THE EFFECTS OF TRAUMA ON COGNITIVE BEHAVIOUR THERAPY FOR DEPRESSION AND ALCOHOL MISUSE

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DECLARATION

I hereby certify that the work embodied in this thesis is the result of original research and has not been submitted for a higher degree to any other University or Institution

Signed: ______________________

Kylie Bailey

Date: ______________________
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ABSTRACT

Posttraumatic stress disorder (PTSD) has been found to commonly co-occur with depression and alcohol use problems (including alcohol use disorders). PTSD when present with depression and/or alcohol use problems has also been found to exacerbate the comorbid symptoms. Despite the high comorbidity with (and the impact of) PTSD on depression and alcohol use problems, people presenting to services for treatment for depression and/or alcohol use tend not to be screened or treated for PTSD. Therefore, it is unknown what the effects of having PTSD on CBT treatment for depression and/or alcohol use problems are. Therefore, this thesis identifies and discusses prevalence rates of trauma exposure and PTSD in community and treatment seeking populations for depression and alcohol misuse. The impact of experiencing different traumatic event types on posttraumatic stress symptoms (PTSS), depression, and alcohol misuse are also explored. The effects of also having PTSD and/or experiencing particular traumatic event types on cognitive behaviour therapy (CBT) for depression and/or alcohol use disorders (AUD) is further explored. Finally, assessment and treatment recommendations (that are based on the findings of this thesis) for PTSD comorbidity in non-PTSD treatment settings, are proposed.

Chapter 1 provides a literature review on the prevalence of traumatic event exposure, and rates of PTSD, major depressive disorder (MDD), and AUD in community and clinical populations. Diagnostic criteria for PTSD, depression, and AUD are reviewed, along with models of how these disorders develop and are maintained. The issue of PTSD comorbidity is discussed, with a focus on the current comorbidity perspective to expand from a dual diagnosis (i.e., PTSD-MDD and PTSD-AUD) to a multiple comorbidity framework (such as PTSD-MDD-AUD). CBT therapies are identified as an evidence-based treatment for PTSD, depression, and substance/alcohol use as a single disorder. Emerging
research into integrated treatments for the dual disorders of PTSD-MDD, PTSD-AUD, and MDD-AUD are also reviewed. The issue of the possible effects of a three-way comorbidity of PTSD-MDD-AUD is raised as there is no available research on the effects of having PTSD when seeking CBT treatment for depression and alcohol misuse.

Chapter 2 has been published in a peer reviewed paper (Bailey, Webster, Baker, & Kavanagh, 2012) and explores traumatic exposure (including dysfunctional parenting), PTSS severity and PTSD in people seeking treatment for co-existing depressive symptoms and alcohol misuse problems. We found that trauma experiences and PTSD are highly prevalent in depression and alcohol misuse populations, with most of the participants in this study reporting traumatic event exposure (71.6% \( n = 159 \)), and over a third with current PTSD (38.0%, \( n = 84 \)). Contrary to other studies, there were no gender differences in rates of traumatic exposure, number of traumatic events, and PTSD. More severe PTSS and PTSD were associated with: childhood neglect; earlier depression onset; more severe depression and alcohol problems; and lower general functioning. On the basis of this study it was recommended that, traumatic event exposure, PTSS severity and PTSD should be assessed and addressed among people seeking treatment for co-existing depression and alcohol problems. As this chapter has already been published and the expression ‘we’ used throughout that article, the expression ‘we’ has been retained in this thesis for continuity. However, the work contained in this thesis of solely that of the author of this thesis.

Chapter 3 explored the effects of assault types (including dysfunctional parenting) on PTSS, MDD, and alcohol use misuse. We found that sexual or physical assault is more likely to be associated with more severe symptoms of depression or alcohol dependence, compared to having no trauma experiences
or being involved in a serious accident or natural disaster. We also found that there may be an assault-symptom pathway that differs for sexual assault and physical assault. For sexual assaults, depression severity was predictive of alcohol dependence. For physical assault, alcohol dependence severity was predictive of depressive symptoms. The assault-symptom pathway may be further supported by the finding that depression onset reduced from 29 (no sexual assault) to 14 years when three different sexual assault types were reported. In regards to physical assault, weekly alcohol consumption levels were found to increase from 58 drinks (for no physical assault) to 139 drinks per week when three physical assault event types were reported. The recommendation from this study was that additional research is required to confirm the assault-symptom pathway proposal as well as investigate the effects of past assault exposure on non-PTSD focused treatments. Further research is required to investigate the relationships between sexual assault and experiencing maternal neglect as a child, and physical assault and experiencing paternal neglect when a child.

Chapter 4 explored the effect of having severe PTSS and PTSD in a treatment-seeking population who received CBT treatment for depression and alcohol misuse. In this study most of the assessment instruments (for depression and alcohol) were administered at baseline and 3, 6, 12, 24, and 36 months post baseline. As per Chapter 2, the analysis tested for differences between the three trauma groupings of No Trauma, No PTSD, and PTSD. Differences between participants reporting Mild and Severe PTSS were also tested. All follow-up analyses were adjusted for baseline symptoms including gender, days in treatment, and antidepressant medication. This study found that participants with Severe PTSS or PTSD can respond well to treatment for depression and/or alcohol misuse. PTSS severity and rates of PTSD also significantly reduced for the PTSD group at the 3 month follow-up when compared to baseline.
Therefore it is recommended that screening for PTSS severity and including trauma-focused interventions in treatment may further improve symptom reduction in people with co-existing PTSS/PTSD, depression and alcohol misuse.

Chapter 5 highlighted that although exposure to sexual and physical assault is common in mental health and substance using populations, screening for assaults in treatment settings is frequently overlooked. Therefore, this study explored the effect of sexual and physical assault on PTSS, depression, alcohol misuse, and global functioning after receiving depression and/or alcohol CBT treatment. As per Chapter 4, all treatment outcomes were assessed at baseline and again at 3, 6, 12, 24, and 36 months, post baseline. We found that participants who were exposed to sexual and physical assaults can respond to MDD and/or AUD CBT interventions. We also found differences based upon the assault type the participant was exposed to. For sexual assaults, we found that participants reported similar mean changes in symptom scores and attended (on average) the same amount of treatment sessions as those participants who had not been sexually assaulted. For physical assault exposure, delays in depressive symptom improvement upon treatment completion may occur. Compared to participants who had not experienced physical assault, participants reporting physical assault were more likely to experience poorer comorbid symptom outcomes at 12 month follow-up. If two physical assault types were experienced, participants spent significantly less time in treatment, attending (on average) only two treatment sessions, and they were less likely to be prescribed antidepressant medication. Based on these findings, it is recommended that assault type and number of assault experiences be screened for and considered in treatment formulation within treatment settings.
The final chapter (Chapter 6) reviewed the available treatment guidelines for PTSD, MDD, AUD, and sexual and physical assaults. In this review it was identified that these guidelines are based on evidence in the context of a single or dual disorder(s). It was also identified that the guidelines did not address multiple comorbidities (i.e., three or more disorders). To provide a rationale for addressing gaps in existing guidelines and the literature, the findings of the studies in this thesis are then summarised. Based on these findings and in conjunction with current treatment guidelines, recommendations for PTSD-MDD-AUD and assault presentations were made.

The first recommendation made is for the assessment of PTSS in non-PTSD settings. The proposed assessment process would be to utilise a stepped-care approach and commences with the patient being asked one or two screening questions for PTSD. If the question(s) were answered affirmatively, then a psychometrically sound, brief PTSD screening questionnaire would follow. If PTSD symptoms are identified as moderate or severe, then further assessment and possible referral to a specialist health care worker or service is advised.

Treatment recommendations are also made in the final chapter. One recommendation is for appropriate health care workers in non-PTSD (i.e., primary/health care, mental health, and alcohol and other drug) treatment settings to be trained in trauma-focused interventions. This training would also include how to identify PTSS and when to refer the patient on to more specialist health care workers and services (such as sexual assault services). Based on the findings presented in this thesis, it is further recommended that presentations of severe PTSS or PTSD with MDD-AUD should be offered integrated PTSD-MDD-AUD treatment. It is recommended that patients reporting a history of sexual assault should initially focus on PTSS and depression, while patients
reporting a history of physical assaults should first focus on AUD and then PTSS.

Limitations of the studies included in this thesis have been individually reviewed in Chapters 2 - 6. The limitations that are repeatedly highlighted across all the chapters include the parent study targeting treatment for depression and/or alcohol misuse populations, such that not all subjects had a history of PTSD. Therefore the results of these studies may not be reflective of a PTSD or an assault population. Small sample sizes may have also affected the findings, as some analyses were not conducted in some of the chapters (4 and 5) due to issues of power. In Chapters 3 and 5, the findings for the impact of sexual assault on symptoms and treatment may be biased by gender, due to the significantly higher proportion of females reporting sexual assault compared to males. Analysis was further restricted for paternal neglect due to large amounts of missing data (Chapter 5).

Given the above limitations, the findings of this thesis thus need to be viewed with caution. Further research is required to confirm the findings of the individual studies as well as for the proposed assessment and treatment recommendations made in Chapter 6. In particular, research is strongly recommended into the effects of parental neglect on assault exposure and experiencing psychiatric symptoms when an adult. Another research area that is particularly recommended is on determining whether there is an assault-symptom pathway for sexual and physical assault, and if treatment of these assault symptoms needs to be sequenced in a particular order. Another important research area is to investigate the benefits of screening and treatment of PTSS in patients who present for treatment for depression and alcohol misuse.
CHAPTER 1 INTRODUCTION

1.1 Overview

A history of traumatic event exposure is commonly reported by both community and treatment populations. Responses during the traumatic event often involve intense feelings of fear and/or hopelessness. Post-trauma responses encompass posttraumatic stress symptoms (PTSS), depression, and increased alcohol use. If PTSS continue over time, posttraumatic stress disorder (PTSD) can develop. Although PTSD can occur as a single disorder it often co-occurs with other Axis I disorders, typically depression and/or alcohol use disorders.

Even when accompanied by co-occurring disorders, PTSD is often treated as a single disorder. However, research is emerging on treatment outcomes for integrated PTSD interventions (i.e., PTSD with depression, or PTSD and alcohol misuse). So far, this research is promising with cognitive behaviour therapy (CBT) being identified as the treatment of choice for PTSD and depression, or PTSD and alcohol use disorders, as either a single disorder or a dual disorder.

Even though the research on PTSD treatments is expanding, there are two particular research limitations for PTSD treatment that will be addressed in this chapter. The first is that PTSD often co-occurs with more than one Axis I disorder (such as PTSD with depression and also alcohol use disorders). However, existing research either targets treatment for PTSD, or PTSD co-existing with one other disorder. Another limitation of existing research is that PTSD is frequently omitted from the assessment and treatment formulation processes in most research and treatment settings. Therefore, the effects of having untreated comorbid PTSD when providing treatment for other Axis I disorders is unknown.
Thus, Chapter 1 begins by presenting the diagnostic criteria for traumatic events, and then reports the prevalence rates of trauma exposure and PTSD. This chapter then provides an overview of the diagnostic criteria for PTSD, depression, and alcohol use disorders (AUD), as well as the treatment models for these disorders. Theories about the effects of traumatic exposure and PTSD on depressive symptoms and alcohol misuse are outlined. Current research on the effects of traumatic exposure and PTSD on depression and/or alcohol treatments are also reviewed. Finally, an overview of the parent study from which the studies in this thesis are drawn, is provided and the aims of this thesis explained.

1.2 Traumatic Events

A traumatic event is defined as any extreme stressor that involves actual or threatened death or injury that can either be experienced or witnessed (American Psychological Association (APA), 2000). Traumatic events can also involve learning about an unexpected violent death or serious injury (including threat of death) of a family member (Williams et al., 2007). The response to (or during) the traumatic event must include feeling intense fear, helplessness or horror (APA, 2000). The range of events that can be considered as traumatic include sexual/physical assaults (Dunmore, Clark, & Ehlers, 1999), motor vehicle accidents (Blanchard & Veazey, 2001), natural disasters (North, Kawasaki, Spitznagel, & Hong, 2004), serious accidents (Kuhn et al., 2006), terrorist attacks (Hasin et al., 2007), life threatening illness (Doerfler & Paraskos, 2004), combat (O’Toole, Catts, Outram, Pierse, & Cockburn, 2009), torture, imprisonment, and learning about an unexpected death of a family member or close friend (APA, 2000).

Shortly after experiencing a traumatic event most people will experience some PTSD symptoms, typically intrusion (e.g., thoughts, images, or nightmares) and
hyperarousal (e.g., anxiety) symptoms (Australian Centre for Posttraumatic Mental Health (ACPMH), 2007). Avoidance symptoms (numbing, feeling detached and avoiding reminders of the event) are less frequent at this stage (Shalev, 2002). If the PTSS continue, then PTSD can develop (ACPMH, 2007). Other mental health problems such as depression (Mayou, Bryant, & Ehlers, 2001; Shalev, 2002) and alcohol misuse can also develop as separate and distinct reactions following exposure to a traumatic event (Grant, Beck, Marques, Palyo, & Clapp, 2008; O’Donnell, Creamer, & Pattison, 2004).

The lifetime prevalence of traumatic event exposure in the general community is 74.9%, with 73.8% of females being exposed to a traumatic event compared to 76.0% for males (Mills et al., 2011). In both Australian and international epidemiological surveys, males have consistently been found to experience more traumatic events across their lifetime, compared to females (Australian Bureau of Statistics (ABS), 1998; Breslau et al., 1998; Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995). The prevalence of being at-risk for a particular traumatic event varies across event types. For example in the United States, the lifetime prevalence of exposure to: torture/combat/kidnap was 2% across the population; 25% for being mugged or in a serious motor vehicle accident; and 60% for experiencing a sudden and unexpected death of a close friend or a relative (Breslau, et al., 1998). In regards to gender and traumatic exposure, females are more likely to be exposed to rape and sexual molestation (ABS, 1998; Kessler, et al., 1995). Males are more likely to be exposed to physical attack with a weapon (ABS, 1998; Kessler, et al., 1995), combat and witnessing traumatic events (Kessler, et al., 1995).
1.3 Traumatic Events and Symptoms of Posttraumatic Stress Disorder, Major Depressive Disorder and Alcohol Use Disorder

1.3.1 Assaults

1.3.1.1 Sexual Assaults

As stated above, the lifetime prevalence rate for experiencing a sexual assault is higher for females and males, being 33% (Australian Bureau of Statistics (ABS), 2006) and 12.9% (Masho & Anderson, 2009) respectively. In contrast, 65% of males who have been sexually assaulted develop PTSD compared to 46% of sexually assaulted females (McFarlane, 2004). Major depressive disorder (MDD) is also commonly reported in both sexually assaulted males and females (Koss, Bailey, Yuan, Herrera, & Lichter, 2003; Tewksbury, 2007). Sexual assault also has a higher risk of AUD (McFarlane, 1998) for both males (Tewksbury, 2007) and females (Sonne, Back, Zuniga, Randall, & Brady, 2003) compared to the those who have not been sexually assaulted. The risk for developing an AUD is further increased if the sexual assault was severe (Stewart, 1996).

1.3.1.2 Physical Assaults

Individuals who have experienced assaultive violence have the highest risk for developing PTSD (Breslau, et al., 1998). PTSD and MDD are the two predominant psychological responses that occur following a physical assault (Koss, et al., 2003). A relationship exists between assault severity and frequency, so the more severe and frequent the assault(s) the more severe the PTSD and depressive symptoms (Hedtke et al., 2008; Hembree, Street, Riggs, & Foa, 2004; Koss, et al., 2003). Exposure to lifetime violence often results in an increased risk of PTSD, MDD and alcohol or other drug abuse (Hedtke, et al., 2008). Physical abuse histories are associated with alcohol consumption (Stewart, 1996) and are particularly associated with high rates of hazardous drinking (McFarlane, 1998).
1.3.2 Combat

Combat exposure results in approximately 35% of veterans developing PTSD (McFarlane, 2004). Injured soldiers and soldiers with higher levels of combat exposure have high rates of PTSD (Ikin et al., 2004; Kang, Natelson, Mahan, Lee, & Murphy, 2003) although rates vary across veteran populations (Grieger et al., 2006). The prevalence of MDD co-existing with PTSD for war veterans is 26%, with a higher prevalence range of 74% to 84% for treatment seeking veterans (Franklin & Zimmerman, 2001). Up to 75% of combat veterans with PTSD also meet criteria for AUD (Jacobsen, Southwick, & Kosten, 2001) which is a higher rate than the community rate of AUD (O’Toole, et al., 2009). Higher levels of combat exposure are also associated with more severe alcohol abuse and binge drinking behaviours (Stewart, 1996).

1.3.3 Serious Accidents

Serious accidents are considered to be traumatic if they are associated with threat or fear of dying (Kuhn, et al., 2006). One study showed that three months after a motor vehicle accident 8 - 40% of people develop PTSD, with 40% of these people also developing MDD (Blanchard & Veazey, 2001). Another study showed that following a serious accident, 57.8% of people who developed PTSD also developed MDD (Blanchard, Hickling, Taylor, Loos, & Gerardi, 1994; Shalev et al., 1998). Life threatening accidents have also been associated with hazardous (McFarlane, 1998) although most studies report alcohol use in the context of increasing the likelihood of a serious accident occurring, rather than as an outcome.

