

**ATTACHMENT 5**

**PURPOSES AND USES OF QUESTIONS APPEARING IN THE ALCOHOL USE  
DISORDER AND ASSOCIATED DISABILITIES INTERVIEW SCHEDULE – V  
(AUDADIS-V) AND THE PSYCHIATRIC RESEARCH INTERVIEW FOR SUBSTANCE  
AND MENTAL DISORDERS (PRISM)**

Purposes and Uses of Questions Appearing in the AUDADIS-V and PRISM

Questionnaire Section/Question	Purpose/Use
<p><u>Background Information</u></p> <p>AUDADIS-V - Section 1</p> <p>PRISM-Section 1 - Overview</p>	<p>The purpose of the <u>AUDADIS-V</u> Background Information Section is to collect sociodemographic information that represents risk factors of adverse consumption patterns, alcohol use disorders and their associated disabilities. Sociodemographic information on education, marital status, work situation, income, general level of functioning (SF-12 Scale), permanent and temporary disability, divorce, religious service attendance and major recent life events will be measured. Height and weight are asked for the purpose of adjusting consumption levels by body water. Questions concerning childhood obesity status and physical activity are included among other risk factors for heart disease and diabetes measured in this study. Additional items measuring nativity, generational status, health insurance sources and health care discrimination due to weight or disability will be used to explain the potential origins of health disparities.</p> <p>The purpose of the <u>PRISM</u> Overview section is to gather a smaller subset of sociodemographic factors than the AUDADIS-V including age, race-ethnicity, marital status and history, education, military service, employment status, whether ever incarcerated and treatment for physical or psychological problems.</p>
<p><u>Alcohol Consumption</u></p> <p>AUDADIS-V - Section 2A</p> <p>PRISM-Section 2A</p>	<p>The purpose of the <u>AUDADIS-V</u> Alcohol Consumption Section and <u>PRISM</u> Alcohol Screening Section is to measure important dimensions of beverage-specific alcohol consumption including usual and heaviest quantity and frequency and duration of drinking during the last year and during the period of lifetime heaviest drinking.</p> <p>Understanding the relationship between alcohol consumption and alcohol use disorders and related disabilities will facilitate the explanation of the initiation and progression of each condition.</p>
<p>AUDADIS-V – Q. 1-3</p> <p>PRISM – Q. 1a-1d</p>	<p>These questions, in combination, are used to classify respondents by drinking status. Three types of drinkers are defined longitudinally: (1) current drinkers-respondents who had at least 1 drink in the past year; (2) ex-drinkers-respondents who did not drink in the last year, but did drink in the past; and (3) abstainers-respondents who did not drink on a lifetime basis.</p>

Questionnaire Section/Question	Purpose/Use
AUDADIS-V – Q. 4a-12c PRISM – no corresponding items	These questions are used to measure non-beverage-specific and beverage-specific quantity, frequency, container size, and ethanol content, for wine, beer and liquor in the past 12 months. The duration of usual alcohol consumption levels reported for the last 12 months is measured as well as the age of onset of drinking, context of drinking and binge drinking. Brand information is requested in order to refine the ethanol content parameters of beverage-specific volume intake measures only.
AUDADIS-V – Q. 13-20c PRISM – Q. 2a-2e	These questions measure usual and heaviest consumption levels and duration of heaviest drinking episode in one’s lifetime. The purpose of these questions is to identify current drinkers who also drank heavily at some time in their lives.
<u>Medicine/Drug Use</u>  AUDADIS-V - Section 3B PRISM-Section 3B  AUDADIS-V – Q. 1a-7 PRISM-Q. 1a -5j	The purpose of these sections is to collect information on use, onset, quantity and frequency of ten medicine/drug classes (sedatives/tranquilizers, painkillers, marijuana, cocaine/crack, stimulants, club drugs, hallucinogens, inhalants/solvents, heroin and other).
AUDADIS-V – Q. 8-17 PRISM – no corresponding items	These questions inquire about frequency of needle sharing and injection drug use, both of which are risk factors that exacerbate drug use disorders. These variables are also related to the risk of developing HIV.
<u>Tobacco Use</u>  AUDADIS-V - Section 3A PRISM-Section 3A	This <u>AUDADIS-V</u> section inquires about use of cigarettes, cigars, pipes, snuff and chewing tobacco. The <u>PRISM</u> section asks about the use of cigarettes only.
AUDADIS-V – Q. 1a-7 PRISM – Q. 1-2h2	These questions ask about onset, frequency, quantity, and duration of tobacco use, including daily use.

**THE AUDADIS-V AND PRISM COLLECT DATA FOR 2 DISTINCT TIME PERIODS: (1) PAST 12 MONTHS; AND (2) BEFORE 12 MONTHS AGO.**

Questionnaire Section/Question	Purpose/Use
<p><u>Alcohol Experiences</u> AUDADIS-V - Section 2B PRISM-Section 2B</p> <p style="text-align: center;"><u>and</u></p> <p><u>Medicine/Drug Experiences</u> AUDADIS-V - Section 3C PRISM-Section 3C</p>	<p>The AUDADIS-V and PRISM Alcohol and Drug Experiences Sections were designed in parallel to yield: (1) dichotomous measures of alcohol and drug use disorders; and (2) continuous scales of alcohol and drug-related consequences (e.g., social, occupational, and legal problems) for 10 classes of drugs (sedatives/tranquilizers, painkillers, marijuana, cocaine/crack, stimulants, club drugs, hallucinogens, inhalants/solvents, heroin, and other).</p> <p>Below appears a summary of the problem sets that are measured in both the Alcohol and Medicine/Drug Experiences Sections of the AUDADIS-V and PRISM. Note that the questions are phrased in terms of alcohol and not their drug counterparts.</p>
<p>Alcohol AUDADIS-V - Q.1a (items 1-4) PRISM – Q.1a-1f</p> <p>Medicine/Drug AUDADIS-V - Q. 1a (items 1-2) PRISM – Q.1a1-j1-j3</p>	<p>Tolerance – need for markedly increased amounts of the alcohol in order to achieve intoxication or desired effect or markedly diminished effect with continued use of the same amount.</p>
<p>Alcohol AUDADIS-V - Q.1a (items 5-6) PRISM – Q.2a-2f</p> <p>Medicine/Drug AUDADIS-V - Q. 1a (items 30-31) PRISM – Q.3a1-j1-j6</p>	<p>Persistent desire or unsuccessful efforts to cut down or stop drinking.</p>
<p>Alcohol AUDADIS-V - Q.1a (items 7-8) PRISM – Q.3a-3c</p> <p>Medicine/Drug AUDADIS-V - Q. 1a (item 32) PRISM – Q.4a1-j1-j3</p>	<p>Drinking in larger amounts or over a longer period of time than intended.</p>

