

# SUDDS-5™

Substance Use Disorders  
Diagnostic Schedule - 5

Norman G. Hoffmann, Ph.D. and Patricia A. Harrison, Ph.D.

Name \_\_\_\_\_

Interviewer \_\_\_\_\_

ID# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Location Code \_\_\_\_\_

Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Sex (Circle)    1 Male    2 Female

Date of Interview \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## GENERAL INFORMATION

1. What is your ethnic origin?

- 1 Asian
- 2 African-American
- 3 Hispanic
- 4 Native American
- 5 Caucasian
- 6 Biracial/Multiracial/Other

2. What is your **current** marital status?

- 1 Never married
- 2 Married
- 3 Separated
- 4 Divorced
- 5 Widowed

3. What is the highest degree you have earned?

- 1 Not a high school graduate
- 2 High school diploma/GED
- 3 Vocational/technical/business school
- 4 Associate Degree (2 year)
- 5 Bachelor Degree (4 year)
- 6 Master's Degree
- 7 M.D., J.D., D.V.M.

4. Are you employed?

- 1 Full-time (35 hours or more)
- 2 Part-time (less than 35 hours)
- 3 No, unemployed (seeking work)
- 4 Not working by choice

5. What is your primary job or occupation you are working?

- 1 Professional/technical
- 2 Manager/administrator/business owner/farmer
- 3 Self-employed
- 4 Clerical/office worker
- 5 Craft/skilled trades
- 6 Machine/equipment operator
- 7 Laborer
- 8 Domestic worker (housekeeper, daycare, etc.)
- 9 Service worker (waiter/waitress)
- 10 Military Service
- 11 Other (specify) \_\_\_\_\_

6. What was your total personal income last year?

- 1 None to \$10,000
- 2 \$10,001 to \$20,000
- 3 \$20,001 to \$30,000
- 4 \$30,001 to \$40,000
- 5 \$40,001 to \$50,000
- 6 Over \$50,000

7. Are any minor children living with you?

- 0 No
- 1 Yes

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STRESS

8. Have any of the following experiences caused you stress in the **past 12 months**? That would be since (month) of last year. (*Emphasize "past 12 months" every few items.*)
- |  | Ever |     | Current |     |
|--|------|-----|---------|-----|
|  | No   | Yes | No      | Yes |
| a. Serious financial difficulties?         | 0    | 1   |         |     |
| b. A job loss or layoff?                   | 0    | 1   |         |     |
| c. Serious job or school problems?         | 0    | 1   |         |     |
| d. Serious conflict at home?               | 0    | 1   |         |     |
| e. Loss of a valuable friendship?          | 0    | 1   |         |     |
| f. Serious illness or injury to yourself?  | 0    | 1   |         |     |
| g. Illness/injury to someone close to you? | 0    | 1   |         |     |
| h. Death of a close friend?                | 0    | 1   |         |     |
| i. Death of a close family member?         | 0    | 1   |         |     |
| j. Breakup of a relationship or divorce?   | 0    | 1   |         |     |
| k. Any other serious stress?               | 0    | 1   |         |     |

ANXIETY

9. Now I am going to ask you about some feelings.
- |  | Ever |     | Current |     |
|--|------|-----|---------|-----|
|  | No   | Yes | No      | Yes |
| Have you ever:   |      |     |         |     |
| a. Experienced distinct periods of intense fear in the absence of any real danger?                               | 0    | 1   | 0       | 1   |
| b. Avoided things or places that made you anxious?   | 0    | 1   |         |     |
| c. Tended to worry about things or possible events for no good reason?   |      | 1   |         | 1   |
| d. Felt unusually anxious about things that might happen when other people thought there was no reason to worry? | 0    | 1   | 0       | 1   |

PTSD

- 9A. Have you ever had any experience that was so frightening, horrible, or upsetting that in the past month that you:
- |  | No | Yes |
|--|----|-----|
| 1. Had nightmares about it or thought about it when you didn't want to?                                  | 0  | 1   |
| 2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it? | 0  | 1   |
| 3. Were constantly on guard, watchful, or easily startled?   | 0  | 1   |
| 4. Felt numb or detached from others, activities, or your surroundings?                                  | 0  | 1   |

DEPRESSION

10. Was there ever at least a two-week period when you:
- |  | Ever |     | Current |     |
|--|------|-----|---------|-----|
|  | No   | Yes | No      | Yes |
| a. Felt depressed, sad, or down in the dumps most of each day? | 0    | 1   | 0       | 1   |
| b. Were unable to enjoy anything?                              | 0    | 1   | 0       | 1   |
- Note: If neither a nor b is endorsed, go to #12.**
11. During that two-week period, did you:
- |  | Ever |     | Current |     |
|--|------|-----|---------|-----|
|  | No   | Yes | No      | Yes |
| a. Feel worthless or guilty?                                   | 0    | 1   | 0       | 1   |
| b. Feel tired, with no energy?                                 | 0    | 1   | 0       | 1   |
| c. Have trouble concentrating or thinking seemed to slow down? | 0    | 1   | 0       | 1   |
| d. Have any sleep problems?                                    | 0    | 1   | 0       | 1   |
| e. Lose your appetite or lose weight without dieting?          | 0    | 1   | 0       | 1   |
| f. Have recurrent thoughts about death or suicide?             | 0    | 1   | 0       | 1   |
| g. Feel agitated or restless?                                  | 0    | 1   | 0       | 1   |
| h. Feel as though you were moving in slow motion?              | 0    | 1   | 0       | 1   |

SMOKING AND SMOKELESS TOBACCO USE

12. Have you ever smoked or used smokeless tobacco daily?
- 0 No (**Go to #16**)
- 1 Yes
13. How old were you when you first smoked or used tobacco daily? \_\_\_\_\_
14. How much do you smoke or use now?
- 1 Not at all. Quit (**Go to #16**)
- 2 Occasionally, less than once a day
- 3 Up to 1 pack/day or tin of smokeless tobacco
- 4 More than 1 pack/day or tin of smokeless tobacco
- 5 Use only smokeless tobacco
15. Have you ever tried to quit or reduce your tobacco use?
- 0 No
- 1 Yes

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16. During the **past 12 months**, on average how often do you drink alcohol?

