

**SCI-SUBS**  
**STRUCTURED CLINICAL INTERVIEW**  
**FOR SUBSTANCE USE SPECTRUM**

**Version 1.0**

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## INTRODUCTION: SUBSTANCE USE SPECTRUM

Thank you for coming in to talk with me today. The interview we are going to do is focused on experiences that you may or may not have had in your life. We would like to know whether you have had these experiences at any time, even if it was a long time ago. There are six sections of the interview and it will take half an hour to complete it. Do you have any questions before we start?

### DOMAIN I. SUBSTANCE USE

Most people have tried things like coffee, tea, cigarettes, alcohol or chocolate. I would like to ask you about your experience with them.

1.	Did you ever drink a lot of coffee, tea or cola?	No	Yes
1a.	If yes, did you start before the age of 15?	No	Yes
2.	Did you ever smoke or chew a lot of tobacco?	No	Yes
2a.	If yes, did you start before the age of 15?	No	Yes
3.	Did you ever drink a lot of alcohol?	No	Yes
3a.	If yes, did you start before the age of 15?	No	Yes
4.	Did you ever eat a lot of chocolate?	No	Yes
4a.	If yes, did you start before the age of 15?	No	Yes

### A. Medications

5.	Are you the type of person who seeks medication whenever you experience a physical symptom or some kind of stress?	No	Yes
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**Have you ever used the following drugs more than other people and/or without a medical prescription?**

6.	diet pills (such as amphetamine, Xenical, Didrex, Adderal, Desoxyne, Redux, Dexedrine, Tenuate, Pondimin, Adipex-p)?	No	Yes
7.	steroids (such as Android, Halotestin, Andro L.A., Delatest, Depotest)?	No	Yes

**DOMAIN I. SUBSTANCE USE** *(continued)*

**Have you ever used the following drugs more than other people and/or without a medical prescription?**

8.	Nose sprays (such as Astelin, Beclovent, Rhinocort, Intal, Decadron, Nasacort, Combivent)?	No	Yes
9.	Pain killers (such as Tylenol, Codaphen, Precocet, Proval, Ascriptin, Codeine, Advil, Excedrin, Orudis, Aleve, Talwin)?	No	Yes
10.	Cough medicines (such as Benylin, Sudafed Cough, Bromphen Cough, Robitussin, Vicks formula 44)?	No	Yes
11.	Tranquillizers (such as Librium, Tranxene T-TAB, Xanax, Valium)?	No	Yes
12.	Sleeping pills (such as Atarax, Halcion, Ambien, Sonata, Pro-Som, Dalmane)?	No	Yes
13.	Allergy reliefs (such as Zyrtec, Unisom, Hismanal, Periactin, Benadryl, Allegra, Claritin, Seldane)?	No	Yes
14.	Barbiturates (such as Mebral, Nembutal)?	No	Yes
15.	other medications?	No	Yes

**B. Recreational Drugs**

*NOTE to interviewer: if the patient says 'yes,' then ask if they just tried it, used it occasionally, or used regularly/often.*

**Now I want to ask you whether you have ever tried...**

16.	...hashish or marijuana?	Never	Just tried it	Used occasionally	Used regularly/often
17.	...ecstasy or other amphetamines (such as speed, ice)?	Never	Just tried it	Used occasionally	Used regularly/often
18.	...inhalants (such as glue, nail-polish, poppers)?	Never	Just tried it	Used occasionally	Used regularly/often
19.	...hallucinogens (such as LSD, peyote, mushrooms, ketamine)?	Never	Just tried it	Used occasionally	Used regularly/often
20.	...cocaine or "crack"?	Never	Just tried it	Used occasionally	Used regularly/often
21.	...opioids (such as heroin, morphine, methadone, buprenorphine, or codeine)?	Never	Just tried it	Used occasionally	Used regularly/often

22.	...other substances to get high or come down off a high?	Never	Just tried it	Used occasionally	Used regularly/often
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**DOMAIN II. SUBSTANCE SENSITIVITY**

**After using caffeine, tobacco, alcohol, drugs or medications, did you ever...**

23.	...have strange sensations?	No	Yes
24.	...have a different reaction than other people?	No	Yes
25.	...have a change in your mood or behavior?	No	Yes
26.	...have anxiety attacks?	No	Yes
27.	...have an allergic or other bad reaction?	No	Yes
28.	...need higher doses than other people?	No	Yes

**Did you ever notice that your use of caffeine, alcohol, cigarettes, medications or any of the drugs mentioned so far...**

29.	...improved your overall functioning?	No	Yes
30.	...impaired your overall functioning?	No	Yes

**Have you ever found yourself thinking about caffeine, alcohol, cigarettes, medications or any of the other drugs mentioned above...**

31.	...throughout the day?	No	Yes
32.	...as if they were a friend?	No	Yes
33.	...as if they were an important part of your life?	No	Yes
34.	...as if your life would be unbearable without them?	No	Yes