Questionnaire Section/Question	Purpose/Use
<p>Alcohol AUDADIS-V - Q.1a (items 9-18) PRISM – Q.4a-4L</p> <p>Medicine/Drug AUDADIS-V - Q. 1a (items 3-28) PRISM – Q.2a1-e1, 2i1-2i6</p>	<p>Characteristic withdrawal symptoms specific to alcohol (or each drug).</p>
<p>Alcohol AUDADIS-V - Q.1a (items 19-20) PRISM – Q.4m-4t</p> <p>Medicine/Drug AUDADIS-V - Q. 1a (item 29) PRISM – Q.2a7-e7, 2i7-2i12</p>	<p>Drinking to relieve withdrawal symptoms.</p>
<p>Alcohol AUDADIS-V - Q.1a (items 21-22) PRISM – Q.5a-5c</p> <p>Medicine/Drug AUDADIS-V - Q. 1a (items 33-34) PRISM – Q.5a1-j1-j3</p>	<p>Spending a great deal of time drinking or getting over the bad aftereffects.</p>
<p>Alcohol AUDADIS-V - Q.1a (items 23-24) PRISM – Q.6a-6c</p> <p>Medicine/Drug AUDADIS-V - Q. 1a (items 35-36) PRISM – Q.6a1-j1-j3</p>	<p>Giving up or cutting down on activities that are important in favor of drinking.</p>
<p>Alcohol AUDADIS-V - Q.1a (items 25-27) PRISM – Q.7a-8c</p> <p>Medicine/Drug AUDADIS-V - Q. 1a (items 37-38) PRISM – Q.7a1-j1-j3</p>	<p>Continuing to drink despite having a medical or psychological problem that is caused or exacerbated by drinking.</p>

Questionnaire Section/Question	Purpose/Use
<p>Alcohol AUDADIS-V - Q.1a (items 28-29) PRISM – Q.9a-9f</p> <p>Medicine/Drug AUDADIS-V - Q. 1a (items 39-40) PRISM – Q.8a1-j1-j6</p>	Craving for alcohol.
<p>Alcohol AUDADIS-V - Q.1a (items 30-32) PRISM – Q.10a-10f</p> <p>Medicine/Drug AUDADIS-V - Q. 1a (items 41-42, 44-45) PRISM – Q.10a1-j1-j6</p>	Interpersonal or occupational problems as the result of drinking.
<p>Alcohol AUDADIS-V - Q.1a (items 33-36); 3a (items 1-4) PRISM – Q.11a-11c</p> <p>Medicine/Drug AUDADIS-V - Q. 1a (items 47-48) PRISM – Q.11a1-j1-j3</p>	Drinking in hazardous situations.
<p>Alcohol AUDADIS-V - Q.1a (items 37-38) PRISM – Q.12a-12c</p> <p>Medicine/Drug AUDADIS-V - Q. 1a (item 46) PRISM – Q.9a1-j1-j3</p>	Continuing to drink despite social problems.
<p>Alcohol AUDADIS-V - Q.1a (items 39-40) PRISM – Q.12c</p> <p>Medicine/Drug AUDADIS-V - Q. 1a (items 43, 49) PRISM – Q.9a1-j1-j3</p>	Physical fights or legal problems as the result of drinking.

Questionnaire Section/Question	Purpose/Use
Alcohol AUDADIS-V - Q.2a-2i PRISM – Q.10a-13i  Medicine/Drug AUDADIS-V - Q.2a-2g PRISM – Q.12a1-j1-j7	These questions are used to operationalize onset and remission of alcohol use disorders.
Medicine/Drug AUDADIS-V - Q.3-11 PRISM – no items	These questions determine if medicine or drug use was associated with a prescription from a medical professional.
<u>Tobacco Experiences</u> AUDADIS-V – Section 3A PRISM – Section 3A	The AUDADIS-V and PRISM Tobacco Experiences Sections were designed in parallel to yield: (1) dichotomous measures of tobacco use disorders; and (2) continuous scales of problems resulting from tobacco use.  Below appears a summary of problem sets that are measured for tobacco use disorders.
AUDADIS-V – Q.8a (items 1-2) PRISM – Q.3a1-3b3	Desire or attempt to cut down on tobacco use but was unsuccessful.
AUDADIS-V – Q.8a (items 3-4) PRISM – Q.4a1-4a3	Activities given up in favor of using tobacco.
AUDADIS-V – Q.8a (item 5) PRISM – Q.5a1-5a3	Continuing to use tobacco despite physical health problem exacerbated by tobacco use.
AUDADIS-V – Q.8a (items 6, 23) PRISM – Q.6a1-6a6, 9a1-9a3	Using tobacco longer or in larger quantities than intended (operationalized as chain smoking or tobacco use).
AUDADIS-V – Q.8a (items 7-16) PRISM – Q.7b1-7d3	Withdrawal symptoms of tobacco upon cessation.
AUDADIS-V – Q.8a (items 17-20) PRISM – Q.7d4-7d6	Avoidance of tobacco use withdrawal.
AUDADIS-V – Q.8a (items 21-22) PRISM – Q.8a1-8a3	Tolerance to tobacco use.
AUDADIS-V – Q.8a (item 24) PRISM – Q.5a1-5a3	Continued use of tobacco despite being nervous/anxious.
AUDADIS-V – Q.8a (item 25) PRISM – Q.11a1-11a4	Hazardous use of tobacco.

