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| **Domain:** | Assessment of Substance Use and Substance Use Disorders |
| **Measure:** | Patterns of Substance Use |
| **Definition:** | Instruments used separately to assess patterns of substance use in adolescents and adults. |
| **Purpose:** | The purpose of this measure is to determine patterns of tobacco, alcohol, and other drug use in adolescents and adults. |
| **Essential PhenX Measures:** | Current Age Gender |
| **Related PhenX Measures:** | Alcohol - 30-Day Quantity and Frequency Alcohol - Age of First Use Alcohol - Lifetime Abuse and Dependence Alcohol - Lifetime Use Caffeine Intake Tobacco (non-cigarette) - Product Use Substances - 30-Day Frequency Substances - Age of First Use Substances - Lifetime Use Substances - Lifetime Abuse and Dependence Tobacco - 30-Day Quantity and Frequency Tobacco - Age of Initiation of Use Tobacco - Age of Offset of Use Tobacco - Smoking Status Substance Abuse and Dependence - Past Year |
| **Collections:** | Alcohol Use Other Substance Use Tobacco Use Assessment of Substance Use and Substance Use Disorders |
| **Keywords:** | Adolescents, Alcohol, Drugs, Monitoring the Future (MTF), Prescription Drugs, Tobacco, SAA, Substance Abuse, Substance Abuse Module (SAM), Assessment of Substance Use and Substance Use Disorders |

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| **Protocol Release Date:** | February 24, 2012 |
| **PhenX Protocol Name:** | Patterns of Substance Use - Adults |
| **Protocol Name from Source:** | The Expert Review Panel has not reviewed this measure yet. |
| **Description:** | The Composite International Diagnostic Interview - Substance Abuse Module (CIDI-SAM) is an expanded and more detailed version of the substance use sections of the Composite International Diagnostic Interview (CIDI). It is a fully structured interview that can be used to assess substance use disorders and provide diagnoses according to the 3rd, revised 3rd, and 4th editions of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-III, DSM-III-R, DSM-IV) and the World Health Organization's (WHO's) International Classification of Diseases, 10th edition (ICD-10). The interview questions serve the diagnostic criteria of DSM-III, DSM-III-R, DSM-IV, and ICD-10 psychoactive substance use disorders. The CIDI-SAM includes questions about the onset and recency of specific symptoms, as well as the specific withdrawal symptoms and physical, social, and psychological consequences for each category of substances used by the respondent. This includes the quantity and frequency of both the heaviest use and use in the past 12 months, age at first and last use, age at first and most recent symptoms, age that criteria were first and most recently met, and age(s) at remission(s). The interview is generally arranged with diagnostic criteria labels on the left, questions in the center, and answer codes on the right. There are four diagnostic sections in the CIDI-SAM. A different letter in each section precedes question numbers. Section A contains demographic questions, Section B is for tobacco, Section C is for alcohol, Section D is for drugs, and Section E is for caffeine. The substances covered in Section D include: amphetamines and other stimulants, cannabinoids, cocaine, phencyclidine (PCP) and other hallucinogens, inhalants, heroin and other opiates, barbiturates and other sedatives, and tranquilizers. Club drugs are now included as a substance category. |
| **Specific Instructions:** | Although this instrument can be administered to adolescents or adults, the Working Group recommends this instrument specifically for adolescents.  The Composite International Diagnostic Interview Substance Abuse Module (CIDI-SAM) is designed for use as a single session assessment. The CIDI-SAM can be used as a stand-alone instrument or as a substitute for the substance use disorder sections of the Composite International Diagnostic Interview (CIDI). Administration of the CIDI-SAM averages 45 minutes, if all systems and drugs are being queried. The time can be reduced if not all systems and drugs are included. It is recommended that the respondent be given the opportunity to take a 5–10 minute break during long interviews. The length of time for interruptions or breaks should not be included in the total interview time, so interviewers should subtract the total number of minutes used for breaks from the ending time.  Of note, card 5 at the end of the protocol was expanded to develop the [Supplemental Drug Card](file:///C:\phenx\trunk\source\www\toolkit_content\archive\510000\toolkit_content\supplemental_info\saa_assessments\measures\Supplemental_drug_card_v9.doc) of common drug names and drug categories.  The Substance Abuse and Addiction Working Group acknowledges that the following questions may gather sensitive information relating to the use of substances and/or illegal conduct. If the information is released, it might be damaging to an individual's employability, lead to social stigmatization, or lead to other consequences.  Most researchers assure confidentiality as part of their informed consent process, as required by their institutional review boards. Further assurance of confidentiality may be obtained by applying to the National Institutes of Health (NIH) for a Certificate of Confidentiality, which helps researchers protect the privacy of human research participants. The procedures for the Certificate of Confidentiality can be found at the Grants Policy website of the NIH: http://grants1.nih.gov/grants/policy/coc/index.htm. |
