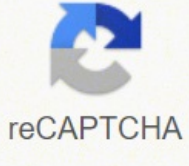




I'm not robot



Open

J. SUBSTANCE USE DISORDER (NON-ALCOHOL)

[➡ MEANS: GO TO THE DIAGNOSTIC BOX, CIRCLE NO AND MOVE TO THE NEXT MODULE]

Now I am going to show you / read to you a list of street drugs or medicines.

J1 a In the past 12 months, did you take any of these drugs more than once, to get high, to feel elated, to get "a buzz" or to change your mood? NO YES

CIRCLE EACH DRUG TAKEN:

- Stimulants:** amphetamines, "speed", crystal meth, "crank", Dexedrine, Ritalin, diet pills.
- Cocaine:** snorting, IV, freebase, crack, "speedball".
- Opiates:** heroin, morphine, Dilaudid, opium, Demerol, methadone, Darvon, codeine, Percodan, Vicodin, OxyContin.
- Hallucinogens:** LSD ("acid"), mescaline, peyote, psilocybin, STP, "mushrooms", "ecstasy", MDA, MDMA.
- Dissociative Drugs:** PCP (Phencyclidine, "Angel Dust", "Peace Pill", "Hog"), or ketamine ("Special K").
- Inhalants:** "glue", ethyl chloride, "rush", nitrous oxide ("laughing gas"), amyl or butyl nitrate ("poppers").
- Cannabis:** marijuana, hashish ("hash"), THC, "pot", "grass", "weed", "reefer".
- Sedatives, Hypnotics or Anxiolytics:** Quaalude, Seconal ("reds"), Valium, Xanax, Librium, Ativan, Dalmane, Malcion, barbiturates, Miltown, GHB, Roofinol, "Roofies".
- Tobacco:** cigarettes, cigars, pipe tobacco, chewing tobacco, electronic cigarettes (e-cigarettes - because they contain nicotine rather than tobacco).
- Miscellaneous:** steroids, nonprescription sleep or diet pills. Cough Medicine? Any others?

SPECIFY THE MOST USED DRUG(S): _____

WHICH DRUG(S) CAUSE THE BIGGEST PROBLEMS? _____

FIRST EXPLORE THE CRITERIA BELOW FOR THE DRUG CLASS CAUSING THE BIGGEST PROBLEMS AND THE ONE MOST LIKELY TO MEET CRITERIA FOR SUBSTANCE USE DISORDER. IF SEVERAL DRUG CLASSES HAVE BEEN MISUSED, EXPLORE AS MANY OR AS FEW AS REQUIRED BY THE PROTOCOL.

J2 Considering your use of (NAME OF DRUG / DRUG CLASS SELECTED), in the past 12 months:

a During the times when you used the drug, did you end up using more (NAME OF DRUG / DRUG CLASS SELECTED) than you planned when you started? NO YES

b Did you repeatedly want to reduce or control your (NAME OF DRUG / DRUG CLASS SELECTED) use? Did you try to cut down or control your (NAME OF DRUG / DRUG CLASS SELECTED) use, but failed? IF YES TO EITHER, CODE YES. NO YES