Questionnaire Section/Question	Purpose/Use
AUDADIS-V – Q.8a (items 26-29) PRISM – Q.12a1-12a3	Social problems as the result of using tobacco.
AUDADIS-V – Q.8a (item 30) PRISM – Q.13a1-13a3	Interference with roles as the result of tobacco use.
AUDADIS-V – Q.8a (items 31-32, 40) PRISM – 12a1-12a3	Legal and similar problems due to tobacco use in prohibited places.
AUDADIS-V – Q.8a (items 33-34) PRISM – Q.6a1-6a6	Much time spent in using tobacco.
AUDADIS-V – Q.8a (items 35-39) PRISM – Q.10a-10f	Craving for tobacco.
AUDADIS-V – Q.9-11 PRISM – Q.14a1-15a6	These questions determine types of tobacco causing problems (for <u>AUDADIS-V</u> ) and onset, duration and recency of tobacco use disorder.
<u>Alcohol Treatment Utilization</u> AUDADIS-V – Section 2C – Q.1-4d PRISM – No corresponding items  <u>Medicine/Drug Treatment Utilization</u> AUDADIS-V – Section 3D – Q.1-3d PRISM – No corresponding items	These sections ascertain the respondent’s alcohol or medicine/drug treatment histories in the last 12 months and prior to the last 12 months.  Reasons for not seeking treatment are assessed in order to examine barriers to alcohol (drug) treatment.
<u>Family History Sections</u>  AUDADIS-V – Family History (Alcohol) – Section 2D, Q.1-20  AUDADIS-V – Family History-II (Medicine/Drug), Section 3E, Q.1-14  AUDADIS-V – Family History-III (Low Mood), Section 4C, Q.1-14  AUDADIS-V – Family History-IV (Behavior), Section 11B, Q.1-14  AUDADIS-V – Family History-V (Anxiety), Section 15A, Q.1-14  PRISM – No corresponding sections	These sections determine if the respondent’s first and second degree relatives have ever had a problem with: (1) alcohol; (2) medicines/drugs; (3) low mood; (4) behavior; and (5) anxiety for the purpose of understanding familial vulnerability. Information is <u>not</u> collected for specific family members and the <u>PRISM</u> interview does not include these sections.



Questionnaire Section/Question	Purpose/Use
<u>Background Information-II</u> AUDADIS-V – Section 2E PRISM – No corresponding section	This section measures additional factors that increase one’s risk of developing and maintaining an alcohol use disorder and/or associated disability.
AUDADIS-V – Q.1a -2h, 4a-9h	These questions assess acculturation and race-ethnic orientation.
AUDADIS-V – Q.3a(1)-3d, 10a(1)-12	These variables assess perceived discrimination due to one’s race-ethnic background.
AUDADIS-V – Q.11-15	These questions assess perceived discrimination based on gender.
AUDADIS-V – Q.16a-16d	These questions measure perceived control over one’s environment/life.
AUDADIS-V – Q.17a-26c	These questions provide for a measure of social networks.
AUDADIS-V – Q.27a-28c	These questions measure social support.
AUDADIS-V – Q.29a-29j	These questions assess perceived safety of respondent’s neighborhood.
<u>Low Mood</u>  AUDADIS-V – Section 4A PRISM – Section 4A	This section measures major depressive episodes (a dichotomous variable) since the last interview as an important condition that has been shown to be highly associated with alcohol use disorders. This section was also designed to derive a continuous scale of depression symptoms. Information on these nine symptom groups is elicited for worst period of depressed mood. Note that each symptom must be present nearly everyday for at least two weeks. This level of severity is necessary in order to differentiate serious depression-related symptoms from normal, often transient feelings related to depressed mood and associated experiences such as sadness.
AUDADIS-V – Q.1a-1d PRISM – Q.1a-2b	These questions serve as a screen for the Depression Section. They ensure that only respondents ever experiencing depressed mood are asked the questions in this section.
AUDADIS – V Q.3a PRISM – Q.4	Depressed mood with alternative definitions of feeling sad, blue or down.
AUDADIS-V – Q.3b PRISM – Q.5,6	Lack of interest in activities usually enjoyed or cared about.
AUDADIS-V – Q.3e-3f PRISM – Q.8-10	Significant loss or gain in weight when not dieting or increase or decrease in appetite.

<b>Questionnaire Section/Question</b>	<b>Purpose/Use</b>
AUDADIS-V – Q.3g-3i PRISM – Q.11a-12d	Insomnia and hypersomnia.
AUDADIS-V – Q.3j-3k PRISM – Q.13	Fatigue or loss of energy.
AUDADIS-V – Q.3l-3p PRISM – Q.14a-15b	Psychomotor agitation and retardation.
AUDADIS-V – Q.3q-3s PRISM – Q.16-17	Feelings of worthlessness and excessive guilt.
AUDADIS-V – Q.3t-3w PRISM – Q.18-19	Diminished ability to think or concentrate, or indecisiveness.
AUDADIS-V – Q.3y-3aa PRISM – Q.20-24	Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or suicide attempt or a specific plan for committing suicide.
AUDADIS-V – Q.4a-5h PRISM – Q.25a-27	These questions measure social/occupational dysfunction associated with depression and are indicators of clinically-significant disorders.
AUDADIS-V – Q.6a-9g PRISM – Q.28a-32b	These questions are used to determine incidence, remission, recurrence and chronicity.
AUDADIS-V – Q.10a-10d PRISM – Q.33-36b	These questions rule out bereavement as a possible cause for depression.
AUDADIS-V – Q.11-15j PRISM – Q.37a-40d	These questions importantly differentiate between true depression and that depression that is caused by intoxication or withdrawal from alcohol and/or drugs (i.e., substance-induced).
AUDADIS-V – Q.16a-21 No corresponding PRISM items	These questions measure help-seeking for depression.
AUDADIS-V – Q.22a-22j PRISM – Q.41a-43b	These questions identify depressions due to pre-existing medical conditions.
AUDADIS-V – Q.23a(item 1)-27 PRISM – Q.44a1-46b	These questions determine if the depressive episode is a mixed episode with manic symptoms.
<u>Low Mood II</u> AUDADIS-V – Section 4C PRISM – Section 5	These sections measure chronic depression, a condition similar to major depression but of a much more chronic duration (i.e., two years). These conditions have been related in the literature to excessive alcohol use.