- 1 Never drank alcohol (**Go to #22**)
- 2 Have not had a drink in the past year (**Go to #20**)
- 3 Less than once a month
- 4 At least once a month
- 5 1 to 2 days a week
- 6 3 to 4 days a week
- 7 5 to 6 days a week
- 8 Every day

17. When you drink, how many drinks do you usually have?

**Note: "Drink" refers to a mixed drink, bottle/can of beer, glass of wine, or the equivalent of about ½-ounce of pure alcohol.**

- 1 1 or 2
- 2 3 or 4
- 3 5 or 6
- 4 7 or more

18. How long has it been since you had a drink?

- 1 Within the past day
- 2 2 to 7 days
- 3 8 to 30 days
- 4 1 to 6 months
- 5 7 to 12 months
- 6 More than a year ago

19. How long has it been since you were last intoxicated?

- 1 1 to 7 days
- 2 8 to 30 days
- 3 2 to 6 months
- 4 7 to 12 months
- 5 Over a year ago
- 6 Never was intoxicated

### ADMINISTRATION OPTIONS

There are two possible ways to administer the SUDDS-IV:

- 1. Record only the "yes" or "no" response for questions 20, 21, and 23 to 62 in the initial inquiry. When all questions have been asked, probe for the number of times the event occurred in the past 12 months for each substance used. Record "E" if the event last occurred more than a year ago.
- 2. Probe for number of occurrences for each substance in a single pass through the interview for all substances involved.

Note: The age of onset is not required for diagnosis, but may be useful information in understanding the current status of the client.

20. Did you ever drink a fifth of liquor in one day? (That would be about 2 bottles, or 3 glasses of wine or 3 six-packs of beer.)

	Times in	Age of
0 No	Past 12 mos.	Onset
1 Yes	1 2 3+	_____

21. Have you ever had so much to drink that the next day you could not remember what you had said or done?

	Times in	Age of
0 No	Past 12 mos.	Onset
1 Yes	1 2 3+	_____

**GO TO NEXT PAGE**

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22. Now I am going to ask you about your experiences with drugs. Have you ever used      (drug) to get high?

**Check the box before each drug group used.**

**Note: State enough of the alternative names to ensure that the individual understands the category of drugs.**

**For each substance used ask:**

In the past 12 months, how often did you use      (drug)?

Code frequency of use according to the following:

- 1 = Every day
- 2 = 5 to 6 days a week
- 3 = 3 to 4 days a week
- 4 = 1 to 2 days a week
- 5 = At least 12 times a year
- 6 = Fewer than 12 times a year
- 7 = Never used

Cannabis (Hashish, Marijuana, Pot, Grass)

1 2 3 4 5 6 7

Cocaine (Coke, Crack)

1 2 3 4 5 6 7

Amphetamines - Stimulants (Speed, Uppers)

1 2 3 4 5 6 7

Sedatives -- Hypnotics -- Tranquilizers (Barbiturates, Sleeping Pills, Seconal, Quaaludes, Tranquilizers, Valium, Librium, Xanax)

1 2 3 4 5 6 7

Heroin - Opioids (Codeine, Demerol, Morphine, Methadone, Darvon, Opium, Dilaudid)

1 2 3 4 5 6 7

Inhalants (Huffing, Paint, Glue, Aerosols, Butane)

1 2 3 4 5 6 7

PCP (Angel Dust)

1 2 3 4 5 6 7

Hallucinogens (LSD, Mescaline, Peyote, Psychedelics, Psilocybin, DMT)

1 2 3 4 5 6 7

Other, Unknown, or Mixed (other prescription medications, steroids, antihistamines)

1 2 3 4 5 6 7

**For each substance used ask:**

How long ago did you last use      (drug)?

Code recent use according to the following:

- 1 = Within the past day
- 2 = 2 to 7 days
- 3 = 8 to 30 days
- 4 = 1 to 6 months
- 5 = 7 to 12 months
- 6 = More than one year
- 7 = Never used

Cannabis (Hashish, Marijuana, Pot, Grass)

1 2 3 4 5 6 7

Cocaine (Coke, Crack)

1 2 3 4 5 6 7

Amphetamines - Stimulants (Speed, Uppers)

1 2 3 4 5 6 7

Sedatives -- Hypnotics -- Tranquilizers (Barbiturates, Sleeping Pills, Seconal, Quaaludes, Tranquilizers, Valium, Librium, Xanax)

1 2 3 4 5 6 7

Heroin - Opioids (Codeine, Demerol, Morphine, Methadone, Darvon, Opium, Dilaudid)

1 2 3 4 5 6 7

Inhalants (Huffing, Paint, Glue, Aerosols, Butane)

1 2 3 4 5 6 7

PCP (Angel Dust)

1 2 3 4 5 6 7

Hallucinogens (LSD, Mescaline, Peyote, Psychedelics, Psilocybin, DMT)

1 2 3 4 5 6 7

Other, Unknown, or Mixed (other prescription medications, steroids, antihistamines)

1 2 3 4 5 6 7

**IF NO USE OF A DRUG IS REPORTED, BUT ALCOHOL USE WAS REPORTED, GO TO #24. CONTINUE INTERVIEW ABOUT ALCOHOL USE ONLY.**

**IF NEITHER ALCOHOL NOR DRUG USE HAS BEEN ACKNOWLEDGED, END THE INTERVIEW.**

23. Did you ever inject any drug to get high?  
 0 No Times in Age of  
 1 Yes Past 12 mos. Onset  
 1 2 3+ \_\_\_\_\_

If yes, list drug(s) injected? \_\_\_\_\_

24. Have you ever used alcohol or drugs to relieve emotional discomfort, such as sadness, anger, or boredom?

0 No  
 1 Yes Ever Times in Past 12 mos. Age of Onset

Alcohol	E	1	2	3+	_____
Cannabis	E	1	2	3+	_____
Cocaine	E	1	2	3+	_____
Amphetamines	E	1	2	3+	_____
Sedative/Tranq.	E	1	2	3+	_____
Opioid/Heroin	E	1	2	3+	_____
Inhalant	E	1	2	3+	_____
PCP	E	1	2	3+	_____
Hallucinogen	E	1	2	3+	_____
Other or Mixed	E	1	2	3+	_____

