

2020 NSDUH Clinical Validation Study (CVS)

Attachment CVS-1 – Follow-Up Clinical

Interview Questionnaire

Module Start Time: ____ : ____ AM/PM

I'm going to be asking you about problems or difficulties you may have had, and I'll be making some notes as we go along. Do you have any questions before we begin?

NOTE: Any current suicidal thoughts, plans, or actions should be thoroughly assessed by the clinician and action taken if necessary.

Demographic Data

	GENDER: 1 Male 2 Female 3 Other (e.g., transgendered)	OV1
What's your date of birth?	DOB: ____ month day year	OV2
	AGE: ____	OV3
Are you married?	MARITAL STATUS (most recent):	OV4
IF NO: Do you live with someone as if you are married?	1 Married or living with someone as if married	
IF NO: Were you ever married?	2 Widowed	
	3 Divorced or annulled	
	4 Separated	
	5 Never married	
How long have you been (MARITAL STATUS)?	_____	
IF EVER MARRIED: How many times have you been married?	_____	
Do you have any children?	_____	
IF YES: How many? (What are their ages?)	_____	

With whom do you live? (How many children under the age of 18 live in your household?)	_____	

In what city, town, or neighborhood do you live?	_____	

In what kind of place do you live?
(A house, an apartment, a shelter, a
halfway house, or some other living
arrangement? Are you homeless?)

Education and Work History

How far did you go in school?

*IF FAILED TO COMPLETE A PROGRAM
IN WHICH THEY WERE ENROLLED:*

Why did you leave?

What kind of work do you do?
(Do you work outside of your home?)

**Have you always done that kind of
work?**

*IF NO: What other kind of work have
you done in the past?*

**What's the longest you've worked at
one place?**

Are you currently employed (getting paid)?

IF YES: Do you work part-time or full-time?

IF PART-TIME: How many hours do you typically work each week? (Why do you work part-time instead of full-time?)

PRIMARY EMPLOYMENT STATUS:

- 1 Full-time job
- 2 Part-time job
- 3 Keeping house or care giving full-time
- 4 In school/training
- 5 Retired
- 6 Unemployed, looking for work
- 7 Unemployed, not looking for work
- 8 Disabled

OV6

IF NO: Why is that? When was the last time you worked? How are you supporting yourself now?

IF DISABLED: Are you currently receiving disability payments? What are you receiving disability for?

IF EMPLOYED: How long have you worked at your current job?

IF LESS THAN 6 MONTHS: Why did you leave your last job?

IF UNKNOWN: Has there ever been a period of time when you were unable to work or go to school?

IF YES: Why was that?

Have you ever been arrested, involved in a lawsuit, or had other legal trouble?

Current and Past Periods of Psychopathology

Have you ever seen anybody for emotional or psychiatric problems?

IF YES: What was that for? (What treatment did you get? Any medications? When was that? When was the first time you ever saw someone for emotional or psychiatric problems?)

Have you ever seen anybody for problems with alcohol or drugs?

IF YES: What was that for? (What treatment[s] did you get? Any medications? When was that?)

Have you ever attended a self-help group, like Alcoholics Anonymous, Gamblers Anonymous, or Overeaters Anonymous?

IF YES: What was that for? When was that?

Hospitalization History

Have you ever been in a hospital for treatment of a medical problem?

Number of previous hospitalizations
(Do not include transfers): _____

OV7

IF YES: What was that for?

Number of previous hospitalizations
(Do not include transfers): _____

Thinking back over your whole life, when were you the most upset? (Why? What was that like? How were you feeling?)

Other Current Problems

Have you had any problems in the past month? (How are things going at work, at home, and with other people?)

What has your mood been like?

How has your physical health been? (Have you had any medical problems?)

Do you take any medication, vitamins, nutritional supplements, or natural health remedies (other than those you've already told me about?)

IF YES: How much and how often do you take (MEDICATION)? (Has there been any change in the amount you have been taking?)

How have you been spending your free time?

Who do you spend time with?

Past Year Alcohol and Drug Use

Now I would like to ask you about your alcohol use during the past year.

How much do you usually drink?

IF NEVER DRANK ALCOHOL IN THE PAST YEAR, SKIP TO NEXT PAGE.

Have there been any times in the past year when you had five or more drinks?

When in the past year were you drinking the most?

During that time. . .

how much were you drinking?

what were you drinking? Beer? Wine? Hard liquor?

How often were you drinking this much?

During that time . . .

did your drinking cause problems for you?

did anyone object to your drinking?

When you drink, who are you usually with? (Are you usually alone or out with other people?)

Now I'd like to ask you about your use of drugs or medicines during the past 12 months.

FOR EACH SPECIFIC DRUG IN THE CLASS, INDICATE USE PATTERN (e.g., During the past 12 months, when were you taking (SUBSTANCE) the most? How long did that period last? During that time, how often were you taking it? How much were you using?)

During the past 12 months, have you taken any pills to calm you down, help you relax, or help you sleep? (Drugs like Valium, Xanax, Ativan, Klonopin, Ambien, Sonata, or Lunesta?)

Sedatives-hypnotics-anxiolytics: 1 3 OV8

IF PRESCRIBED: During the past 12 months, did you get hooked or become dependent on (PRESCRIBED DRUG)? (During the past 12 months) did you take more of it than was prescribed or run out of your prescription early?) (During the past 12 months) did you have to go to more than one doctor to make sure you didn't run out?)

During the past 12 months, have you used marijuana ("pot," "grass," "weed"), hashish ("hash"), THC, K2, or "spice"?

Cannabis: 1 3 OV9

IF OV9 = 3, WHICH DRUGS WERE USED IN PAST YEAR?

