested in activities you used to enjoy? (D)

- ___ (0) No ___ (1) Yes

86. Since the event, have you found it hard to be happy or to feel positive about the future? (D)

- ___ (0) No ___ (1) Yes

87. Since the event, have you had trouble sleeping, concentrating, or dealing with anger? (Criterion E)

- ___ (0) No ___ (1) Yes

88. Since the event, are you more easily startled? (E)

- ___ (0) No ___ (1) Yes

Anxiety and Phobias

- 89. Do you tend to worry about things or possible events when others might say there is no good reason to worry?
___ (0) No ___ (1) Yes
- 90. Are you often anxious about things or possible events even though others say there is no danger or problem?
___ (0) No ___ (1) Yes
- 91. Do you have problems concentrating or forgetting things because you are anxious?
___ (0) No ___ (1) Yes
- 92. Do you frequently feel nervous, keyed up, or on edge?
___ (0) No ___ (1) Yes
- 93. Are you afraid of going into open areas, public places, or away from home even when there is no real physical danger?
___ (0) No ___ (1) Yes
- 94. Does your avoidance of situations or things interfere with your life?
___ (0) No ___ (1) Yes

Obsessions / Compulsions

- 95. Are you repeatedly bothered by ideas, thoughts, or impulses that seem to come from nowhere?
___ (0) No **Skip to #97** ___ (1) Yes **Skip to #97**
- 96. Do you have to do something to control or suppress these thoughts or impulses go away?
___ (0) No ___ (1) Yes
- 97. Do you spend a lot of time on activities necessary to overcome thoughts or impulses?
___ (0) No ___ (1) Yes
- 98. Do any thoughts or the activities to control them intrude on your daily life?
___ (0) No ___ (1) Yes
- 99. Do you have to do things again and again in the same exact way to reduce stress and anxiety or to keep something bad from happening?
___ (0) No ___ (1) Yes

Conduct Disorder

- 100. Before the age of 13, did you skip school a number of times?
___ (0) No ___ (1) Yes
- 101. Did you run away from home overnight at least once?
___ (0) No ___ (1) Yes
- 102. Before the age of 15, did you start physical fights with others more than once or twice?
___ (0) No ___ (1) Yes
- 103. Did you ever use a gun, knife, club, or other weapon in more than one fight?
___ (0) No ___ (1) Yes
- 104. Before the age of 15, did you ever deliberately destroy someone's property?
___ (0) No ___ (1) Yes
- 105. Did you set fires with the intention of causing damage?
___ (0) No ___ (1) Yes
- 106. Did you ever do cruel things to people or animals?
___ (0) No ___ (1) Yes
- 107. Did you frequently lie to get things you wanted?
___ (0) No ___ (1) Yes
- 108. Before the age of 15, did you ever force others to give you things that belonged to them?
___ (0) No ___ (1) Yes
- 109. Did you ever break into a home or car to steal or steal something without confronting the victim?
___ (0) No ___ (1) Yes

ASPD

- 110. Since the age of 15, have you ever done dangerous things just for the thrill or the fun of it?
___ (0) No ___ (1) Yes
- 111. Since the age of 15, did you often do things for which you could have been arrested?
___ (0) No ___ (1) Yes
- 112. Since the age of 15, have you been arrested for a criminal offense?
___ (0) No ___ (1) Yes

113. Since the age of 15, have you ever lied or conned people to get what you wanted?

___ (0) No ___ (1) Yes

114. Since the age of 15, have you done things impulsively without thinking ahead to consequences?

___ (0) No ___ (1) Yes

115. Since the age of 15, have you been involved in any fights?

___ (0) No ___ (1) Yes

116. Since the age of 15, have you ever been unable to pay bills or debts because you had spent the money on something else?

___ (0) No ___ (1) Yes

Paranoid Personality

117. Do you tend to hold a grudge?

___ (0) No ___ (1) Yes

118. Have you frequently been concerned that someone may be trying to harm or control you?

___ (0) No ___ (1) Yes

119. Have you ever been suspicious about the loyalty or trustworthiness of family or friends?

___ (0) No ___ (1) Yes

120. Have others ever suggested that you are easily offended?

___ (0) No ___ (1) Yes

Schizoid Personality

121. Do you prefer doing things

___ (0) No ___ (1) Yes

122. Are you a loner, you don't need or want close friendships?

___ (0) No ___ (1) Yes

123. Do you frequently experience strong emotions?

___ (0) No ___ (1) Yes

Borderline

124. Do you find that your mood can change quickly?

___ (0) No ___ (1) Yes

125. Are your friendships more intense than those of most people?

___ (0) No ___ (1) Yes

126. Do your friendships tend not to last long?

___ (0) No ___ (1) Yes

127. Do you frequently experience feelings of emptiness or boredom?

___ (0) No ___ (1) Yes

128. Are you often afraid of being abandoned by someone you care about?

___ (0) No ___ (1) Yes

129. Have you ever done impulsive things that caused you problems?

___ (0) No ___ (1) Yes

Dependent Personality

130. Have you had difficulty making decisions without advice or reassurance from others?

___ (0) No ___ (1) Yes

131. Have you found it more comfortable to let others make important decisions?

___ (0) No ___ (1) Yes

132. Do you frequently agree with people even when you think they are wrong just to avoid offending them?

___ (0) No ___ (1) Yes

133. Are you uncomfortable when you are alone?

___ (0) No ___ (1) Yes

134. Do you have trouble starting or doing things on your own?

___ (0) No ___ (1) Yes

135. Are you willing to do most anything to get support and reassurance from people you care about?

___ (0) No ___ (1) Yes

Obsessive-Compulsive Personality

136. Would you say you are a bit of a perfectionist?

___ (0) No ___ (1) Yes

137. Do you tend to keep things even when you have no immediate use for them?

___ (0) No ___ (1) Yes

138. Are you a person who pays close attention to details?

___ (0) No ___ (1) Yes

139. When you work with others, do you tend to be in charge or see to it that the others do things right?

___ (0) No ___ (1) Yes

140. Are you a harder worker than most people?

___ (0) No ___ (1) Yes

Psychosis Indications

141. Have you ever heard voices when no one was there?

___ (0) No ___ (1) Yes

142. Have you ever smelled, tasted, or felt something touching you and there was nothing around to cause it?

___ (0) No ___ (1) Yes

143. Have you ever seen things others could not see?

___ (0) No ___ (1) Yes

If all Items 141 – 143 are “no” end the interview.

COMMENTS

144. Have you ever had these experiences when you were **not** using alcohol or drugs?

___ (0) No ___ (1) Yes

145. Have you ever heard voices or seen things at a time when you were **not** drifting off to sleep or just waking up?

___ (0) No ___ (1) Yes

146. Have you ever thought you had special powers, such as being able to read people's minds, predict the future, or move objects with your mind?

___ (0) No ___ (1) Yes

_____ **End Interview**

_____ **Complete observation after interview.**

147. Is speech disorganized or idiosyncratic (peculiar)?

___ (0) No ___ (1) Yes

148. Does this individual manifest unusual behaviors or mannerisms?

___ (0) No ___ (1) Yes

149. Is affect flat or inappropriate to the situation?

___ (0) No ___ (1) Yes

150. Is motor activity unusual – either stiff, nearly immobile, or inappropriately active?

___ (0) No ___ (1) Yes

PREVIEW