| **Protocol:** | *Now I'd like to ask you some questions about using tobacco.*  1. Have you smoked at least 20 cigarettes in your life?  1 [ ] No…GO TO QUESTION 3  5 [ ] Yes  A. Have you smoked any cigarettes in the past 12 months?  1 [ ] No…GO TO D  5 [ ] Yes  B. How would you describe your usual pattern of cigarette smoking in the past 12 months? Would you describe it as  1 [ ] Every day  2 [ ] 5 or 6 days a week?  3 [ ] 3 or 4 days a weeks?  4 [ ] 1 or 2 days a week?  5 [ ] 1 to 3 days a month?  6 [ ] Less than once a month?...GO TO QUESTION D  C. In the past 12 months, when you were smoking cigarettes (FREQUENCY IN B), how many would you usually smoke in a day? IF MORE THAN 95, CODE 96  # CIGARETTES\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_  D. When was the last time you had a cigarette?  1 [ ] TODAY  2 [ ] YESTERDAY  3 [ ] 2 TO 6 DAYS AGO  4 [ ] 7 TO 13 DAYS AGO  5 [ ] 14 TO 20 DAYS AGO  6 [ ] 21 TO 30 DAYS AGO  7 [ ] MORE THAN A MONTH AGO….CODE RECENCY BELOW  \_\_/\_\_\_    \_\_\_/\_\_\_ MONTH      AGE  2. IF QUESTION 1A CODED NO, GO TO A. Has there been a time in your life when you smoked more cigarettes than you did in the past 12 months?  1 [ ] No…GO TO E  5 [ ] Yes  A. In your period of heaviest smoking, would you describe your pattern of smoking as…?  1 [ ] Every day  2 [ ] 5 or 6 days a week?  3 [ ] 3 or 4 days a weeks?  4 [ ] 1 or 2 days a week?  5 [ ] 1 to 3 days a month?  6 [ ] Less than once a month?...GO TO F  B. During that time when you were smoking cigarettes (FREQUENCY IN A), how many would you usually smoke in a day? IF MORE THAN 95, CODE 96.  #CIGARETTES\_\_\_/\_\_\_  C. How old were you when you started smoking (AMOUNT IN B) cigarettes (FREQUENCY IN A)?  AGE\_\_\_/\_\_\_  D. What is the longest period you smoked (AMOUNT IN B) cigarettes (FREQUENCY IN A)? ENTER DURATION AND SELECT UNIT.  \_\_\_/\_\_\_  1 [ ] Days  2 [ ] Weeks  3 [ ] Months  4 [ ] Years  E. IF QUESTION 1B=6 AND QUESTION 2=NO, GO TO F. During your period of heaviest smoking, how soon after waking up did you have your first cigarette? Was it usually within the first…  1 [ ] 5 minutes?  2 [ ] 30 minutes?  3 [ ] Hour?  4 [ ] Later than that?  F. How old were you the first time you smoked a cigarette?  \_\_\_/\_\_\_  AGE  3. Have you smoked more than 5 cigars in your life?  1 [ ] No…GO TO QUESTION 5  5 [ ] Yes  A. Have you smoked any cigars in the past 12 months?  1 [ ] No…GO TO D  5 [ ] Yes  B. How would you describe your usual pattern of cigar smoking in the past 12 months? Would you describe it as…  1 [ ] Every day  2 [ ] 5 or 6 days a week?  3 [ ] 3 or 4 days a weeks?  4 [ ] 1 or 2 days a week?  5 [ ] 1 to 3 days a month?  6 [ ] Less than once a month?...GO TO D  C. In the past 12 months, when you were smoking cigars (FREQUENCY IN B), how many would you usually smoke in a day? IF MORE THAN 95, CODE 96.  #CIGARS\_\_\_/\_\_\_  D. When was the last time you had a cigar?  1 [ ] TODAY  2 [ ] YESTERDAY  3 [ ] 2 TO 6 DAYS AGO  4 [ ] 7 TO 13 DAYS AGO  5 [ ] 14 TO 20 DAYS AGO  6 [ ] 21 TO 30 DAYS AGO  7 [ ] MORE THAN A MONTH AGO ...CODE RECENCY BELOW  \_\_/\_\_\_    \_\_\_/\_\_\_ MONTH      AGE  4. IF QUESTION 3A CODED NO, GO TO A. Has there been a time in your life when you smoked more cigars than you did in the past 12 months?  1 [ ] No…GO TO E  5 [ ] Yes  A. In your period of heaviest cigar smoking, would you describe your pattern of cigar smoking as…  1 [ ] Every day  2 [ ] 5 or 6 days a week?  3 [ ] 3 or 4 days a weeks?  4 [ ] 1 or 2 days a week?  5 [ ] 1 to 3 days a month?  6 [ ] Less than once a month?...GO TO F  B. During that time when you were smoking cigars (FREQUENCY IN A), how many would you usually smoke in a day? IF MORE THAN 95, CODE 96.  # CIGARS\_\_\_/\_\_\_  C. How old were you when you started smoking (AMOUNT IN B) cigars (FREQUENCY IN A)?  AGE \_\_\_/\_\_\_  D. What is the longest period you smoked (AMOUNT IN B) cigars (FREQUENCY IN A)? ENTER DURATION AND SELECT UNIT.  \_\_\_/\_\_\_  1 [ ] Days  2 [ ] Weeks  3 [ ] Months  4 [ ] Years  E. IF QUESTION 3B=6 AND QUESTION 4=NO, GO TO F. During your period of heaviest cigar smoking, how soon after waking up did you have your first cigar? Was it usually within the first…  1 [ ] 5 minutes?  2 [ ] 30 minutes?  3 [ ] Hour?  4 [ ] Later than that?  F. How old were you the first time you smoked a cigar?  AGE\_\_\_\_/\_\_\_  5. Have you smoked tobacco in a pipe more than 5 times in your life?  1 [ ] No…GO TO QUESTION 7  5 [ ] Yes  A. Have you smoked a pipe in the past 12 months?  1 [ ] No…GO TO D  5 [ ] Yes  B. How would you describe your usual pattern of pipe smoking in the past 12 months? Would you describe it as…  1 [ ] Every day?  2 [ ] 5 or 6 days a week?  3 [ ] 3 or 4 days a week?  4 [ ] 1 or 2 days a week?  5 [ ] 1 to 3 days a months?  