- 1 Marijuana and/or hashish and/or THC only
- 2 K2, and/or "spice" only
- 3 Both marijuana/hashish/THC and K2/"spice"

OV9a

1 = Did not use during past 12 months

3 = Did use during past 12 months

(During the past 12 months,) have you used any stimulants or “uppers” to give you more energy, keep you alert, lose weight, or help you focus? (Drugs like speed, methamphetamine, crystal meth, “crank,” Ritalin or methylphenidate, Dexedrine, Adderall or amphetamine or prescription diet pills?)

Stimulants:

1

3

OV10

IF PRESCRIBED: During the past 12 months, did you get hooked or become dependent on (PRESCRIBED DRUG)? (During the past 12 months) did you take more of it than was prescribed or run out of your prescription early?) (During the past 12 months) did you have to go to more than one doctor to make sure you didn’t run out?)

How about cocaine or “crack”?

Have you used heroin, methadone, or Fentanyl during the past 12 months? How about prescription pain killers? (Drugs like morphine, codeine, Percocet, Percodan, Oxycontin, Tylox, or oxycodone, Vicodin, Lortab, Lorcet or hydrocodone, suboxone or buprenorphine?)

Opioids:

1

3

OV11

IF PRESCRIBED: During the past 12 months, did you get hooked or become dependent on (PRESCRIBED DRUG)? (During the past 12 months) did you take more of it than was prescribed or run out of your prescription early?) (During the past 12 months) did you have to go to more than one doctor to make sure you didn’t run out?)

1 = Did not use during past 12 months

3 = Did use during past 12 months

During the past 12 months, have you used any drugs to “trip” or heighten your senses? (Drugs like LSD, “acid,” peyote, mescaline, psilocybin, Ecstasy [MDMA, “molly”], bath salts, DMT or other hallucinogens?)

Hallucinogens/PCP: 1 3

OV12

How about PCP (“angel dust,” “peace pill”) or ketamine (“Special K,” “Vitamin K”)?

Have you used glue, paint, or correction fluid, gasoline, or other inhalants to get high during the past 12 months?

Inhalants: 1 3

OV13

What about nitrous oxide (laughing gas, “whippets”), nitrites (amyl nitrite, butyl nitrite), “poppers,” “snappers?”

Module End Time: ____ : ____ AM/PM

1 = Did not use during past 12 months

3 = Did use during past 12 months

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SUBSTANCE USE DISORDERS

Module Start Time: ____ : ____ AM/PM

***PAST 12-MONTH ALCOHOL USE
DISORDER***

- | | |
|--|--------------------------|
| <p>→ IF R HAS NOT DRUNK ON AT LEAST 1 OCCASION IN THE PAST YEAR, CIRCLE THE 1 AND SKIP TO *NON-ALCOHOL SUBSTANCE USE DISORDERS*, PAGE 7</p> <p>→ IF R HAS DRUNK AT LEAST ONCE IN THE PAST YEAR, CIRCLE THE 3 AND CONTINUE TO NEXT PAGE.</p> | <p>1 3 SU1</p> |
|--|--------------------------|

ALCOHOL USE DISORDER CRITERIA

I'd now like to ask you some more questions about your drinking since (1 YEAR AGO) . . .

A. A problematic pattern of alcohol use, leading to clinically significant impairment or distress, as manifested by at least two of the following occurring within a 12-month period:

NOTE: THE DSM-IV EXAMPLES THAT WERE OMITTED IN DSM-5 HAVE BEEN RESTORED HERE.

During the past year, have you found that once you started drinking you ended up drinking much more than you intended to? For example, you planned to have only one or two drinks, but you ended up having many more. (Tell me about that. How often did this happen?)

- | | | | | | | |
|----|---|---|---|---|---|-----|
| 1. | Alcohol is often taken in larger amounts OR over a longer period than was intended. | ? | 1 | 2 | 3 | SU2 |
|----|---|---|---|---|---|-----|

IF NO: What about drinking for a much longer period of time than you were intending to?

?=Inadequate information

1=Absent or false

2=Subthreshold

3=Threshold or true

During the past year, have you wanted to stop, cut down, or control your drinking?

IF YES: **How long did this desire to stop, cut down, or control your drinking last? Did you actually stop drinking altogether?**

IF NO: **During the past year did you ever try to cut down, stop, or control your drinking? How successful were you? (Did you make more than one attempt to stop, cut down, or control your drinking?)**

2. There is a persistent desire OR unsuccessful efforts to cut down or control alcohol use.

? 1 2 3

SU3

Have you spent a lot of time drinking, being drunk, or hung over? (How much time?)

3. A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects.

? 1 2 3

SU4

Have you had a strong desire or urge to drink in between those times when you were drinking? (Has there been a time when you had such strong urges to have a drink that you had trouble thinking about anything else?)

IF NO: **How about having a strong desire or urge to drink when you were around bars or around people with whom you go drinking?**

4. Craving, or a strong desire or urge to use alcohol.

? 1 2 3

SU5

During the past year, since (1 YEAR AGO), have you missed work or school or often arrived late because you were intoxicated, high, or very hung over?

IF NO: How about doing a bad job at work or school, or failing courses or flunking out of school because of your drinking?

IF NO: How about getting in trouble at work or school because of your use of alcohol?

IF NO: How about not taking care of things at home because of your drinking, like (IF YOUTH RESPONDENT WHO IS NOT INDEPENDENT AND DOES NOT HAVE OTHER DEPENDENTS: watching kids or babysitting, doing household chores/ OTHERS: making sure there is food and clean clothes for your family and making sure your children go to school and get medical care? How about not paying your bills?)

IF YES TO ANY: How often?