1.3.4 Natural Disasters

PTSD following a natural disaster tends to focus on specific disasters such as hurricanes (Acierno, Ruggiero, Kilpatrick, Resnick, & Galea, 2006; Galea et al., 2007), earthquakes (Priebe et al., 2009) and floods (North, et al., 2004). Following
Hurricane Katrina, PTSD prevalence was 30.3% and anxiety-mood disorder prevalence was 49.1% (Galea, et al., 2007). For earthquakes, PTSD prevalence was 14.5% at six months post event (Priebe, et al., 2009) which decreased to 11.7% three years later (Onder, Tural, Aker, Kilic, & Erdogan, 2006). Another disaster study found that flood-related PTSD rates were 22%, seven months post flood and 16%, 16 months post flood (North, et al., 2004). This study also found that depression was the second most prevalent post flood disorder and co-existed in 51% of those with flood-related PTSD. Although there were no changes in alcohol abuse rates (North, et al., 2004) another study reported an association between increased alcohol consumption following flood, volcanic eruption and house fire (Stewart, 1996).

1.3.5 Childhood Trauma

1.3.5.1 Childhood Abuse and Sexual Assault

A major risk factor for PTSD is being exposed to traumatic events at a young age (Herman, 1997). Research has found associations between high rates of PTSD in adults and having experienced physical abuse (Golier et al., 2003) or sexual assault during childhood (Zlotnick et al., 2003). Studies have found that if this early abuse was ongoing, then the PTSD presentation in adulthood is more complex (Herman, 1997). Child physical abuse is also a risk factor for substance use/abuse in later life (Gutierres & Todd, 1997) and depression (Hill, 2003). Research conducted on females who experienced physical assault when a child showed that they were more likely to report either lifetime or current episodes of PTSD, depression and alcohol and other drug abuse (Duncan, Saunders, Kilpatrick, Hanson, & Resnick, 1996). Childhood sexual assault is also recognized as a risk factor for depression (Gladstone et al., 2004).
1.3.5.2 Dysfunctional Parenting

Research has found that experiencing dysfunctional parenting (Gladstone, Parker, Wilhelm, Mitchell, & Austine, 1999) is associated with adult depression (Hill, 2003) and substance/alcohol use (Gutierres & Todd, 1997). Lack of parental care (i.e., neglect) and maternal over protection are associated with anxiety disorders and can contribute to a vulnerability factor for other psychiatric disorders (Heider et al., 2008). Maternal over intrusiveness has also been associated with adverse psychosocial health (Martin, Bergen, Roeger, & Allison, 2004) whilst poor paternal bonding is associated with depression (as the primary disorder) and alcohol abuse (as the secondary disorder) (Patock-Peckham & Morgan-Lopez, 2007). People who were raised by an alcohol dependent parent/or experienced aberrant parenting, and who also experienced sexual abuse with chronic psychosocial and other life stressors as a child, were more at risk of depression as an adult (Gladstone, et al., 1999).

1.4 Posttraumatic Stress Disorder, Major Depressive Disorder and Alcohol Use Disorder - Symptoms and Diagnostic Criteria

1.4.1 Posttraumatic Stress Disorder

PTSD is a complex disorder that can develop after a person has been exposed to a traumatic event (PTSD Alliance, 2000). Traumatic events are grouped under Criterion A in the Diagnostic and Statistical Manual, fourth edition-text revised (DSM-IV TR). Criterion A is divided into A1 (person experienced or witnessed an event that involved actual or threatened injury/death) and A2 (felt intense helplessness, hopelessness, fear or horror). Both A1 and A2 are required for Criterion A to be met (APA, 2000).

Symptoms of PTSD are divided into the three clusters of: Criterion B, re-experiencing the traumatic event; Criterion C, avoidance of any reminders of the traumatic event or a numbing of general responsiveness; and Criterion D,
persistent hyperarousal (Briere & Scott, 2006). For PTSD criteria to be met, threats or actual injury (Criterion A1) and feeling helpless, hopeless or terror (A2) during the traumatic event must occur. Following the trauma exposure there is to be at least: one re-experiencing symptom (Criterion B); three avoidance symptoms (Criterion C) and two hyperarousal symptoms (Criterion D) present (APA, 2000). These symptoms need to be experienced for more than one month (Criterion E) and cause the person significant distress or impairment (Criterion F) in social and occupational functioning, as well as in other significant areas of life (APA, 2000).

PTSD can occur at any age and the symptoms manifest differently between children and adults (APA, 1994), and between western and non-western cultures (Briere & Scott, 2006). The prevalence rates of PTSD in community-based studies show a lifetime prevalence of 8% in the adult population in the United States (APA, 2000), while at-risk groups (such as combat veterans) have a higher lifetime prevalence, ranging from 3% to 58% (APA, 1994). Various PTSD community studies have also found differing lifetime prevalence rates, and this variation may be due to the use of different diagnostic criteria (such as the DSM-III versus the use of the DSM-IV in more current studies) or sampling methods (Hasin, Goodwin, Stinson, & Grant, 2005).

1.4.1.1 The Cognitive Model of Posttraumatic Stress Disorder Development and Maintenance

The DSM-IV-TR classifies PTSD with other anxiety disorders (APA, 2000). A recent model for the development and maintenance of PTSD following a traumatic event is the cognitive model (Ehlers, Clark, Hackmann, McManus, & Fennell, 2005). This model proposes that PTSD is the result of dysfunctional cognitions (negative appraisal) and an ongoing perception of threat (Dunmore, et al., 1999; Ehlers & Clark, 2000) that occur post event. The dysfunctional cognitions have two main themes: (1) the world is completely dangerous; and
(2) the self is *totally* incompetent (Foa, Ehlers, Clark, Tolin, & Orsillo, 1999). Ehlers and Clark (2000) propose that traumatic event memory is not properly integrated into autobiographical memory, so that these memories are easily triggered (and PTSD develops). Repetition of problematic behavioural and cognitive strategies (Ehlers & Clark, 2000) such as rumination, avoidance, thought suppression and safety behaviours (Ehring, Ehlers, & Glucksman, 2008) then maintain the negative appraisals about the traumatic memory (and PTSD is retained).

A risk factor associated with PTSD development is the severity of the traumatic event and the distress levels experienced (Creamer, Burgess, & Pattison, 1992). Exposure to multiple traumatic events exacerbates the severity and intensity of distress levels experienced (McNally, 2003; Williams, et al., 2007). This multiple exposure is problematic as it is associated with greater psychiatric symptoms in both adults and adolescents (Suliman et al., 2009).

### 1.4.1.2 Prevalence of Posttraumatic Stress Disorder in the General Community

In Australia, the 2007 National Survey of Mental Health and Wellbeing (NSMHWB) epidemiological survey found that PTSD is the most prevalent of all the anxiety disorders in the community (6.8%, with 8.3% for females and 4.7% for males), within the previous 12 months prior to the survey (ABS, 2008). It also found that the lifetime prevalence rate of PTSD was 12.2% in the population, with a rate of 15.8% for females and a rate of 8.6% for males. Thus females report higher rates of PTSD compared to males (ABS, 2008). Compared to Australia, PTSD prevalence rates are much lower in the United States with rates of 3.5% for 12 months (Kessler, Chiu, Demlar, & Walters, 2005) and 6.8% lifetime (Kessler, Berglund, Demlar, Jin, & Walters, 2005). However, the same pattern of PTSD being more common in females than males also occurs in the US (Kessler, et al., 1995; Tolin & Foa, 2006).
1.4.2 Depression and Major Depressive Disorder

Depression is a commonly occurring, unipolar mood disorder that ranges in presentation from mild to severe and presents as either episodic or chronic (Hollon, Thase, & Markowitz, 2002). Depressive disorders include MDD (the most commonly experienced), melancholia, depression with psychotic features, and dysthymia (low mood) (APA, 2010). MDD can begin at any age, although onset is usually (on average) in the mid-twenties and the presentation of symptoms varies from person to person (APA, 2000). MDD is characterised by the experience of at least one major depressive episode, which is when a person experiences a period of at least two weeks where they have lost interest and/or pleasure in nearly all activities or experience a depressed mood (APA, 2000). This disorder provides major contributions to premature death by suicide, injury, and other health problems, such as cardiovascular disease (Mackinnon, Form, & Hickie, 2004).

1.4.2.1 Prevalence of Major Depressive Disorder in the General Community

In Australia, the 2007 NSMHWB reviewed the 12-month prevalence of mood disorders and found that depressive episodes were the most commonly experienced disorder from this category (4.1% of the population) (ABS, 2008). The lifetime prevalence rates for MDD in the United States is 16.6% (Kessler, Berglund, et al., 2005). The DSM IV-TR (APA, 2000) reports the lifetime prevalence for MDD in the United States is between 10% to 25% for females, and 5% to 12% for males. This gender difference (with females more likely to experience depression than males) is consistently observed in both Australian and international epidemiological surveys (ABS, 2008; Hasin, et al., 2005). Research into the distribution characteristics of depression prevalence in the US found that depressive episodes last an average of six months, with lifetime rates of MDD being higher amongst the ‘baby boomer’ generation than for younger
generations (Hasin, et al., 2005). The age of depression onset is also decreasing (APA, 2000).

1.4.3 Alcohol Use Disorders

Alcohol use is widespread in Western societies (Lewin, Slade, Andrews, Carr, & Hornabrook, 2005) and is typically consumed in social settings, or as a form of enjoyment or relaxation (Ballenger et al., 2004). Alcohol consumption when excessive is a health risk factor that contributes to morbidity and mortality (ABS, 2008). Ongoing and/or long-term excessive alcohol consumption can lead to AUD which ranges from harmful use, to alcohol abuse, and alcohol dependence (McDevitt-Murphy, 2011). People with AUD have high rates of other mental disorders (Khantzian, 1997), with one study finding the prevalence rate as high as 40% (Sobell & Sobell, 2003). In particular, people who are diagnosed with alcohol dependence are more likely to have another mental disorder compared to those who do not have a diagnosis of alcohol dependence (Department of Veteran Affairs (DVA), 2004). Those with an alcohol-mental disorder comorbidity are also more vulnerable to relapse in these health domains (ABS, 2008).

Alcohol abuse is diagnosed when alcohol consumption is excessive (for at least 12 months) and has led to significant impairment/distress in a person that has never been previously diagnosed with alcohol dependence (APA, 2000). Alcohol abuse can be hard to identify (McDevitt-Murphy, 2011) as the alcohol-related impairment may be limited to one functional area (i.e., occupational problems, failure to meet major obligations, drinking in hazardous situations, social problems, and alcohol-related legal problems) (APA, 2000).

Alcohol dependence is a chronic condition with frequent relapse (Elliot, Mok, & Briere, 2004). Alcohol dependence occurs when drinking patterns have become maladaptive and excessive and has resulted in significant impairment/distress
for at least 12 months (APA, 2000). If someone is alcohol dependent, they will experience at least three (APA, 2000) of the following symptoms: a strong desire to drink; increased tolerance to alcohol; physical withdrawal symptoms; persistent drinking; unsuccessful reduction or abstinence efforts; and increased time spent drinking and less time participating in other life activities (APA, 2000; Briere, 2002; Freedman, Brandes, Peri, & Shalev, 1999).

**1.4.3.1 Prevalence of Alcohol Use in the General Community**

Alcohol use is highly prevalent in Australia, which is consistent with most Western countries (APA, 2000). The 2007 NSMHWB survey found that 5.1% of the Australian population had a 12-month substance use disorder, with harmful alcohol use being the most prevalent (2.9%) (ABS, 2008). Males experience higher rates of harmful alcohol use compared to females, with the male rate being nearly double that of females (3.8% versus 2.1%). The lifetime prevalence of harmful alcohol use was 18.9% in the population, with nearly three times as many males (28.1%) than females (9.8%) belonging to this category (ABS, 2008). Alcohol dependence in the past 12 months was less prevalent with 1.4% of the population surveyed reaching diagnostic criteria for this disorder. Similar to harmful alcohol use, males were more likely to reach diagnosis within the past 12 months than females (2.2% compared to 0.7%; (ABS, 2008).

**1.5 Posttraumatic Stress Disorder – Major Depressive Disorder and Posttraumatic Stress Disorder – Alcohol Use Disorder Comorbidity**

PTSD has high comorbidity rates with other DSM Axis I disorders (Creamer, Burgess, & McFarlane, 2001), with 88.3% of males and 79% of females having a lifetime history of at least one other disorder (Kessler, et al., 1995). Common PTSD comorbidity includes affective disorders (ABS, 2008; Kessler, et al., 1995) and substance use disorders (Kessler, et al., 1995). In particular, the
PTSD-MDD-AUD association has been found in both Australian (Creamer, et al., 2001) and United States epidemiological (Kessler, et al., 1995) surveys.

1.5.1 Posttraumatic Stress Disorder – Major Depressive Disorder
MDD co-occurs in approximately 50% of people who have PTSD (Tucker et al., 2004). The PTSD-MDD combination is particularly common for females (Frayne et al., 2004), with a prevalence pattern of 65.1% for females and 51.6% for males (Creamer, et al., 2001). Research has also found that there is a heavier burden of physical illness for females with co-existing PTSD-MDD compared to females with MDD as a single disorder (Frayne, et al., 2004).

1.5.2 Posttraumatic Stress Disorder – Alcohol Use Disorder
PTSD often co-occurs with AUD (Brady et al., 2005). In the 2010 Australian NSMHWB survey (ABS, 1998) the prevalence of PTSD co-occurring with substance use disorders (SUD) was 34.5%. Alcohol was found to be the most commonly used substance (24.1%) (Mills, Teesson, Ross, & Peters, 2006). Gender differences were noted as males with PTSD were more likely to have an AUD than females (37.6% compared to 12.4%) (Creamer, et al., 2001). Other characteristics of people with this particular comorbidity include: being young; unmarried; not co-habiting; receiving government benefits; and having lower social and occupational, functioning compared to those with alcohol and other drug disorders (Mills, et al., 2006).

1.5.3 Major Depressive Disorder – Alcohol Use Disorder
Research has shown an association between MDD-AUD (Iverson et al., 2011). Epidemiological studies have shown that having depression results in a higher likelihood of also having an AUD (Briere, 2002). Co-existing MDD-AUD is associated with earlier alcohol relapse compared to people with AUD only (Grassi-Oliveira & Milnitsky Stein, 2008). Depressive symptoms are associated
with higher rates of alcohol consumption per drinking occasion (Babor, Higgins-Biddle, Saunders, & Monteiro, 2001). Alcohol use can also increase depression symptom severity (Grassi-Oliveira & Milnitsky Stein, 2008).

1.6 Psychosocial Treatments

1.6.1 Cognitive Behaviour Therapy

Cognitive Behaviour Therapy (CBT) involves a range of interventions that are based on the two theories about cognitions (thoughts) and behaviours/feelings (Nilly & Haran, 2009). These two theoretical components propose that cognitions influence our emotions and behaviour, and that our behaviour further affects our cognitions and feelings (Beck, 2011). Treatment therefore targets this association between unhelpful thoughts and behaviours (Resick, Williams, Suvak, Monson, & Gradus, 2012).

CBT is based on Beck’s cognitive model which states that a situation or event activates cognitions, which then activates emotional, behavioural, and physiological reactions (Najavits et al., 2008). According to Beck (1964) it is not the situation that determines the reaction, rather, the thought/ belief about that situation (or how the situation is interpreted) that brings about the response (Najavits, et al., 2008). Therefore, the central component of the cognitive model are cognitions (Beck, 2011) and that cognitions need to be identified and addressed in treatment (Najavits, et al., 2008) in order for the problem to improve. Since Beck’s (1964) original model, the cognitive model has been further developed (see Figure 1.1) and encompasses three different levels of cognitions: core beliefs (regarded as absolute personal truths); intermediate beliefs (attitudes, assumptions and rules); and automatic thoughts (Beck, 2011). The revised model (Figure 1.1) holds that core beliefs activate intermediate beliefs, which are activated by a situation. Situations then activate automatic
thoughts, which then activate emotional, physiological, and behavioural reactions (Beck, 2011) or responses to that situation.


**Figure 1.1 The revised cognitive model: The process of cognitive conceptualisation in response to negative thinking.**

Behavioural activation specifically addresses the behaviours that contribute to the problem. For example, the behavioural perspective of CBT for depression is that the person’s inactivity contributes to their poor mood, so increasing their activity rates should help to improve mood states (Beck, 2011; Resick, et al., 2012). Behavioural activation strategies aim to challenge the automatic unhelpful thoughts through activity scheduling, mastery and pleasure ratings, and behavioural experiments (Resick, et al., 2012). These strategies also involve the person going into situations that test the evidence of those unhelpful cognitions (McDonagh et al., 2005).