25. Have you ever used alcohol or drugs when you did not intend to?

0 No  
 1 Yes Ever Times in Past 12 mos. Age of Onset

Alcohol	E	1	2	3+	_____
Cannabis	E	1	2	3+	_____
Cocaine	E	1	2	3+	_____
Amphetamines	E	1	2	3+	_____
Sedative/Tranq.	E	1	2	3+	_____
Opioid/Heroin	E	1	2	3+	_____
Inhalant	E	1	2	3+	_____
PCP	E	1	2	3+	_____
Hallucinogen	E	1	2	3+	_____
Other or Mixed	E	1	2	3+	_____

26. Have you ever continued to use alcohol or drugs longer than you intended?

0 No  
 1 Yes Ever Times in Past 12 mos. Age of Onset

Alcohol	E	1	2	3+	_____
Cannabis	E	1	2	3+	_____
Cocaine	E	1	2	3+	_____
Amphetamines	E	1	2	3+	_____
Sedative/Tranq.	E	1	2	3+	_____
Opioid/Heroin	E	1	2	3+	_____
Inhalant	E	1	2	3+	_____
PCP	E	1	2	3+	_____
Hallucinogen	E	1	2	3+	_____
Other or Mixed	E	1	2	3+	_____

27. Have you ever used alcohol or drugs for at least two days without sobering up or getting straight?

0 No  
 1 Yes Ever Times in Past 12 mos. Age of Onset

Alcohol	E	1	2	3+	_____
Cannabis	E	1	2	3+	_____
Cocaine	E	1	2	3+	_____
Amphetamines	E	1	2	3+	_____
Sedative/Tranq.	E	1	2	3+	_____
Opioid/Heroin	E	1	2	3+	_____
Inhalant	E	1	2	3+	_____
PCP	E	1	2	3+	_____
Hallucinogen	E	1	2	3+	_____
Other or Mixed	E	1	2	3+	_____

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28. Have you ever spent most of the day using alcohol or drugs, or most of the day getting over the effects of use?

0 No	Times in Past 12 mos.			Age of Onset
1 Yes	Ever	1	2	3+
Alcohol	E	1	2	3+
Cannabis	E	1	2	3+
Cocaine	E	1	2	3+
Amphetamines	E	1	2	3+
Sedative/Tranq.	E	1	2	3+
Opioid/Heroin	E	1	2	3+
Inhalant	E	1	2	3+
PCP	E	1	2	3+
Hallucinogen	E	1	2	3+
Other or Mixed	E	1	2	3+

30. Have you ever found yourself preoccupied with wanting to use alcohol or drugs?

0 No	Times in Past 12 mos.			Age of Onset
1 Yes	Ever	1	2	3+
Alcohol	E	1	2	3+
Cannabis	E	1	2	3+
Cocaine	E	1	2	3+
Amphetamines	E	1	2	3+
Sedative/Tranq.	E	1	2	3+
Opioid/Heroin	E	1	2	3+
Inhalant	E	1	2	3+
PCP	E	1	2	3+
Hallucinogen	E	1	2	3+
Other or Mixed	E	1	2	3+

29. Have you ever found that it took more alcohol or drugs to get the same effect than it once did?

0 No	Times in Past 12 mos.			Age of Onset
1 Yes	Ever	1	2	3+
Alcohol	E	1	2	3+
Cannabis	E	1	2	3+
Cocaine	E	1	2	3+
Amphetamines	E	1	2	3+
Sedative/Tranq.	E	1	2	3+
Opioid/Heroin	E	1	2	3+
Inhalant	E	1	2	3+
PCP	E	1	2	3+
Hallucinogen	E	1	2	3+
Other or Mixed	E	1	2	3+

31. Has the desire to use alcohol or drugs ever been so strong that you could not resist using?

0 No	Times in Past 12 mos.			Age of Onset
1 Yes	Ever	1	2	3+
Alcohol	E	1	2	3+
Cannabis	E	1	2	3+
Cocaine	E	1	2	3+
Amphetamines	E	1	2	3+
Sedative/Tranq.	E	1	2	3+
Opioid/Heroin	E	1	2	3+
Inhalant	E	1	2	3+
PCP	E	1	2	3+
Hallucinogen	E	1	2	3+
Other or Mixed	E	1	2	3+

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32. Have you ever set rules to control your alcohol or drug use that you failed to follow, such as not using alone or on weekdays, or not using before a certain time of day?

0	No				
1	Yes	Ever	Times in Past 12 mos.	Age of Onset	
	Alcohol	E	1 2 3+	___	___
	Cannabis	E	1 2 3+	___	___
	Cocaine	E	1 2 3+	___	___
	Amphetamine	E	1 2 3+	___	___
	Sedative/Tranq.	E	1 2 3+	___	___
	Opioid/Heroin	E	1 2 3+	___	___
	Inhalant	E	1 2 3+	___	___
	PCP	E	1 2 3+	___	___
	Hallucinogen	E	1 2 3+	___	___
	Other or Mixed	E	1 2 3+	___	___