- | | ? | 1 | 2 | 3 | |
|---|---|---|---|---|-----|
| 5. Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home [(e.g., repeated absences or poor work performance related to alcohol use; alcohol-related absences, suspensions, or expulsions from school; neglect of children or household)]. | | | | | SU6 |

Has your drinking caused problems with other people, such as family members, friends, or people at work? (Have you found yourself regularly getting into arguments about what happens when you drink too much? Have you gotten into physical fights when you were drunk?)

IF YES: **Have you kept on drinking anyway?**

6.	Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol [(e.g., arguments with spouse about consequences of intoxication, physical fights)].	?	1	2	3	SU7
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Have you had to give up or reduce the time you spent at work or school, with family or friends, or on things you like to do (like sports, cooking, other hobbies) because you were drinking or hungover?

7.	Important social, occupational, or recreational activities given up or reduced because of alcohol use.	?	1	2	3	SU8
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During the past year, since (1 YEAR AGO), have you ever had a few drinks right before doing something that requires coordination and concentration like driving, boating, climbing on a ladder, or operating heavy machinery?

IF YES: **Would you say that the amount you had to drink affected your coordination or concentration so that it was more likely that you or someone else could have been hurt?**

IF YES AND UNKNOWN: **How many times? (When?)**

8.	Recurrent alcohol use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by alcohol use)	?	1	2	3	SU9
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Has your drinking caused you any problems like making you very depressed or anxious? How about putting you in a "mental fog," making it difficult for you to sleep, or making it so you couldn't recall what happened while you were drinking?

Has your drinking caused significant physical problems or made a physical problem worse, like stomach ulcers, liver disease, or pancreatitis?

IF YES TO EITHER OF ABOVE: Have you kept on drinking anyway?

9. Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol [(e.g., continued drinking despite recognition that an ulcer was made worse by alcohol consumption)].

? 1 2 3

SU10

Have you found that you needed to drink much more in order to get the feeling you wanted than you did when you first started drinking?

IF YES: How much more?

IF NO: What about finding that when you drank the same amount, it had much less effect than before? (How much less?)

- 10 Tolerance, as defined by either of the following:
- a. A need for markedly increased amounts of alcohol to achieve intoxication or desired effect.
 - b. Markedly diminished effect with continued use of the same amount of alcohol)

? 1 2 3

SU11

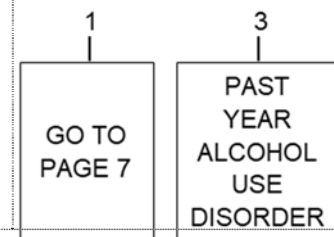
During the past year, since (1 YEAR AGO), have you had any withdrawal symptoms, in other words, feeling sick when you cut down or stopped drinking?

IF YES: What symptoms did you have? (Sweating or a racing heart? Your hand[s] shaking? Trouble sleeping? Feeling nauseated or vomiting? Feeling agitated? Feeling anxious? How about having a seizure or seeing, feeling, or hearing things that weren't really there?)

IF NO: During the past year, have you ever started the day with a drink, or did you often drink or take some other drug or medication to keep yourself from getting the shakes or becoming sick?

11. Withdrawal, as manifested by either of the following: ? 1 2 3 SU12
- a. At least TWO of the following developing within several hours to a few days after the cessation of (or reduction in) alcohol use:
- autonomic hyperactivity (e.g., sweating or pulse rate greater than 100 bpm)
 - increased hand tremor
 - insomnia
 - nausea or vomiting
 - psychomotor agitation
 - anxiety
 - generalized tonic-clonic seizures
 - transient visual, tactile, or auditory hallucinations or illusions
- b. Alcohol (or a closely related substance such as a benzodiazepine) is taken to relieve or avoid withdrawal symptoms

AT LEAST TWO ALCOHOL USE DISORDER ITEMS CODED "3" DURING THE PAST 12 MONTHS



Indicate **severity** of Alcohol Use Disorder for past 12 months: (CIRCLE THE APPROPRIATE NUMBER)

- 1 – **Mild**: Presence of 2–3 symptoms.
 2 – **Moderate**: Presence of 4–5 symptoms.
 3 – **Severe**: Presence of 6 or more symptoms.

PAST 12-MONTH NON-ALCOHOL SUBSTANCE USE DISORDER

REVIEW HISTORY OF DRUG USE ON PAGES 7-9 OF OVERVIEW. IF R DENIES ANY PAST YEAR DRUG USE AT ALL IN OVERVIEW, CHECK HERE ☐ AND GO TO END OF INTERVIEW MODULE

SU15

FOR ALL CLASSES IN WHICH THE DRUG HAS BEEN USED AT LEAST ONCE IN THE PAST 12 MONTHS (BASED ON OVERVIEW), CIRCLE THE APPROPRIATE ROW HEADER (DRUG CLASS NAMES) ON PAGES 8 – 14.

SUD CRITERIA

Now I'd now like to ask you some more questions about your use of (DRUG CLASS[ES] CIRCLED IN ROW HEADERS) in the past 12 months, since (1 YEAR AGO).

During the past year, have you found that once you started using (DRUG) you ended up using much more than you intended to? For example, you planned to have (SMALL AMOUNT OF DRUG) but you ended up having much more. (Tell me about that. How often did that happen?)

IF NO: What about using (DRUG) over a much longer period of time than you were intending to?

During the past year, have you wanted to stop or cut down using (DRUG), or control your use of (DRUG)?

IF YES: How long did this desire to stop, cut down, or control your use of (DRUG) last?

IF NO: During the past year, did you ever try to cut down, stop, or control your use of (DRUG)? How successful were you? (Did you make more than one attempt to stop, cut down, or control your use of (DRUG)?

