

Substance Abuse and Dependence

Q406 During the LAST 12 MONTHS, how frequently have you neglected your usual responsibilities because of binge drinking?

- 1 - Never
- 2 - Less than once a month
- 3 - 1-4 times each MONTH
- 4 - 1-3 times each WEEK
- 5 - 4-6 times each WEEK
- 6 - Almost every day of the week
- 7 - I prefer not to answer

Q407 Did you continue to drink after you realized that your drinking caused you problems or caused you to neglect usual responsibilities?

- 1 - Yes
- 2 - No
- 3 - I prefer not to answer

Q408 Did you ever drink most days (i.e. for a month or more) once you realized that your drinking was causing problems or causing you to neglect usual responsibilities?

- 1 - Yes
- 2 - No
- 3 - I prefer not to answer

Q409 Have you ever accidentally injured yourself when you have been drinking (for example, had a bad fall or cut yourself badly)?

- 1 - Yes
- 2 - No
- 3 - I prefer not to answer

Q410 How many times have you accidentally injured yourself when you had been drinking?

Q411 Have you OFTEN been very drunk (or high from drinking) in a situation where it increased your chances of getting hurt (for example, when driving a car or boat; using knives, machinery, or guns; crossing against traffic; climbing or swimming)?

- 1 - Yes
- 2 - No
- 3 - I prefer not to answer

Q412 Has your drinking or being hungover OFTEN kept you from household chores or taking care of children?

- 1 - Yes
- 2 - No
- 3 - I prefer not to answer

Q413 Has your drinking or being hungover caused you to OFTEN miss work, lose a promotion, or get fired?

- 1 - Yes
- 2 - No
- 3 - I prefer not to answer

Q414 Have you OFTEN drunk more or for a longer period of time than you intended to?

- 1 - Yes
- 2 - No
- 3 - I prefer not to answer

Q415 Have you EVER spent a great deal of time getting, using, or getting over the effects of any drug?

- 1 - Yes
- 2 - No
- 3 - I prefer not to answer

Q416 Has it ever taken you as long as a month to get over the effects of a drug once you have stopped using it?

- 1 - Yes
- 2 - No
- 3 - I prefer not to answer

Q417 Have you often used a drug in larger amounts or used it for longer periods of time than you intended?

- 1 - Yes
- 2 - No
- 3 - I prefer not to answer

Q418 Has the usage of any drug in larger amounts or for longer periods than you intended occurred repeatedly over longer periods of time?

- 1 - Yes
- 2 - No
- 3 - I prefer not to answer

Q419 Have you often wanted to cut down on your use of a drug or ever tried to cut down on using a drug but couldn't?

- 1 - Yes
- 2 - No
- 3 - I prefer not to answer

Q420 Have you ever found that you needed more of any drug to get the same effect or found that the same amount had less effect than before?

- 1 - Yes
- 2 - No
- 3 - I prefer not to answer

Q421 IF YES: Has this ever occurred on most days for a month or more?

- 1 - Yes
- 2 - No
- 3 - I prefer not to answer

Q422 Has quitting or cutting down on a drug ever made you sick or given you withdrawal symptoms?

1 - Yes

2 - No

3 - I have never tried to cut down on any of my drug usage

4 - I prefer not to answer

Q423 Have you ever given up any activity in order to use the drug several times or more within a month?

1 - Yes

2 - No

3 - I prefer not to answer

Adapted from:

Shaffer, D., Fisher, P., Lucas, C., Comer, J. (2003). *Scoring Manual: Diagnostic Interview Schedule for Children (DISC-IV)*. New York: Columbia University.