34. Have you ever felt your life revolved around your use of alcohol or drugs?

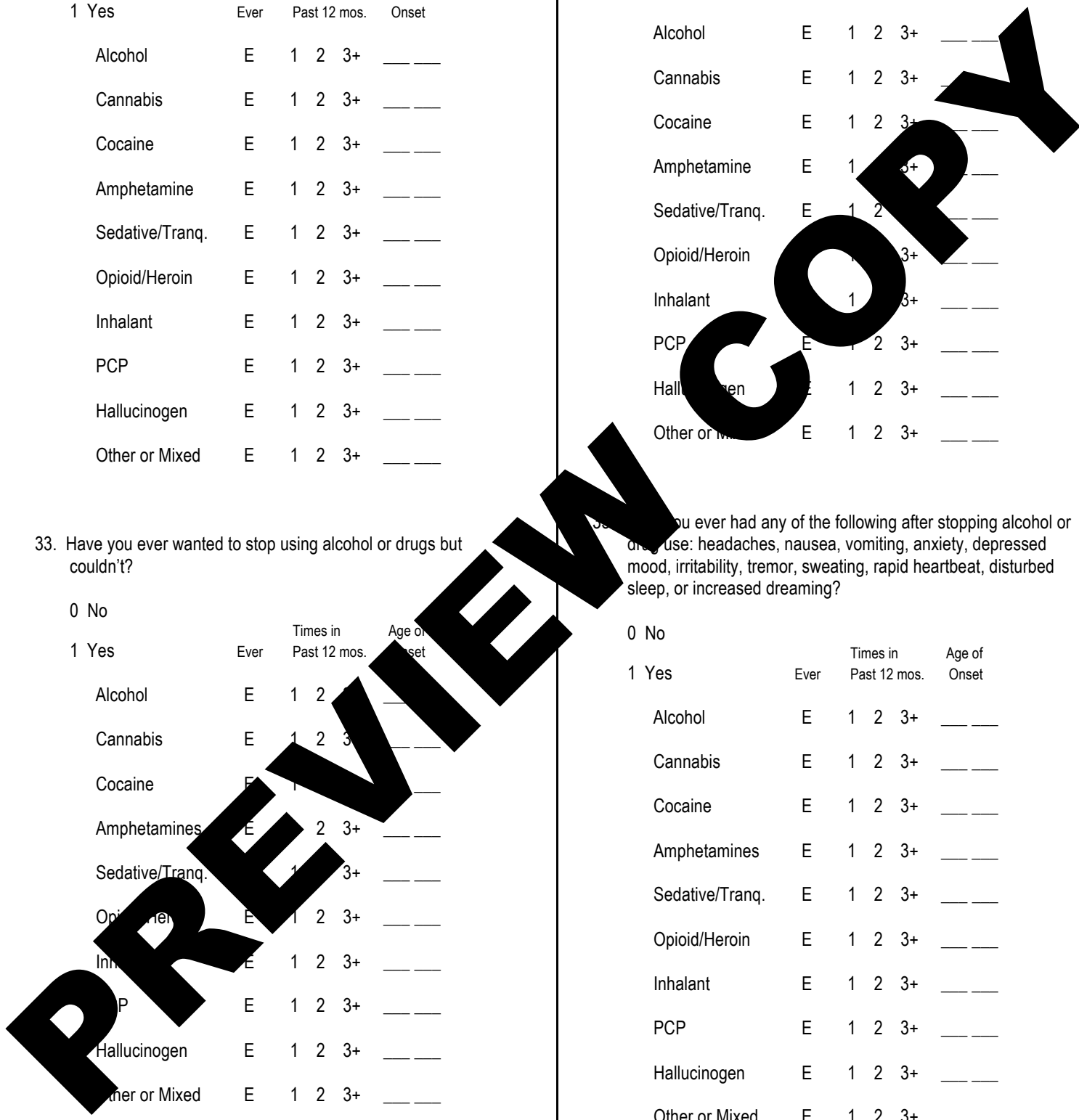
0	No				
1	Yes	Ever	Times in Past 12 mos.	Age of Onset	
	Alcohol	E	1 2 3+	___	___
	Cannabis	E	1 2 3+	___	___
	Cocaine	E	1 2 3+	___	___
	Amphetamine	E	1 2 3+	___	___
	Sedative/Tranq.	E	1 2 3+	___	___
	Opioid/Heroin	E	1 2 3+	___	___
	Inhalant	E	1 2 3+	___	___
	PCP	E	1 2 3+	___	___
	Hallucinogen	E	1 2 3+	___	___
	Other or Mixed	E	1 2 3+	___	___

33. Have you ever wanted to stop using alcohol or drugs but couldn't?

0	No				
1	Yes	Ever	Times in Past 12 mos.	Age of Onset	
	Alcohol	E	1 2 3+	___	___
	Cannabis	E	1 2 3+	___	___
	Cocaine	E	1 2 3+	___	___
	Amphetamines	E	1 2 3+	___	___
	Sedative/Tranq.	E	1 2 3+	___	___
	Opioid/Heroin	E	1 2 3+	___	___
	Inhalant	E	1 2 3+	___	___
	PCP	E	1 2 3+	___	___
	Hallucinogen	E	1 2 3+	___	___
	Other or Mixed	E	1 2 3+	___	___

35. Have you ever had any of the following after stopping alcohol or drug use: headaches, nausea, vomiting, anxiety, depressed mood, irritability, tremor, sweating, rapid heartbeat, disturbed sleep, or increased dreaming?

0	No				
1	Yes	Ever	Times in Past 12 mos.	Age of Onset	
	Alcohol	E	1 2 3+	___	___
	Cannabis	E	1 2 3+	___	___
	Cocaine	E	1 2 3+	___	___
	Amphetamines	E	1 2 3+	___	___
	Sedative/Tranq.	E	1 2 3+	___	___
	Opioid/Heroin	E	1 2 3+	___	___
	Inhalant	E	1 2 3+	___	___
	PCP	E	1 2 3+	___	___
	Hallucinogen	E	1 2 3+	___	___
	Other or Mixed	E	1 2 3+	___	___



36. Have you ever used alcohol or drugs to avoid or reduce hangovers, shakes, or other withdrawal symptoms?

0	No				
1	Yes	Ever	Times in Past 12 mos.	Age of Onset	
	Alcohol	E	1 2 3+	___	___
	Cannabis	E	1 2 3+	___	___
	Cocaine	E	1 2 3+	___	___
	Amphetamines	E	1 2 3+	___	___
	Sedative/Tranq.	E	1 2 3+	___	___
	Opioid/Heroin	E	1 2 3+	___	___
	Inhalant	E	1 2 3+	___	___
	PCP	E	1 2 3+	___	___
	Hallucinogen	E	1 2 3+	___	___
	Other or Mixed	E	1 2 3+	___	___