On a clinical level, CBT is a goal directed and problem solving focused therapy (Resick, et al., 2012). CBT aims to improve mental health functioning by identifying and addressing unhelpful cognitions, as well as enhancing adaptive
behaviours (Nilly & Haran, 2009) through teaching coping skills, activity scheduling, and exposure strategies (Beck, 2011). The principles of CBT also assist this therapeutic process by emphasising the importance of the therapist developing a working collaborative relationship with the patient, and that the patient’s problems are constantly re-formulated and conceptualised (Resick, et al., 2012). The CBT model has been adapted to treat a variety of mental health disorders, including PTSD, MDD, and AUD conditions (Bradley, Greene, Russ, Dutra, & Westen, 2005; Ekers, Richards, & Gilbody, 2008; Magill & Ray, 2009).

1.6.2 Cognitive Behaviour Therapy for Posttraumatic Stress Disorder

The CBT model of PTSD proposes that PTSD develops following negative and incorrect appraisals of self competency and that others and the world (i.e., the environment) are unsafe (Ehlers & Clark, 2000; Nemeroff et al., 2006). The negative and incorrect appraisals regarding safety occur post traumatic event exposure (Ehlers & Clark, 2000). CBT treatments for PTSD aim to correct these maladaptive cognitions about self, other, and the world (Johnson & Zlotnick, 2011). The strategies that PTSD CBT treatment apply to achieve these aims include exposure, stress inoculation (Foa et al., 2005), cognitive restructuring and skills training (Johnson & Zlotnick, 2011). Exposure strategies are unique to PTSD CBT interventions, which involve traumatic memories being activated in a titrated manner to allow habituation of PTSD reactions (Briere & Scott, 2006).

Studies on PTSD and trauma-focused CBT interventions have shown that CBT is both an effective (Bisson, 2009; Zoellener, Rabe, Karl, & Maercker, 2011) and efficacious treatment for PTSD (Butler, Chapman, Forman, & Beck, 2006). Cognitive-behavioural conjoint therapy has recently been developed for PTSD and early research suggests that it may be a promising treatment for people with PTSD and their partners (Monson et al., 2011). However, the long-term treatment effects of PTSD CBT interventions are not yet established (Bisson,
2009) and require further investigation (Kaysen, Rosen, Bowman, & Resick, 2010).

1.6.3 Cognitive Behaviour Therapy for Depression

The cognitive model of depression states that negative beliefs and schemas (i.e., involves themes of loss, rejection, and worthlessness) result in a vulnerability to depression (Beck, Rush, Shaw, & Emery, 1979). These negative beliefs and schemas can be triggered by stressful or adverse life events, which can then result in depression (Nilly & Haran, 2009). CBT for depression aims to reduce these symptoms by teaching problem solving skills and identifying and modifying both depressive environmental reinforcers (through activity scheduling) and beliefs (through socratic questioning and restructuring cognitions) (APA, 2010; Nilly & Haran, 2009).

Research has found CBT to have good efficacy (Moak et al., 2003) and to be an effective treatment for depression (APA, 2010; deGraaf, Hollon, & Huibers, 2010). CBT for depression has also been found to be just as effective in treating depression as antidepressants (Ellis & Smith, 2002; Hollon et al., 2005). MDD CBT is also associated with lower relapse and recurrence rates of depression (Hollon, et al., 2005; Ma & Teasdale, 2004; Teasdale et al., 2000).

1.6.4 Cognitive Behaviour Therapy for Alcohol Use Disorder

The CBT framework has been modified for alcohol interventions and developed into the relapse prevention model (Marlatt & Witkiewitz, 2005). Based on this model, AUD is viewed as a set of learned behaviours whereby alcohol use becomes associated with coping (Kadden & Cooney, 2005; Marlatt, Parkes, & Witkiewitz, 2002). In order to separate any alcohol–coping associations, relapse prevention treatments teach the person alternative cognitive and behavioural coping skills (Morgenstern & Longabaugh, 2000). The skills taught in relapse prevention treatments range from identifying high-risk situations, managing
urges (or cravings to drink), cognitive re-structuring, activity scheduling, problem solving, and drink refusal skills (Kadden & Cooney, 2005).

CBT is an effective treatment for AUD (Shand, Gates, Fawcett, & Mattick, 2003). It has a modest to strong relationship with increased coping skills and improved drinking-related outcomes (Morgenstern & Longabaugh, 2000). A recent meta-analytic study found that relapse prevention, combined with additional psychosocial treatments (i.e., contingency management, motivational interviewing, and family-based interventions) is more effective than combined relapse prevention and medication (Magill & Ray, 2009).

1.6.5 Integrated Cognitive Behaviour Therapy

Integrated CBT treatments refer to any CBT intervention that treats two disorders at the same time, rather than treating one disorder only. Research into integrated CBT interventions is recent, with the outcomes so far promising. In the context of this study, integrated CBT studies of interest are PTSD-MDD (Iverson, et al., 2011), PTSD-AUD (McDevitt-Murphy, 2011), and MDD-AUD (Baker et al., 2010) and are discussed below.

1.6.5.1 Integrated PTSD and Depression Treatments

Although PTSD-MDD comorbidity is common (O'Donnell, Creamer, Pattison, & Atkins, 2004) few studies have investigated the effects of CBT treatments on PTSD-MDD. One recent study found integrated CBT to be effective in reducing both PTSD-MDD symptom types in females who had experienced interpersonal violence (Iverson, et al., 2011). Another integrated CBT study has also been found it to effectively treat PTSD and depressive symptoms following a motor vehicle accident (Khantzian, 1985).
1.6.5.2 Integrated PTSD and Alcohol and Other Drug Treatments

Integrated PTSD and substance use/alcohol use CBT treatments have also been found to be effective in treating co-existing PTSD-SUD symptoms (McDevitt-Murphy, 2011; Mills et al., 2012; Najavits, 2005). One study found that if PTSD is not treated either simultaneously or sequentially with co-existing alcohol problems, then drinking relapse rates are higher post alcohol treatments (Stockwell, Murphy, & Hodgson, 1983). Therefore, when treating co-existing PTSD-AUD, integrated rather than single-focused CBT treatment is recommended (McDevitt-Murphy, 2011).

1.6.5.3 Integrated Depression and Alcohol Use Disorder Treatments

Studies on integrated CBT treatments for MDD-AUD found that the combined treatment approach was effective in reducing both MDD-AUD symptoms (Zanarini et al., 1997). Another study comparing single focused alcohol, depression, and combined alcohol and depressive treatments found that the combined treatment may be more effective in reducing MDD-AUD symptoms than the single treatments (Baker, et al., 2010).

1.6.6 Posttraumatic Stress Disorder and Non-Trauma Focused Cognitive Behaviour Therapy

Despite PTSD commonly co-occurring with MDD (Tucker, et al., 2004) and AUD (Brady et al., 2006; Mills, et al., 2006), there has been very limited research into the effects of having PTSD when receiving CBT treatment for MDD and/or AUD (referred to as a non-trauma focused CBT intervention). The few studies that have explored the effects of having PTSD when receiving non-trauma focused CBT intervention for another disorder, have shown that the treatment outcomes are poorer compared to those who do not have PTSD. For example, one study investigated the effects of PTSD on 12 CBT treatment sessions for MDD and found that depressive symptoms improved regardless of PTSD.
comorbidity (Green et al., 2006). However those with PTSD-MDD remained more impaired and distressed than those with MDD only (Green, et al., 2006). Research into having PTSD-AUD and receiving alcohol (only) treatment has found that having PTSD results in higher rates of relapse compared to those with AUD only (particularly for women) post alcohol treatment (Ouimette, Brown, & Najavits, 1998). Those with PTSD-AUD were also found to have (on average) higher levels of drinking at relapse compared to those without PTSD (Ouimette, et al., 1998).

1.7 Thesis and DAISI Project

This thesis will focus on co-existing PTSD with MDD-AUD, in a depression and alcohol misuse treatment seeking sample. As participants in the four studies reported with in this thesis (Chapters 2, 3, 4, and 5) were recruited through the DAISI (Depression and Alcohol Integrated and Single focused Interventions) project (Baker, et al., 2010) a brief overview of this project is now provided. The DAISI project recruited participants (N=278) from a range of treatment agencies and via media advertisements. Participants were then assessed before being provided with treatment (either brief intervention (BI) or cognitive behaviour therapy (CBT)) for depression and/or alcohol misuse. Participants were assessed at baseline and (on average) 3 months post baseline. The inclusion criteria for the DAISI project were: (a) ≥ 16 years of age; (b) current depressive symptoms (score ≥ 17 on the BDI-II); (c) and consuming alcohol at harmful levels as determined by the Australian National Health and Medical Research Council’s (2001) drinking guidelines. Potential participants were excluded if they: (i) were currently diagnosed with a psychotic disorder; (ii) reported a history of traumatic brain injury (due to DAISI being a CBT study); (iii) lacked fluency in English; or (iv) lived too far away to attend sessions. Participants who were attending other treatment services for depression and/or alcohol were still eligible to participate in the DAISI project. Participants were also not
prevented from seeking out other treatment services during the study. Entry into the DAISI project was delayed if pharmacotherapy was commenced within four weeks prior to entering the DAISI project in order to allow for dose stabilisation.

This project was approved by both the Human Research Ethics (University of Newcastle) and the University of Queensland Ethics Committees, Australia. All participants provided written informed consent to participate in both the DAISI project. Of a total of 278 DAISI participants (Baker, et al., 2010) 220 completed the PTSD assessments, and were included in the four studies contained in this thesis.

1.8 Summary and Conclusions

CBT is an effective single focused treatment for PTSD (Iverson, et al., 2011; Zoellener, et al., 2011), MDD (Ellis & Smith, 2002; Ma & Teasdale, 2004) or AUD (Proude, Lopatko, Lintzeris, & Haber, 2009). As co-existing disorders (i.e., PTSD-MDD or PTSD-AUD) are common (Teesson, Slade, & Mills, 2009), integrated CBT treatments for co-existing PTSD-MDD (Iverson, et al., 2011), PTSD-AUD (Najavits, 2005), and MDD-AUD (Baker, et al., 2010) are developing and are showing some promise as an effective treatment. However, as existing integrated CBT treatments have focused on two disorders, the impact of having PTSD with co-existing depression and alcohol use problems on treatment outcomes when PTSD is not addressed in treatment has yet to be investigated.

This thesis will investigate the prevalence rates of traumatic exposure, traumatic event types, and PTSD diagnosis in a depressed and alcohol misuse treatment seeking population. It will then explore the effects of traumatic exposure, traumatic event types, exposure to more than one traumatic event, and the effects of having PTSD on depression and AUD symptoms (Chapter 2).
It will try to identify if experiencing certain traumatic events affects PTSS, depression, and alcohol use problems differently, and if so, how (Chapters 3).

Treatment outcomes for PTSD-MDD-AUD comorbidity when receiving depression and/or alcohol CBT treatments (Chapters 4) will also be explored. Chapter 4 will investigate the effects of having PTSS and PTSD diagnosis on depression and/or alcohol CBT treatment outcomes. Chapter 5 will further investigate if experiencing certain assaults affects depression and/or alcohol treatment outcomes. For example, does experiencing sexual assault have poorer depression and alcohol treatment outcomes compared to experiencing physical assaults? Finally, an overview of PTSD comorbidity in people who present for depression and/or alcohol CBT treatment will be provided, and recommendations for assessment and treatment of PTSD in MDD-AUD presentations will be made.
CHAPTER 2 PTSD COMORBIDITY PREVALENCE

Exposure to dysfunctional parenting and trauma events and posttraumatic stress profiles among a treatment sample with co-existing depression and alcohol use problems

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Description of contribution of candidate

Author A (KB) was the principal investigator of the study, and conceptualised the study in consultation with authors B, C, and D. KB was primarily responsible for data cleaning, data analysis, and statistical analysis of the data. KB was responsible for the literature review and drafting of all sections of the manuscript. KB was also responsible for manuscript submission and correspondence.

Current Status

2.1 Overview

Traumatic exposure (including experiencing dysfunctional parenting when a child) and posttraumatic stress disorder (PTSD) frequently co-exist with major depressive disorder (MDD) and alcohol use disorders (AUD), with the impact of this comorbidity usually studied as a dual disorder (i.e. PTSD-MDD or PTSD-AUD). This chapter (which has been published in a peer review paper) (Bailey, et al., 2012) explores traumatic exposure (including to dysfunctional parenting), PTSD symptom severity and PTSD in people seeking treatment for co-existing depressive symptoms and alcohol use problems.

Participants ($N = 221$) with current depression and alcohol use problems were recruited. Most of these participants experienced trauma (71.6% $n = 159$), with more than one third reaching DSM-IV criteria for current PTSD (38.0%, $n = 84$). Unique to this study was that there were no gender differences in rates of traumatic exposure, number of traumatic events, and PTSD. More severe PTSD symptoms and PTSD were associated with: childhood neglect; earlier depression onset; more severe depression and alcohol problems; and lower general functioning. More severe problems with alcohol were related to Intrusion and Avoidance symptoms, while severe alcohol dependence were related to Hyperarousal.

In conclusion, this research found that PTSD symptoms and PTSD are highly prevalent in those with co-existing depression and alcohol use problems. PTSD symptoms and PTSD are associated with a history of childhood neglect and higher levels of comorbidity. Trauma, PTSD symptoms and PTSD should be assessed and addressed among people seeking treatment for co-existing depression and alcohol problems.
2.2 Introduction

2.2.1 Posttraumatic Stress Prevalence

Following a traumatic event, most people will experience feelings such as fear, sadness, guilt and anger, with some developing depression, anxiety or substance misuse problems (ACPMH, 2007). Specific trauma symptoms are grouped into three categories: re-experiencing the traumatic event; Avoidance and numbing in response to trauma reminders; and Hyperarousal (anxiety) symptoms (APA, 1994). The re-experiencing and Hyperarousal symptoms are initially the most problematic (Shalev, 2002) and if they continue over time, Posttraumatic Stress Disorder (PTSD) can develop (PTSD Alliance, 2000). This is particularly so if the avoidance symptoms persist, as this symptom cluster is the best predictor of PTSD development (DeMond, Beck, Marques, Palyo, & Clapp, 2008).

Exposure to at least one traumatic event across the lifetime is experienced by approximately 83% of men and 75% of women (Norman, Stein, & Davidson, 2007). Men are more likely to report a greater number of traumatic exposures (Breslau, et al., 1998), women are more likely to meet criteria for PTSD (Nemeroff, et al., 2006; Tolin & Foa, 2006). The lifetime prevalence rate for PTSD in Australia is 12.2% (15.8% for women and 8.6% for men) (Australian Bureau of Statistics (ABS), 2008) although it is higher (up to 65%) (McFarlane, 2004) in at-risk populations such as combat veterans (Grieger, et al., 2006) and victims of sexual (Kessler, et al., 1995) or physical assault (Breslau, et al., 1998).

2.2.2 PTSD, Depression, Alcohol after Exposure to Dysfunctional Parenting

Traumatic events during childhood (physical and sexual abuse) have consistently been associated with psychiatric morbidity in later life (Kessler, Davis, & Kendler, 1997). The severity of childhood trauma has been associated
with PTSD, major depressive disorder (MDD) (Duncan, et al., 1996; Nelson et al., 2002) and alcohol use disorder (AUD) in adults (Hepp et al., 2006; Langeland, Draijer, & Van den Brink, 2004). Other research on childhood trauma investigates the effects of parental mental illness (Smith, 2004) or alcohol dependence (Langeland, et al., 2004). However, there has been limited research into the impact of dysfunctional parenting (neglect, affectionless over-control or abuse) and the long-term impact it has on adult traumatic exposure, depression and problem drinking. This is due to most studies researching the impact of dysfunctional parenting on infants (Levendosky, Leahy, Bogat, Davidson, & von Eye, 2006), children (Bayer, Hiscock, Ukoummune, Price, & Wake, 2008) and adolescents (Maynard & Harding, 2010), rather than across adulthood.

2.2.3 PTSD and Depression

PTSD in international and Australian community surveys has routinely been associated with high rates of MDD (ACPMH, 2007; Creamer, et al., 2001) with MDD occurring in approximately 50% of PTSD sufferers (Tucker, et al., 2004). PTSD co-exists with MDD more commonly in women, with one study reporting 65% of women had a PTSD-MDD diagnosis at 12 months (Frayne, et al., 2004). In comparison, another study found that 51.6% of men had PTSD-MDD (Creamer, et al., 2001).

This high comorbidity rate may be due to depressive symptoms being considered a reaction to a traumatic event (Franklin & Zimmerman, 2001). These symptoms (such as despair, dysphoria and withdrawal) are typically present within minutes to hours following exposure to a traumatic event (Shalev, 2002). Initial depressive symptoms are a good predictor of PTSD at 12 months post event, and it may also be an important mediator in the development of chronic PTSD (Levendosky, et al., 2006). The depression and
emotional numbing symptoms (which is a PTSD avoidance symptom) have also been found to be a good predictor of PTSD severity (Bradizza, Stasiewicz, & Paas, 2006).