6 [ ] Less than once a month…GO TO D  C. In the past 12 months, when you were smoking a pipe (FREQUENY IN B), how many pipefuls would you usually smoke in a day? IF MORE THAN 95, CODE 96.  #PIPEFULS\_\_\_/\_\_\_  D. When was the last time you smoked a pipe?  1 [ ] TODAY  2 [ ] YESTERDAY  3 [ ] 2 TO 6 DAYS AGO  4 [ ] 7 TO 13 DAYS AGO  5 [ ] 14 TO 20 DAYS AGO  6 [ ] 21 TO 30 DAYS AGO  7 [ ] MORE THAN A MONTH AGO...CODE RECENCY BELOW  \_\_/\_\_\_    \_\_\_/\_\_\_ MONTH      AGE  6. IF QUESTION 5A CODED NO, GO TO A. Has there been a time in your life when you smoked a pipe more than you did in the past 12 months?  1 [ ] No…GO TO E  5 [ ] Yes  A. In your period of heaviest pipe smoking, would you describe your pattern of pipe smoking as…  1 [ ] Every day?  2 [ ] 5 or 6 days a week?  3 [ ] 3 or 4 days a week?  4 [ ] 1 or 2 days a week?  5 [ ] 1 to 3 days a months?  6 [ ] Less than once a month…GO TO F  B. During that time when you were smoked a pipe (FREQUENCY IN A), how many pipefuls would you usually smoke in a day? IF MORE THAN 95, CODE 96.  #PIPEFULS\_\_\_/\_\_\_  C. How old were you when you started smoking (AMOUNT IN B) pipefuls (FREQUENCY IN A)?  AGE\_\_\_/\_\_\_  D. What is the longest period you smoked (AMOUNT in B) pipefuls (FREQUENCY IN A)? ENTER DURATION AND SELECT UNIT.  \_\_\_/\_\_\_  1 [ ] Days  2 [ ] Weeks  3 [ ] Months  4 [ ] Years  E. IF QUESTION 5B=6 AND QUESTION 6=NO, GO TO F. During your period of heaviest pipe smoking, how soon after waking up did you light your first pipe? Was it usually within the first…  1 [ ] 5 minutes?  2 [ ] 30 minutes?  3 [ ] Hour?  4 [ ] Later?  F. How old were you the first time you smoked a pipe?  AGE\_\_\_/\_\_\_  7. Have you used snuff or chewed tobacco more than 5 times in your life?  1 [ ] No…GO TO QUESTION 9  5 [ ] Yes  A. Have you used snuff or chewing tobacco in the past 12 months?  1 [ ] No…GO TO D  5 [ ] Yes  B. How would you describe your usual pattern of using snuff or chewing tobacco in the past 12 months? Would you describe it as…  1 [ ] Every day?  2 [ ] 5 or 6 days a week?  3 [ ] 3 or 4 days a week?  4 [ ] 1 or 2 days a week?  5 [ ] 1 to 3 days a months?  6 [ ] Less than once a month…GO TO D  C. In the past 12 months, when you were using snuff or chewing tobacco (FREQUENCY IN B), how many pinches of snuff or chews of tobacco would you usually use in a day? IF MORE THAN 95, CODE 96  #PINCHES/CHEWS\_\_\_/\_\_\_  D. When was the last time you used snuff or chewed tobacco?  1 [ ] TODAY  2 [ ] YESTERDAY  3 [ ] 2 TO 6 DAYS AGO  4 [ ] 7 TO 13 DAYS AGO  5 [ ] 14 TO 20 DAYS AGO  6 [ ] 21 TO 30 DAYS AGO  7 [ ] MORE THAN A MONTH AGO...CODE RECENCY BELOW  \_\_/\_\_\_    \_\_\_/\_\_\_ MONTH      AGE  8. IF QUESTION 7A CODED NO, GO TO A. Has there been a time in your life when you used more snuff or chew more tobacco than you did in the past 12 months?  1 [ ] No…GO TO E  5 [ ] Yes  A. In your period of heaviest snuff or chewing tobacco use, would you describe your pattern of use as…  1 [ ] Every day?  2 [ ] 5 or 6 days a week?  3 [ ] 3 or 4 days a week?  4 [ ] 1 or 2 days a week?  5 [ ] 1 to 3 days a months?  6 [ ] Less than once a month…GO TO F  B. During that time when you were using snuff or chewing tobacco (FREQUENCY IN A), how many pinches or chews would you usually use in a day?  #PINCHES/CHEWS\_\_\_/\_\_\_  C. How old were you where you started using (AMOUNT IN B) pinches/chews (FREQUENCY IN A)  AGE\_\_\_/\_\_\_  D. What is the longest period you used (AMOUNT IN B) pinches/chews (FREQUENCY IN A)? ENTER DURATION AND SELECT UNIT.  1 [ ] Days  2 [ ] Weeks  3 [ ] Months  4 [ ] Years  E. IF QUESTION 7B=6 AND QUESTION 8=NO, GO TO F. During your period of heaviest use of snuff or chewing tobacco, how soon after waking up did you first use it? Was it usually within the first.  1 [ ] 5 minutes?  2 [ ] 30 minutes?  3 [ ] Hour?  4 [ ] Later?  F. How old were you the first time you used snuff or chew tobacco?  AGE\_\_\_/\_\_\_  9. IF QUESTIONS 1, 3, 5, AND 7 ALL CODED NO, GO TO QUESTION 10.  From the time you started (smoking/using tobacco) up to now, what is the longest period of time you have gone without (smoking/using tobacco)? ENTER DURATION AND SELECT UNIT. IF NEVER FOR AN ENTIRE DAY, ENTER 00 AND SELECT DAYS.  \_\_\_/\_\_\_  1 [ ] Days  2 [ ] Weeks  3 [ ] Months  4 [ ] Years  A. Did you ever feel that you needed (a cigarette/a cigar/a pipe/chewing tobacco or snuff) to help you function?  1 [ ] No  5 [ ] Yes  10.Now I'm going to ask you some questions about your use of alcohol like beer, wine, wine coolers, or hard liquor like vodka, gin, or whiskey. Each can or bottle of beer, glass of wine or wine cooler, shot of hard liquor, or mixed drink with liquor counts as one drink.  A. When was the last time you had at least one drink? Was it:  1 [ ] in the past 7 days?...GO TO QUESTION 11A  2 [ ] not in the past 7 days, but in the past 30 days?...  GO TO QUESTION 12A  3 [ ] more than 30 days ago, but in the past 12 months?...GO TO B  4 [ ] more than 12 months ago?...GO TO C  5 [ ] or never?...GO TO QUESTION 16  B. What month was that?  \_\_\_/\_\_\_  GO TO QUESTION 12A.  C. How old were you then?  AGE\_\_\_/\_\_\_  GO TO QUESTION 14A.  11A. The next questions are about your use of alcohol in the past week. What did you have to drink yesterday and how much did you drink of each type of alcohol? Use this card as a guide. HAND CARD 1 TO RESPONDENT. CODE NUMBER OF DRINKS BELOW FOR EACH TYPE OF ALCOHOL FOR THAT DAY USING CARD 1, THEN ASK: Anything else?  