Questionnaire Section/Question	Purpose/Use
AUDADIS-V – Q.1 PRISM – Q.1	This question serves as a screen for the chronic depression section. It ensures that only respondents experiencing chronic low depressed mood for at least two years are asked the questions in this section. The following chronic depression problem sets are measured:
AUDADIS-V – Q.3a,3b PRISM – Q.2a1,2a2	Increase or decrease in appetite.
AUDADIS-V – Q.3c,3d PRISM – Q.2b3,2b4	Insomnia or hypersomnia.
AUDADIS-V – Q.3e PRISM – Q.2c	Psychomotor retardation.
AUDADIS-V – Q.3f,3g PRISM – Q.2d1,2d2	Diminished ability to think or concentrate.
AUDADIS-V – Q.3h-3j PRISM – Q.2e1-2e3	Feelings of worthlessness.
AUDADIS-V – Q.3k-3m PRISM – Q.2f1-2f3	Feelings of hopelessness.
AUDADIS-V – Q.4a-4h PRISM – Q.3-5	These questions measure social/occupational dysfunction associated with chronic depression and are indicators of a clinically-significant condition.
AUDADIS-V – Q.5a-8d PRISM – Q.6a-8d	These questions determine incidence, remission, recurrence and chronicity of depression.
AUDADIS-V – Q.9-13l PRISM – Q.9a-13d	These questions importantly differentiate true chronic depression from those episodes that are alcohol and/or drug-induced.
AUDADIS-V – Q.14a-19 No corresponding PRISM items	These questions measure help-seeking.
AUDADIS-V – Q.20a-20j PRISM – Q.14a-17b	These questions identify chronic depression episodes due to a pre-existing medical condition.

Questionnaire Section/Question	Purpose/Use
<p><u>High Mood</u></p> <p>AUDADIS-V – Section 5 PRISM – Section 6</p>	<p>This section measures manic episodes (as a dichotomous variable), a condition highly associated with alcohol use disorders. This section was also designed to derive a continuous scale of mania symptoms. Information on these symptom groups is elicited for the respondent’s worst period of high mood. A similar, but milder disorder, referred to as hypomania, also is measured in this section and can be distinguished from the more severe manic syndrome by the absence of social/occupational dysfunction and treatment related to the disturbance.</p>
<p>AUDADIS-V – Q.1a-5b PRISM – Q.1a-2c</p>	<p>These questions serve as a screen for the manic episode section. They ensure that only respondents ever experiencing a manic episode are asked the questions in this section.</p>
<p>AUDADIS-V – Q.6a,6b PRISM – Q.4e-5a</p>	<p>Elevated or energetic mood.</p>
<p>AUDADIS-V – Q.6c PRISM – Q.5b,5c</p>	<p>Feeling very irritable or easily annoyed.</p>
<p>AUDADIS-V – Q.6d,6e PRISM – Q.5d</p>	<p>Decreased need for sleep.</p>
<p>AUDADIS-V – Q.6f,6h PRISM – Q.5e</p>	<p>More talkative than usual or pressure to keep talking.</p>
<p>AUDADIS-V – Q.6i PRISM – Q.5f</p>	<p>Distractibility such as one’s attention is too easily drawn to unimportant or irrelevant external stimuli.</p>
<p>AUDADIS-V – Q.6j,6k PRISM – Q.5g,5h1</p>	<p>Flight of ideas or subjective experience that thoughts are racing.</p>
<p>AUDADIS-V – Q.6l,6m PRISM – Q.5h2</p>	<p>Increase in goal-directed activity either socially, at work or school, or psychomotor agitation.</p>
<p>AUDADIS-V – Q.6n-6r PRISM – Q.5i</p>	<p>Excessive involvement in pleasurable activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees).</p>
<p>AUDADIS-V – Q.6s PRISM – Q.5j</p>	<p>Inflated self-esteem or grandiosity.</p>
<p>AUDADIS-V – Q.7a-7e PRISM – Q.6-8</p>	<p>These questions measure social/occupational dysfunction associated with mania and are indicators of clinically-significant disorders.</p>
<p>AUDADIS-V – Q.8b-11g PRISM – Q.9a-10g</p>	<p>These questions measure remission, duration, incidence, recurrence and chronicity of mania (or hypomania).</p>

Questionnaire Section/Question	Purpose/Use
AUDADIS-V – Q.12-16j PRISM – Q.11a-14d	These questions importantly differentiate between true mania (and hypomania) and their associated conditions that are alcohol and/or drug-induced.
AUDADIS-V – Q.17a-22 No corresponding PRISM items	These questions measure help-seeking for episodes of mania and/or hypomania.
AUDADIS-V – Q.23a-23f PRISM – Q.15a-18a1	These questions identify mania or hypomania due to pre-existing medical conditions.
AUDADIS-V – Q.24a(item 1)-28 PRISM – Q.18a3-20b	These questions determine if the manic episodes were mixed, that is, had depressive features.
AUDADIS-V – Q.29a(item 1)-33 No corresponding PRISM items	These questions determine if any manic episode had an anxiety component.
<p data-bbox="201 806 298 835"><u>Anxiety</u></p> <p data-bbox="201 873 505 947">AUDADIS-V – Section 6 PRISM – Section 7</p>	<p data-bbox="654 814 1409 1045">This section measures episodes of panic disorder characterized by recurrent panic attacks. Panic disorder is an important condition that has been linked to alcohol use disorders. The relevance of the co-occurrence of panic disorder and alcohol use disorders is the similarity and overlap of symptoms of panic attacks and those related to the alcohol withdrawal state of alcohol dependence.</p> <p data-bbox="654 1073 1401 1167">As part of the definition of panic disorder, at least four of the following symptoms need to have developed during at least one of the respondent’s unexpected panic attacks.</p>
AUDADIS-V – Q.1-4 PRISM – Q.1a1-2b	These questions screen respondents out of the panic disorder section if they never had a spontaneous panic attack and serves as the first required symptom of a panic attack.
AUDADIS-V – Q.6a PRISM – Q.3a	Shortness of breath or smothering sensations.
AUDADIS-V – Q.6c PRISM – Q.3c	Shakes.
AUDADIS-V – Q.6b PRISM – Q.3b	Palpitations or accelerated heart rate.
AUDADIS-V – Q.6d PRISM – Q.3d	Sweating.
AUDADIS-V – Q.6e PRISM – Q.3e	Choking.