A. A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by at least two of the following occurring within a twelve-month period:

1. The substance is often taken in larger amounts OR over a longer period than was intended.	SED	?	1	2	3	SU16
	CAN	?	1	2	3	SU17
	STIM	?	1	2	3	SU18
	OPI	?	1	2	3	SU19
	HAL	?	1	2	3	SU20
	INH	?	1	2	3	SU21
2. There is a persistent desire OR unsuccessful efforts to cut down or control substance use.	SED	?	1	2	3	SU22
	CAN	?	1	2	3	SU23
	STIM	?	1	2	3	SU24
	OPI	?	1	2	3	SU25
	HAL	?	1	2	3	SU26
	INH	?	1	2	3	SU27

?=Inadequate information

1=Absent or false

2=Subthreshold

3=Threshold or true

During the past 12 months, have you spent a lot of time getting (DRUG) or has it taken a lot of time for you to get over the effects of (DRUG)? (How much time?)

3.	A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.	SED	?	1	2	3	SU28
		CAN	?	1	2	3	SU29
		STIM	?	1	2	3	SU30
		OPI	?	1	2	3	SU31
		HAL	?	1	2	3	SU32
		INH	?	1	2	3	SU33

Have you had a strong desire or urge to use (DRUG) in between those times when you were using (DRUG)? (Has there been a time when you had such strong urges to use (DRUG) that you had trouble thinking about anything else?)

IF NO: How about having a strong desire or urge to use (DRUG) when you were around people with whom you used (DRUG)?

4.	Craving, or a strong desire or urge to use the substance	SED	?	1	2	3	SU34
		CAN	?	1	2	3	SU35
		STIM	?	1	2	3	SU36
		OPI	?	1	2	3	SU37
		HAL	?	1	2	3	SU38
		INH	?	1	2	3	SU39

During the past year, have you missed work or school or often arrived late because you were intoxicated, high, or recovering from the night before?

IF NO: **How about doing a bad job at work or school, or failing courses or flunking out of school because of your use of (DRUG)?**

IF NO: **How about getting into trouble at work or school because of your use of (DRUG)?**

IF NO: **How about not taking care of things at home because of your use of (DRUG), like (IF YOUTH RESPONDENT WHO IS NOT INDEPENDENT AND DOES NOT HAVE OTHER DEPENDENTS: watching kids or babysitting, doing household chores/OTHERS: making sure there is food and clean clothes for your family and making sure your children go to school and get medical care? How about not paying your bills?)**

IF YES TO ANY: **How often?**

5.	Recurrent substance use resulting in a failure to fulfill major role obligations at work school, or home [(e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household)].	SED	?	1	2	3	SU40
		CAN	?	1	2	3	SU41
		STIM	?	1	2	3	SU42
		OPI	?	1	2	3	SU43
		HAL	?	1	2	3	SU44
		INH	?	1	2	3	SU45

During the past year, has your use of (DRUG) caused problems with other people, such as with family members, friends, or people at work? (Have you found yourself regularly getting into arguments about your [DRUG] use? Have you gotten into physical fights when you were taking [DRUG]?)

IF YES: Have you kept on using (DRUG) anyway?

Have you had to give up or reduce the time you spent at work or school, with family or friends, or on your hobbies because you were using (DRUG) instead?

6.	Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance [(e.g., arguments with spouse about consequences of intoxication, physical fights)].	SED	?	1	2	3	SU46
		CAN	?	1	2	3	SU47
		STIM	?	1	2	3	SU48
		OPI	?	1	2	3	SU49
		HAL	?	1	2	3	SU50
		INH	?	1	2	3	SU51
7.	Important social, occupational, or recreational activities given up or reduced because of substance use.	SED	?	1	2	3	SU52
		CAN	?	1	2	3	SU53
		STIM	?	1	2	3	SU54
		OPI	?	1	2	3	SU55
		HAL	?	1	2	3	SU56
		INH	?	1	2	3	SU57

During the past year, have you ever gotten high before doing something that requires coordination and concentration like driving, boating, climbing on a ladder, or operating heavy machinery?

IF YES: (FOR SUBSTANCES OTHER THAN STIMULANTS): **Would you say that your use of (DRUG) affected your coordination or concentration so that it was more likely that you or someone else could have been hurt?**

IF YES: (FOR STIMULANTS ONLY): **Would you say that your being high on (STIMULANT) made you drive recklessly like driving very fast or taking unnecessary risks?**

IF YES TO EITHER AND UNKNOWN: **How many times?**

Has your use of (DRUG) during the past year caused you any problems like making you very depressed, irritable, anxious, paranoid, or extremely agitated? What about triggering panic attacks, making it difficult for you to fall or stay asleep, putting you into a "mental fog," or making it so you couldn't recall what happened while you were using (DRUG)?

Has your use of (DRUG) caused physical problems, like heart palpitations, coughing or trouble breathing, constipation, or skin infections?

IF YES TO EITHER OF ABOVE: **Have you kept on using (DRUG) anyway?**

8.	Recurrent substance use in situations in which it is physically hazardous [(e.g., driving an automobile or operating a machine when impaired by substance use)].	SED	?	1	2	3	SU58
		CAN	?	1	2	3	SU59
		STIM	?	1	2	3	SU60
		OPI	?	1	2	3	SU61
		HAL	?	1	2	3	SU62
		INH	?	1	2	3	SU63
9.	Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance [(e.g., recurrent cocaine use despite recognition of cocaine-related depression)].	SED	?	1	2	3	SU64
		CAN	?	1	2	3	SU65
		STIM	?	1	2	3	SU66
		OPI	?	1	2	3	SU67
		HAL	?	1	2	3	SU68
		INH	?	1	2	3	SU69

Have you found that you needed to use much more (DRUG) in order to get the feeling you wanted than when you first started using it?

IF YES: How much more?

IF NO: What about finding that when you used the same amount, it had much less effect than before?