As PTSD-MDD symptoms overlap (Franklin & Zimmerman, 2001), studies have shown that these two disorders affect each other in different ways. Pre-existing depression has been found to exacerbate the effects of traumatic event exposure (Mills, et al., 2012). MDD can develop as a secondary disorder, in response to chronic and severe PTSD, and when these disorders co-occur their interaction amplifies dysfunction (Shalev, et al., 1998). PTSD has also been found to increase the risk for developing depression (Teesson, et al., 2009). There has also been a finding that, within a 12 month period post injury, diagnosis of PTSD, MDD, and co-existing PTSD-MDD can fluctuate (O'Donnell, Creamer, & Pattison, 2004). That is, a diagnosis of one disorder (i.e., PTSD) at one time point can change to a different diagnostic category (i.e., MDD or PSTD-MDD) at a later time point, within a 12 month timeframe post-injury.

2.2.4 PTSD and Alcohol

Alcohol is the most commonly used substance among people with PTSD (24.1%), and people with PTSD are 5.2 times more likely to have an AUD (Mills, et al., 2006) than the rest of the population. Men with PTSD are particularly likely to have a 12-month diagnosis of AUD (37.6%, compared with 12.4% of women) (Creamer, et al., 2001). Three main causal pathways are proposed to explain this co-occurrence (Stewart, 1996). The first is that alcohol abuse develops as alcohol is used to manage or reduce PTSD symptomatology (self-medication) (Bayer, et al., 2008). The second is that alcohol abuse was present prior to the development of PTSD, and that it maintains PTSD by inhibiting psychological processing of the traumatic event (thus preventing desensitization) (Stewart, 1996). The third potential pathway involves at-risk
drinking increasing the chance of experiencing or witnessing traumatic events such as serious accidents or physical or sexual assaults (McFarlane, 1998).

### 2.2.5 PTSD and Multiple Comorbidity

PTSD has predominantly been studied as a single disorder (Hepp, et al., 2006) or in terms of its co-occurrence with another disorder (e.g. PTSD-MDD (Frayne, et al., 2004) or PTSD-AUD (Brady, et al., 2005)). Few studies have examined comorbidities involving PTSD-MDD-AUD. Exceptions are some large-scale population surveys (e.g. (Teesson, et al., 2009)) which necessarily use abbreviated assessments, and studies of high-risk groups such as war journalists (Feinstein, Owen, & Blair, 2002) and terrorism survivors (Hasin, et al., 2007). The present study appears to be the first to report on rates of traumatic exposure, PTSD symptoms and PTSD among an otherwise unselected sample of people seeking treatment for co-existing depression and alcohol use problems. This study assessed traumatic exposure (including experiencing dysfunctional parenting), PTSD symptoms and PTSD among participants recruited into the DAISI (Depression and Alcohol Integrated and Single focused Interventions) project (Baker, et al., 2010). The relationships between traumatic exposure (including exposure to dysfunctional parenting), PTSD symptoms and PTSD occurrence with the severity of depressive and alcohol problems were then examined. We predicted that in participants with co-existing depressive and alcohol problems, those with more severe PTSD stress symptoms and/or PTSD would report: (i) higher levels of dysfunctional parenting during childhood, and (ii) more severe depressive symptoms and alcohol issues (greater alcohol consumption, more severe problems and dependence) and poorer functioning.
2.3 Methods

2.3.1 Participants

Participants (N = 278) were recruited in Newcastle and Brisbane (Australia) through a range of treatment agencies and via media advertisements to the DAISI project. The DAISI project assessed participants before providing them with treatment (either brief intervention (BI) or cognitive behaviour therapy (CBT)) for depression and/or alcohol use. Inclusion criteria were: (a) ≥ 16 years of age; (b) current depressive symptoms (score ≥ 17 on the BDI-II); (c) and consuming alcohol at harmful levels as determined by the Australian National Health and Medical Research Council’s (2001) drinking guidelines. Potential participants were excluded if they: (i) were currently diagnosed with a psychotic disorder; (ii) reported a history of traumatic brain injury (due to DAISI being a CBT study); (iii) lacked fluency in English; or (iv) lived too far away to attend sessions.

2.3.2 Procedure

As previously described (Baker, et al., 2010) two 1-hour assessment appointments (one week apart) were made due to the length of time required to complete the assessment battery. Self report assessments and appointments for initial treatment session were made at the second assessment session. Participants received up to AUD$20 as reimbursement for travel costs.

2.3.3 Measures

Traumatic exposure, PTSD symptom severity and PTSD were measured by the Posttraumatic Diagnostic Scale (PDS) (Foa, Cashman, Jaycox, & Perry, 1997). The Measure of Parenting Style (MOPS) (Parker et al., 1997) assesses experiences of dysfunctional parenting during childhood, with separate scales of ‘Indifference’ (neglect), ‘Over-control’ (affectionless control) and ‘Abuse’ from both parents. Each scale was scored by summing the corresponding scale
items (items were individually scored between 0, Not True to 3, Very True). There are no normative mean scores, although anxious and depressed groups have higher scale scores compared to non-clinical samples (Parker, et al., 1997). Parental mental health or alcohol or other drug use was not collected during this assessment. Depression symptoms were measured using the Beck Depression Inventory (BDI-II) (Beck, Steer, & Brown, 1996). The Structured Clinical Interview for DSM-IV-TR (SCID) (First, Spitzer, Gibbon, & Williams, 2002) was administered to diagnose lifetime and current MDD and AUD. Alcohol problems were measured using the Alcohol Use Disorders Identification Test (AUDIT) (Saunders, Aasland, Babor, de le Fuente, & Grant, 1993) and severity of alcohol dependence was measured using the Severity of Alcohol Dependence Questionnaire (SADQ-C) (Stockwell, Sitharathan, McGrath, & Lang, 1994). Alcohol consumption (both weekly and binge drinking) was assessed by a Timeline Follow Back (TLFB) focusing on the previous two weeks (Sobell & Sobell, 2002). General level of functioning was determined by the Global Assessment of Functioning (GAF) (APA, 2000).

2.3.4 Statistical Analysis

The Newcastle and Brisbane data sets were compared with each other to identify any differences. A significantly higher proportion of Newcastle participants experienced a natural disaster (31.8% vs. 12.2%; $\chi^2 (1, N = 159) = 8.7, p = .003$), which was due to Newcastle participants experiencing an earthquake in 1989.

Preliminary analysis on the merged data sets showed that 57/278 (20.5%) of the sample did not complete the entire trauma assessment. Compared to Completers, Non-completers had significantly lower BDI-II (28.4 vs. 32.4; $t = 3.3, df = 209, p = .001$) and alcohol consumption (7.6 vs. 10.8 drinks; $t = 3.4, df = 209, p = .001$) scores. The most likely explanation for this effect was that
Non-completers tended to nominate events that they did not consider traumatic (such as car accidents and the Newcastle earthquake) and thus declined to continue the trauma assessment. Participants with and without traumatic experience were compared on the following variables: experiencing dysfunctional parenting, gender, age of depression onset, depressive symptom severity, age of alcohol initiation, and levels of alcohol consumption, dependence, and general functioning. Correlations were conducted on PTSD symptom severity and PTSD symptom clusters (combined No PTSD and PTSD groups). Enter, backward and stepwise regressions were then conducted on the strongest correlation results, with the final model confirmed by all three regressions. Planned comparisons and chi squares were used on the three study groups. Family-wise Bonferroni corrections were applied to the first two tests to control for the number of analyses. Rates of PTSD and traumatic exposure are reported as percentages. Analyses were conducted using SPSS for Windows (version 17.0) (2008).

2.4 Results

2.4.1 Sample Description

The DAISI trial had 278 participants at baseline (Baker, et al., 2010). Two hundred and twenty-one participants completed assessments of trauma, with participants allocated to the three study groups of: (i) No Trauma, (ii) Trauma, No PTSD (referred to as No PTSD) and (iii) PTSD (see Figure 2.1).
Participants ranged from 20 to 73 years, with an average age of 45.2 years ($SD = 11.0$). There were 113 men and 108 women. Over a quarter of the sample were single (27.6%, $n = 61$), married (24.9%, $n = 55$) or divorced (23.5%, $n = 52$). The remaining quarter were widowed, separated or in a defacto relationship. Most participants were taking prescribed medication (61.2%, $n = 134$), most commonly antidepressants (52.1%, $n = 114$), anxiolytics (16.9%, $n = 37$), anticraving medications (7.3%, $n = 6$), antipsychotics (5.5%, $n = 12$), and mood stabilizers (2.3%). Over half had not completed high school (53.0%, $n = 116$), and 81.7% ($n = 179$) left school by the age of 17 years. Following school 53.2% ($n = 137$) continued their education with nearly a quarter (24.1%, $n = 52$) obtaining a certificate, a further 15.7% ($n = 4$) obtaining a trade certificate, and
13.4% \( (n = 29) \) a bachelor degree. Over half worked part or full time (54.7%, \( n = 120 \)) and 46.6% \( (n = 102) \) received welfare payments. Of those receiving welfare, 78.4% \( (n = 80) \) reported traumatic exposure.

Most participants in this study had experienced a traumatic event (71.6% \( n = 159/221 \)), with more than one third of the sample fulfilling DSM-IV criteria for current PTSD (38.0%, \( n = 84/221 \)). There were no gender differences in rates of traumatic exposure, number of traumatic events, number of trauma symptoms and PTSD. For the PTSD group, women had significantly more severe Intrusion symptoms than men \( (t (84) = 2.9, p = .005) \) (Table 2.1). Women were more likely to have experienced sexual assaults (68.4% vs. 23.8%; \( \chi^2 (1, N = 159) = 31.9, p < .001 \)) whilst a higher percentage of men experienced military or imprisonment-related trauma (25.0% vs. 3.8%; \( \chi^2 (1, 159) = 14.4, p < .001 \)) (see Table 2.1).

### Table 2.1 Trauma events, PTSD and symptoms scores in a sample with co-existing depression and alcohol use problems \( (N = 221) \)

<table>
<thead>
<tr>
<th>Trauma Type</th>
<th>Study Sample %</th>
<th>Significant Gender Differences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experienced Trauma Event</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PTSD</td>
<td>70.2</td>
<td>73.1</td>
</tr>
<tr>
<td>Trauma, No PTSD</td>
<td>34.5</td>
<td>33.3</td>
</tr>
<tr>
<td>No Trauma</td>
<td>29.2</td>
<td>26.9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Trauma Type</th>
<th>% of Men</th>
<th>% of Women</th>
<th>Study Sample %</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Traumatic Event</td>
<td>21.3</td>
<td>46.8</td>
<td>50.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serious Accident</td>
<td>50.0</td>
<td>45.6</td>
<td>47.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Non-Sexual Assault</td>
<td>30.0</td>
<td>41.8</td>
<td>35.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Contact when &lt;18 yrs with someone who is 5+ years older than them</td>
<td>21.3</td>
<td>46.8</td>
<td>34.0</td>
<td>( \chi^2 = 19.3^{***} )</td>
<td></td>
</tr>
<tr>
<td>Stranger Non-Sexual Assault</td>
<td>37.5</td>
<td>22.8</td>
<td>30.2</td>
<td>( \chi^2 = 4.1^{*} )</td>
<td></td>
</tr>
<tr>
<td>Life-threatening Illness</td>
<td>23.8</td>
<td>30.4</td>
<td>27.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Sexual Assault</td>
<td>10.0</td>
<td>40.5</td>
<td>25.2</td>
<td>( \chi^2 = 19.7^{***} )</td>
<td></td>
</tr>
</tbody>
</table>
### Study Sample

<table>
<thead>
<tr>
<th>Study N</th>
<th>% of Men</th>
<th>% of Women</th>
<th>Study Sample %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Natural Disaster | 22.5 | 22.8 | 22.6 |
| Stranger Sexual Assault | 11.3 | 30.4 | 20.8 |
| Imprisonment | 18.8 | 2.5 | 10.7 |
| Military Combat | 8.8 | 1.3 | 5.0 |
| Torture | 6.3 | 2.5 | 4.4 |
| Most Bothersome | Other (21.2%); Other (27.8%); Other (31.4%); |

### Significant Gender Differences

\[ \chi^2 = 8.8^{**} \]
\[ \chi^2 = 11.0^{***} \]
\[ \chi^2 = 4.7^{*} \]

| Mean No. Trauma Events (SD) | 2.9 (2.0); 3.4 (1.8); 3.2 (1.9); |

### PTSD Criteria

<table>
<thead>
<tr>
<th>Criteria</th>
<th>N</th>
<th>% of Men</th>
<th>% of Women</th>
<th>% of Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criterion A</td>
<td>66.4</td>
<td>69.4</td>
<td>67.9</td>
<td></td>
</tr>
<tr>
<td>Criterion B</td>
<td>80.5</td>
<td>84.3</td>
<td>82.4</td>
<td></td>
</tr>
<tr>
<td>Criterion C</td>
<td>64.6</td>
<td>71.1</td>
<td>67.9</td>
<td></td>
</tr>
<tr>
<td>Criterion D</td>
<td>79.3</td>
<td>75.9</td>
<td>77.6</td>
<td></td>
</tr>
<tr>
<td>Criterion E</td>
<td>85.4</td>
<td>86.7</td>
<td>86.1</td>
<td></td>
</tr>
<tr>
<td>Criterion F</td>
<td>72.0</td>
<td>78.0</td>
<td>75.0</td>
<td></td>
</tr>
</tbody>
</table>

### Trauma Assessments

<table>
<thead>
<tr>
<th>PDS</th>
<th>Mean (SD)</th>
<th>Mean (SD)</th>
<th>Mean (SD)</th>
<th>Males with PTSD</th>
<th>Females with PTSD</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of Symptoms</td>
<td>9.4 (5.4); 11.0 (4.3); 10.3 (5.0);</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Symptom Severity</td>
<td>17.7 (12.7); 22.8 (12.4); 20.5 (12.6); t = 17.1^{***}</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intrusion Symptoms</td>
<td>4.7 (4.1); 6.6 (4.4); 5.4 (4.2); t = 8.2^{***}</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoidance</td>
<td>5.7 (5.0); 7.3 (4.9); 6.8 (5.0); t = 10.2^{***}</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Symptoms</td>
<td>6.1 (4.5); 7.3 (4.4); 6.6 (4.5); t = 9.3^{***}</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 2.4.2 Relationships with Parental Dysfunction

Participants with PTSD had significantly higher Maternal and Paternal neglect scores than the No PTSD group (Maternal \( F(1, 214) = 10.9, p < .01 \); Paternal \( F(1, 214) = 14.7, p < .001 \)) and the No Trauma group (Maternal \( F(1, 214) = 17.2, p < .001 \); Paternal \( F(1, 214) = 20.10, p < .001 \)).
Table 2.2 displays the significant associations between parental dysfunction scores and other variables. As shown in the table, the strongest associations (i.e. ≥ 0.30) were between PTSD symptoms (specifically, Avoidance and Hyperarousal) and severity of alcohol dependence with paternal neglect. Depression severity was most strongly associated with paternal over-control, while general functioning was most strongly associated with maternal abuse. Many other coefficients were 0.20 or above.

Regression analysis showed that maternal neglect predicted more severe Avoidance symptom severity ($R^2 = .07$, $\Delta R^2 = .06$, $F(1, 128) = 9.47, p = .003$). Paternal neglect predicted more severe Avoidance symptoms and alcohol dependence ($R^2 = .15$, $\Delta R^2 = .13$, $F(2, 111) = 9.59, p < .001$). Maternal over-control predicted an earlier onset of depression, lower general functioning and drinking (on average) less across the week, ($R^2 = .18$, $\Delta R^2 = .16$, $F(3, 122) = 8.79, p < .001$). Paternal over-control predicted having more severe depression symptoms, ($R^2 = .35$, $\Delta R^2 = .12$, $F(1, 116) = 16.53, p < .001$). Maternal abuse was related to an earlier onset of depression and lower general functioning, ($R^2 = .12$, $\Delta R^2 = .10$, $F(3, 129) = 5.74, p = .001$) whilst Paternal abuse was related to lower general functioning ($R^2 = .09$, $\Delta R^2 = .08$, $F(1, 109) = 10.34, p = .002$).
Table 2.2 Spearman’s rho correlations for parental dysfunction with PTSD, depression, general functioning and alcohol variables in a sample of co-existing depression and alcohol use problems (N = 221)

<table>
<thead>
<tr>
<th></th>
<th>Maternal Neglect (n = 173)</th>
<th>Maternal Over-Control (n = 173)</th>
<th>Maternal Abuse (n = 174)</th>
<th>Paternal Neglect (n = 170)</th>
<th>Paternal Over-Control (n = 171)</th>
<th>Paternal Abuse (n = 167)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTS Symptoms</td>
<td>.26**</td>
<td>.24**</td>
<td>.25**</td>
<td>.31***</td>
<td>.22*</td>
<td>.24**</td>
</tr>
<tr>
<td>Intrusion</td>
<td>.20*</td>
<td></td>
<td>.18*</td>
<td>.20*</td>
<td>.18*</td>
<td></td>
</tr>
<tr>
<td>Avoidance</td>
<td>.27**</td>
<td>.27**</td>
<td>.25**</td>
<td>.32***</td>
<td>.18*</td>
<td>.23**</td>
</tr>
<tr>
<td>Hyperarousal</td>
<td>.27**</td>
<td>.27**</td>
<td>.27**</td>
<td>.30**</td>
<td>.18*</td>
<td>.24**</td>
</tr>
<tr>
<td>Depression Onset</td>
<td>- .28***</td>
<td>.28***</td>
<td>.29***</td>
<td>.27***</td>
<td>-.20**</td>
<td>-.18*</td>
</tr>
<tr>
<td>Depression Severity</td>
<td>.20**</td>
<td>.25**</td>
<td>.25**</td>
<td>.27***</td>
<td>.30***</td>
<td>.23**</td>
</tr>
<tr>
<td>General Functioning</td>
<td>-.21**</td>
<td>-.25**</td>
<td>-.30**</td>
<td>-.27***</td>
<td>-.23**</td>
<td>-.23**</td>
</tr>
<tr>
<td>Weekly Drinking</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Binge Drinking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.20*</td>
</tr>
<tr>
<td>Problems with Alcohol</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.25**</td>
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<tr>
<td>Alcohol Dependence</td>
<td>.22**</td>
<td>.37***</td>
<td>.24**</td>
<td>.25**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severity</td>
<td></td>
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</tr>
</tbody>
</table>

2.4.3 Relationships with PTSD and PTSD Symptom Clusters

Participants with PTSD had an earlier depression onset ($F(1, 214) = 6.5, p < .05$), poorer general functioning ($F(1, 214) = 17.0, p < .001$) and more severe alcohol problems ($F(1, 214) = 20.8, p < .001$) than those with No Trauma. The PTSD group also had more severe depressive symptoms and alcohol dependence than either the No PTSD (respectively, $F(1, 214) = 6.7, p < .05$; $F(1, 214) = 6.1, p < .001$) and No Trauma groups (respectively, $F(1, 214) = 9.8, p < .01$; $F(1, 214) = 13.2, p < .01$).