B. What about the day before that, on (DAY), what did you have and how much did you drink of each type of alcohol? CODE NUMBER OF DRINKS BELOW FOR EACH TYPE OF ALCOHOL FOR THAT DAY USING CARD 1, THEN ASK: Anything else?  C. REPEAT QUESTION 11B TO COMPLETE THE PAST SEVEN DAYS.  D. TOTAL EACH COLUMN AND ROW.   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | BEER | WINE | HARD LIQUOR  ALONE OR IN A DRINK | **TOTAL** | | MONDAY |  |  |  | = | | TUESDAY |  |  |  | = | | WEDNESDAY |  |  |  | = | | THURSDAY |  |  |  | = | | FRIDAY |  |  |  | = | | SATURDAY |  |  |  | = | | SUNDAY |  |  |  | = | | **TOTAL** |  |  |  | =  Past Week |   12. Was your use of alcohol this past week pretty much like your weekly use of alcohol in the past 12 months?  1 [ ] No  5 [ ] Yes…GO TO QUESTION 13  A. Now I want to ask you about how much you would usually drink in a week, during weeks when you were drinking in the past 12 months. For example, about how much beer, wine, and liquor would you usually have on the weekdays, from Monday through Thursday, in total? Use this card as a guide. HAND CARD 1 TO RESPONDENT. CODE NUMBER OF DRINKS MONDAY-THURSDAY BELOW FOR EACH TYPE. IF MORE THAN 95, CODE 96.  B. About how much beer, wine and liquor would you usually drink on the weekends, from Friday through Sunday, in total? CODE NUMBER OF DRINKS FRIDAY-SUNDAY BELOW FOR EACH TYPE. IF MORE THAN 95, CODE 96.  C. TOTAL EACH COLUMN AND ROW   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | BEER | WINE | HARD LIQUOR ALONE OR IN A DRINK | TOTAL | | MONDAY-THURSDAY |  |  |  | = | | FRIDAY-SUNDAY |  |  |  | = | | TOTAL |  |  |  | =  Per Week |   13. How many weeks in the past 12 months did you drink at all? Would you say:  1 [ ] Almost every week (48 to 52 weeks)?  2 [ ] More weeks than not (30 to 47 weeks)?  3 [ ] About half the weeks (23 to 29 weeks)?  4 [ ] At least one week a month (12 to 23 weeks)?  5 [ ] Less than one week a month?  14. Has there ever been a time in your life when you drank more than you did in the past 12 months?  1 [ ] No…GO TO QUESTION 15  5 [ ] Yes  A. Think about the time when you were drinking the most. How old were you when that started?  AGE\_\_\_/\_\_\_  B. Now I want to ask you about how much you would usually drink during that time when you were drinking the most. How much beer, wine, and liquor would you usually have during the weekdays, from Monday through Thursday, in total? Use this card as a guide. HAND CARD 1 TO RESPONDENT. CODE NUMBER OF DRINKS MONDAY-THURSDAY BELOW FOR EACH TYPE. IF MORE THAN 95, CODE 96.  C. About how much beer, wine and liquor would you usually drink on the weekends, from Friday through Sunday, in total? CODE NUMBER OF DRINKS FRIDAY-SUNDAY BELOW FOR EACH TYPE. IF MORE THAN 95, CODE 96.  D. TOTAL THE COLUMNS AND ROWS.   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | BEER | WINE | HARD LIQUOR ALONE OR IN A DRINK | TOTAL | | MONDAY-THURSDAY |  |  |  | = | | FRIDAY-SUNDAY |  |  |  | = | | TOTAL |  |  |  | =  Per Week |   E. You said your period of heaviest drinking started at age (AGE IN A). How long did that last? ENTER DURATION AND SELECT UNIT  \_\_\_/\_\_\_  1 [ ] Days  2 [ ] Weeks  3 [ ] Months  4 [ ] Years  15. How old were you the first time you had a drink, not just sips from someone else's drink?  AGE\_\_\_/\_\_\_  A. At what age did you begin to drink regularly - that is, drinking at least once a month for several months in a row? IF NEVER, RECORD 00.  AGE\_\_\_/\_\_\_  B. How old were you the first time you got drunk?  RECORD AGE, GO TO QUESTION D. IF NEVER, RECORD 00 AND GO TO QUESTION 16. IF DON'T KNOW, RECORD 98 AND ASK QUESTION C.  AGE\_\_\_/\_\_\_  C. Was it before you were 15 years old?  1 [ ] No…GO TO E  5 [ ] Yes  D. IF A IS <15 OR C = YES, ASK: Did you get drunk more than once before you were 15?  1 [ ] No  5 [ ] Yes  E. Have you ever kept drinking for a couple of days or more without sobering up?  1 [ ] No…(Go to F)  5 [ ] Yes  RECENCY: When was the last time?  \_\_/\_\_\_    \_\_\_/\_\_\_ MONTH      AGE  ONSET: How old were you the first time?  AGE\_\_\_/\_\_\_  F. IN QUESTION 11D, IF TOTAL NUMBER OF DRINKS = 20 OR MORE ON AT LEAST 2 DAYS, CODE QUESTION F AND G YES WITHOUT ASKING. CODE 00 IN RECENCY MONTH AND GO TO ONSET. Have you ever drunk as much as 20 drinks in one day - that would be about a fifth of liquor, or 3 bottles of wine, or as much as 3 six-packs of beer?  1 [ ] No…GO TO QUESTION 16  5 [ ] Yes  G. Have you done this more than once?  1 [ ] No  5 [ ] Yes  RECENCY: When was the last time?  \_\_/\_\_\_    \_\_\_/\_\_\_ MONTH      AGE  ONSET: How old were you the first time you drank 20 or more drinks in one day?  AGE\_\_\_/\_\_\_  16. Now I'd like to ask about your experiences with medicines and other drugs. HAND CARD 2 TO RESPONDENT. Look at the medicines on this card. Have you used any of these medicines more than 5 times when they were not prescribed for you, in larger amounts than prescribed, more often than prescribed, or for longer than prescribed?  