IF PRESCRIBED MEDICATION: Were you taking (DRUG) exactly as your doctor told you to? (Did you ever take more of it than was prescribed or run out of your prescription early? Did you ever go to more than one doctor in order to get the amount of medication you wanted?)

THE FOLLOWING ITEM DOES NOT APPLY TO INHALANTS, OR HALLUCINOGENS/PCP.

During the past year, have you had any withdrawal symptoms, in other words felt sick when you cut down or stopped using (DRUG)?

IF YES: What symptoms did you have? REFER TO LIST OF WITHDRAWAL SYMPTOMS ON PAGES 15-16.

IF NO: After not using (DRUG) for a few hours or more, did you sometimes use it or something like it to keep yourself from getting sick with (WITHDRAWAL SXS)?

- | | | | ? | 1 | 2 | 3 | |
|--|------|--|---|---|---|---|------|
| 10. Tolerance, as defined by either of the following: | SED | | ? | 1 | 2 | 3 | SU70 |
| a. A need for markedly increased amounts of the substance to achieve intoxication or desired effect. | CAN | | ? | 1 | 2 | 3 | SU71 |
| | STIM | | ? | 1 | 2 | 3 | SU72 |
| | OPI | | ? | 1 | 2 | 3 | SU73 |
| b. Markedly diminished effect with continued use of the same amount of the substance. | HAL | | ? | 1 | 2 | 3 | SU74 |
| | INH | | ? | 1 | 2 | 3 | SU75 |

Note: If opioids, sedative/hypnotic/anxiolytic medications, or stimulant medications are taken solely under appropriate medical supervision, this criterion is not considered to be met.

- | | | | | | | | |
|---|------|--|---|---|---|---|------|
| 11. Withdrawal, as manifested by either of the following: | SED | | ? | 1 | 2 | 3 | SU76 |
| a. The characteristic withdrawal syndrome for the substance (see pages 15-16). | CAN | | ? | 1 | 2 | 3 | SU77 |
| | STIM | | ? | 1 | 2 | 3 | SU78 |
| b. The same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms | OPI | | ? | 1 | 2 | 3 | SU79 |

Note: This criterion does not apply to inhalants, PCP, or hallucinogens.

Note: If opioids, sedatives/hypnotics/anxiolytics medications, or stimulant medications are taken solely under appropriate medical supervision, this criterion is not considered to be met.

SCID-5-RV SUD

PAST YEAR SUBSTANCE USE
DISORDER

AT LEAST TWO SUBSTANCE
USE DUSORDER ITEMS
CODED "3" FOR THE PAST 12
MONTHS

SED	1	3	SU80
CAN	1	3	SU81
STIM	1	3	SU82
OPI	1	3	SU83
HAL	1	3	SU84
INH	1	3	SU85

14

Substance Use
Disorder

FOR EACH DRUG CLASS CODED AS 3, INDICATE SEVERITY:
3 = Severe (6+ sx.s.); 2 = Moderate (4-5 sx.s.); 1 = Mild (2-3 sx.s.)

<u>SED</u>	<u>CAN</u>	<u>STIM</u>	<u>OPI</u>	<u>HAL</u>	<u>INH</u>
3	3	3	3	3	3
2	2	2	2	2	2
1	1	1	1	1	1
SU86	SU87	SU88	SU89	SU90	SU91

Module End Time: ____ : ____ AM/PM

?=Inadequate information

1=Absent or false

2=Subthreshold

3=Threshold or true

LIST OF WITHDRAWAL SYMPTOMS (FROM DSM-5 CRITERIA)

Listed below are the characteristic withdrawal symptoms for those classes of psychoactive substances for which a withdrawal syndrome has been identified. (NOTE: A specific withdrawal syndrome has not been identified for HALLUCINOGENS/PCP OR INHALANTS). Withdrawal symptoms may occur following the cessation of prolonged moderate or heavy use of a psychoactive substance or a reduction in the amount used.

SEDATIVES, HYPNOTICS, AND ANXIOLYTICS:

Two (or more) of the following, developing within several hours to a few days after cessation (or reduction) of sedative, hypnotic, or anxiolytic use, that has been prolonged:

- (1) Autonomic hyperactivity (e.g., sweating or pulse rate greater than 100)
- (2) Hand tremor
- (3) Insomnia
- (4) Nausea or vomiting
- (5) Transient visual, tactile, or auditory hallucinations or illusions
- (6) Psychomotor agitation
- (7) Anxiety
- (8) Grand mal seizures

CANNABIS:

Three (or more) of the following signs and symptoms developing within approximately one week after cessation of cannabis use that has been heavy and prolonged (i.e., usually daily or almost daily use over a period of at least a few months):

- (1) Irritability, anger, or aggression.
- (2) Nervousness or anxiety.
- (3) Sleep difficulty (e.g., insomnia, disturbing dreams).
- (4) Decreased appetite or weight loss.
- (5) Restlessness.
- (6) Depressed mood.
- (7) At least one of the following physical symptoms causing significant discomfort: abdominal pain, shakiness/tremors, sweating, fever, chills, or headache.

STIMULANTS/COCAINE

Dysphoric mood AND two (or more) of the following physiological changes, developing within a few hours to several days after cessation (or reduction of substance use which has been heavy and prolonged):

- (1) Fatigue
- (2) Vivid, unpleasant dreams
- (3) Insomnia or hypersomnia
- (4) Increased appetite
- (5) Psychomotor retardation or agitation

OPIOIDS:

Three (or more) of the following, developing within minutes to several days after cessation of (or reduction in) opioid use which has been heavy and prolonged (i.e., several weeks or longer) or after administration of an opioid antagonist after a period of opioid use:

- (1) Dysphoric mood
- (2) Nausea or vomiting
- (3) Muscle aches
- (4) Lacrimation or rhinorrhea (runny nose)
- (5) Pupillary dilation, piloerection ("goose bumps"), or sweating
- (6) Diarrhea
- (7) Yawning
- (8) Fever
- (9) Insomnia

Module Start Time: ____ ____ : ____ ____ **AM/PM**

That was my last question. Thank you for your time and cooperation in completing this interview.