The Avoidance and Hyperarousal clusters had Spearman rho coefficients of 0.30 or more with depression severity and general functioning, as did Hyperarousal with severity of alcohol dependence. The strongest associations for depressive symptoms were with the Avoidance cluster and included pessimism, punishment, indecision, concentration and tiredness (with Spearman rho coefficients $\geq 0.25, p \geq .003$).
Stepwise regression for PTSD symptom clusters found that Intrusive and Avoidance symptoms were related to depression severity and problems with alcohol, (Intrusions) ($R^2 = .09, \Delta R^2 = .08, F(2, 152) = 7.70, p = .001$) and (Avoidance) ($R^2 = .13, \Delta R^2 = .12, F(2, 151) = 10.96, p < .001$). The Hyperarousal cluster was related to depression severity and alcohol dependence severity ($R^2 = .18, \Delta R^2 = .17, F(2, 142) = 15.83, p < .001$).

### 2.5 Discussion

This is the first study to show a high rate of traumatic exposure and PTSD in a treatment seeking sample with co-existing depressive symptoms and alcohol use problems. Almost three quarters of participants (71.6%) reported a traumatic event, a third (33.9%) experienced current trauma symptoms (No PTSD) and more than one third met diagnostic criteria for PTSD (38.0%). Of those who had experienced a traumatic event, 52.8% developed PTSD. This finding is important as it suggests that traumatic exposure, PTSD symptoms and PTSD need to be screened for in people who present for treatment of co-existing depression and alcohol use problems.

The prediction that individuals with more severe PTSD symptoms and PTSD would report higher levels of dysfunctional parenting in childhood was confirmed. Unique to the current study was the finding of the life-lasting detrimental contribution that experiencing dysfunctional parenting (specifically the effect of parental neglect) had on developing PTSD, depression and problems with alcohol in later adulthood. In particular, this finding suggests that neglected children (acts of omission) may not be taught important life skills such as affect regulation, self control or progress through and achieve the goals identified in the first five or six stages of Erikson’s (developmental) Stages (Smith, 2004). These are skills typically taught to children by their parents and perhaps the lack of these skills in combination with feelings of abandonment
and rejection (resulting from the neglect) (Maynard & Harding, 2010) impact on adult self concepts (such as ‘I am unlovable’ and ‘I am worthless’). This may then result in a vulnerability to developing chronic/severe PTSD, depression and subsequent alcohol problems across adulthood.

The impact on depression is also important to note as those with the dysfunctional parenting experiences had an earlier onset of depression, especially so for those who also had PTSD. The earlier onset and more severe depression for this subgroup may make them more vulnerable to long-term problems with depression. This includes a longer duration of depression, more frequent depressive episodes, shorter duration of remission times and a greater chance of depressive episodes as this tends to be the outcome for earlier onset depression (APA, 2000).

These findings highlight the importance of good parenting practices being taught to parents who are in ‘at-risk’ groups (such as those with AUD and/or mental health issues). More practical support provided to these families (such as in-home support and visits from outreach services) combined with treatment of any parental psychopathology may also be beneficial. Further research into the identification of evidence-based treatments for neglectful parents is also needed. Research into the impact of neglectful parenting also needs to consider inter-generational parenting influences and the effects of substance use/mental health/ and traumatic event exposure.

One of the limitations of this study was that participants with traumatic exposure were not asked how old they were when the event occurred. This prevented further investigations into the relationship between onset of PTSD with depressive symptoms and alcohol use problems, or between traumatic exposure and these disorders. For these reasons, future studies need to
investigate the temporal relationship between traumatic events, PTSD, depression and alcohol use problems.

Our prediction that PTSD and/or more severe PTSD symptoms would be associated with more severe depressive symptoms and alcohol problems was also confirmed. This finding is consistent with research on PTSD with depression (DeMond, et al., 2008; Doerfler & Paraskos, 2004; Franklin & Zimmerman, 2001) and PTSD with alcohol use (Baigent, 2005; Brady, et al., 2006; Breslau, Davis, & Schultz, 2003). This study also showed that participants with PTSD also had an earlier onset of depression. Further analysis found that more severe depressive symptoms were related to all three PTSD symptom groups. More severe problems with alcohol were related to more Intrusion and Avoidance symptoms, whilst more severe alcohol dependence were related to Hyperarousal. This suggests that alcohol may be used to manage the symptoms of PTSD and that it may be the Hyperarousal (anxiety) symptoms that contribute to severity of alcohol dependence.

Limited research has investigated the overlap of PTSD and depressive disorders and found that they are separate and distinct disorders (DeMond, et al., 2008; O'Donnell, Creamer, & Pattison, 2004; Shalev, et al., 1998). Most have looked at this overlap through either the diagnosis of the two disorders (Shalev, et al., 1998) or, as depression symptoms as a predictor for PTSD (Levendosky, et al., 2006). We found that there is a moderate overlap of the Avoidance cluster with some depressive symptoms. This analysis may indicate that it is the combination of these specific depressive and Avoidance symptoms that may contribute to PTSD and depression comorbidity.

These findings suggest that depressed treatment seekers who drink may have a trauma history (including parental dysfunction), which makes them vulnerable to depression (secondary) or, alternatively, that they had a milder depression
and a subsequent traumatic event. Alcohol may then have been used to manage these chronic and comorbid symptoms. Another possibility is that problem drinking occurs first and, when intoxicated, the drinker may be at-risk of assault. Following the assault, they may then be vulnerable to depression and PTSD symptoms. Alcohol use may further increase in an attempt to manage these symptoms. Regardless of the primary and secondary position, it is clear that the symptoms of these two disorders detrimentally interact with each other, resulting in significantly lower general functioning in a client population who already has impaired general functioning.

Unique to this study was that there were no gender differences in PTSD or severity of depression and alcohol dependence. This finding may suggest that comorbidity affects men and women similarly, or that men with this three-way comorbidity are more willing to attend treatment, so that gender effects are minimal. Alternatively, women with PTSD may have higher rates of alcohol dependence. It also suggests that having this three-way comorbidity results in more severe psychiatric comorbidity and drinking may be used in an attempt to help manage this (Khantzian 1985) (particularly the Hyperarousal symptoms) and is an avoidance coping strategy (Olff, 2007). Therefore, addressing the role of drinking in treating this three-way comorbidity may improve coping.

2.6 Conclusions

Overall, the current study shows that PTSD, depressive symptoms and alcohol use problems commonly co-exist in a treatment population and that traumatic exposure (including exposure to dysfunctional parenting) plays a role in the vulnerability and development of more chronic and severe depression symptoms and alcohol problems. The interrelationship between symptoms of PTSD and depression appears to reduce any gender differences in problems with alcohol and dependence. It also appears that the impact of neglect (acts of
omission) on adult psychiatric functioning is much longer lasting than what is currently researched (Bayer, et al., 2008; Langeland, et al., 2004; Levendosky, et al., 2006). Therefore further research and clinical attention needs to be directed to neglected children, using a more formal assessment method to confirm reports of parental dysfunction. This multiple comorbidity also needs to be assessed and addressed if services are to be maximally effective in meeting the needs of this complex group.
CHAPTER 3 ASSAULTS AND PTSD, DEPRESSION AND ALCOHOL SYMPTOMS

3.1 Overview
Posttraumatic stress symptoms (PTSS) and depression are often experienced following an assault. Problems with alcohol may then develop to manage PTSS. Despite this knowledge, it is not known whether sexual or physical assault is more likely to be associated with symptoms of depression or alcohol misuse. This study explores the relationship between dysfunctional parenting, assault type, personality disorder, PTSS, depression and alcohol misuse and dependence. Participants \((N = 220)\) with current depression and alcohol misuse were recruited. Assault type and PTSS were retrospectively assessed by the Posttraumatic Stress Diagnostic Scale. The Measure of Parenting Style retrospectively assessed dysfunctional parenting experienced as a child. A relationship was found between sexual assault \((SA)\) and Maternal Neglect, PTSS and depression. Compared to no \(SA\), depression onset reduced from 29 to 14 years for three \(SA\) types. A relationship was found between physical assault/gaol \((PAG)\) and Paternal Neglect, PTSS and weekly drinking levels. Compared to no \(PAG\), average weekly alcohol consumption levels increased from 58 drinks to 139 for three \(PAG\) types. Personality disorder was not related to either \(SA\) or \(PAG\). The path analysis found differential effects of Maternal/Paternal Neglect, suggesting that parenting roles serve distinct protective functions.

3.2 Introduction
Following a traumatic event, most people will experience some symptoms of posttraumatic stress, typically intrusion (e.g., thoughts, images, or nightmares) and hyperarousal (e.g., anxiety) symptoms (ACPMH, 2007). Numbing, feeling detached and avoiding reminders of the event are less frequent at this stage
(Shalev, 2002). If posttraumatic stress symptoms (PTSS) continue, Posttraumatic Stress Disorder (PTSD) can develop (ACPMH, 2007). Other psychiatric symptoms such as depressive symptoms (Mayou, et al., 2001; Shalev, 2002) and problems with alcohol can also develop following exposure to a traumatic event (Grant, et al., 2008; O’Donnell, Creamer, & Pattison, 2004).

PTSD commonly co-occurs with depression (DeMond, et al., 2008; Frayne, et al., 2004) and alcohol problems (Brady, et al., 2006; Coffey, Stasiewicz, Hughes, & Brimo, 2006). PTSS and depressive symptoms are considered to be the most frequently experienced post assault emotions (Koss, et al., 2003) that interact and increase psychological distress (Shalev, et al., 1998). Trauma-related depressive symptoms are typically experienced one week after a traumatic event, and are considered to be a good predictor of chronic PTSD (Freedman, et al., 1999; Shalev, 2002). After a traumatic event, alcohol may be used to alleviate PTSS and other distressing traumatic symptoms (Khantzian, 1997). Alcohol use in this situation may represent an avoidance strategy, in that it may help to anesthetise, and delay experiencing overwhelming and distressing PTSS (Briere, Hodges, & Godbout, 2010).

When exposed to multiple traumatic events, the severity and intensity of PTSS tend to increase (Williams, et al., 2007). One study found that participants who reported experiencing six traumatic events were five times more likely to be highly distressed compared to those with no trauma exposure (Williams, et al., 2007). Other cumulative effects of exposure to multiple traumatic events include more severe psychiatric symptoms and more severe depressive symptoms (Suliman, et al., 2009).

### 3.2.1 Sexual Assaults

In Australian and international studies, the lifetime prevalence rate of experiencing sexual assault is higher for women than men (ABS, 2006; Elliot, et
al., 2004; Masho & Anderson, 2009). However, research has shown that compared to sexually assaulted women, sexually assaulted men are more likely to develop PTSD (McFarlane, 2004) and experience more severe PTSS (Elliot, et al., 2004). People who have been sexually assaulted are also more likely to report depressive symptoms compared to people who have not been sexually assaulted (Masho & Anderson, 2009; Talbot et al., 2005; Ullman & Brecklin, 2003). Sexual assaults are also associated with a greater risk of alcohol use disorder (McFarlane, 1998; Sonne, et al., 2003; Tewksbury, 2007).

### 3.2.2 Physical Assaults

PTSD and depression are the two predominant psychological responses that occur following a physical assault (Koss, et al., 2003). A relationship exists between the assault severity and frequency, so the more severe and frequent the assaults, the more severe the PTSD and depressive symptoms (Hedtke, et al., 2008; Hembree, et al., 2004; Koss, et al., 2003). Exposure to lifetime violence often results in an increased risk of PTSD and major depressive disorder (Hedtke, et al., 2008) while physical abuse (Stewart, 1996) is related to higher rates of at-risk drinking (McFarlane, 1998).

### 3.2.3 Dysfunctional Parenting

History of dysfunctional parenting, childhood adversity or trauma is associated with adult depression (Hill, 2003), alcohol abuse (Gutierres & Todd, 1997), PTSD (Ballenger, et al., 2004), and personality disorder (Duncan, et al., 1996; Johnson, Cohen, Brown, Smailes, & Bernstein, 1999). Inadequate parental care (neglect) and maternal over-protection are associated with anxiety disorders and increased vulnerability to subsequent psychiatric morbidity (Heider, et al., 2008). Maternal over-intrusiveness is also associated with adverse psychosocial outcomes (Martin, et al., 2004), and a poor paternal bond is linked to subsequent depression and alcohol abuse (Patock-Peckham & Morgan-Lopez,
However, investigations into the long-term effects of early life trauma and dysfunctional parenting, across middle and older adulthood, are only now beginning to be investigated (Bailey, et al., 2012; Ballenger, et al., 2004).

### 3.2.4 Personality Disorders

Personality disorder is more prevalent in people who experienced childhood abuse (Herman, 1997; Herman, Perry, & van der Kolk, 1989), particularly in those who were subjected to more severe childhood sexual and/or physical abuse (Johnson, et al., 1999). Other limited research shows an association between parental neglect and personality disorder (Bierer et al., 2003; Zanarini, et al., 1997). The most commonly researched personality disorder is Borderline Personality Disorder, which is frequently associated with childhood sexual abuse (Gladstone, et al., 1999; Golier, et al., 2003). Borderline Personality Disorder has also been associated with experiencing ongoing interpersonal violence (Briere, et al., 2010; Sansone, Pole, Dakroub, & Butler, 2006). A more limited body of research has found a link between childhood abuse (including sexual and physical abuse) and subsequent Paranoid and Antisocial Personality Disorders (Bierer, et al., 2003). Investigations into the relationship between childhood trauma and personality disorder tend to focus on traumatic events and parental abuse (Langeland, et al., 2004), with more limited examination of neglect (Golier, et al., 2003; Johnson, et al., 1999).

### 3.2.5 Summary

Research has shown that sexual and physical assaults are both associated with PTSD (Dunmore, et al., 1999; Tull, 2008), and with PTSD that co-occurs with depression, alcohol use disorders (Bailey, et al., 2012; Koss, et al., 2003; Stewart, 1996), or personality disorder (Golier, et al., 2003). The few existing studies investigating dysfunctional parenting have also shown associations with adult PTSD (Grassi-Oliveira & Milnitsky Stein, 2008), depression (Hill, 2003), alcohol
abuse (Patock-Peckham & Morgan-Lopez, 2007), and personality disorder (Bierer, et al., 2003; Johnson, et al., 1999). However, research into the inter-relationship and predictive pathway between traumatic assaults and dysfunctional parenting, PTSS, and depression, alcohol use problems and personality disorder is scarce. It is unknown whether different forms of dysfunctional parenting can lead to vulnerabilities in experiencing particular traumatic assaults. It is also unclear whether experiencing these different traumatic assaults can lead to vulnerabilities with specific psychological disorders or symptoms.

### 3.2.6 Current Study

In the current study, we aimed to explore the possible relationships and develop separate predictive models for the effects of dysfunctional parenting and sexual and physical assaults on severity of PTSS, depressive symptoms, and alcohol dependence, and on personality disorder, in a treatment-seeking sample with depressed mood and alcohol misuse. As a secondary aim, we examined effects of experiencing multiple assault types in order to determine if there is an impact of multiple traumatic exposures on PTSS, depressive symptoms and alcohol dependence severity. We also examined the number of events required for a significant increase in symptom severity to be observed. It was hypothesised that a greater number of assaults would increase the likelihood of experiencing more severe PTSS, depressive symptoms, and alcohol dependence.