<b>Questionnaire Section/Question</b>	<b>Purpose/Use</b>
AUDADIS-V – Q.6f PRISM – Q.3f1,3f2	Dizzy/lightheaded.
AUDADIS-V – Q.6g,6h PRISM – Q.3g1,3g2	Depersonalization or derealization.
AUDADIS-V – Q.6i PRISM – Q.3h	Numbness or tingling sensations.
AUDADIS-V – Q.6j PRISM – Q.3i	Flushes or chills.
AUDADIS-V – Q.6k PRISM – Q.3j	Nausea or abdominal distress.
AUDADIS-V – Q.6l PRISM – Q.3k	Chest pain or discomfort.
AUDADIS-V – Q.6m PRISM – Q.3l	Fear of going crazy or of doing something uncontrolled.
AUDADIS-V – Q.6n PRISM – Q.3m	Fear of dying.
AUDADIS-V – Q.7-10 PRISM – Q.4a1-6	These questions determine the intensity of panic symptoms developed within 10 minutes during a panic attack relative to experiencing the first symptom. Worry about having additional panic attacks or their consequences and a significant change in behavior as the result of having a panic attack are also measured.
AUDADIS-V – Q.11a-11e No corresponding PRISM items	These questions measure social/occupational dysfunction associated with panic disorder.
AUDADIS-V – Q.12a-15g PRISM – Q.7a-8i	These questions measure incidence, remission, recurrence and chronicity of panic disorder.
AUDADIS-V – Q.16-20j PRISM – Q.9a-12d	These questions importantly differentiate between true panic disorder and those episodes that are alcohol and/or drug-induced.
AUDADIS-V – Q.21b-27 No corresponding PRISM items	These questions measure help-seeking for panic disorder since the last interview.
AUDADIS-V – Q.28a-28f PRISM – Q.13a-15b	These questions identify panic disorder episodes due to pre-existing medical conditions.
AUDADIS-V – Q.30a-31 PRISM – Q.16-18	These questions determine panic symptoms for expected panic attacks.

<b>Questionnaire Section/Question</b>	<b>Purpose/Use</b>
<u>Specific Anxiety</u> AUDADIS-V – Section 6A PRISM – Section 8	These sections measure agoraphobia or the fear of broad phobic situations. Agoraphobia has been associated strongly with alcohol use disorders and their associated disabilities, and they are often comorbid.
AUDADIS-V – Q.1a,1b PRISM – Q.1a-1k2	These questions assess the occurrence of the most common agoraphobic situations.
AUDADIS-V – Q.2a-4c PRISM – Q.2a-4c	These questions assess other criteria for agoraphobia, including fear in the presence of agoraphobic stimuli, out of proportion to realistic fear reactions and consistent fear in the face of agoraphobic situations.
AUDADIS-V – Q.5a-6b PRISM – Q.5b-6b	Occurrence of panic attack or panic symptoms during agoraphobic episode.
AUDADIS-V – q.7a-7f PRISM – Q.7a-8	Social/occupational impairment associated with agoraphobia.
AUDADIS-V – Q.8a-11c PRISM – Q.9a-10i	These questions measure onset, recency, duration and remission of agoraphobia.
AUDADIS-V – Q.12-16j PRISM – Q.11a-14d	These questions assess episodes of agoraphobia that can be attributed to substance use (i.e., substance-induced).
AUDADIS-V – Q.17a-22 No corresponding PRISM items	These questions measure help-seeking for agoraphobia.
AUDADIS-V – Q.23a-24d PRISM – Q.15a-17b	These questions assess agoraphobia that can be attributed to a physical illness/medical condition.
<u>Social Situations</u> AUDADIS-V – Section 7 PRISM – Section 9	The purpose of these sections is to measure episodes of social phobia, another condition shown to be related to alcohol use disorders. The essential feature of this disorder is a persistent fear of one or more situations in which the person is exposed to the scrutiny of others and fears that he or she may do something or act in such a way that would be embarrassing or humiliating.

Questionnaire Section/Question	Purpose/Use
AUDADIS-V – Q.1a-1p PRISM – Q.1a-1p2	These questions operationalize the persistent and unreasonable fear of doing something or acting in such a way as to cause embarrassment or humiliation. Information is elicited for several common social phobic situations including: speaking in front of other people; becoming speechless when talking in front of people; going to parties or other social gatherings; eating or drinking in public; writing while someone else is watching; dating; being in a small group; speaking in class; being interviewed; speaking at a meeting; performing; taking an exam; speaking to an authority figure; and any other social phobic situation.
AUDADIS-V – Q.2-10 PRISM – Q.2a-6b	These questions determine if two additional criteria for social phobia are met. Specifically, whether exposure to the feared situation almost invariably provokes anxiety, whether the person recognizes that the feared situation is excessive, and whether the feared situation is avoided or else endured with intense anxiety or distress, or whether the fear is out of proportion to the actual danger of the situation.
AUDADIS-V – Q.11-15 PRISM – Q.7b-7d	These questions determine the presence of a panic attack at the time of exposure to the phobic stimulus.
AUDADIS-V – q.15a-15e PRISM – Q.8a-9	These questions measure social/occupational dysfunction associated with social phobic disorder.
AUDADIS-V – Q.16-20c PRISM – Q.10a-11i	These questions determine incidence, remission, recurrence and chronicity for social phobia during the two NESARC-III time periods.
AUDADIS-V – Q.21-25j PRISM – Q.12a-15d	These questions importantly differentiate between true social phobias from those episodes that are alcohol and/or drug-induced.
AUDADIS-V – Q.26a-32 No corresponding PRISM items	These questions measure help-seeking for social phobia.
AUDADIS-V – Q.33a-33f PRISM – Q.16a-18b	These questions identify social phobias due to pre-existing medical conditions.
<u>Specific Situations</u>  AUDADIS-V – Section 8 PRISM – Section 10	The purpose of this section is to measure episodes of specific (simple) phobia, a condition that is often alcohol and/or drug-induced. Specific phobia is characterized by a marked and persistent fear that is excessive or unreasonable and cued by the presence or anticipation of a specific object or situation.