Sometimes the personal issues we've discussed cause people to become upset and in need of speaking with a counselor. If you are feeling upset or disturbed by the personal issues we have discussed in this interview and would like to talk with someone about your feelings, we suggest you call your doctor, counselor, or other treatment provider if you are currently under someone's care. If not, there is also a National Lifeline Network number you can call. This number is on the receipt for the \$30 you received for this interview from the interviewer who met with you earlier. Do you still have that receipt?

IF NO: We would like to give you the hotline number for the National Lifeline Network, where counselors are available to talk at any time of the day or night. They can also give you information about (additional) mental health services in your area. Their toll-free number is 1-800-273-8255.

IF YES: OK. Please know that counselors at the National Lifeline Network are available to talk at any time of the day or night. They can also give you information about mental health services in your area if you request that information.

Do you have any additional questions you'd like to ask me before we end our call?

Thank you again for your time and have a good (day/afternoon/evening).

Module End Time: ____ ____ : ____ ____ **AM/PM**

INTERVIEWER DEBRIEFING SECTION***Distressed Respondent Protocol***

	<u>No</u>	<u>Yes</u>	
Was the Distressed Respondent Protocol used?	1	3	EI1
Specify problems:			EI2

Cognitive Impairment Screener

	<u>No</u>	<u>Yes</u>	
Was the Short-Blessed Scale used?	1	3	EI3
Specify problems:			IF EI3 = 1, SKIP EI4 and EI4a
_____			EI4

Indicate score on the Short-Blessed Scale.			EI4a
	<u> </u> (0-28)		

Comprehension Rating*Estimate the respondent's understanding of the interview:**Circle
Response*

EI5

No difficulty—no language or comprehension problem

1

Just a little difficulty—almost no language or comprehension problems

2

A fair amount of difficulty—some language or comprehension problems

3

A lot of difficulty—considerable language or comprehension problems

4

Extreme problems with language or comprehension

5

Specify problems:

EI6

Cooperation Rating*Rate how cooperative the respondent was during the interview:**Circle
Response*

EI7

Very cooperative

1

Fairly cooperative

2

Not very cooperative

3

Uncooperative

4

Openly hostile

5

Specify problems:

EI8

Privacy Rating*Indicate on a scale of 1 through 5 how private the interview was:**Circle
Response***EI9**

Completely private—no one who could overhear any part of the interview appeared present

1

Minor distractions—other person(s) seemed present or listening for less than 1/3 of the time

2

Moderate distractions—others seemed present about 1/3 of the time

3

Severe distractions—interruptions of privacy more than half the time

4

Constant presence of other person(s)

5

*Specify problems:***EI10****Global Validity Rating***Rate the overall validity of the interview:**Circle
Response***EI11**

Excellent—no reason to suspect invalid responses

1

Good—factors present that may adversely affect validity

2

Fair—factors present that definitely reduce validity

3

Poor—substantially reduced validity

4

Invalid responses, severely impaired mental status, or possible deliberate “faking bad” or “faking good”

5

*Specify problems:***EI12**

CLINICAL SUPERVISOR'S RATINGS*Clinical Supervisor: Global Validity Rating**Rate the overall validity of the interview:**Circle
Response***EI13**

Excellent—no reason to suspect invalid responses

1

Good—factors present that may adversely affect validity

2

Fair—factors present that definitely reduce validity

3

Poor—substantially reduced validity

4

Invalid responses, severely impaired mental status, or possible deliberate “faking bad” or “faking good”

5

*Specify problems:***EI14**

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2020 NSDUH Clinical Validation Study (CVS)
Attachment CVS-2 – Follow-Up Clinical
Interview Recruitment Scripts

NSDUH Clinical Validation Study Recruitment Scripts

NSDUH Clinical Validation Study (CVS) recruitment occurs at the end of the main NSDUH interview. If a respondent is selected for the CVS, the following recruitment instructions and scripts appear on the laptop and are read to the respondent by the field interviewer.

Adult CVS Recruitment Script in Main Interview (Age 18+)

You have been selected to participate in one additional study for the U.S. Department of Health and Human Services. For this study, we are interested in interviewing a wide variety of individuals to learn more about how different people think and talk about their use or non-use of alcohol and drugs. The interview will include additional questions about your knowledge of and experiences with alcohol and drugs. It will be conducted over the telephone and will take about an hour. Participation in this interview is voluntary and all of your answers will be kept private and confidential.

HAND ADULT FOLLOW-UP STUDY DESCRIPTION TO RESPONDENT. Please read this statement. It describes the survey and how federal law keeps your answers private and confidential. Any data you provide will only be used by authorized personnel for statistical purposes. We hope that protecting your privacy will help you to give accurate answers.

If you agree to participate, I will give you an additional \$30 today. Within the next two weeks, a different interviewer will call you to explain more about the interview and to schedule a convenient time to complete it. If you wish, you may complete the full interview when the interviewer calls.

IF ASKED "WHY WAS I SELECTED": Anyone who participates in the National Survey on Drug Use and Health this year may be chosen for this special study. This study is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), part of the U.S. Department of Health and Human Services (DHHS). Knowledge gained from the study will improve our ability to describe and understand alcohol and drug use in the United States.

IF ASKED "HOW IS THIS INTERVIEW DIFFERENT": To be certain the questions asked during the first interview accurately collect data as intended, we must periodically conduct special studies to evaluate new questions. The follow-up study will ask questions similar to those just answered, but in a different way through an interview conducted over the phone.