38. Has your alcohol or drug use ever damaged a relationship with someone you cared about?

0	No				
1	Yes	Ever	Times in Past 12 mos.	Age of Onset	
	Alcohol	E	1 2 3+	___	___
	Cannabis	E	1 2 3+	___	___
	Cocaine	E	1 2 3+	___	___
	Amphetamines	E	1 2 3+	___	___
	Sedative/Tranq.	E	1 2 3+	___	___
	Opioid/Heroin	E	1 2 3+	___	___
	Inhalant	E	1 2 3+	___	___
	PCP	E	1 2 3+	___	___
	Hallucinogen	E	1 2 3+	___	___
	Other or Mixed	E	1 2 3+	___	___

37. Has your family, a friend, or anyone else ever told you they objected to your alcohol or drug use?

0	No				
1	Yes	Ever	Times in Past 12 mos.	Age of Onset	
	Alcohol	E	1 2 3+	___	___
	Cannabis	E	1 2 3+	___	___
	Cocaine	E	1 2 3+	___	___
	Amphetamines	E	1 2 3+	___	___
	Sedative/Tranq.	E	1 2 3+	___	___
	Opioid/Heroin	E	1 2 3+	___	___
	Inhalant	E	1 2 3+	___	___
	PCP	E	1 2 3+	___	___
	Hallucinogen	E	1 2 3+	___	___
	Other or Mixed	E	1 2 3+	___	___

39. Has your alcohol or drug use ever become violent or hit anyone while using alcohol or drugs?

0	No				
1	Yes	Ever	Times in Past 12 mos.	Age of Onset	
	Alcohol	E	1 2 3+	___	___
	Cannabis	E	1 2 3+	___	___
	Cocaine	E	1 2 3+	___	___
	Amphetamines	E	1 2 3+	___	___
	Sedative/Tranq.	E	1 2 3+	___	___
	Opioid/Heroin	E	1 2 3+	___	___
	Inhalant	E	1 2 3+	___	___
	PCP	E	1 2 3+	___	___
	Hallucinogen	E	1 2 3+	___	___
	Other or Mixed	E	1 2 3+	___	___

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40. Have you ever reduced or given up any social or recreational activities to use alcohol or drugs?

0 No					
1 Yes	Ever	Times in Past 12 mos.	Age of Onset		
Alcohol	E	1 2 3+	___	___	___
Cannabis	E	1 2 3+	___	___	___
Cocaine	E	1 2 3+	___	___	___
Amphetamines	E	1 2 3+	___	___	___
Sedative/Tranq.	E	1 2 3+	___	___	___
Opioid/Heroin	E	1 2 3+	___	___	___
Inhalant	E	1 2 3+	___	___	___
PCP	E	1 2 3+	___	___	___
Hallucinogen	E	1 2 3+	___	___	___
Other or Mixed	E	1 2 3+	___	___	___

42. Have you ever neglected some of your usual responsibilities because of your alcohol or drug use?

0 No					
1 Yes	Ever	Times in Past 12 mos.	Age of Onset		
Alcohol	E	1 2 3+	___	___	___
Cannabis	E	1 2 3+	___	___	___
Cocaine	E	1 2 3+	___	___	___
Amphetamines	E	1 2 3+	___	___	___
Sedative/Tranq.	E	1 2 3+	___	___	___
Opioid/Heroin	E	1 2 3+	___	___	___
Inhalant	E	1 2 3+	___	___	___
PCP	E	1 2 3+	___	___	___
Hallucinogen	E	1 2 3+	___	___	___
Other or Mixed	E	1 2 3+	___	___	___

41. Have you ever been unable to do something you planned because you were recovering from the effects of using alcohol or drugs?

0 No					
1 Yes	Ever	Times in Past 12 mos.	Age of Onset		
Alcohol	E	1 2 3+	___	___	___
Cannabis	E	1 2 3+	___	___	___
Cocaine	E	1 2 3+	___	___	___
Amphetamines	E	1 2 3+	___	___	___
Sedative/Tranq.	E	1 2 3+	___	___	___
Opioid/Heroin	E	1 2 3+	___	___	___
Inhalant	E	1 2 3+	___	___	___
PCP	E	1 2 3+	___	___	___
Hallucinogen	E	1 2 3+	___	___	___
Other or Mixed	E	1 2 3+	___	___	___

43. Have you ever been unable to pay bills or meet obligations because you spent your money on alcohol or drugs?

0 No					
1 Yes	Ever	Times in Past 12 mos.	Age of Onset		
Alcohol	E	1 2 3+	___	___	___
Cannabis	E	1 2 3+	___	___	___
Cocaine	E	1 2 3+	___	___	___
Amphetamines	E	1 2 3+	___	___	___
Sedative/Tranq.	E	1 2 3+	___	___	___
Opioid/Heroin	E	1 2 3+	___	___	___
Inhalant	E	1 2 3+	___	___	___
PCP	E	1 2 3+	___	___	___
Hallucinogen	E	1 2 3+	___	___	___
Other or Mixed	E	1 2 3+	___	___	___

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44. Have you ever given up any social or recreational activities because you spent your money on alcohol or drugs?