Questionnaire Section/Question	Purpose/Use
AUDADIS-V – Q.1a-1p PRISM – Q.1a-1p2	These questions measure common objects or situations that often trigger specific phobias, including: insects, snakes and other animals; heights; storms; flying; seeing blood and visiting a hospital; and traveling in cars, buses or trains.
AUDADIS-V – Q.2-6 PRISM – Q.2-6b	These questions determine if three additional criteria for specific phobia are met. Specifically, whether exposure to the feared object almost invariably provokes anxiety, whether the person recognizes that the fear is excessive, and whether the feared object or situation is avoided or else endured with intense anxiety or distress.
AUDADIS-V – Q.7-10 PRISM – Q.7a-7d	These questions determine the occurrence of a panic attack at the time of exposure to the specific phobic stimulus.
AUDADIS-V – q.13a-13e PRISM – Q.8a-9	These questions measure social/occupational dysfunction associated with specific phobia and are indicators of clinically-significant disorders.
AUDADIS-V – Q.15a-17c PRISM – Q.10a-11i	These questions determine incidence, remission, recurrence and chronicity of specific phobia for the two NESARC-III time periods.
AUDADIS-V – Q.18-22j PRISM – Q.12a-15d	These questions importantly differentiate true specific phobic disorder from those episodes that are alcohol and/or drug-induced.
AUDADIS-V – Q.23a-28 No corresponding PRISM items	These questions measure help-seeking for specific phobia since the last interview.
AUDADIS-V – Q.29a-30d PRISM – Q.16a-18b	These questions identify specific phobias due to pre-existing medical conditions.
<u>General Anxiety</u>  AUDADIS-V – Section 9 PRISM – Section 11	The purpose of these sections is to measure episodes of generalized anxiety or worry, a condition often accompanying alcohol use disorders. The essential feature of this disorder is unrealistic or excessive anxiety or worry. This condition consists of an unrealistic or excessive worry or anxiety that must be present for at least six months in order for the criteria to be met.
AUDADIS-V – Q.1-2 PRISM – Q.1a-1b	These questions serve as a screen for the General Anxiety Section. They ensure that only respondents experiencing generalized anxiety at some time in their lives are asked the questions in this section.

Questionnaire Section/Question	Purpose/Use
AUDADIS-V – Q.2a-2i PRISM – Q.2a-2i	These questions determine if the criteria of generalized anxiety are met. Specifically, these questions measure: restlessness; becoming easily fatigued; difficulty concentrating; irritability; muscle tension; and sleep disturbance.
AUDADIS-V – Q.3a-3g PRISM – Q.3a-3g	These questions determine the presence of other criteria for generalized anxiety, that is, the person experiences difficulty when attempting to control their anxiety, believes their anxiety is excessive, and worries about activities having negative consequences.
AUDADIS-V – Q.4a-4b PRISM – Q.4a-4b	These questions measure the occurrence of a panic attack during episodes of generalized anxiety disorder.
AUDADIS-V – Q.5a-5h PRISM – Q.6a-7	These questions measure social/occupational dysfunction associated with generalized anxiety disorder and are indicators of a clinically-significant condition.
AUDADIS-V – Q.6b-9g PRISM – Q.8a-11e	These questions determine incidence, remission, recurrence and chronicity of generalized anxiety disorder for the two NESARC-III time periods.
AUDADIS-V – Q.10-14j PRISM – Q.12a-15d	These questions importantly differentiate true generalized anxiety conditions from those episodes that are alcohol and/or drug-induced.
AUDADIS-V – Q.15a-20 No corresponding PRISM items	These questions measure help-seeking for generalized anxiety disorders.
AUDADIS-V – Q.21a-21f PRISM – Q.16a-18b	These questions identify generalized anxiety disorders that are due to pre-existing medical conditions.
<u>Usual Feeling and Actions</u>  AUDADIS-V – Section10 PRISM – Sections 12 and 13	These sections measure two major personality conditions. These measures can be used to construct categorical measures or continuous scales measuring personality traits.  Personality disorders are generally defined as enduring patterns of feelings and behaviors that deviate markedly from cultural expectation and that are inflexible and pervasive across a broad range of personal and social situations. The patterns are stable and of long duration and can be traced to adolescence or early adulthood.
AUDADIS-V – Q.1a(item 1)- 1a(item 31) PRISM – Section 12, Q.1a-11b	These questions measure borderline traits characterized by a pattern or instability of interpersonal relationships, self-image, and affects, and marked impulsivity, including recurrent suicidal behaviors and gestures.

Questionnaire Section/Question	Purpose/Use
AUDADIS-V – Q.1a(item 32)- 1a(item 49) PRISM – Section 13, Q.1-18b	These questions measure schizotypal traits characterized by a pattern of social and interpersonal deficits marked by acute discomfort with, and reduced capacity for close relationships, as well as by cognitive or perceptual distortions and eccentricities of behavior.
<u>Traumatic Experiences</u>  AUDADIS-V – Section12 PRISM – Sections 14	These sections measure posttraumatic stress disorder. Post traumatic stress disorder is a condition that develops upon exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or a threat to one’s physical integrity; or witnessing an event that involves death, injury or a threat to one’s physical integrity.
AUDADIS-V – q.1a-4 PRISM – Q.1a-2	These questions measure specific traumatic experiences and the worst traumatic experience that gave rise to episodes of posttraumatic stress.
	The following questions measure the problem sets for posttraumatic stress disorder:
AUDADIS-V – Q.5a,5b PRISM – Q.3	Disturbing recollections of the event.
AUDADIS-V – Q.5c PRISM – Q.4	Recurrent distressing dreams of the event.
AUDADIS-V – Q.5d,5e PRISM – Q.5a,5b	Acting or feeling as if the traumatic event was recurring.
AUDADIS-V – Q.5f PRISM – Q.6a	Intense distress on exposure to internal or external cues that resemble the event.
AUDADIS-V – Q.5g,5h PRISM – Q.6b,7	Physiological reactivity on exposure to internal or external cues that resemble the event or loss of awareness of surroundings.
AUDADIS-V – Q.5i,5k PRISM – Q.8-10	Efforts to avoid internal or external reminders of event.
AUDADIS-V – Q.5l PRISM – Q.11	Inability to recall an important aspect of the event.
AUDADIS-V – Q.5x-5z PRISM – Q.12,13	Feeling detached or estranged from other people or inability to experience positive emotions.
AUDADIS-V – Q.5m-5p PRISM – Q.14a,14b	Exaggerated negative self-evaluation.