- 1 RESPONDENT AGREES TO RECONTACT
- 2 RESPONDENT DOES NOT AGREE TO RECONTACT
- 3 RESPONDENT IS NOT AVAILABLE DURING THE SPECIFIED TIME PERIOD

IF RESPONDENT IS NOT AVAILABLE IN THE NEXT TWO WEEKS

To accommodate your schedule, an interviewer will be available to call you about this study and schedule a convenient time to complete the interview within the next four weeks.

INDICATE YES OR NO IN COMPUTER TO INDICATE IF ADULT AGREES TO PARTICIPATE IN CVS FOLLOW-UP INTERVIEW.

- 1 RESPONDENT AGREES TO RECONTACT
- 2 RESPONDENT DOES NOT AGREE TO RECONTACT
- 3 RESPONDENT IS NOT AVAILABLE DURING THE SPECIFIED TIME PERIOD

IF RESPONDENT IS AVAILABLE WITHIN THE NEXT TWO OR FOUR WEEKS

Since another interviewer will be completing the follow-up interview, may I have your first name and phone number so the interviewer can call you?

ENTER FIRST NAME ONLY AND PHONE NUMBER.

To check that I entered the number correctly, please repeat the phone number.

CONFIRM NUMBER. AS NEEDED, READ THE CONTACT INFORMATION ENTERED TO THE RESPONDENT AND CONFIRM IT IS CORRECT.

Is there another number where the telephone interviewer could contact you about the follow-up interview?

IF YES: RECORD PHONE NUMBER AND TYPE (CELL, WORK, ETC) IN THE NOTES FIELD. REPEAT ABOVE STEPS TO CONFIRM THE NUMBER. YOU MAY ENTER UP TO 50 CHARACTERS.

IF NO: CONTINUE

IF RESPONDENT PROVIDES CONTACT INFORMATION

Please also let me know the best days and times when you will be available in the next [two/four] weeks. I will give this information to the interviewer, and he or she will try to contact you during one of these times.

ENTER BEST DAYS/TIMES. AS NEEDED, PROBE FOR ADDITIONAL BEST DAYS/TIMES.

READ THE INFORMATION ENTERED TO THE RESPONDENT AND CONFIRM IT IS CORRECT.

COMPLETE A REMINDER CARD AND HAND TO THE RESPONDENT.

I have entered these days and times in the computer and recorded them on this card.
Please note the interviewer may try to reach you at other times as well.

IF RESPONDENT HAS PROVIDED CONTACT INFORMATION

HAND RESPONDENT **\$30** CASH.

ON THE FOLLOW-UP INTERVIEW INCENTIVE RECEIPT:

MARK THE APPROPRIATE "CASH ACCEPTANCE" BOX

SIGN AND DATE

ENTER THE CASE ID

GIVE TOP COPY TO RESPONDENT.

I have signed this form to indicate that I have given you **\$30** for the follow-up interview.
At the bottom of this form, we have included national hotline numbers that you can call if you ever feel you need to talk to someone about mental health or drug use issues.

Thank you in advance for your participation.

IF RESPONDENT REFUSES TO PARTICIPATE

Since this additional study is designed to help us improve future NSDUH surveys, it is important to understand why people might not want to participate. Would you please tell me why you do not want to participate?

ENTER COMMENT

Youth Clinical Validation Study Recruitment Script (Age 12-17)

To Youth:

You have been chosen to take part in one additional study for the U.S. Department of Health and Human Services. Before I explain more about the study to you, I need to get permission from your parent or guardian for you to participate.

ASK TO SPEAK TO PARENT OR GUARDIAN WHO HAS LEGAL CUSTODY.

To Parent:

Your child has been selected to participate in one additional study for the U.S. Department of Health and Human Services. Are you the parent who has legal custody of this child or are you [HIS/HER] legal guardian?

IF NOT, ASK TO SPEAK TO THE PARENT OR GUARDIAN WHO HAS LEGAL CUSTODY.

For this study, we are interested in interviewing a wide variety of individuals to learn more about how different people think and talk about their use or non-use of alcohol and drugs. The interview will include additional questions about your child's knowledge of and experiences with alcohol and drugs. It will be conducted over the telephone and will take about an hour. Participation in this interview is voluntary and all of [HIS/HER] answers will be kept confidential.

Within the next few weeks, a different interviewer will call you and your child to explain more about the interview and to schedule a convenient time to complete it. If you wish, [HE/SHE] may complete the full interview when the interviewer calls.

All of your child's answers will be private and confidential and used only for statistical purposes. There are two exceptions to this promise. If [HE/SHE] tells the interviewer that [HE/SHE] intends to seriously harm [HIMSELF/HERSELF] or someone else, the interviewer may need to notify you or a mental health professional or another authority. If your child tells the interviewer that [HE/SHE] is at risk of serious harm by someone else, the interviewer may also need to notify you or another authority.

Your child may consider some of the questions to be sensitive and some of the questions may also make [HIM/HER] feel certain emotions, such as sadness. [HE/SHE] can refuse to answer any questions that [HE/SHE] does not want to answer and can stop the interview at any time. If your child becomes upset during the interview and wishes to speak to a mental health professional about how [HE/SHE] is feeling, the interviewer will provide [HIM/HER] with toll-free hotline numbers.

HAND YOUTH FOLLOW-UP STUDY DESCRIPTION TO PARENT/GUARDIAN.

Please read this statement. It describes the survey and how federal law keeps any information your child provides private.

If you agree to allow your child to participate, I will give [HIM/HER] an additional \$30 today.

IF ASKED “WHY WAS MY CHILD SELECTED”: Anyone who participates in the National Survey on Drug Use and Health this year may be chosen for this special study. This study is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), part of the U.S. Department of Health and Human Services (DHHS). Knowledge gained from the study will improve our ability to describe and understand alcohol and drug use in the United States.