0	No				
1	Yes	Ever	Times in Past 12 mos.	Age of Onset	
	Alcohol	E	1 2 3+	___	___
	Cannabis	E	1 2 3+	___	___
	Cocaine	E	1 2 3+	___	___
	Amphetamines	E	1 2 3+	___	___
	Sedative/Tranq.	E	1 2 3+	___	___
	Opioid/Heroin	E	1 2 3+	___	___
	Inhalant	E	1 2 3+	___	___
	PCP	E	1 2 3+	___	___
	Hallucinogen	E	1 2 3+	___	___
	Other or Mixed	E	1 2 3+	___	___

46. Have you ever reduced or given up your job activities or opportunities because of your alcohol or drug use?

0	No				
1	Yes	Ever	Times in Past 12 mos.	Age of Onset	
	Alcohol	E	1 2 3+	___	___
	Cannabis	E	1 2 3+	___	___
	Cocaine	E	1 2 3+	___	___
	Amphetamines	E	1 2 3+	___	___
	Sedative/Tranq.	E	1 2 3+	___	___
	Opioid/Heroin	E	1 2 3+	___	___
	Inhalant	E	1 2 3+	___	___
	PCP	E	1 2 3+	___	___
	Hallucinogen	E	1 2 3+	___	___
	Other or Mixed	E	1 2 3+	___	___

45. Have you ever missed work or school because of your alcohol or drug use?

0	No				
1	Yes	Ever	Times in Past 12 mos.	Age of Onset	
	Alcohol	E	1 2 3+	___	___
	Cannabis	E	1 2 3+	___	___
	Cocaine	E	1 2 3+	___	___
	Amphetamines	E	1 2 3+	___	___
	Sedative/Tranq.	E	1 2 3+	___	___
	Opioid/Heroin	E	1 2 3+	___	___
	Inhalant	E	1 2 3+	___	___
	PCP	E	1 2 3+	___	___
	Hallucinogen	E	1 2 3+	___	___
	Other or Mixed	E	1 2 3+	___	___

47. Have you ever had difficulty performing your job or doing your school work because of your alcohol or drug use?

0	No				
1	Yes	Ever	Times in Past 12 mos.	Age of Onset	
	Alcohol	E	1 2 3+	___	___
	Cannabis	E	1 2 3+	___	___
	Cocaine	E	1 2 3+	___	___
	Amphetamines	E	1 2 3+	___	___
	Sedative/Tranq.	E	1 2 3+	___	___
	Opioid/Heroin	E	1 2 3+	___	___
	Inhalant	E	1 2 3+	___	___
	PCP	E	1 2 3+	___	___
	Hallucinogen	E	1 2 3+	___	___
	Other or Mixed	E	1 2 3+	___	___

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48. Did you ever have conflicts with supervisors or co-workers as a result of your alcohol or drug use?

0 No

1 Yes	Ever	Times in Past 12 mos.			Age of Onset
		1	2	3+	
Alcohol	E	1	2	3+	___
Cannabis	E	1	2	3+	___
Cocaine	E	1	2	3+	___
Amphetamines	E	1	2	3+	___
Sedative/Tranq.	E	1	2	3+	___
Opioid/Heroin	E	1	2	3+	___
Inhalant	E	1	2	3+	___
PCP	E	1	2	3+	___
Hallucinogen	E	1	2	3+	___
Other or Mixed	E	1	2	3+	___

50. Have you ever had any medical problems that you or anyone else thought were related to your alcohol or drug use?

0 No

1 Yes	Ever	Times in Past 12 mos.			Age of Onset
		1	2	3+	
Alcohol	E	1	2	3+	___
Cannabis	E	1	2	3+	___
Cocaine	E	1	2	3+	___
Amphetamines	E	1	2	3+	___
Sedative/Tranq.	E	1	2	3+	___
Opioid/Heroin	E	1	2	3+	___
Inhalant	E	1	2	3+	___
PCP	E	1	2	3+	___
Hallucinogen	E	1	2	3+	___
Other or Mixed	E	1	2	3+	___

49. Have you ever lost a job or been suspended or expelled from school because of your alcohol or drug use?

0 No

1 Yes	Ever	Times in Past 12 mos.			Age of Onset
		1	2	3+	
Alcohol	E	1	2	3+	___
Cannabis	E	1	2	3+	___
Cocaine	E	1	2	3+	___
Amphetamines	E	1	2	3+	___
Sedative/Tranq.	E	1	2	3+	___
Opioid/Heroin	E	1	2	3+	___
Inhalant	E	1	2	3+	___
PCP	E	1	2	3+	___
Hallucinogen	E	1	2	3+	___
Other or Mixed	E	1	2	3+	___

51. Have you ever continued to use alcohol or drugs when you knew you had a physical illness that might be made worse by alcohol or drug use?

0 No

1 Yes	Ever	Times in Past 12 mos.			Age of Onset
		1	2	3+	
Alcohol	E	1	2	3+	___
Cannabis	E	1	2	3+	___
Cocaine	E	1	2	3+	___
Amphetamines	E	1	2	3+	___
Sedative/Tranq.	E	1	2	3+	___
Opioid/Heroin	E	1	2	3+	___
Inhalant	E	1	2	3+	___
PCP	E	1	2	3+	___
Hallucinogen	E	1	2	3+	___
Other or Mixed	E	1	2	3+	___

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52. While using alcohol or drugs, have you ever had an injury that required medical attention?

0 No					
1 Yes	Ever	Times in Past 12 mos.			Age of Onset
Alcohol	E	1	2	3+	_____
Cannabis	E	1	2	3+	_____
Cocaine	E	1	2	3+	_____
Amphetamines	E	1	2	3+	_____
Sedative/Tranq.	E	1	2	3+	_____
Opioid/Heroin	E	1	2	3+	_____
Inhalant	E	1	2	3+	_____
PCP	E	1	2	3+	_____
Hallucinogen	E	1	2	3+	_____
Other or Mixed	E	1	2	3+	_____

54. Did you ever drink more or use more of a drug than you intended?

0 No					
1 Yes	Ever	Times in Past 12 mos.			Age of Onset
Alcohol	E	1	2	3+	_____
Cannabis	E	1	2	3+	_____
Cocaine	E	1	2	3+	_____
Amphetamines	E	1	2	3+	_____
Sedative/Tranq.	E	1	2	3+	_____
Opioid/Heroin	E	1	2	3+	_____
Inhalant	E	1	2	3+	_____
PCP	E	1	2	3+	_____
Hallucinogen	E	1	2	3+	_____
Other or Mixed	E	1	2	3+	_____