<b>Questionnaire Section/Question</b>	<b>Purpose/Use</b>
AUDADIS-V – Q.5q,5r PRISM – Q.15a,15b	Distorted blame related to self or others.
AUDADIS-V – Q.5s-5w PRISM – Q.16a-17	Pervasive negative emotional state – fear; diminished interest or participation in activities.
AUDADIS-V – Q.5bb PRISM – Q.18	Reckless behavior.
AUDADIS-V – Q.5ee PRISM – Q.19	Problems with concentration.
AUDADIS-V – Q.5ff PRISM – Q.20	Sleep disturbance.
AUDADIS-V – Q.5aa PRISM – Q.21	Irritability or aggression.
AUDADIS-V – Q.5cc,5dd PRISM – Q.22,23	Hypervigilance, exaggerated startle response
AUDADIS-V – Q.8a-8f PRISM – Q.27-31	These questions measure social/occupational dysfunction due to posttraumatic stress disorder as indicators of clinically-relevant disorder.
AUDADIS-V – Q.6a-22b PRISM – Q.24a-25	These questions measure incidence, chronicity, remission, recurrence and onset of posttraumatic stress disorder.
AUDADIS-V – Q.23a-29 No corresponding PRISM items	These questions measure help-seeking for posttraumatic stress disorder.
AUDADIS-V – Q.22c,22d PRISM – Q.26a,26b	Occurrence of panic attack during episode.
<u>Background Information - III</u>  AUDADIS-V – Section13 No corresponding PRISM section	Additional information on risk factors is obtained in this section. Recent and numerous studies have especially highlighted the role of childhood experiences (e.g., emotional neglect, sexual abuse, physical abuse) as environmental risk factors that modify genetic vulnerability to alcohol use disorders and their associated disabilities.
AUDADIS-V – Q.1a-1e	These items measure childhood physical/emotional neglect.
AUDADIS-V – Q.1f-1j	This item measures psychological abuse in childhood.
AUDADIS-V – Q.1k-1n	These questions measure childhood physical abuse.
AUDADIS-V – Q.2a-2d	These questions measure childhood sexual abuse.

Questionnaire Section/Question	Purpose/Use
AUDADIS-V – Q.4a-8	These questions measure other childhood adversities including parent/guardian’s alcoholism, drug abuse, incarceration, mental illness and suicide attempts.
AUDADIS-V – Q.10a(item 1)-10b(item 6), 11,12	These items measure spousal/partner physical abuse and violence, variables that have been closely linked to alcohol and/or drug use and abuse.
<u>Medical Conditions and Practices</u> AUDADIS-V – Section14 No corresponding PRISM section	This section measures other risk factors for alcohol use disorders and their associated disabilities, including medical conditions diagnosed by a physician in the 12 months preceding the interview.
AUDADIS-V – Q.1-4	Hospitalizations, injuries and emergency room visits during the 12 months preceding the interview.
AUDADIS-V – Q.5-11	Sexual practices, including sexual orientation, sexual preferences, sexual attraction, condom use during sex, sex with known injection drug users, and drinking prior to having sex.
AUDADIS-V – Q.12a-14	Discrimination due to gay, lesbian, or bisexual sexual orientation.
AUDADIS-V – Q.15a,15b	Testing and testing positive for HIV and AIDS.
AUDADIS-V – Q.16a(item 1)-16b(item 31)	Medical conditions in the last 12 months known to be related to alcohol use disorders.
AUDADIS-V – Q.17a-17c	Caregiver assistance occurring in the 12 months preceding interview, a factor related to stress that contributes to the development of alcohol use disorders and their associated disabilities.
AUDADIS-V – Q.18a-18d	Lifetime suicide attempts.
AUDADIS-V – Q.19a-19c	Pregnancy during last 12 months used to assess drinking during pregnancy.
AUDADIS-V – Q.20a-20l	These questions measure the organization and planning component of executive functioning.
AUDADIS-V – Q.21a-21n	These questions measure the memory component of executive functioning.

Questionnaire Section/Question	Purpose/Use
<u>Repeated Thoughts and Behaviors</u> AUDADIS-V - Section 15 PRISM-Section 15	These sections measure obsessions and compulsions, thoughts and behaviors that individuals feel compelled to do with little or no control over them.
AUDADIS-V – Q.1-10a PRISM – Q.1a-8	These questions measure persistence and recurrence of obsessions and compulsions, and the marked anxiety and compensatory behaviors related to them.
AUDADIS-V – Q.11,12 PRISM – Q.9, 10	Occurrence of a panic attack during times of experiencing obsessions and/or compulsions.
AUDADIS-V – Q.13a-13h PRISM – Q.11a-12	Social/occupational impairment.
AUDADIS-V – Q.14a-17j PRISM – Q.13a-16b	These questions measure onset, recency, duration and remission of obsessions and compulsions.
AUDADIS-V – Q.18-22j PRISM – Q.17a-20d	These questions differentiate between true obsessions and compulsions and those that are substance-induced.
AUDADIS-V – Q.23a-28 PRISM – no corresponding items	These questions measure help-seeking for obsessions and/or compulsions.
AUDADIS-V – Q.29a-29f PRISM – Q.21a-23b	These questions ascertain whether obsessions and/or compulsions are due to a pre-existing medical condition.
<u>Unusual Experiences</u> AUDADIS-V - Section 16 PRISM-Section 16	These sections measure psychotic conditions that are strongly related to alcohol use disorders.  Below are the problem sets that define psychotic conditions, consisting largely of hallucinations and delusions.
AUDADIS-V – Q.1a (items 1-3) PRISM – Q.1a-1c	Persecutory delusions.
AUDADIS-V – Q.1a (items 4-5) PRISM – Q.2a-2b	Delusions of jealousy.
AUDADIS-V - Q.1a (items 6-8) PRISM – Q.3a-3b	Somatic delusions.
AUDADIS-V - Q.1a (items 9-12) PRISM – Q.4a-4d	Delusions of reference (environmental aspects to which special meaning is attributed).
AUDADIS-V - Q.1a (items 13-16) PRISM – Q.5a-5d	Grandiose delusions.