**DOMAIN II. SUBSTANCE SENSITIVITY** *(continued)*

**Did you ever use prescribed medications...**

35.	...for reasons other than they were intended?	No	Yes
36.	...looking for an effect different from the one intended?	No	Yes
37.	...at a higher dose than that prescribed in order to get high?	No	Yes
38.	...longer than your doctor intended?	No	Yes
39.	...by combining them in order to get high?	No	Yes

**Did you ever inject any of the drugs or medications we talked about...**

40.	...into your muscle?	No	Yes
41.	...into your vein?	No	Yes

**DOMAIN III. USE OF SUBSTANCES OR DRUGS AS SELF-MEDICATION**

**A. Mood/Anxiety**

**Did you ever use caffeine, tobacco, alcohol, drugs or medications without the advice of your doctor in order to...**

42.	...improve your mood (for example, to feel less irritable, angry, or sad)?	No	Yes
43.	...relieve tension, anxiety, or any kind of discomfort or to escape from your troubles?	No	Yes
44.	...sleep?	No	Yes
45.	...be more assertive or self-confident?	No	Yes
46.	...tolerate long periods of sadness?	No	Yes
47.	...increase your creativity?	No	Yes
48.	...help make important or difficult decisions?	No	Yes
49.	...feel capable of doing things successfully?	No	Yes
50.	...alleviate excessive tiredness?	No	Yes
51.	...increase your energy?	No	Yes
52.	...alleviate boredom?	No	Yes
53.	...achieve or maintain a sense of euphoria?	No	Yes

**DOMAIN III. USE OF SUBSTANCES OR DRUGS AS SELF-MEDICATION** *(continued)*

**Did you ever use caffeine, tobacco, alcohol, drugs or medications without the advice of your doctor in order to...**

54.	...feel better after something bad happened?	No	Yes
55.	...be more competitive?	No	Yes
56.	...relax after work or during weekends?	No	Yes
57.	...tolerate persistent pain or other physical symptoms?	No	Yes
58.	...express bottled-up anger?	No	Yes
59.	...help control your anger?	No	Yes
60.	...escape from reality?	No	Yes
61.	...control repetitive thoughts, urges or images that bother you?	No	Yes
62.	...control repetitive behaviors that bother you?	No	Yes

**B. Improving performance**

**Did you ever use caffeine, tobacco, alcohol, steroids, drugs or medications without the advice of your doctor in order to...**

63.	...improve your performance in sports?	No	Yes
64.	...improve your school performance?	No	Yes
65.	...improve your work performance?	No	Yes
66.	...enhance your sexual performance?	No	Yes
67.	...improve your ability to speak in public?	No	Yes
68.	...improve your performance on exams?	No	Yes
69.	...feel more comfortable in the situations we have just described?	No	Yes

**DOMAIN III. USE OF SUBSTANCES OR DRUGS AS SELF-MEDICATION** *(continued)*

**C. Social disinhibition**

**Did you ever use caffeine, tobacco, steroids, alcohol, drugs or medications without the advice of your doctor in order to...**

70.	...increase your self-confidence when talking with other people?	No	Yes
71.	...increase your self-confidence in sex?	No	Yes
72.	...increase your confidence in particular situations such as artistic performances and important meetings?	No	Yes
73.	...feel at ease in romantic relationships?	No	Yes
74.	...be able to participate at parties, in group games, or in group sports?	No	Yes
75.	...talk or not be shy with people that you don't know very well?	No	Yes
76.	...get over fear of being judged by others?	No	Yes
77.	...get over fear of being considered stupid or foolish?	No	Yes
78.	...avoid appearing nervous, for example, by blushing, shaking, sweating?	No	Yes
79.	...reduce the fear of fainting in public or in situations you believe to be important?	No	Yes
80.	...avoid feeling uncomfortable when just thinking about the above situations?	No	Yes

**D. Weight control**

**In order to control your weight, did you ever take substances...**

81.	...such as amphetamines, ecstasy, cocaine, diet pills or other psychostimulants?	No	Yes
82.	...such as thyroid hormones, steroids, diuretics, laxatives or enemas?	No	Yes
83.	...to make you vomit?	No	Yes
84.	...along with intense physical exercise?	No	Yes

**DOMAIN III. USE OF SUBSTANCES OR DRUGS AS SELF-MEDICATION** (continued)

**E. Body image**

**Did you ever take drugs because you felt...**

85.	...dissatisfied with your physical appearance?	No	Yes
86.	...you were not muscular enough?	No	Yes
87.	...sexually unattractive?	No	Yes

**Did you ever...**

88.	...try to improve your physique by taking steroids?	No	Yes
89.	...take steroids without considering the health consequences?	No	Yes
90.	...continue taking steroids despite negative effects such as excessive hair growth, loss of sexual interest, rage reactions, or prostate or other medical problems?	No	Yes

**F. Other conditions**

**Did you ever use alcohol, drugs or medications in order to...**

91.	...reach a new dimension?	No	Yes
92.	...get in touch with the spirit world?	No	Yes
93.	...take part in magical or secret ceremonies?	No	Yes
94.	...expand your mind or enhance your spirituality?	No	Yes
95.	...meditate?	No	Yes
96.	...reach a higher level of self-awareness?	No	Yes



### DOMAIN IV: SENSATION SEEKING

Now I would like to ask you about the kinds of things you like to do.