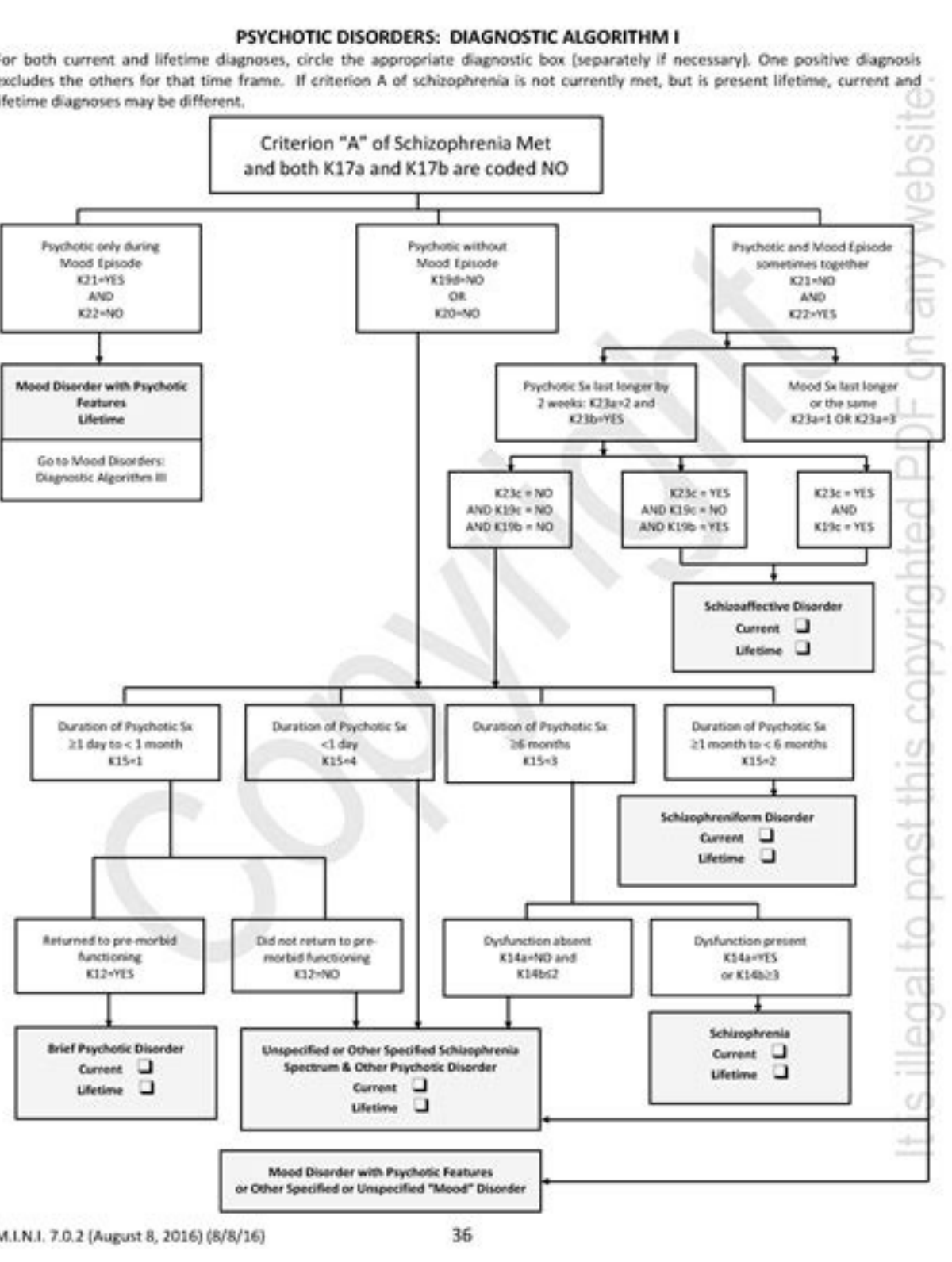
c On the days that you used more (NAME OF DRUG / DRUG CLASS SELECTED), did you spend substantial time obtaining (NAME OF DRUG / DRUG CLASS SELECTED), using it, or recovering from the its effects? NO YES

d Did you crave or have a strong desire or urge to use (NAME OF DRUG / DRUG CLASS SELECTED)? NO YES

e Did you spend less time meeting your responsibilities at work, at school, or at home, because of your repeated (NAME OF DRUG / DRUG CLASS SELECTED) use? NO YES

f If your (NAME OF DRUG / DRUG CLASS SELECTED) use caused problems with your family or other people, did you still keep on using it? NO YES

g Did you use the drug more than once in any situation where you or others were physically at risk, for example, driving a car, riding a motorbike, using machinery, boating, etc.? NO YES



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Patient Name:	Patient Number:
Date of Birth:	Time Interview Began:
Interviewer's Name:	Time Interview Ended:
Date of Interview:	Total Time:

MODULES	TIME FRAME	MEETS CRITERIA	ICD-10-CM	PRIMARY DIAGNOSIS
A MAJOR DEPRESSIVE EPISODE	Current (2 weeks)	<input type="checkbox"/>		
	Past	<input type="checkbox"/>		
	Recurrent	<input type="checkbox"/>		
MAJOR DEPRESSIVE DISORDER	Current (2 weeks)	<input type="checkbox"/>	F32.x	
	Past	<input type="checkbox"/>	F32.x	
	Recurrent	<input type="checkbox"/>	F33.x	
B SUICIDALITY	Current (Past Month)	<input type="checkbox"/>		
	Lifetime attempt	<input type="checkbox"/>	Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/>	
SUICIDE BEHAVIOR DISORDER	Current	<input type="checkbox"/>	(In Past Year)	
	In early remission	<input type="checkbox"/>	(1-2 Years Ago)	
C MANIC EPISODE	Current	<input type="checkbox"/>		
	Past	<input type="checkbox"/>		
HYPOMANIC EPISODE	Current	<input type="checkbox"/>		
	Past	<input type="checkbox"/>	Not Explored	
BIPOLAR I DISORDER	Current	<input type="checkbox"/>	F31.0 - F31.76	
	Past	<input type="checkbox"/>	F31.0 - F31.76	
BIPOLAR II DISORDER	Current	<input type="checkbox"/>	F31.81	
	Past	<input type="checkbox"/>	F31.81	
OTHER SPECIFIED BIPOLAR AND RELATED DISORDER	Current	<input type="checkbox"/>	F31.89	
	Past	<input type="checkbox"/>	F31.89	
D PANIC DISORDER	Current (Past Month)	<input type="checkbox"/>	F41.0	
	Lifetime	<input type="checkbox"/>	F40.0	
E AGORAPHOBIA	Current	<input type="checkbox"/>	F40.00	
F SOCIAL ANXIETY DISORDER (Social Phobia)	Current (Past Month)	<input type="checkbox"/>	F40.10	
G OBSESSIVE-COMPULSIVE DISORDER	Current (Past Month)	<input type="checkbox"/>	F42.2	
H POSTTRAUMATIC STRESS DISORDER	Current (Past Month)	<input type="checkbox"/>	F43.10	
I ALCOHOL USE DISORDER	Past 12 Months	<input type="checkbox"/>	F10.10 - F10.21	
J SUBSTANCE USE DISORDER (Non-alcohol)	Past 12 Months	<input type="checkbox"/>	F11.10 - F19.21	
K ANY PSYCHOTIC DISORDER	Current	<input type="checkbox"/>	F20.81 - F29	
	Lifetime	<input type="checkbox"/>	F20.81 - F29	
MAJOR DEPRESSIVE DISORDER WITH PSYCHOTIC FEATURES	Current	<input type="checkbox"/>	F32.x/F33.3	
	Past	<input type="checkbox"/>	F32.x/F33.3	
BIPOLAR I DISORDER WITH PSYCHOTIC FEATURES	Current	<input type="checkbox"/>	F31.2/F31.5/F31.64	
	Past	<input type="checkbox"/>	F31.2/F31.5/F31.64	

M.I.N.I. 7.0.2 (August 8, 2016) (8/8/16) 2

Patient Name:	Patient Number:
Date of Birth:	Time Interview Began:
Interviewer's Name:	Time Interview Ended:
Date of Interview:	Total Time:

MODULES	TIME FRAME	MEETS CRITERIA	ICD-10-CM	PRIMARY DIAGNOSIS
A MAJOR DEPRESSIVE EPISODE	Current (2 weeks)	<input type="checkbox"/>		
	Past	<input type="checkbox"/>		
	Recurrent	<input type="checkbox"/>		
MAJOR DEPRESSIVE DISORDER	Current (2 weeks)	<input type="checkbox"/>	F32.x	
	Past	<input type="checkbox"/>	F32.x	
	Recurrent	<input type="checkbox"/>	F33.x	
B SUICIDALITY	Current (Past Month)	<input type="checkbox"/>		
	Lifetime attempt	<input type="checkbox"/>	Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/>	
SUICIDE BEHAVIOR DISORDER	Current	<input type="checkbox"/>	(In Past Year)	
	In early remission	<input type="checkbox"/>	(1-2 Years Ago)	
C MANIC EPISODE	Current	<input type="checkbox"/>		
	Past	<input type="checkbox"/>		
HYPOMANIC EPISODE	Current	<input type="checkbox"/>		
	Past	<input type="checkbox"/>	Not Explored	
BIPOLAR I DISORDER	Current	<input type="checkbox"/>	F31.0 - F31.76	
	Past	<input type="checkbox"/>	F31.0 - F31.76	
BIPOLAR I DISORDER WITH PSYCHOTIC FEATURES	Current	<input type="checkbox"/>	F31.2/F31.5/F31.64	
	Past	<input type="checkbox"/>	F31.2/F31.5/F31.64	
BIPOLAR II DISORDER	Current	<input type="checkbox"/>	F31.81	
	Past	<input type="checkbox"/>	F31.81	
OTHER SPECIFIED BIPOLAR AND RELATED DISORDER	Current	<input type="checkbox"/>	F31.89	
	Past	<input type="checkbox"/>	F31.89	
D PANIC DISORDER	Current (Past Month)	<input type="checkbox"/>	F41.0	
	Lifetime	<input type="checkbox"/>	F40.0	
E AGORAPHOBIA	Current	<input type="checkbox"/>	F40.00	
F SOCIAL ANXIETY DISORDER (Social Phobia)	Current (Past Month)	<input type="checkbox"/>	F40.10	
G OBSESSIVE-COMPULSIVE DISORDER	Current (Past Month)	<input type="checkbox"/>	F42.2	
H POSTTRAUMATIC STRESS DISORDER	Current (Past Month)	<input type="checkbox"/>	F43.10	
I ALCOHOL USE DISORDER	Past 12 Months	<input type="checkbox"/>	F10.10/F10.20	
J SUBSTANCE USE DISORDER (Non-alcohol)	Past 12 Months	<input type="checkbox"/>	F11.10/F11.20 - F19.20	

M.I.N.I. 7.0.2 (August 8, 2016) (8/8/16) 2

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