IF ASKED “HOW IS THIS INTERVIEW DIFFERENT”: To be certain the questions asked during the first interview accurately collect data as intended, we must periodically conduct special studies to evaluate new questions. The follow-up study will ask questions similar to those just answered, but in a different way through an interview conducted over the phone.

Do I have your permission to ask your child to participate in this study?

IF PARENT AGREES TO ALLOW YOUTH TO PARTICIPATE

To Youth:

You have been chosen to take part in one additional study for the U.S. Department of Health and Human Services. For this study, we are interested in interviewing a wide variety of individuals to learn more about how different people think and talk about their use or non-use of alcohol and drugs. The interview will include additional questions about your knowledge of and experiences with alcohol and drugs. It will take place over the telephone and will take about an hour. Your parent said you can do this interview if you want to. It is your choice whether or not you do the interview. All your answers will be kept private and confidential.

HAND YOUTH FOLLOW-UP STUDY DESCRIPTION TO RESPONDENT.

Please read this statement. It describes the survey and how federal law keeps your answers private and confidential. Any data you provide will only be used by authorized personnel for statistical purposes. We hope that protecting your privacy will help you to give honest answers.

If you agree to participate, I will give you an additional \$30 today. Within the next two weeks, a different interviewer will call you and your parent to explain more about the interview and to schedule a convenient time to complete it. If you wish, you may complete the full interview when the interviewer calls.

IF ASKED "WHY WAS I SELECTED": Anyone who participates in the National Survey on Drug Use and Health this year may be chosen for this special study. This study is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), part of the U.S. Department of Health and Human Services (DHHS). Knowledge gained from the study will improve our ability to describe and understand alcohol and drug use in the United States.

IF ASKED "HOW IS THIS INTERVIEW DIFFERENT": To be certain the questions asked during the first interview accurately collect data as intended, we must periodically conduct special studies to evaluate new questions. The follow-up study will ask questions similar to those just answered, but in a different way through an interview conducted over the phone.

Do you want to participate in this additional study?

IF YOUTH AGREES TO PARTICIPATE

ASK TO SPEAK TO THE PARENT AGAIN

Are you and your child available to speak with an interviewer in the next two weeks?

- 1 AGREEES TO RECONTACT
- 2 DOES NOT AGREE TO RECONTACT
- 3 NOT AVAILABLE DURING THE SPECIFIED TIME PERIOD

IF NOT AVAILABLE IN THE NEXT TWO WEEKS

To accommodate your schedule, an interviewer will be available to call you and your child about this study and schedule a convenient time to complete [HIS/HER] interview within the next four weeks.

- 1 AGREEES TO RECONTACT
- 2 DOES NOT AGREE TO RECONTACT
- 3 NOT AVAILABLE DURING THE SPECIFIED TIME PERIOD

IF AVAILABLE WITHIN THE NEXT TWO OR FOUR WEEKS

Since another interviewer will be completing the follow-up interview, may I have your first name, your phone number and your child's first name so the interviewer can call you? Please do not provide the number for any personal cell phone your child may have.

ENTER FIRST NAMES ONLY AND PHONE NUMBER. DO NOT COLLECT
TELEPHONE NUMBER FOR A YOUTH'S PERSONAL CELL PHONE.

To check that I entered the number correctly, please repeat the phone number.

CONFIRM NUMBER. AS NEEDED, READ THE CONTACT INFORMATION ENTERED
TO THE PARENT AND CONFIRM IT IS CORRECT.

Is there another number where the telephone interviewer could contact you and your
child about the follow-up interview? Again, please do not provide the number for any
personal cell phone your child may have.

IF YES: RECORD PHONE NUMBER AND TYPE (CELL, WORK, ETC) IN THE
NOTES FIELD. DO NOT COLLECT TELEPHONE NUMBER FOR A YOUTH'S
PERSONAL CELL PHONE. REPEAT ABOVE STEPS TO CONFIRM THE NUMBER.
YOU MAY ENTER UP TO 50 CHARACTERS.

IF NO: CONTINUE

IF PARENT PROVIDED CONTACT INFORMATION

Please also let me know the best days and times when you and your child will be
available in the next [TWO/FOUR] weeks. I will give this information to the interviewer,
and they will try to contact you during one of these times.

ENTER BEST DAYS/TIMES. AS NEEDED, PROBE FOR ADDITIONAL BEST
DAYS/TIMES.

READ THE INFORMATION ENTERED TO THE PARENT AND CONFIRM IT IS
CORRECT.

IF PARENT PROVIDED CONTACT INFORMATION

COMPLETE A REMINDER CARD AND HAND TO THE PARENT.

I have entered these days and times in the computer and recorded them on this card.
Please note the interviewer may try to reach you at other times as well.

HAND YOUTH **\$30**.

ON THE FOLLOW-UP INTERVIEW INCENTIVE RECEIPT:
MARK THE APPROPRIATE "CASH ACCEPTANCE" BOX
SIGN AND DATE
ENTER THE CASE ID

GIVE TOP COPY TO YOUTH.

I have signed this form to indicate that I have given you **\$30** for the follow-up interview. At the bottom of this form, we have included national hotline numbers that you can call if you ever feel you need to talk to someone about mental health or drug use issues.

Thank you in advance for your participation.

IF PARENT OR YOUTH REFUSES TO PARTICIPATE

Since this additional study is designed to help us understand important issues about alcohol and drug use, it is important to know why people might not want to participate. Would you please tell me why you do not want [YOUR CHILD] to participate?

ENTER COMMENT

IF PARENT/GUARDIAN UNAVAILABLE

Without parent or guardian permission to talk with you about the study, we will need to continue and finish your interview.

CONTINUE