53. Were you ever more likely to engage in risky sexual activity when you were using alcohol or drugs?

0 No					
1 Yes	Ever	Times in Past 12 mos.			Age of Onset
Alcohol	E	1	2	3+	_____
Cannabis	E	1	2	3+	_____
Cocaine	E	1	2	3+	_____
Amphetamines	E	1	2	3+	_____
Sedative/Tranq.	E	1	2	3+	_____
Opioid/Heroin	E	1	2	3+	_____
Inhalant	E	1	2	3+	_____
PCP	E	1	2	3+	_____
Hallucinogen	E	1	2	3+	_____
Other or Mixed	E	1	2	3+	_____

54. Were you ever gone days without eating properly because of your alcohol or drug use?

0 No					
1 Yes	Ever	Times in Past 12 mos.			Age of Onset
Alcohol	E	1	2	3+	_____
Cannabis	E	1	2	3+	_____
Cocaine	E	1	2	3+	_____
Amphetamines	E	1	2	3+	_____
Sedative/Tranq.	E	1	2	3+	_____
Opioid/Heroin	E	1	2	3+	_____
Inhalant	E	1	2	3+	_____
PCP	E	1	2	3+	_____
Hallucinogen	E	1	2	3+	_____
Other or Mixed	E	1	2	3+	_____

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56. Have you ever had emotional problems such as depression, anxiety, or paranoia, that may have been related to your alcohol or drug use?

0 No					
1 Yes	Ever	Times in Past 12 mos.	Age of Onset		
Alcohol	E	1 2 3+	___	___	___
Cannabis	E	1 2 3+	___	___	___
Cocaine	E	1 2 3+	___	___	___
Amphetamines	E	1 2 3+	___	___	___
Sedative/Tranq.	E	1 2 3+	___	___	___
Opioid/Heroin	E	1 2 3+	___	___	___
Inhalant	E	1 2 3+	___	___	___
PCP	E	1 2 3+	___	___	___
Hallucinogen	E	1 2 3+	___	___	___
Other or Mixed	E	1 2 3+	___	___	___

58. Have you ever had a motor vehicle accident after you were using alcohol or drugs?

0 No					
1 Yes	Ever	Times in Past 12 mos.	Age of Onset		
Alcohol	E	1 2 3+	___	___	___
Cannabis	E	1 2 3+	___	___	___
Cocaine	E	1 2 3+	___	___	___
Amphetamines	E	1 2 3+	___	___	___
Sedative/Tranq.	E	1 2 3+	___	___	___
Opioid/Heroin	E	1 2 3+	___	___	___
Inhalant	E	1 2 3+	___	___	___
PCP	E	1 2 3+	___	___	___
Hallucinogen	E	1 2 3+	___	___	___
Other or Mixed	E	1 2 3+	___	___	___

57. Have you ever had occasional problems with memory or concentration that may have been related to your alcohol or drug use?

0 No					
1 Yes	Ever	Times in Past 12 mos.	Age of Onset		
Alcohol	E	1 2 3+	___	___	___
Cannabis	E	1 2 3+	___	___	___
Cocaine	E	1 2 3+	___	___	___
Amphetamines	E	1 2 3+	___	___	___
Sedative/Tranq.	E	1 2 3+	___	___	___
Opioid/Heroin	E	1 2 3+	___	___	___
Inhalant	E	1 2 3+	___	___	___
PCP	E	1 2 3+	___	___	___
Hallucinogen	E	1 2 3+	___	___	___
Other or Mixed	E	1 2 3+	___	___	___

59. Have you ever driven while intoxicated or under the influence of alcohol or drugs?

0 No					
1 Yes	Ever	Times in Past 12 mos.	Age of Onset		
Alcohol	E	1 2 3+	___	___	___
Cannabis	E	1 2 3+	___	___	___
Cocaine	E	1 2 3+	___	___	___
Amphetamines	E	1 2 3+	___	___	___
Sedative/Tranq.	E	1 2 3+	___	___	___
Opioid/Heroin	E	1 2 3+	___	___	___
Inhalant	E	1 2 3+	___	___	___
PCP	E	1 2 3+	___	___	___
Hallucinogen	E	1 2 3+	___	___	___
Other or Mixed	E	1 2 3+	___	___	___

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60. Have you ever been ticketed, charged, or arrested for any reason related to your alcohol or drug use?

0 No					
1 Yes	Ever	Times in Past 12 mos.			Age of Onset
Alcohol	E	1	2	3+	___
Cannabis	E	1	2	3+	___
Cocaine	E	1	2	3+	___
Amphetamines	E	1	2	3+	___
Sedative/Tranq.	E	1	2	3+	___
Opioid/Heroin	E	1	2	3+	___
Inhalant	E	1	2	3+	___
PCP	E	1	2	3+	___
Hallucinogen	E	1	2	3+	___
Other or Mixed	E	1	2	3+	___

62. Do you ever experience craving or a strong desire to drink or use drugs?

0 No					
1 Yes	Ever	Times in Past 12 mos.			Age of Onset
Alcohol	E	1	2	3+	___
Cannabis	E	1	2	3+	___
Cocaine	E	1	2	3+	___
Amphetamines	E	1	2	3+	___
Sedative/Tranq.	E	1	2	3+	___
Opioid/Heroin	E	1	2	3+	___
Inhalant	E	1	2	3+	___
PCP	E	1	2	3+	___
Hallucinogen	E	1	2	3+	___
Other or Mixed	E	1	2	3+	___

61. Have you ever thought you should cut down on your drinking or drug use but didn't?

0 No					
1 Yes	Ever	Times in Past 12 mos.			Age of Onset
Alcohol	E	1	2	3+	___
Cannabis	E	1	2	3+	___
Cocaine	E	1	2	3+	___
Amphetamines	E	1	2	3+	___
Sedative/Tranq.	E	1	2	3+	___
Opioid/Heroin	E	1	2	3+	___
Inhalant	E	1	2	3+	___
PCP	E	1	2	3+	___
Hallucinogen	E	1	2	3+	___
Other or Mixed	E	1	2	3+	___

63. Have you experienced any of the following after stopping drinking or drug use: abdominal or muscle pain, tearing or a runny nose, diarrhea, fatigue, fever, or a change in appetite?