<b>Questionnaire Section/Question</b>	<b>Purpose/Use</b>
AUDADIS-V - Q.1a (items 17-20) PRISM – Q.6a-6d	Delusions associated with depressed state (e.g., guilt, inadequacy).
AUDADIS-V - Q.1a (items 21-24) PRISM – Q.7a-7d	Delusions of loss of control.
AUDADIS-V - Q.1a (item 25) PRISM – Q.8	Other delusions.
AUDADIS-V - Q. 1a (items 26-31) PRISM – Q.9-12b	Visual, auditory, olfactory and tactile hallucinations.
AUDADIS-V - Q.1a (items 32-33) PRISM – Q.13a-13b	Complex hallucinations.
AUDADIS-V - Q.1a (items 34-36) PRISM – Q.14a-14c	Disorganized speech.
AUDADIS-V - Q.1a (items 37-39) PRISM – Q.15a-15c	Catatonic behavior.
AUDADIS-V - Q.1a (items 40-42) PRISM – Q.16a-16c	Negative symptoms (e.g., avolition, alogia).
AUDADIS-V - Q.2a-4g PRISM – Q.17-21g	These questions measure hospitalization, social/occupational impairment, and negative symptoms of psychotic conditions.
AUDADIS-V - Q.5a-8c PRISM – Q.22a-26b	These questions assess onset, recency, duration, number of episodes and remission of episodes.
AUDADIS-V - Q.9-13j PRISM – Q.27a-30d	These questions identify substance-induced psychotic conditions.
AUDADIS-V - Q.14a-20 PRISM – no corresponding items	These questions measure help-seeking.
AUDADIS-V - Q.21a-22d PRISM – Q.31a-33b	These questions determine psychotic conditions due to a pre-existing medical condition.
AUDADIS-V - Q.22e-35 PRISM – Q.34a-37c	These questions assess the occurrence of depressed or elevated mood during psychotic episodes.

Questionnaire Section/Question	Purpose/Use
<u>Behavior</u> AUDADIS-V – Section 11A PRISM – Section 17	These sections measure antisocial personality, a condition often viewed in the literature as a subtype of alcohol use disorders. The essential feature of this condition is a pattern of irresponsible and antisocial behavior beginning in childhood or adolescence (conduct disorder) and continuing into adulthood.  In order to meet criteria for antisocial personality, three of the nine criteria must have occurred since the age of 15 years and conduct disorder must be present. The problem sets for conduct disorder and antisocial personality are as follows:
AUDADIS-V - Q.1a (items 1-2) PRISM – Q.1a-2c	Repeated truancy and repeated absence from class prior to the age of 13 years.
AUDADIS-V - Q.1a (item 3) PRISM – Q.3a-3c	Bullying.
AUDADIS-V – Q.1a (item 4) PRISM – Q.4a-4c	Running away from home prior to 13 years of age.
AUDADIS-V – Q.1a (items 5-7) PRISM – Q.5a-5c	Consistent irresponsibility.
AUDADIS-V – Q.1a (items 8-10) PRISM – Q.6a-7c	Impulsivity or failure to plan ahead.
AUDADIS-V – Q.1a (items 11-13) PRISM – Q.8a-12a	Lying a lot and use of aliases.
AUDADIS-V – Q.1a (items 14-16) PRISM – Q.12a-13c	Reckless disregard for safety of self or others.
AUDADIS-V – Q.1a (items 17-27) PRISM – Q.14a-24a	Destruction of property and theft.
AUDADIS-V – Q.1a (items 28-37) PRISM – Q.24b-34c	Other acts that are grounds for arrest including cruelty, harassment, physically hurting another person or pet.
AUDADIS-V – Q.2-3i PRISM – Q.38-41b	Social/occupational dysfunction, lack of remorse, and absence of social interests and emotions prior to age 15 years.
AUDADIS-V – Q.4a-5b PRISM – Q.42a-43b	Drinking/using drugs prior to antisocial behaviors before age 15 years when engaged in these behaviors.
AUDADIS-V – Q.5c-5f PRISM – Q.44a-44d	Behaviors occurring during manic or psychotic episodes before age 15 years.



Questionnaire Section/Question	Purpose/Use
AUDADIS-V – Q.6a-13 PRISM – Q.45a-47d	These questions assess social/occupational dysfunction, lack of remorse, drinking/drug use, and manic/psychotic episodes occurring with antisocial behaviors since the age of 15 years.
AUDADIS-V – Q.14a-15b PRISM – No corresponding items	Incarceration before and since age 18 years.
<u>Low Weight</u>  AUDADIS-V – Section 17 PRISM – Section 18	These sections measure anorexia nervosa, which is characterized as a condition of distorted body image leading to weight below healthy levels. This condition has been related to alcohol use disorders and their associated disabilities.
AUDADIS-V – Q.1-3 PRISM – Q.1a-5b	These questions serve as screens for these sections, ensuring that only respondents who ever weighed less than 85% of their expected weight are asked the questions in these sections.
AUDADIS-V – Q.6a-7g PRISM – Q.6a-12	These questions assess body image and the presence of compensatory behaviors (e.g., purging).
AUDADIS-V – Q.8a-9 PRISM – No corresponding items	Social/occupational dysfunction.
AUDADIS-V – Q.10-20 PRISM – Q.14a-18b	These questions measure onset, recency, duration, remission and number of episodes.
AUDADIS-V – Q.21a-29 PRISM – No corresponding items	These questions assess help-seeking for this eating condition.
<u>Eating and Overeating</u>  AUDADIS-V – Section 18 PRISM – Section 19	These sections measure binge eating (i.e., eating an especially large amount of food) with and without compensatory behaviors (e.g., purging), and also a similar condition, bulimia nervosa.
AUDADIS-V – Q.1a-7d PRISM – Q.1-6	These questions assess various aspects (e.g., frequency, embarrassment, purging) that may accompany binge eating.
AUDADIS-V – Q.8a-19 PRISM – Q.7a-11b	These questions measure onset, recency, remission, duration and number of episodes of binge eating with compensatory behavior.
AUDADIS-V – Q.20a-25 PRISM – No corresponding items	These questions measure help-seeking for this eating condition.
AUDADIS-V – Q.26-46 PRISM – Q.12-18b	These questions determine symptom sets of binge eating specific to those episodes that did not involve compensatory behaviors. Also, onset, recency, duration, remission and number of episodes are assessed.