**Are you the type of person or have others told you that you...**

97.	...seek new experiences just for fun?	No	Yes
98.	...enjoy doing something dangerous like driving fast on a dangerous route?	No	Yes
99.	...find exciting what others find dangerous?	No	Yes
100.	...think you can do anything without regard for rules or regulations?	No	Yes
101.	...follow your instinct without really thinking about what you are doing?	No	Yes
102.	...spend money impulsively?	No	Yes
103.	...break the rules if you think you are able to do it without consequences?	No	Yes
104.	...like trying new ways of doing things?	No	Yes

### DOMAIN V: ATTENTION DEFICIT

105.	Are you the type of person who tends to be restless, always on the go, not able to sit still?	No	Yes
106.	Were you like that as a child (jumping, running, etc.)?	No	Yes
107.	Are you the type of person who often interrupts other people's conversations, games, and activities?	No	Yes
108.	Are you the type of person who has difficulty paying attention at work or school, or getting your work done?	No	Yes

**DOMAIN VI: SYMPTOMS OF SUBSTANCE USE DISORDER**

*NOTE to the interviewer: If the patient has never used any substances (that is, alcohol, caffeine, tobacco, marijuana, psychostimulants, hallucinogens, opioids, inhalants or other drugs or medications without the advice of a doctor), score all the items in this domain NO and conclude the interview.*

**A. Abuse**

**If you have ever used any of the following substances, that is, alcohol, caffeine, tobacco, marijuana, psychostimulants, hallucinogens, opioids, inhalants or other drugs or medications without the advice of a doctor, because of their use, did you ever notice or did anyone ever tell you that...**

109.	...your school performance was poor?	No	Yes
110.	...your work performance, including housework, was poor?	No	Yes
111.	...your social skills were impaired?	No	Yes
112.	...you should quit taking drugs because you were a danger to yourself or others?	No	Yes
113.	...you were at risk of having (or continue to have) legal problems?	No	Yes

**B. Addiction**

**During the times when you most heavily used alcohol, caffeine, cigarettes, drugs or medications, did you ever...**

114.	...have difficulty quitting or reducing their use?	No	Yes
115.	...have withdrawal symptoms or other problems after reducing or stopping their use?	No	Yes
116.	...feel that you could not control their use?	No	Yes

**Did you ever notice or did anyone ever tell you that you used alcohol, caffeine, tobacco, drugs or medications...**

117.	...even though it caused you health problems?	No	Yes
118.	...even though it caused trouble with your family or your social life?	No	Yes
119.	...even though it caused problems at work or school?	No	Yes
120.	...for longer periods or in greater quantities than you planned to?	No	Yes

**DOMAIN VI: SYMPTOMS OF SUBSTANCE USE DISORDER** *(continued)*

**Have you ever...**

121.	...made attempts to stop or greatly reduce your use of substances?	No	Yes
122.	...spent a lot of time trying to obtain substances or recovering from their effects (for example, visiting many doctors or driving long distances)?	No	Yes

**C. Tolerance**

**Taking drugs or medications without the advice of your doctor, did you ever notice that...**

123.	...the amount you were taking no longer gave you the effect you wanted?	No	Yes
124.	...you need higher or more frequent doses to get the effect that you wanted?	No	Yes

**D. Withdrawal**

**Did you ever notice or did anyone ever tell you that...**

125.	...you have withdrawal symptoms or that you felt bad after stopping or reducing the use of caffeine, tobacco or chocolate?	No	Yes
126.	...you have withdrawal symptoms or that you felt bad after stopping or reducing the use of alcohol, medications or other drugs?	No	Yes
127.	...you need to use alcohol, medications or drugs to avoid or reduce withdrawal symptoms (for example, insomnia, nausea, sweating, vomiting, tremors, muscle pain, agitation)?	No	Yes
128.	...you need to use alcohol, medications or drugs to avoid or reduce bad feelings such as anxiety, depression, irritability?	No	Yes

**E. Intoxication**

**Did you ever notice or did anyone ever tell you that when you used substances...**

129.	...your behavior was improper, strange, or out of character?	No	Yes
130.	...you had disturbing or strange thoughts?	No	Yes
131.	...you could not concentrate or you used poor judgment?	No	Yes