### 3.3 Methods

#### 3.3.1 Participants

As previously described (Baker, et al., 2010), participants were recruited as part of a randomised controlled trial in Newcastle and Brisbane (Australia) following approval by both the Human Research Ethics (University of
Newcastle) and the University of Queensland Ethics Committees. The recruitment process occurred through a range of treatment agencies and via media advertisements. Inclusion criteria were: (a) ≥ 16 years of age; (b) current depressive symptoms (score ≥ 17 on the Beck Depression Inventory-II, BDI-II); (c) and consuming alcohol at harmful levels as determined by the Australian National Health and Medical Research Council’s (2001) drinking guidelines (NHMRC, 2001). Potential participants were excluded if they: (i) were currently diagnosed with a psychotic disorder; (ii) reported a history of traumatic brain injury; (iii) lacked fluency in English; or (iv) lived too far away to attend sessions.

Ages of the participants ranged from 20 to 73 years, with an average of 45.3 years (SD = 11.0). There were 113 men and 107 women, with the majority experiencing a traumatic event (71.8%, n = 158) (Bailey, et al., 2012).

3.3.2 Measures

Traumatic exposure, PTSS severity (including the intrusive, avoidance and hyperarousal clusters) and PTSD diagnosis were measured using the Posttraumatic Diagnostic Scale (PDS; (Foa, et al., 1997). Traumatic exposure was assessed using the PDS 12 traumatic event checklist, which has 11 specific trauma categories and one ‘other’ (Foa, et al., 1997). For an event to be considered traumatic by the PDS, it must also meet the DSM-IV PTSD Criterion A of feeling helpless or hopeless during traumatic exposure (APA, 1994). PTSS severity of a nominated traumatic event (by the participant) was measured by summing the intrusion (Criterion B), avoidance (Criterion C) and hyperarousal (Criterion D) cluster symptom items (questions 22-38) which were ranked from ‘5 or more times a week’ (3), ‘2 to 4 times a week’ (2), ‘once a week or less (1), and ‘not at all or only once’ (0). The score for PTSS ranges between 0-51. The internal consistency of the total PTSS summed score is (alpha) .92 with the
higher the summed score, the higher the PTSS severity (Foa, et al., 1997). For a
diagnosis of PTSD, participants must have been exposed to a traumatic event
listed in the PDS checklist, felt helpless or hopeless during the event, be
bothered by the event, and meet all three DSM-IV PTSD symptom clusters. In
addition, the symptoms must have been experienced for more than a month
(Criterion E), and have impaired functioning (Criterion F; (APA, 1994; Foa, et
al., 1997). The PDS has high internal consistency (Chronbach alpha = .92), good
test-retest reliability (kappa = .74), sensitivity (82.0%), and diagnostic agreement
(79.4% agreement, kappa = .59) with the Structured Clinical Interview for
Diagnostic and Statistical Manual Disorders (SCID; (Foa, et al., 1997).

The Measure of Parenting Style (MOPS; (Parker, et al., 1997) assessed
experiences of dysfunctional parenting during childhood, with the three
separate scales of ‘Indifference’ (parental neglect, sum of questions 5, 8, 10, 11,
12, and 13), ‘Over-control’ (sum of questions 1, 3, 4 and 6) and ‘Abuse’ (sum of
questions 2, 7, 9, 14 and 15) from both parents, separately (Parker, et al., 1997).
The MOPS does not assess parental psychiatric functioning or alcohol and other
drug use. Participants rated ‘how true’ the 21 items were in relation to their
mother’s and father’s behaviour towards them, through to 16 years of age. Each
parent’s behaviour was rated as ‘extremely true’ (3), ‘moderately true’ (2),
‘slightly true’ (1) or ‘not true at all’ (0). All scores were summed with higher
scores denoting more dysfunctional parenting. The potential ranges for the
subscales were 0-18 for Neglect, 0-12 for Over-control. and 0-15 for Abuse
(Parker, et al., 1997).

Depressive symptom severity over the past two weeks was measured using the
21-item Beck Depression Inventory-II (BDI-II; (Beck, et al., 1996). The BDI-II
mostly uses a four point likert scale to measure depression severity, with each
item rated from 0 to 3, with ‘0’, not experiencing that symptom at all, to ‘3’
experiencing that symptom most severely. The exception to this are questions 16 and 18 which have seven options around changes in appetite and sleep. The BDI-II score range is 0-63 and has a threshold score of 17 for moderate depression. The BDI-II has good reliability (Alpha = .92), and is able to distinguish depressed from non-depressed populations (Beck, et al., 1996).

Alcohol use problems across the previous 6 months were measured with the Alcohol Use Disorders Identification Test (AUDIT; (Saunders, et al., 1993). The AUDIT has 10 items with a potential range of 0-36 with questions 1-3 assessing for levels of alcohol consumption, questions 4-6 assessing alcohol dependence symptoms, and questions 7-10 assessing for harmful alcohol use. Questions 1-8 have a four point scale, ‘daily/almost daily’ (4) to ‘never’ (0). Questions 9-10 are scored as ‘yes, during the last year’ (4), ‘yes, but not in the last year’ (2), and ‘no’ (0) (Babor, et al., 2001). The higher the summed score, the higher the likelihood of having problems with alcohol use (score range = 0-36). The typical cut-off score for the AUDIT (that is the presence of alcohol-related problems) is 8, which has a sensitivity and specificity of more than .90 (Babor, et al., 2001).

The Severity of Alcohol Dependence Questionnaire (SADQ-C; (Stockwell, et al., 1994) assessed symptoms of alcohol dependence in a heavy drinking period within the previous 6 months. Items 1-16 are scored as ‘nearly always’ (3), ‘often’ (2), ‘sometimes’ (1), and ‘almost never’ (0). The final four items (17-20) assess for physical withdrawal the morning after two days of heavy drinking, using a four point scale of ‘quite a lot’ (3), ‘moderately’ (2), ‘slightly’ (1), and ‘not at all’ (0). The score range is 0–60 (Stockwell, et al., 1994). It has sound reliability and validity, and a cut-off of 4 indicates mild alcohol dependence (Stockwell, et al., 1983).

Drinking frequency was assessed by the Alcohol Timeline Followback (TLFB) method, focusing on the previous two weeks (Sobell & Sobell, 2002). TLFB is a
calendar method that accurately and retrospectively measures daily alcohol consumption (and the variability in consumption levels) over a specific period of time (Sobell & Sobell, 2003). It has high test–retest reliability with coefficients ranging from .79 - .96 over a 30- or 90-day period (Sobell & Sobell, 2002).

Personality disorders were screened by the International Personality Disorder Examination Questionnaire (IPDEQ; Loranger, Sartorius, Andreoli, & Berger, 1994), which is based on International Classification of Diseases-Version 10 (ICD-10) criteria (World Health Organisation (WHO), 1993) and covers paranoid, schizoid, dissocial, impulsive, borderline, histrionic, anankastic, anxious, and dependent domains (WHO, 1993). The IPDEQ has 59 items that assesses what type of person they have been over the previous 5 years. The behaviour trait is required to be present for ≥ 5 years and to begin to be evident before 25 years of age for an answer to be scored positively. Responses are true or false, with most true scores rated as positive. However, there is reverse scoring for items 14 (paranoid), 1 and 57 (schizoid), 11, 18 and 38 (dissocial), 35 (borderline), 35 (histrionic), and 3 (anankastic) (Loranger, et al., 1994). Three or more items endorsed for a specific personality disorder are indicative of that disorder being present.

3.3.3 Procedure

Two 1-hour assessment appointments a week apart were made. Participants received AUD$20 as reimbursement for travel costs.

3.3.4 Statistical Analysis

Factor analysis was performed as a data reduction exercise on the 12 traumatic events listed in the PDS. It used the tetrachoric correlation matrix (due to traumatic events being dichotomous) and applied principal factor extraction with a varimax rotation. The analysis identified the following four factors with eigenvalues > 1: Sexual Assault (SA: including family sexual assault, stranger
sexual assault, and sexual contact < 18 years); Physical Assault and Gaol (PAG: gaol, and family and stranger non-sexual assault); Combat and Torture (CT); and Serious Accident and Natural Disaster (SAND). These four factors grouped participants based on the type of traumatic event they had experienced (Figure 3.1). For example, if a participant experienced one of the sexual assault event types, they were put in the SA group. If a participant experienced both sexual assault and physical assault event type(s), they were allocated to both the SA and PAG groups.

The remaining two PDS listed traumatic events of life-threatening illness and ‘Other’ traumatic events (i.e. a traumatic event that was not listed in the PDS and was reported by participants) had low factor loadings, and are therefore not included in Figure 3.1. The ‘Other’ traumatic event group may have had low factor loadings due to participants reporting bereavement, job loss, and relationship breakdown for this traumatic event category, and that these types of events do not meet PDS traumatic event criteria (Foa, et al., 1997). Traumatic event group category numbers in Figure 3.1 do not equal the total for Trauma Experience due to participants nominating multiple traumatic events.

Preliminary analyses showed no significant differences between the SAND group and the No Trauma group (perhaps because many in this group were exposed to low-grade trauma during the 1989 Newcastle earthquake), and the CT (n = 12) group numbers were too small to be included in the analysis. Accordingly, subgroup analyses focused on whether participants reported SA or PAG (due to the factor analysis process identifying them as separate factors) and to determine if there were symptomatic differences between the two assault groupings. Investigation of the first aim was divided into a two-staged process.

The first stage assisted in identifying different symptom pathways for SA and PAG by using Spearman rho (ρ) correlations and ordinal logistic regressions to
screen out the variables that were not associated with the pathways of interest. This cautious analysis approach was selected due to the data being mildly skewed, and the ranked nature of the traumatic event types within each assault group (0, no Assault; 1, one assault type; 2, two assault types; and 3, three traumatic assault types experienced). A stepwise approach was adopted as a result of the exploratory nature of this study so that the best model could be developed. Missing data were managed through the listwise deletion of cases (IBM, 2010). To control the family-wise error (when examining a large set of correlations or comparisons) we used the Benjamini and Hochberg false discovery rate approach (Benjamini & Hochberg, 1995).

The second stage adopted a data exploration approach to identify the best fitting pathway, through path analysis, between the identified dysfunctional parenting and assault exposures, personality disorder and the severity of PTSS, depressive symptoms and alcohol dependence.

For the second aim, ANOVAs were used to examine the factors associated with experiencing multiple SA and PAG traumatic events, including the PTSD clusters of intrusion, hyperarousal and avoidance. Any analysis using the outcome variables of depressive symptom severity, global functioning, level of alcohol consumption, severity of alcohol problems, and severity of alcohol dependence was based on the intention-to-treat principle, whereby all participants are included in the analysis (to prevent bias) regardless of treatment retention/attrition (White, Horton, Carpenter, & Pocock, 2011). As this study was exploratory, sensitivity analysis on the missing data assumption (White, et al., 2011) was not conducted. All analysis was conducted using SPSS for Windows (version 19.0; IBM, 2010). AMOS Graphics (IBM, 2010) software was used to conduct the SA and PAG path analysis.
3.4 Results

3.4.1 Sample Characteristics

Assessments of traumatic exposure and PTSS were completed by 220 participants who were allocated into two study groups: No Trauma and Trauma Experience (see Figure 3.1).

![Figure 3.1 Flow chart of participant assessment and traumatic event group allocation](image)

Demographic characteristics for the No Trauma, Trauma Experience, SA and PAG groups are displayed in Table 3.1. The only significant demographic difference within each of these groupings was that, as expected, there were more females than males in the SA group. Chi squared analysis on SA and PAG with the nine personality disorders assessed by the IPDEQ found that a significantly higher proportion of those who had experienced SA also had paranoid personality disorder (92.6\% vs. 66.7\%; \chi^2 (1, N = 138) = 12.4, p < .001) compared with those who had not been sexually assaulted. A significantly higher proportion of people who had experienced PAG also had dissocial personality disorder (34.9\% vs 15.9\%; \chi^2 (1, N = 151) = 7.3, p = .007) compared with those who had not experienced PAG.
### Table 3.1 Demographic characteristic information for the No Trauma, Trauma Experienced, and the SA and PAG Groups

<table>
<thead>
<tr>
<th>Trauma event type</th>
<th>n (%)</th>
<th>Gender</th>
<th>Completed school</th>
<th>Welfare recipient</th>
<th>Marital Status (single)</th>
<th>PTSD diagnosis</th>
<th>Depression onset</th>
<th>Alcohol initiation</th>
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<tr>
<td></td>
<td></td>
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<td>n (%)</td>
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<td>n (%)</td>
<td>n (%)</td>
<td>M (SD)</td>
<td>M (SD)</td>
</tr>
<tr>
<td>No Trauma</td>
<td>62 (28.2%)</td>
<td>aM 33</td>
<td>24 (39.3%)</td>
<td>22 (35.5%)</td>
<td>17 (27.4%)</td>
<td>--</td>
<td>29.7 yrs (14.2)</td>
<td>16.0 yrs (5.3)</td>
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<td></td>
<td></td>
<td>bF 29</td>
<td>(46.8%)</td>
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<tr>
<td>Trauma Experienced</td>
<td>158 (71.8%)</td>
<td>aM 80</td>
<td>78 (49.7%)</td>
<td>79 (50.6%)</td>
<td>43 (27.2%)</td>
<td>83</td>
<td>24.7 yrs (14.3)</td>
<td>15.1 yrs (5.1)</td>
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<td></td>
<td></td>
<td>bF 78</td>
<td>(49.4%)</td>
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<tr>
<td>Sexual Assault</td>
<td>74 (38.7%)</td>
<td>aM 19</td>
<td>35 (45.9%)</td>
<td>36 (49.3%)</td>
<td>20 (25.7%)</td>
<td>43</td>
<td>21.7 yrs (13.2)</td>
<td>14.6 yrs (5.8)</td>
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<td></td>
<td></td>
<td>bF 55</td>
<td>(49.4%)</td>
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<tr>
<td>Physical Assault / Gaol</td>
<td>84 (44.0%)</td>
<td>aM 42</td>
<td>43 (51.2%)</td>
<td>48 (57.8%)</td>
<td>30 (35.7%)</td>
<td>48</td>
<td>21.7 yrs (13.0)</td>
<td>14.5 yrs (5.2)</td>
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<td></td>
<td></td>
<td>bF 42</td>
<td>(50.0%)</td>
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**Note.** aM = male; bF = female.

Note. -- = No PTSD diagnosis for this event type.

### 3.4.2 Stage 1: Spearman’s rho Correlations and Regressions of Sexual and Physical Assault Variables

The SA and PAG trauma analysis had statistical significance set at .002 and .003 respectively, to control for multiple comparisons in correlations. SA was ranked as: no SA (0), one SA type (1), two SA types (2), and three SA types (3). PAG was ranked as: no PAG (0), one PAG type (1), two PAG types (2), and three PAG types (3). As paranoid personality disorder was significantly associated with SA and dissocial personality disorder was associated with PAG, these disorders were also included in the ordinal logistic regression analysis in order to determine if they should be included in the path analysis.
3.4.2.1 Sexual Assault

SA was associated with more severe PTSS (Spearman’s rho, $\rho$) ($\rho = .25, p = .001$). Compared to those who had not been sexually assaulted, SA was associated with Maternal Neglect ($\rho = .32, p < .001$), Over-control ($\rho = .26, p = .001$), and Abuse ($\rho = .28, p < .001$) and also with Paternal Neglect ($\rho = .27, p = .001$) and Over-control ($\rho = .25, p = .002$). SA was significantly associated with earlier depressive episode onset ($\rho = -.23, p = .002$), and having more severe depressive symptoms ($\rho = .24, p = .001$).

Ordinal logistic regression revealed a significant relationship between Maternal Neglect and SA (WALD $\chi^2 (1) = 5.85, p = .02$), more severe PTSS (WALD $\chi^2 (1) = 6.19, p = .01$) and depressive symptoms (WALD $\chi^2 (1) = 4.13, p = .04$). The goodness of fit statistic ($\rho = .38$) supported these findings, while the test of parallel lines showed that the proportional odds assumption had not been violated ($\chi^2 (6) = 5.24, p = .51$).

3.4.2.2 Physical Assaults and Gaol

Compared with those without PAG, participants with PAG experiences were more likely to have experienced Maternal Neglect ($\rho = .27, p = .001$) and Abuse ($\rho = .27, p = .001$), and Paternal Neglect ($\rho = .39, p < .001$) and Abuse ($\rho = .29, p < .001$). PAG was also significantly associated with an earlier onset of depressive episodes ($\rho = -.25, p < .001$), greater weekly drinking ($\rho = .26, p = .001$), binge drinking ($\rho = .29, p < .001$), more problems with alcohol ($\rho = .22, p = .002$), and more severe alcohol dependence ($\rho = .22, p = .003$).