1 [ ] No…GO TO QUESTION 17  5 [ ] Yes  A. Which ones? **CIRCLE NAMES IN QUESTIONS 17 AND 18 BELOW AND CODE 5 FOR THAT CATEGORY IN COLUMN A.**  17. HAND CARD 3 TO RESPONDENT. Now look at the drugs on this card. Have you ever used any of these more than 5 times in your life?  1 [ ] No…Go to INTERVIEWER BOX  5 [ ] Yes   |  | | --- | | INTERVIEWER: CODE 1 IN ALL CATEGORIES (QUESTION 17A, 1-11) WHERE NO DRUG IS MENTIONED. IF NO 5 CODED IN QUESTION 17A, STOP. FOR EACH CATEGORY CODED 5 IN QUESTION 17A, CIRCLE THE CORRESPONDING DRUGS ON CARD 5. |   A. Which ones have you used more than 5 times? **CIRCLE NAMES IN 1, 2, or 4-11 BELOW AND CODE 5 FOR THAT CATEGORY IN COLUMN A.**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **A** | | **B** | **C** | | **C1** | **D** | | NO | YES | ONSET | RECENCY | | DAYS AGO | ROUTE | | AGE | MONTH | AGE | | 1) **Marijuana,** grass, or pot; hashish… | 1 | 5 | \_/\_ | \_/\_ | \_/\_ | \_/\_ | 1 2 3 4 5 6 | | 2) **Stimulants**: amphetamines, diet pills, ice, khat, methamphetamine, Ritalin®, speed, uppers | 1 | 5 | \_/\_ | \_/\_ | \_/\_ | \_/\_ | 1 2 3 4 5 6 | | 3) **Sedatives**: barbiturates, Librium®, Seconal®, sleeping pills, tranquilizers, Valium®, Xanax® | 1 | 5 | \_/\_ | \_/\_ | \_/\_ | \_/\_ | 1 2 3 4 5 6 | | 4) **Club drugs**: ecstasy or MDMA, GHB, ketamine, rohypnol | 1 | 5 | \_/\_ | \_/\_ | \_/\_ | \_/\_ | 1 2 3 4 5 6 | | 5) **Cocaine**, crack | 1 | 5 | \_/\_ | \_/\_ | \_/\_ | \_/\_ | 1 2 3 4 5 6 | | 6) **Heroin** | 1 | 5 | \_/\_ | \_/\_ | \_/\_ | \_/\_ | 1 2 3 4 5 6 | | 7) **Opioids**: codeine, Darvon®, Demerol®, Dilaudid®, methadone, morphine, opium, Percodan®, Talwin®, T's & blues | 1 | 5 | \_/\_ | \_/\_ | \_/\_ | \_/\_ | 1 2 3 4 5 6 | | 8) **PCP** | 1 | 5 | \_/\_ | \_/\_ | \_/\_ | \_/\_ | 1 2 3 4 5 6 | | 9) **Hallucinogens**: DMT, LSD or acid, mescaline, mushrooms, peyote, psilocybin | 1 | 5 | \_/\_ | \_/\_ | \_/\_ | \_/\_ | 1 2 3 4 5 6 | | 10) **Inhalants**: glue, toluene, gasoline, paint, paint thinner | 1 | 5 | \_/\_ | \_/\_ | \_/\_ | \_/\_ | 1 2 3 4 5 6 | | 11) **Other**: amyl nitrite or poppers, anabolic steroids, nitrous oxide, or anything else? | 1 | 5 | \_/\_ | \_/\_ | \_/\_ | \_/\_ | 1 2 3 4 5 6 |   JAN=01, FEB=02, MAR=03, APR=04, MAY=05, JUN=06, JUL=07, AUG=08, SEP=09, OCT=10, NOV=11, DEC=12.  Refused=97, Don't Know=98  CURRENT MONTH, CODE MONTH=00. IF NOT IN PAST 12 MONTH,  CODE MONTH=66, AND ENTER AGE. OTHERS CODE ACTUAL MONTH.  HAND CARD 5 TO RESPONDENT. I have circled on this card all the medicines and drugs you have told me you used.  INCLUDE ALL DRUGS CIRCLED IN THE CATEGORIES CODED 5 WHEN ASKING B-D.  B. How old were you the first time you used (DRUGS)? CODE IN COLUMN B.  C. When was the last time you used (DRUGS)? CODE IN COLUMN C. IF WITHIN PAST 30 DAYS, CODE 00 AND GO TO C1; IF NOT IN PAST 30 DAYS, GO TO D.  C1. How many days ago did you use (DRUGS)? CODE IN COLUMN C1.  D. HAND CARD 4 TO RESPONDENT AND ASK: Look at the list on this card and tell me all of the ways you have used (DRUGS). CODE IN COLUMN D.  GO TO B FOR NEXT DRUG CATEGORY.  18.  A. You said that you used (LIST ALL NAMES CIRCLED IN THAT CATEGORY. IF MORE THAN 1 DRUG IS CIRCLED IN A CATEGORY, CONTINUE. OTHERS RECORD DRUG NAME IN A AND GO TO B.) Which of these did you use the most? RECORD DRUG NAME IN A.  B. Think about the period of time when you were using (DRUG IN A) most frequently. During that time did you use it... (READ AND CODE RESPONSE PHRASES IN B).  C. When you were using (DRUG NAME) that frequently, how much would you usually use in a day? Please use this card to help you. HAND CARD 6 TO RESPONDENT. CODE IN C1 AND C2.  D. How old were you when you first began to use (AMOUNT IN C1 AND C2) of (DRUG) (FREQUENCY IN B)? CODE IN D.  E. What was your longest period of using (AMOUNT IN C1 AND C2) of (DRUG) (FREQUENCY IN B)? CODE IN E. GOES TO A FOR NEXT DRUG CATEGORY.   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **1) Marijuana** | **2) Stimulants** | **3) Sedatives** | **4) Club Drugs** | | A: DRUG NAME:  B: CODE FIRST YES:  1) Every day?  2) 5 or 6 days a week?  3) 3 or 4 days a week?  4) 1 or 2 days a week?  5) 1 to 3 days a month?  6) Less than once a month?  (GO TO NEXT CIRCLED DRUG) | \_\_\_\_\_\_\_\_\_\_  1  2  3  4  5  6 | \_\_\_\_\_\_\_\_\_\_  1  2  3  4  5  6 | \_\_\_\_\_\_\_\_\_\_  1  2  3  4  5  6 | \_\_\_\_\_\_\_\_\_\_  1  2  3  4  5  6 | | C1: QUANTITY: | ------------- | ------------- | ------------- | ------------- | | C2: UNIT TYPE: (SEE "UNIT TYPE" BOX) | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | | D: AGE ONSET: | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | | E: DURATION: | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | | DURATION UNITS: | DAYS……..1  WEEKS......2  MONTHS...3  YEARS.......4 | DAYS……...1  WEEKS.......2  MONTHS....3  YEARS........4 | DAYS……..1  WEEKS......2  MONTHS...3  YEARS.......4 | DAYS……..1  WEEKS......2  MONTHS...3  YEARS.......4 |  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **5) Cocaine** | **6) Heroin** | **7) Opioids** | **8) PCP** | | A: DRUG NAME:  B: CODE FIRST YES:  1) Every day?  2) 5 or 6 days a week?  3) 3 or 4 days a week?  4) 1 or 2 days a week?  5) 1 to 3 days a month?  6) Less than once a month?  (GO TO NEXT CIRCLED DRUG) | \_\_\_\_\_\_\_\_\_\_  1  2  3  4  5  6 | \_\_\_\_\_\_\_\_\_\_  1  2  3  4  5  6 | \_\_\_\_\_\_\_\_\_  1  2  3  4  5  6 | \_\_\_\_\_\_\_\_\_  1  2  3  4  5  6 | | C1: QUANTITY: | ------------- | ------------- | ------------- | ------------- | | C2: UNIT TYPE: (SEE "UNIT TYPE" BOX) | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | | D: AGE ONSET: | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | | E: DURATION: | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | | DURATION UNITS: | DAYS…….1  WEEKS.....2  MONTHS..3  YEARS......4 | DAYS……..1  WEEKS......2  MONTHS...3  YEARS.......4 | DAYS……..1  WEEKS......2  MONTHS...3  YEARS.......4 | DAYS……..1  WEEKS......2  MONTHS...3  YEARS.......4 |  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **9) Hallucinogens** | **10) Inhalants** | **11) Other** | UNIT TYPE | | A: DRUG NAME:  B: CODE FIRST YES:  1) Every day?  2) 5 or 6 days a week?  3) 3 or 4 days a week?  4) 1 or 2 days a week?  5) 1 to 3 days a month?  6) Less than once a month?  (GO TO NEXT CIRCLED DRUG)  C1: QUANTITY:  C2: UNIT TYPE: (SEE "UNIT TYPE" BOX)  D: AGE ONSET:  E: DURATION:  DURATION UNITS: | \_\_\_\_\_\_\_\_\_\_  1  2  3  4  5  6  -------------  \_\_\_/\_\_\_  \_\_\_/\_\_\_  \_\_\_/\_\_\_  DAYS……….1  WEEKS..........2  MONTHS.......3  YEARS...........4 | \_\_\_\_\_\_\_\_\_\_  1  2  3  4  5  6  -------------  \_\_\_/\_\_\_  \_\_\_/\_\_\_\_  \_\_/\_\_\_  DAYS……..1  WEEKS......2  MONTHS...3  YEARS.......4 | \_\_\_\_\_\_\_\_\_\_  1  2  3  4  5  6  -------------  \_\_\_/\_\_\_  \_\_\_/\_\_\_  \_\_\_/\_\_\_  DAYS…….1  WEEKS.....2  MONTHS..3  YEARS…..4 | 01=ampules  02=bags  03=blotters  04=blunts  05=breaths  06=buttons  07=capsules  08=cigarettes  09=grams  10=hits  11=huffs  12=joints  13=lines  14=milligrams  15=ounces  16=panes  17=pills  18=pipefuls  19=rocks  20=sheets  21=suppositories  22=tablespoons  23=teaspoons  24=other (specify) |   JAN=01, FEB=02, MAR=03, APR=04, MAY=05, JUN=06, JUL=07, AUG=08, SEP=09, OCT=10, NOV=11, DEC=12.  Refused = 97, Don't Know = 98.  CURRENT MONTH, CODE MONTH=00. IF NOT IN PAST 12 MONTH,  CODE MONTH=66, AND ENTER AGE. OTHERS CODE ACTUAL MONTH.  19. From the time you first started using (LIST ALL NAMES CIRCLED IN THE CATEGORY), up to now, what is the longest period of time you've gone without using any of them? IF NEVER FOR AN ENTIRE DAY, CODE 00 DAYS.  GO TO NEXT DRUG CATEGORY   |  |  |  |  | | --- | --- | --- | --- | | **1) Marijuana**  DAYS \_\_\_/\_\_\_  WEEKS \_\_\_/\_\_\_  MONTHS \_\_\_/\_\_\_  YEARS \_\_\_/\_\_\_ | **2) Stimulants**  DAYS \_\_\_/\_\_\_  WEEKS \_\_\_/\_\_\_  MONTHS \_\_\_/\_\_\_  YEARS \_\_\_/\_\_\_ | **3) Sedatives**  DAYS \_\_\_/\_\_\_  WEEKS \_\_\_/\_\_\_  MONTHS \_\_\_/\_\_\_  YEARS \_\_\_/\_\_\_ | **4) Club Drugs**  DAYS \_\_\_/\_\_\_  WEEKS \_\_\_/\_\_\_  MONTHS \_\_\_/\_\_\_  YEARS \_\_\_/\_\_\_ | | **5) Cocaine**  DAYS \_\_\_/\_\_\_  WEEKS \_\_\_/\_\_\_  MONTHS \_\_\_/\_\_\_  YEARS \_\_\_/\_\_\_ | **6) Heroin**  DAYS \_\_\_/\_\_\_  WEEKS \_\_\_/\_\_\_  MONTHS \_\_\_/\_\_\_  YEARS \_\_\_/\_\_\_ | **7) Opioids**  DAYS \_\_\_/\_\_\_  WEEKS \_\_\_/\_\_\_  MONTHS \_\_\_/\_\_\_  YEARS \_\_\_/\_\_\_ | **8) PCP**  DAYS \_\_\_/\_\_\_  WEEKS \_\_\_/\_\_\_  MONTHS \_\_\_/\_\_\_  YEARS \_\_\_/\_\_\_ | | **9) Hallucinogens**  DAYS \_\_\_/\_\_\_  WEEKS \_\_\_/\_\_\_  MONTHS \_\_\_/\_\_\_  YEARS \_\_\_/\_\_\_ | **10) Inhalants**  DAYS \_\_\_/\_\_\_  WEEKS \_\_\_/\_\_\_  MONTHS \_\_\_/\_\_\_  YEARS \_\_\_/\_\_\_ | **11) Other**  DAYS \_\_\_/\_\_\_  WEEKS \_\_\_/\_\_\_  MONTHS \_\_\_/\_\_\_  YEARS \_\_\_/\_\_\_ |  |   **CARD 1**  **ALCOHOL EQUIVALENTS**   |  |  | | --- | --- | | HARD LIQUOR |  | | 1 SHOT MIXED DRINK | = 1 DRINK | | 1 SHOT GLASS | = 1 DRINK | | 1/2 PINT OF LIQUOR | = 6 DRINKS | | 1 PINT OF LIQUOR | = 12 DRINKS | | 1 FIFTH OF LIQUOR | = 20 DRINKS | | 1 QUART/LITER OF LIQUOR | = 24 DRINKS | | WINE |  | | 1 GLASS OF WINE | = 1 DRINK | | 1 BOTTLE OF WINE (LITER) | = 6 DRINKS | | 1 "WINE COOLER" | = 1 DRINK | | 1 CARAFE OF WINE | = 9 DRINKS | | 1 GALLON | = 30 DRINKS | | 1 SMALL BOTTLE OF WINE (SPLIT) | = 2 DRINKS | | BEER |  | | 1 - 12 OZ BOTTLE OF BEER | = 1 DRINK | | 1 - 12 OZ CAN OF BEER | = 1 DRINK | | 1 CAN OF MALT LIQUOR | = 1 DRINK | | 1 - 40 OZ BOTTLE OF BEER | 3 DRINKS | | 1 - 40 OZ BOTTLE OF MALT LIQUOR | = 6 DRINKS | | 1 - 6 PACK OF BEER | = 6 DRINKS | | 1 PITCHER OF BEER | = 5 DRINKS | | 1 CASE OF BEER | = 24 DRINKS |   **CARD 2**   |  |  |  | | --- | --- | --- | | **Stimulants** | **Sedatives** | **Opioids** | | **Amphetamines** | **Barbiturates** | **Codeine** | | **Diet pills** | **Librium** | **Darvon** | | **Ritalin** | **Seconal** | **Demerol** | | **Other stimulant** | **Sleeping pills** | **Dilaudid** | |  | **Tranquilizers** | **Methadone** | |  | **Valium** | **Morphine** | |  | **Xanax** | **Percodan** | |  | **Other sedative** | **Talwin** | |  |  | **Other opioid** | |  |  |  |   **CARD 3**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Marijuana**  **or Grass or Pot**  **Hashish** | **Stimulants**  **Ice**  **Khat**  **Methamphetamine**  **Speed**  **Uppers**  **Other stimulant** | **Club Drugs**  **Ecstasy or MDMA**  **GHB**  **Ketamine**  **Rohypnol**  **Other club drug** | **Cocaine**  **Crack** | **Heroin** | | **Opioids**  **Opium**  **T's & blues** | **PCP** | **Hallucinogens**  **DMT**  **LSD or Acid**  **Mescaline**  **Mushrooms**  **Peyote**  **Psilocybin**  **Other hallucinogen** | **Inhalants**  **Glue**  **Toluene**  **Gasoline**  **Paint**  **Paint thinner** | **Other drugs**  **Amyl nitrite or**  **Poppers**  **Anabolic steroids**  **Nitrous oxide**  **or**  **Anything else**  **\_\_\_\_\_\_\_\_\_\_\_\_**  **Specify** |   **CARD 4**   |  | | --- | | **HOW TAKEN**  **1 = By mouth, pills, drinking, or chewing**  **2 = Smoking or freebasing**  **3 = Snorting, sniffing, breathing, or huffing**  **4 = Injection into the veins (IV)**  **5 = Injection into the skin or muscle**  **6 = Other methods** |   **CARD 5**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Marijuana**  **or Grass or Pot**  **Hashish** | **Stimulants**  **Amphetamines**  **Diet pills**  **Ice**  **Khat**  **Methamphetamine**  **Ritalin®**  **Speed**  **Uppers**  **Other stimulant** | **Sedatives**  **Barbiturates**  **Librium®**  **Seconal®**  **Sleeping pills**  **Tranquilizers**  **Valium®**  **Xanax®**  **Other sedative** | **Club Drugs**  **Ecstasy or MDMA**  **GHB**  **Ketamine**  **Rohypnol**  **Other club drug** | **Cocaine**  **Crack** | **Heroin** | | **Opioids**  **Codeine**  **Darvon®**  **Demerol®**  **Dilaudid®**  **Methadone**  **Morphine**  **Opium**  **Percodan®**  **Talwin®**  **T's & blue**  **Other opioid** | **PCP** | **Hallucinogens**  **DMT**  **LSD or Acid**  **Mescaline**  **Mushrooms**  **Peyote**  **Psilocybin**  **Other hallucinogen** | **Inhalants**  **Glue**  **Toluene**  **Gasoline**  **Paint**  **Paint thinner** | **Other drugs**  **Amyl nitrite or**  **Poppers**  **Anabolic steroids**  **Nitrous oxide**  **or**  **Anything else**  **\_\_\_\_\_\_\_\_\_\_\_\_**  **specify** |  |   **CARD 6**   |  |  | | --- | --- | | **1 = ampoules**  **2 = bags**  **3 = blotters**  **4 = blunts**  **5 = breaths**  **6 = buttons**  **7 = capsules**  **8 = cigarettes**  **9 = grams**  **10 = hits**  **11 = huffs**  **12 = joints** | **13 = lines**  **14 = milligrams**  **15 = ounces**  **16 = panes**  **17 = pills**  **18 = pipefuls**  **19 = rocks**  **20 = sheets**  **21 = suppositories**  **22 = tablespoons**  **22 = tablespoons**  **24 = other (specify)** |   **Scoring Procedures and Interpretation**  Scoring can be done by a computer, virtually immediately for the computerized version. There is currently no data entry program available for the paper and pencil version. |
| **Selection Rationale:** | The Composite International Diagnostic Interview Substance Abuse Module (CIDI-SAM) is an expanded and more detailed version of the substance use sections of the Composite International Diagnostic Interview (CIDI) and the Diagnostic Interview Schedule (DIS). It includes five diagnostic sections (Demographics, Tobacco Use, Alcohol Use, Substance Use, and Caffeine Use) and an Interviewer Observation section. The CIDI-SAM was developed for those with a sixth-grade education level or higher.  The computerized CIDI-SAM (Version 4.1) was implemented to run within the Interview Shell called IShell, using the Interview Writer's Tool (IWT). Both utilities, the IWT and IShell, were originally developed by the World Health Organization (WHO) to computerize the CIDI. The CIDI-SAM-IV program offers several advantages, in that it   * allows the user to choose diagnostic systems (e.g., the Diagnostic and Statistical Manual of Mental Disorders, 4th edition [DSM-IV] and International Classification of Diseases, 10th edition [ICD-10] or any combination desired) and specific sections (e.g., nicotine, alcohol and/or drugs) and drugs of interest (e.g., cannabinoids, club drugs, or cocaine); * makes splicing and routing questions automatic without the interviewer's help; * allows scrolling back to change/review the answers to previous questions, if needed, without losing data; * allows stopping and restarting the interview at any time; when restarted for continuation, the interview automatically resumes from the point where it was stopped; * has built-in consistency checking rules allowing for accurate and consistent data collection; * stores answers immediately in the database; the data are always safe even in the event of computer crashes; and * produces data that are readily usable by the scoring program. |
| **Source:** | Cottler, L. B. (2000). *Composite International Diagnostic Interview (CIDI) - Substance Abuse Module (SAM)*. St. Louis, MO: Department of Psychiatry, Washington University School of Medicine.  Cottler, L. B., & Keating, S. K. (1990). Operationalization of alcohol and drug dependence criteria by means of a structured interview. *Recent Developments in Alcoholism,* *8*, 69–83.  Robins, L. N., Wing, J., Wittchen, H. U., Helzer, J. E., Babor, T. F., Burke, J., Farmer, A., Jablenski, A., Pickens, R., Regier, D. A., Sartorius, N., & Towle, L. H. (1988). The Composite International Diagnostic Interview: An epidemiologic instrument suitable for use in conjunction with different diagnostic systems and in different cultures. *Archives of General Psychiatry,* *45*(12), 1069–1077. |
| **Life Stage:** | Adult Adolescent Senior |
| **Language of source:** | English |
| **Participant:** | Adolescents and adults aged 15 years and older |