0 No					
1 Yes	Ever	Times in Past 12 mos.			Age of Onset
Alcohol	E	1	2	3+	___
Cannabis	E	1	2	3+	___
Cocaine	E	1	2	3+	___
Amphetamines	E	1	2	3+	___
Sedative/Tranq.	E	1	2	3+	___
Opioid/Heroin	E	1	2	3+	___
Inhalant	E	1	2	3+	___
PCP	E	1	2	3+	___
Hallucinogen	E	1	2	3+	___
Other or Mixed	E	1	2	3+	___

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64. Of all the things we discussed, how recently did the last one happen for        (drug)?

**Note: State each substance used in past; and code according to the following:**

- 1 = Within the past week
- 2 = Within the past month
- 3 = Within the past 3 months
- 4 = Within the past 12 months
- 5 = More than one year ago

a. Alcohol

1      2      3      4      5

b. Cannabis (Hashish, Marijuana, Pot, Grass)

1      2      3      4      5

c. Cocaine (Coke, Crack)

1      2      3      4      5

d. Amphetamines -- Stimulants (Speed, Uppers)

1      2      3      4      5

e. Sedatives -- Hypnotics -- Tranquilizers (Barbiturates, Sleeping pills, Seconal, Quaaludes, Tranquilizers, Valium, Librium, Xanax)

1      2      3      4      5

f. Heroin -- Opioids (Codeine, Demerol, Morphine, Methadon, Darvon, Opium, Dilaudid)

1      2      3      4      5

g. Inhalants (Huffing, Paint, Glue, Aerosols, Butane)

1      2      3      4      5

h. PCP (Angel Dust)

1      2      3      4      5

i. Hallucinogens (LSD, Mescaline, Mushrooms, Psychedelics, Psilocybin, DMT)

1      2      3      4      5

j. Other, including, or        prescription medications, steroids, and vitamins

4      5

Of all the things we discussed, how old were you when the first        occurred?

       Years

Now I am going to review some of the events we discussed. We will focus on how often the event occurred in the past year and how old you were the first time it occurred.

**Note: Review all positive responses for items 20, 21, and 23. Probe for frequency of occurrence and age of onset. For items 24 through 62, circle "E" if the event or behavior last occurred over 12 months ago, otherwise circle the number of times it occurred in the past 12 months. Age of onset for each item may be collected at this time.**

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Respondent verification statement:

I have reviewed my answers to the questions in this interview with the interviewer and verify that this document accurately reflects my answers.

Signature

## SUDDS-5 IMPLICATIONS FOR ASAM PLACEMENT CRITERIA AND TREATMENT PLANNING

This page is not necessary for diagnostic determinations, but is provided as a guide to clinicians making placement and treatment planning decisions or recommendations. The following do not constitute an exhaustive listing of placement and planning indicators, but cover only those for which the SUDDS-IV provides some data. In general, the indicators listed are in descending order of importance—the first items within each category tend to be more critical than the last items.

### Risk Considerations for Dimension 1: (Item 22)

- No Yes 1. Multiple substance use within the past day (multiple substances scored 1 in the right column) **plus** typical daily use of one or more substances (multiple substances scored 1 in the left column).
- No Yes 2. Multiple substance use within the past day (multiple substances scored 1 in right column).
- No Yes 3. Any use of a substance within the past day (any substance scored 1 in the right column) **plus** typical daily use (scored 1 in the right column).
- No Yes 4. Any use of a substance within the past day (any substance scored 1 in the right column).
- No Yes 5. Multiple substance use within the past week (multiple substances scored 1 or 2).
- No Yes 6. Any use within the past 7 days (any substance scored 1 or 2).
- No Yes 7. No use reported in past week (low probability of intoxication or withdrawal issues unless patient has been untruthful).

### Risk Considerations for Dimension 3 (Item 9 – Anxiety):

- No Yes 1. Multiple responses concerning current anxiety problems (several “yes” responses for current on questions a – d; suggests possibility of current anxiety disorder or disorder in remission).
- No Yes 2. Positive current response to Item 9.a (consider possibility of panic attacks).
- No Yes 3. Positive current response to Item 9.b (consider possibility of phobias).
- No Yes 4. Positive current response to Items 9.c and 9.d (consider possibility of generalized anxiety).
- No Yes 5. Positive responses to previous anxiety indicators and current positive findings (verify that anxiety problems are not related to substance use).
- No Yes 6. No positive responses (past or present) (low probability of anxiety disorder).

### Risk Considerations for Dimension 3 (Item 10 & 11 – Depression/Major Depressive Episode):

- No Yes 1. Positive current responses on at least one of the questions in Item 10 plus a total of 5 or more items from Items 10 and 11 (consider mental health comorbidity; especially if the depressive symptoms are not related to substance use).
- No Yes 2. Positive responses as described above for “Ever” but not five current symptoms (consider possibility of an affective disorder, monitor symptoms during treatment).
- No Yes 3. One or more but not five positive responses for “Ever” (monitor symptoms during treatment).
- No Yes 4. Positive responses on Items 10 or 11 (low probability of a major depressive disorder).

### Risk Considerations for Dimension 5 Relapse / Continued Use / Continued Problem Potentials:

- No Yes 1. Patient has three of these four characteristics: (1) **Under age 25**; (2) Item 2 **Never married**; (3) Item 3 **Not a high school graduate**; (4) Item 4 **Unemployed**. (Persons with three or more of these characteristics typically require up to 100 treatment units of service required by other patients. Beginning treatment in a residential setting is also advisable.)
- No Yes 2. Item 23. Patient has injected a drug to get high. (Persons who have injected any drug tend to have greater risk for relapse.)
- No Yes 3. Item 22. Regular use of marijuana (cannabis) or cocaine (in any form) or a positive diagnosis of abuse or dependence. (Weekly use of either of these substances or a diagnosis of abuse or dependence for either is associated with increased risk for relapse.)
- No Yes 4. Item 22. Weekly use of any drug besides alcohol in the previous 12 months.
- No Yes 5. Item 22. Use of three or more substances in the week prior to admission.
- No Yes 6. The patient meets eight or more criteria for any one substance.