Ordinal logistic regression showed a significant relationship between PAG and Paternal Neglect (WALD $\chi^2 (1) = 16.71, p < .001$), higher weekly drinking (WALD $\chi^2 (1) = 8.57, p = .003$), and earlier onset of depression (WALD $\chi^2 (1) = 5.98, p = .01$). The goodness of fit statistic ($\rho = .81$) supported these findings,
while the test of parallel lines showed that the proportional odds assumption had not been violated ($\chi^2 (6) = 2.60, p = .86$).

### 3.4.3 Stage 2: Path Analysis for SA and PAG

A covariance path analysis was used to test the goodness of fit of models for SA and PAG separately (Figures 2 and 3). The regression predicting SA did not reveal any significant relationship between any alcohol variable and SA, and only weekly drinking was significantly related to PAG. The weekly drinking variable was initially included in both SA and PAG models despite there being no significant association with SA. The alcohol variable was included in the SA model due to the parent study (DAISI project) seeking participants for treatment of co-existing depression and alcohol misuse. The weekly drinking variable was then replaced with the alcohol dependence variable as it fitted both models better. This may be due to the alcohol dependence variable assessing for a wide range of drinking behaviours (not just alcohol consumption) and/or it may be an issue of alcohol severity (for the model).

The SA model ($\chi^2 = 1.58, df = 2, p = .45, GFI = .99, RMSEA = .00$; refer Figure 3.2) shows that Maternal Neglect significantly increased the risk of being sexually assaulted ($p = .001$) and also increased the severity of PTSS ($p = .05$). There was an indirect link to reporting more severe alcohol dependence ($p = .17$). Even though this indirect link was not significant, it was included in the final model, as it improved the goodness of fit of the model. SA exposure predicted more severe PTSS ($p = .02$) and more severe depressive symptoms ($p = .04$), whilst PTSS predicted more severe depression ($p = .002$) and alcohol dependence ($p = .09$). More severe depression was a strong predictor of more severe alcohol dependence ($p < .001$).
Figure 3.2 SA Path Analysis Model: Effects of SA and Maternal Neglect on PTSS, depressive symptoms, and alcohol dependence

The PAG model ($\chi^2 = 0.67$, df = 3, $p = .88$, CFI = .10, RMSE = .00; refer Figure 3.3) shows that Paternal Neglect significantly increased the risk of PAG ($p < .001$). Paternal Neglect also increased severity of PTSS ($p < .001$) and alcohol dependence ($p < .001$) and had an indirect link to depression ($p = .06$). Even though the link to depressive symptoms was not significant, it was retained in the model as it improved the goodness of fit. Severity of alcohol dependence predicted more severe depression ($p = .002$). Severity of PTSS predicted more severe alcohol dependence ($p = .03$) and depressive symptoms ($p = .02$). This model was also run with gender as a possible confound, however no significant impact of gender was found.
3.4.4 Exposure to Multiple Assaults

3.4.4.1 Sexual Assaults

In the SA category, 33 participants experienced one SA event type; 28 participants experienced two event types, and 13 experienced all three. Compared to the no, one and two SA types, experiencing three SA types was significantly associated with an earlier onset of depression ($F(3, 188) = 5.54$, $p < .001$), with depression onset lowering from 29.5 years of age (no SA) to 13.5 years when three events were experienced. Compared to no or one SA, two SA
types led to significantly more severe depressive symptoms \( F(3, 189) = 5.69, p < .001 \).

Compared to the no, one and two SA types, experiencing three SA types also resulted in significantly more severe PTSD cluster symptoms of intrusion \( F(3, 162) = 4.73, p = .003 \), avoidance \( F(3, 161) = 8.57, p < .001 \) and hyperarousal \( F(3, 162) = 3.00, p = .03 \).

Compared to no SA, one SA type resulted in significant differences in experiencing Maternal Neglect \( F(3, 154) = 7.80, p < .001 \). If all three SA types were experienced (compared to no, one and two SA types), then participants reported experiencing significantly more Maternal Over-control \( F(3, 153) = 5.22, p = .002 \) and Abuse \( F(3, 154) = 6.44, p < .001 \).

### 3.4.4.2 Physical Assaults and Gaol

In the PAG category, 54 participants experienced one PAG event type; 21 participants experienced two event types and nine experienced all three. Compared to no PAG, there was an earlier initiation into hazardous drinking for the PAG group \( F(3, 189) = 3.47, p = .02 \). For no PAG, hazardous drinking commenced around 26.5 years of age. This reduced to 22 years for one PAG event, and 20 years of age if two or more PAG types were experienced.

The more PAG types experienced, the more alcohol was consumed across the week, with both a large and significant increase in weekly drinking once all three PAG types were experienced \( F(3, 178) = 9.53, p < .001 \). Drinking ranged from 58 drinks per week (no PAG) to 139 drinks per week for three PAG types. Compared to no PAG and one PAG, experiencing two or more PAG types also resulted in heavier binge drinking behaviours \( F(3, 178) = 11.32, p < .001 \), more problems with alcohol \( F(3, 189) = 3.54, p = .02 \) and more severe alcohol dependence \( F(3, 177) = 7.92, p < .001 \). For binge drinking sessions, the amount
of alcohol consumed per session doubled from 15 drinks (no PAG) to 33 drinks (three PAG types). Experiencing three PAG types also resulted in significantly more severe hyperarousal symptoms ($F(3, 162) = 5.27, p = .002$).

Compared to no PAG, one PAG type resulted in significantly higher reporting of experiencing Paternal Neglect ($F(3, 152) = 10.61, p < .001$). Compared to no PAG, one PAG and two PAG types, three PAG types resulted in significantly higher reporting of experiencing Paternal Abuse ($F(3, 150) = 7.50, p < .001$).

### 3.5 Discussion

This is the first study to investigate trauma sequelae for SA and PAG in depressed and alcohol use problem treatment seekers. Despite some participants reporting exposure to multiple traumatic event types, we identified two separate psychological response pathways. In the SA investigations, we found that experiencing SA was significantly related to an earlier onset of depression, and having more severe PTSS and depressive symptoms. The SA group were also more likely to have paranoid personality disorder. Compared to SA, PAG exposure was significantly related to Paternal Neglect, greater weekly alcohol consumption, and an earlier onset of depression. They were also more likely to have dissocial personality disorder. Of concern, experiencing two traumatic assault types also appeared to further worsen the severity of depression (for SA) and alcohol dependence (for PAG). Perhaps the combination of being assaulted (when an adult) and being neglected (when a child) may make symptom severity relationships more salient when assaulted. Further research is required to confirm these preliminary pathway findings, to further investigate the effect of Paternal Neglect on later psychiatric morbidity, and to also determine if gender differences exist for SA exposure.

The SA path analysis model confirmed the Stage 1 results that SA events are related to Maternal Neglect, PTSS and depressive symptoms. From this model,
it may be proposed that when a child is neglected by their mother, they may be more vulnerable to SA. The neglect and SA may then exacerbate the PTSS. This vulnerability may occur as the neglected child may not be protected from at-risk situations, as well as not being taught self-care, self-soothing, and other life skills to manage distress (Briere, 2002). They may also not receive positive social support post-assault from their mother. This proposal may be supported by other research that shows that those who report child sexual abuse also report lower levels of parental care (Gladstone, et al., 1999) and parental support (Vranceanu, Hobfoll, & Johnson, 2007). The model also showed that SA and PTSS both contribute to the depressive symptoms, which may be consistent with an ‘assault-related depression’ as depression is a commonly occurring response when exposed to a traumatic event (ACPMH, 2007; Shalev, 2002). In the model, PTSS also contributes to alcohol dependence, whilst Maternal Neglect does so indirectly. This result suggests that alcohol may be used to manage both PTSS and depressive symptoms, possibly due to inadequate life, coping and emotional regulation skills (Briere, et al., 2010; Khantzian, 1997).

Stage 1 analysis on PAG showed that PAG exposure was associated with Paternal Neglect and Paternal Abuse, earlier onset of depression and drinking, increased weekly and binge drinking, and more severe problems with alcohol and alcohol dependence. Of concern, this analysis suggests that alcohol misuse may be the consequence of this assault type. Continued intoxication from increased alcohol use may also place the person at further risk for assault (i.e., secondary re-traumatisation) (McFarlane, 1998). It may also increase the risk of their engagement in violent behaviours (and possibly face gaol), as heavy alcohol consumption is strongly associated with violence (Morgan & McAtamney, 2009).
Although the PAG path analysis showed similar results to the Stage 1 findings, there was a very different interaction of symptoms. This analysis showed that Paternal Neglect could predict PAG and severity of PTSS and alcohol dependence. PTSS did contribute to both symptoms of alcohol dependence and depression, although Paternal Neglect may have a stronger influence. In contrast to the SA model, depressive symptoms in the PAG model may be a consequence of combined PTSS and alcohol dependence, with alcohol dependence possibly having the stronger impact. This outcome may be due to the physiological effects that alcohol can have on increasing depressive symptoms (Brown et al., 2011).

Interestingly in the PAG model, PAG did not contribute to PTSS, depression or alcohol dependence. However, the Stage 1 analysis revealed associations between PAG and the alcohol variables of weekly drinking, problems with alcohol use and alcohol dependence. This finding may be due to the influence of the gaol variable loading onto the two physical assaults variables in the factor analysis. Therefore, compared to physical assault events, gaol may be more strongly associated with heavier alcohol consumption, than PTSS. This may be supported by research findings that over half of offenders who were arrested for assault had consumed alcohol within the previous 24-hours (Morgan & McAtamney, 2009). This is further supported by studies showing that prisoners report higher rates of alcohol use problems (34.5%) (Peters, Greenbaum, & Edens, 1998) compared to rates of PTSD (4%-28%) (Goff, Rose, Rose, & Purves, 2007). Therefore, being neglected by the father may be the vulnerability factor for PAG, and this three-way combination may result in being more at risk of developing alcohol dependence. Overall, the PAG model findings are unique and warrant further investigations into the protective impact of fathering on PAG, as well as for PTSS and alcohol dependence.
The hypothesis of a significant increase in symptom severity was found with multiple traumatic assaults for both SA and PAG. Participants exposed to two or more SA types reported more severe PTSS and depressive symptoms compared to those with one or no SA exposure. Those exposed to SA reported greater Maternal Neglect whilst experiencing three SA types reported significantly higher levels of Maternal Over-control/Abuse. Of concern, those who experienced three SA types reported a much earlier onset of depression (approximately, 14 years of age) compared to those who have never been sexually assaulted (29 years). This may suggest that when a child experiences Maternal Neglect, over-control or abuse, they are significantly more likely to experience multiple sexual assault types. This may suggest that the mother may not be available to protect them from unsafe situations and people, and may not offer the child the positive social support required after traumatic assault (Vranceanu, et al., 2007). They may also be significantly more vulnerable to developing depression during adolescence due to a combination of their young age at the time of the assault, sexual assault exposure, and not having the mother available for positive support after an assault.

All participants who reported PAG experiences also reported significantly more Paternal Neglect. Participants who experienced a combination of Paternal Neglect and exposure to two or more PAG events reported significantly larger amounts of alcohol consumed and experienced more severe problems with alcohol and alcohol dependence, compared to those who did not have these experiences. This suggests that when a child is neglected and abused by their father, they may become more vulnerable to PAG events and developing problems with alcohol. This then could also suggest that fathers may teach children how to recognise aggressive situations and/or role model drinking behaviours.
The primary limitation of this study is the small sample size in each of the trauma assault groups and the missing data for some assessments (particularly the MOPS), implying that these results must be viewed with caution. Another limitation is that participants who nominated multiple events were included in each of the event groups they nominated. Therefore, if participants had experienced both a sexual or physical assault, they were in both the SA and PAG groups. A further limitation was that participant age at time of the assault was not recorded and other formal childhood abuse assessments were not applied, so the relationship between childhood trauma, dysfunctional parenting and personality disorder could not be explored. Another limitation is one of generality. The higher proportion of women in the SA group restricts the findings being applied to males. The study sample comprised of depression and alcohol misuse treatment seekers, which may not be reflective of PTSD, non-treatment seeking and community populations. Further larger studies are needed to confirm these findings.
CHAPTER 4 THE EFFECTS OF SEVERE PTSS AND PTSD ON DEPRESSION AND/OR ALCOHOL CBT OUTCOMES

4.1 Overview

Although Posttraumatic Stress Disorder (PTSD) frequently co-occurs with Major Depressive Disorder (MDD) and Alcohol Use Disorder (AUD), most treatment settings for depression or alcohol use disorders do not screen for traumatic events or posttraumatic stress symptoms (PTSS)/PTSD. Therefore, most health treatment either targets depression, AUD, or (to a lesser extent) integrated MDD-AUD only. This study explored the effect of having severe PTSS and PTSD in a treatment-seeking population, who received CBT treatment for depression and alcohol use problems. Participants (N = 220) with current depression and alcohol use problems were recruited. As described previously, PTSS and PTSD were retrospectively assessed by the Posttraumatic Stress Diagnostic Scale (PDS). Depressive symptoms were measured by the Beck Depression Inventory-II (BDI-II), while alcohol consumption and use problems were assessed using the Timeline Follow Back (TLFB), Alcohol Use Disorder Identification Test (AUDIT) and the Severity of Alcohol Dependence Questionnaire (SADQ-C). Most assessment instruments were administered at baseline and 3, 6, 12, 24, and 36 months post baseline. Two exceptions to this assessment timeline were the PDS (administered at baseline and the 3 month follow-up) and the SADQ-C (not administered at the 3 month follow-up). ANCOVA was used to assess for group differences between the three trauma groupings of No Trauma, No PTSD, and PTSD on adjusted mean treatment outcomes (i.e., gender, days in treatment, and antidepressant medication) over time (i.e., the six assessment occasions). The results showed that the No Trauma and No PTSD groups reported a significantly better reduction in weekly drinking levels at the 3 month follow-up assessment, when compared to the
PTSD group. A generalised linear mixed model analysis conducted on PTSS severity (i.e., Mild compared to Severe PTSS) further assessed for mean changes in depression and alcohol use over time. Compared to the Mild PTSS group, the Severe PTSS group reported a significant greater mean reduction in weekly drinking at 3 months, and significantly higher mean improvements in global functioning at 36 months. We found that, at the 3 month post baseline assessment, participants with PTSD reported significant reductions in PTSS, as well as a significantly lower rate of PTSD. The present study showed that people with Severe PTSS and/or PTSD can respond well to treatment for depression and/or alcohol misuse. In addition, integrating a trauma-focused intervention may address the delay in improved weekly alcohol consumption for those with a PTSD-MDD-AUD comorbidity. Trauma-focused interventions may further assist the PTSD group to maintain the comorbid symptom improvements achieved upon treatment completion.

4.2 Introduction

4.2.1 Prevalence of PTSD Comorbidity

The lifetime prevalence rates of PTSD (ABS, 2008), MDD (Slade et al., 2009) and AUD (ABS, 2008) in Australia have already been discussed in Chapters 1 and 2. Prevalence of PTSD-MDD, PTSD-AUD, and MDD-AUD dual comorbidities were also discussed in Chapters 1 and 2. As reported in Chapter 2, there is limited research into PTSD co-existing with both depression and alcohol use problems (i.e., three-way comorbidity). Chapter 2 identified that most studies on PTSD-MDD-AUD have either been large-scale population surveys (e.g. (Teesson, et al., 2009) or studies on high-risk groups such as war journalists (Feinstein, et al., 2002) and terrorism survivors (Hasin, et al., 2007). Chapter 2 then investigated rates of traumatic exposure, PTSS and PTSD in a treatment setting for co-existing depression and alcohol use problems. In that study, two-
thirds of participants reported experiencing a traumatic event, with one third of participants meeting diagnostic criteria for PTSD (Bailey, et al., 2012). Chapter 2 also reported that (at baseline) participants who had Severe PTSS and/or PTSD reported significantly more severe depressive symptoms and problems with alcohol, compared to those without Severe PTSS and/or PTSD. Such a significant negative impact of Severe PTSS and PTSD on depression and alcohol use suggests that the effects of PTSS/PTSD on depression and alcohol misuse treatment outcomes warrants investigation.

4.2.2 Effects of PTSD Comorbidity on Depression and Alcohol Treatment Outcomes

Recently, integrated PTSD interventions have been developed to treat PTSD comorbidity, with promising results emerging regarding their effectiveness. Studies on PTSD comorbidity tend to evaluate the effect of either receiving a trauma-focused CBT intervention or antidepressant medication on treatment outcomes. The limited treatment research into PTSD co-existing with depression and/or alcohol outcomes are reviewed below.

As reported in Chapter 1, investigations into the psychological treatment of PTSD have found that CBT is an effective stand-alone treatment for this disorder (Brown, et al., 2011). Chapter 1 also reviewed research into integrated CBT treatments and reported that integrated trauma-focused CBT can also effectively treat co-existing PTSD-MDD (Iverson, et al., 2011) and PTSD-SUD (McDevitt-Murphy, 2011; Mills, et al., 2012; Najavits, 2005). However, important limitations of these studies include small sample sizes and recruitment of female participants only.