| **Personnel and Training Required:** | The instrument can be administered by nonclinician or clinician interviewers after appropriate training. Training usually requires 3 to 5 days. Clinicians generally require less practice than lay interviewers. Each trainee needs a copy of the specifications and several hard copies of the interview for practice. Quality Control Assistants should be trained along with the interviewers so that they become fully familiar with the interview and instructions for administering it.  An investigator's package includes the computerized version of Composite International Diagnostic Interview Substance Abuse Module (CIDI-SAM), instructions for installation, .pdf copy of the interview, scoring algorithms written in SAS language, and Question by Question Specifications. The CIDI-SAM-IV CD-ROM contains the following files:   * Setup.exe: The SAM-IV setup program for Windows, which includes the computerized interview and the SAS scoring program files; * Readme.doc: Getting Stated Guide to the Computerized SAM-IV Program; and * SAM Manual.pdf: The Substance Abuse Module Version 4.1 User's Manual & Question by Question Specifications. This file is in Adobe Acrobat format.   The interviewer must be trained and found competent to conduct personal interviews with individuals from the general population. The interviewer should be trained to prompt respondents further if a "don’t know" response is provided. It is preferable to either read the questionnaire aloud to the respondent or administer it in an audio-assisted computer interview (ACASI) format.The questions are sensitive in nature, and the interviewer should be trained to react appropriately to emotional responses. If a distressed respondent protocol is adopted, the interviewer should be trained to administer those procedures. |
| **Equipment Needs:** | Before you install the Substance Abuse Module (SAM-IV) program, make sure that the computer you intend to use for this software package meets the following minimum computer system configuration: Pentium-class PC (200 MHZ of higher recommended), 32 MB of RAM (64 MB recommended), 50 MB of free hard disk space, the SAM interview program uses about 10 MB without data, Super VGA monitor, Microsoft Windows, a CD-ROM, a mouse, Acrobat® Reader. |
| **Standards:** | |  |  |  |  | | --- | --- | --- | --- | | **Standard** | **Name** | **ID** | **Source** | | Common Data Element (CDE) | Adult Substance use Pattern Assessment Description Text | 3332364 | [CDE Browser](https://cdebrowser.nci.nih.gov/CDEBrowser/search?elementDetails=9&FirstTimer=0&PageId=ElementDetailsGroup&publicId=3332364&version=1.0) | |
| **General references:** | Compton, W. M., Cottler, L. B., Dorsey, K. B., Spitznagel, E. L., & Mager, D. E. (1996). Comparing assessments of DSM-IV substance dependence disorders using CIDI-SAM and SCAN. *Drug and Alcohol Dependence*, *41*(3), 179–187.  Compton, W. M., Cottler, L. B., Dorsey, K. B., Spitznagel, E. L., & Mager, D. E. (1996). Structured and semi-structured assessment of ICD-10 substance dependence disorders: CIDI-SAM vs. SCAN. *International Journal of Methods in Psychiatric Research, 6*, 285–293.  Cottler, L. B., & Compton, W. M. (1993). Advantages of the CIDI family of instruments in epidemiological research of substance use disorders. *International Journal of Methods in Psychiatric Research Special Issue*: The WHO Composite International Diagnostic Interview, *3*(2), 109–119.  Cottler, L. B., Leung, K. S., & Ben-Abdallah, A. (2009). Test retest reliability of DSM-IV adopted criteria for 3,4-methylenedioxymethamphetamine (MDMA) abuse and dependence: A cross-national study. *Addiction, 104*(10), 1679–1690.  Cottler, L. B., Robins, L. N., & Helzer, J. E. (1989). The reliability of the CIDI-SAM: A comprehensive substance abuse interview. *British Journal of Addiction*, *84*(7), 801–814.  Cottler, L. B., Schuckit, M. A., Helzer, J. E., Crowley, T., Woody, G., Nathan, P., & Hughes, J. (1995). The DSM-IV field trial for substance use disorders: Major results. *Drug and Alcohol Dependence*, *38*(1), 59–69.  Horton, J., Compton, W. M., & Cottler, L. B. (2000). Reliability of substance use disorder diagnoses among African-American and Caucasians. *Drug and Alcohol Dependence,* *57*(3), 203–209.  Howard, M. O., Cottler, L. B., Compton, W. M., & Ben-Abdallah, A. (2001). Diagnostic concordance of DSM-III-R, DSM-IV, and ICD-10 inhalant use disorders. *Drug and Alcohol Dependence*, *63*(3), 223–228.  Nattala, P., Leung, K. S., Abdallah, A. B., & Cottler, L. B. (2011). Heavy use versus less heavy use of sedatives among non-medical sedative users: Characteristics and correlates. *Addictive Behaviors, 36*(1-2), 103–109. |
| **Mode of Administration:** | Interviewer-administered questionnaire |
| **Derived Variables:** | None |
| **Requirements:** | |  |  | | --- | --- | | **Requirement Category** | **Required** | | Major equipment | No | | Specialized training | Yes | | Specialized requirements for biospecimen collection | No | | Average time of greater than 15 minutes in an unaffected individual | Yes | |
| **Process and Review:** | The Expert Review Panel has not reviewed this measure yet. |