Pharmacotherapy studies have found that antidepressant medication for PTSD—MDD significantly reduces depressive symptoms regardless of PTSD comorbidity (Green, et al., 2006; Miranda et al., 2003; Tucker, et al., 2004).
However, those with PTSD remained more distressed than those without PTSD (Green, et al., 2006) following antidepressant treatment. One PTSD-MDD study compared antidepressants to MDD CBT treatment and found that those with PTSD did not respond as well as those with depression only, regardless of what treatment type they received (Hollon, et al., 2005). Other research investigating the effects of sertraline on co-existing PTSD-MDD-AUD found that this antidepressant resulted in a modest reduction in depression and, a significant reduction in drinking levels (Labbate, Sonne, Randal, Anton, & Brady, 2004). Furthermore, PTSD patients with milder depressive symptoms responded better to sertraline compared to PTSD patients with more severe depressive symptoms (Labbate, et al., 2004).

4.2.3 Effects of Severe PTSS/PTSD on Non-Trauma Focused Treatment

Despite PTSD comorbidity commonly occurring with MDD and AUD (Kessler & Wang, 2008; Teesson, et al., 2009) screening for PTSS or PTSD is either frequently omitted in treatment settings (Howard et al., 2010; Najavits, et al., 2008) or these diagnoses are used as exclusion criteria in treatment research (Najavits, et al., 2008). This omission continues to occur despite PTSD comorbidity routinely being associated with much poorer treatment outcomes, which is particularly so for depression (Campbell et al., 2007) and substance or alcohol misuse (Bradizza, et al., 2006). When this omission occurs, it can be assumed that non-trauma focused interventions are provided, leaving PTSD untreated. There are few studies investigating the effects of treating MDD or AUD (and not PTSS/PTSD) and these are discussed below.

One MDD treatment study conducted among minority women in the United States (N = 267) found that these participants also had high rates of PTSD (47.7%) (Miranda, et al., 2003). Despite the high PTSD rates, the study found that these depressed women responded well to antidepressant medication and
CBT for depression (when outreach support was also provided (Miranda, et al., 2003). However, PTSS severity or PTSD diagnosis post treatment was not further assessed in this study. Another study examined relapse rates in females with PTSD six months post inpatient alcohol and other drug treatment ($N = 29$) (Brown, 2000). That study found that six months post treatment, half of the participants had relapsed to substance or alcohol misuse, and a quarter of the sample relapsed in PTSD symptoms (Brown, 2000).

Another substance use inpatient treatment study (Brown, Stout, & Mueller, 1996) compared substance using women with PTSD to substance using women without PTSD ($N = 31$). They found (at 3 months post treatment discharge) that women with PTSD relapsed to substance/alcohol use earlier than those without PTSD (Brown, et al., 1996). A treatment review on substance use relapse and mental health comorbidity reported that alcohol and other drug treatment gains seemed to be retained if PTSD intervention occurred shortly after completion of alcohol and other drug treatment (Bradizza, et al., 2006).

### 4.2.4 The Present Study

PTSD frequently coexists with MDD (Campbell, et al., 2007) and AUD (Teesson et al., 2010) with CBT considered as the gold standard treatment for PTSD (PTSD Alliance, 2000). Trauma-focused CBT interventions either treat PTSD as a single disorder or (more recently) as an integrated treatment of PTSD co-existing with another disorder, i.e., PTSD-MDD (Iverson, et al., 2011) or PTSD with substance or alcohol misuse (Back, Brady, Sonne, & Verduin, 2006; McDevitt-Murphy, 2011; Mills, et al., 2012). However, as PTSD tends not to be assessed in general treatment settings (Howard, et al., 2010) there is limited research into the effects on treatment outcomes of having Severe PTSS/PTSD when receiving non-trauma focused therapy. Therefore, this study investigated the effects of having Severe PTSS/PTSD on depression and/or alcohol use
treatment outcomes in participants recruited by the DAISI project (Baker, et al., 2010).

We predicted that, among participants with co-existing depression and alcohol use problems, those with PTSD will have poorer treatment outcomes, including more severe: PTSS, depressive symptoms; alcohol issues (higher alcohol consumption levels, more severe problems and dependence); and poorer functioning compared to those without PTSD. We also predicted that those with Severe PTSS will also have poorer treatment outcomes including more severe: depressive symptoms; alcohol issues (greater alcohol consumption, more severe problems and dependence); and poorer functioning compared to those with Mild PTSS. Finally, we also predicted that those with PTSD and/or more Severe PTSS will have higher symptom relapse rates post treatment.

4.3 Method

4.3.1 Participants

The DAISI study was implemented between October 2005 and April 2007 in Newcastle, New South Wales and Brisbane, Queensland, Australia. Participants attended sessions in research clinics or community health centres. The recruitment of participants into this study (and the DAISI project: (Baker, et al., 2010) has previously been described in Chapters 2 and 3.

As recruitment occurred through a range of treatment services, some participants may have concurrently received treatment for depression or alcohol problems from other services. Other participants may have only received treatment through the DAISI project. DAISI participants were not discouraged from engaging in other treatment services.
4.3.2 Measures

The measures employed in this study have been thoroughly reviewed in Chapters 2 and 3, so an overview of PTSD diagnosis and the assessments used in this study are listed below.

PTSS and PTSD were measured by the Posttraumatic Diagnostic Scale (PDS; (Foa, et al., 1997). For a diagnosis of PTSD, participants must have been exposed to a traumatic event listed in the PDS checklist, felt helpless or hopeless during the event and be bothered by the event (Criterion A). Participants must also meet all three DSM-IV PTSD symptom criteria which are: one Intrusion/re-experiencing (Criterion B); three Avoidance (Criterion C); and two Hyperarousal (Criterion D) symptoms. In addition, the symptoms must have been experienced for more than a month (Criterion E), and impair functioning (Criterion F; (APA, 1994; Foa, et al., 1997).

Depressive symptoms were measured by the Beck Depression Inventory-II (BDI-II; (Beck, et al., 1996). Alcohol problems were measured with the Alcohol Use Disorders Identification Test (AUDIT; (Saunders, et al., 1993) and severity of alcohol dependence was measured by the Severity of Alcohol Dependence Questionnaire (SADQ-C; (Stockwell, et al., 1994). Alcohol consumption (both weekly and binge drinking) was assessed by a Timeline Follow Back (TLFB) focusing on the previous two weeks (Sobell & Sobell, 2002). Global functioning levels were determined by the Global Assessment of Functioning (GAF; (APS, 2000).

4.3.3 Procedure

Participants received AUD$20 as reimbursement for travel costs to assessment appointments. Participant contact details and an alternative contact person were obtained at baseline to aid re-contact for follow-up assessments. (Refer to Chapters 2 and 3 for a detailed description of the baseline assessment
procedure.) When possible, post treatment assessment appointments were made at the final treatment session. Independent psychologists, blind to treatment allocation conducted follow-up assessments face-to-face (22.0%) or by telephone (78.0%). Again, AUD$20 was offered as reimbursement. On average, the initial post treatment assessment occurred 18.0 ($SD = 3.12$) weeks post baseline. Time to the initial post treatment assessment did not differ between conditions.

The treatment procedure commenced upon participant attendance at Session 1 (which also formed the brief intervention for those subjects allocated to that condition). Participants were informed that failure to attend three consecutive treatment sessions without explanation would result in them being considered as discontinuing treatment.

Treatment randomisation was stratified by study site, gender and concurrent antidepressant or anti-craving medication. Randomisation allocations were generated by an independent statistician at the Newcastle site and each participant was linked to a unique identification code. Allocations were individually concealed within separate envelopes that were labelled with a code. The envelope was opened by the participant upon Session 1 completion.

### 4.3.4 Interventions

The treatment manual (refer Appendix: (Kay-Lambkin, Baker, Hunt, Kavanagh, & Bucci, 2005) was adapted from that evaluated by Kay-Lambkin et al. in the Self-Help for Alcohol and Depression (SHADE) study (Mansell, Harvard, Watkins, & Shafran, 2009). The four intervention conditions included a brief intervention (90 minute session), or either of two single-focused (either depression or alcohol) interventions, or an integrated (combined depression and alcohol) intervention. Each weekly session was face-to-face and included a review of the previous week, home work completion, a suicide risk assessment,
and negotiation of the session agenda. Motivational interviewing (MI) and Cognitive Behaviour Therapy (CBT) were employed across therapy.

Session 1 (or brief intervention) was 90 minutes and received by all participants. It included assessment feedback, case formulation (both depression and alcohol focused), MI, planning for behaviour change, and education about depression and hazardous alcohol use. If allocated to further treatment, subsequent nine weekly one-hour sessions were similarly structured and comprised of MICBT.

In Session 2, participants received a rationale for CBT and commenced mood and/or craving monitoring, activity scheduling and mindful walking. In Session 3 there was an introduction to thought monitoring, assessment of change, and mindful listening. Session 4 included the development of an activity list, confirmed change plan, information about managing impulsive thoughts or cravings, and mindfulness of pleasant activities.

In Session 5, identifying and managing unhelpful automatic thoughts and breathing mindfully were taught. Problem solving and mindful visual experiences were introduced in Session 6. In Session 7, participants identified and examined evidence for problematic schema and core beliefs, and practiced using a 3-minute breathing space.

In Session 8, cognitive therapy continued and incorporated ‘allowing and letting be’. Development of an emergency plan, and practicing assertiveness or alcohol refusal skills were also included in Session 8. Session 9 introduced relapse prevention techniques (Marlatt & Gordon, 1998) and a continuation of mindfulness skills. The final session (Session 10) required participants to apply MI to relapse prevention and the writing out of a management plan for relapse risk. Integrated sessions addressed both depression and alcohol and explained their impact upon each other.
Baseline assessment and therapy were conducted by provisional psychologists, psychologists, or clinical psychologists. The psychologists met weekly for supervision, where selected audio-taped sessions and issues in applying treatments were discussed. Therapists worked across all four intervention sessions.

4.3.5 Statistical Analyses

Analysis of variance (ANOVA) was also used to assess for differences in baseline demographic characteristics, treatment attendance rates and follow-up assessment attrition rates across the three trauma groupings. A survival analysis was also conducted on the three trauma groupings over the five follow-up assessment occasions to test for differences in attrition rates. All follow-up analyses were adjusted for: baseline symptoms; gender; antidepressant medication; and days in treatment.

Analysis of covariance (ANCOVA) was conducted on the three trauma groupings (as per Chapter 2) of No Trauma vs No PTSD vs PTSD in mean symptom change for the following treatment outcome variables: depressive symptom severity; global functioning; levels of alcohol consumption; severity of alcohol use problems; and severity of alcohol dependence. The analysis included comparisons between the baseline and follow-up assessments at 3, 6, 12, 24 and 36 months post baseline assessment.

Independent-sample $t$-tests were used to analyse differences in PTSS severity between the No PTSD and PTSD groups at baseline and 3 month follow-up only. Further analysis was conducted on changes for the PTSD group between baseline and the 3 month follow-up. Paired $t$-tests were used to analyse differences in mean PTSS severity scores at baseline compared to the 3 month-follow-up, for the PTSD group. The McNemars test further tested for differences in the proportion of participants who had a diagnosis of PTSD, and
who met Criterion B (Intrusions), C (Avoidance), and D (Hyperarousal) at baseline, compared to the 3 month follow-up.

PTSS was divided into two groups based on PDS symptom severity scores, with the Severe PTSS group having a score of 21 or more and those with scores of 20 or lower allocated to the Mild PTSS group. Generalised linear mixed models were then used to assess for mean changes over time between the Severe and Mild PTSS groups for the following treatment outcome variables: depressive symptom severity; global functioning; levels of alcohol consumption; severity of alcohol problems; and severity of alcohol dependence.

Demographic data were reported in percentages, means, and standard deviations, whereby all participants are included in the analysis (to prevent bias) regardless of treatment retention/attrition (White, et al., 2011). As this study was exploratory, sensitivity analysis on the missing data assumption (White, et al., 2011) was not conducted. All analyses were conducted using SAS (SAS Institute Inc., 2010).

4.4 Results

4.4.1 Sample Characteristics

As reported in Chapters 2 and 3, 220 participants completed assessments for PTSS severity and PTSD, with participants allocated to the three trauma groups of: (i) No Trauma ($n = 62$), (ii) No PTSD ($n = 75$) and (iii) PTSD ($n = 83$). These three trauma groupings were retained for this study (see Figure 4.1).
The age range of participants in this study was 20 to 73 years, with an average of 45.3 years ($SD = 11.0$). There were 113 men and 107 women, with the majority of participants experiencing a traumatic event (71.8%, $n = 158$). More than one third of this sample fulfilled the DSM-IV criteria for current PTSD (38.0%, $n = 83/220$). There were no gender differences in rates of trauma exposure, number of traumatic events experienced, number of trauma symptoms or PTSD diagnosis. Additional baseline demographic information (Bailey, et al., 2012) can be found in Chapter 2.
4.4.2 Baseline Characteristics

Baseline symptom profiles are displayed in Table 4.1 and have previously been discussed in Chapter 2. PTSS severity was also assessed at baseline (see Table 4.4) and discussed in Chapter 2. Additional baseline data included in Table 4.1 are the session attendance rates and the days participated in treatment (i.e., until treatment discharge) for the three trauma groupings. As displayed below, there were no significant differences between the three trauma groupings and the number of sessions attended or days in treatment.

Table 4.1 Baseline demographic and clinical characteristics

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<th>Demographic Characteristics</th>
<th>No Trauma Event n = 62</th>
<th>No PTSD n = 75</th>
<th>PTSD n = 83</th>
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<td>n (%)</td>
<td>n (%)</td>
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<td>41 (49.4%)</td>
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<tr>
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<td>36 (48.0%)</td>
<td>42 (50.6%)</td>
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<tr>
<td>Antidepressant Medication</td>
<td>32 (52.0%)</td>
<td>36 (49.0%)</td>
<td>37 (45.0%)</td>
<td>.68</td>
</tr>
<tr>
<td>Mean (SD)</td>
<td>46.2 (11.4)</td>
<td>45.7 (11.4)</td>
<td>43.9 (10.4)</td>
<td>.40</td>
</tr>
<tr>
<td>Treatment Attendance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sessions Attended</td>
<td>54.1 (51.0)</td>
<td>55.4 (53.2)</td>
<td>43.1 (50.1)</td>
<td>.26</td>
</tr>
<tr>
<td>Days in Treatment</td>
<td>5.1 (4.1)</td>
<td>5.4 (4.3)</td>
<td>4.0 (3.9)</td>
<td>.10</td>
</tr>
<tr>
<td>Follow-up Rates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 months</td>
<td>50 (80.7%)</td>
<td>62 (82.7%)</td>
<td>69 (83.1%)</td>
<td></td>
</tr>
<tr>
<td>6 months</td>
<td>46 (74.2%)</td>
<td>66 (88.0%)</td>
<td>68 (81.9%)</td>
<td></td>
</tr>
<tr>
<td>12 months</td>
<td>48 (77.5%)</td>
<td>56 (74.7%)</td>
<td>56 (67.5%)</td>
<td></td>
</tr>
<tr>
<td>24 months</td>
<td>43 (69.4%)</td>
<td>47 (62.6%)</td>
<td>45 (54.2%)</td>
<td></td>
</tr>
<tr>
<td>36 months</td>
<td>35 (56.5%)</td>
<td>47 (62.7%)</td>
<td>39 (47.0%)</td>
<td>.12</td>
</tr>
<tr>
<td>Baseline Symptoms</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Posttraumatic Stress</td>
<td>11.8 (9.1)</td>
<td>28.4 (9.7)</td>
<td>&lt;.001</td>
<td></td>
</tr>
<tr>
<td>Symptom Severity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>30.8 (8.1)</td>
<td>30.4 (8.9)</td>
<td>34.2 (9.7)</td>
<td>.02</td>
</tr>
<tr>
<td>Global Functioning</td>
<td>59.3 (8.8)</td>
<td>58.5 (9.1)</td>
<td>52.9 (11.0)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Alcohol</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drinks per Week</td>
<td>55.7 (40.6)</td>
<td>69.7 (51.2)</td>
<td>63.8 (43.2)</td>
<td>.22</td>
</tr>
<tr>
<td>Binge Drinking</td>
<td>16.1 (10.4)</td>
<td>17.3 (9.0)</td>
<td>19.0 (10.7)</td>
<td>.24</td>
</tr>
<tr>
<td>Problems with Drinking</td>
<td>23.1 (6.0)</td>
<td>25.4 (6.4)</td>
<td>27.9 (6.5)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Alcohol Dependence</td>
<td>14.9 (9.5)</td>
<td>14.8 (9.6)</td>
<td>21.9 (12.5)</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>

PTSD = Posttraumatic Stress Disorder
4.4.3 Treatment Allocation, Retention and Follow-up Assessment Attrition

Of the 220 participants, 50 (22.7%) received the brief intervention; 56 (25.5%) received treatment focused on depression; 54 (24.5%) received treatment focused on alcohol; and 60 (27.3%) received the integrated treatment (refer Table 4.2). Analysis was not conducted on the three trauma groupings by four treatment types over the five assessment occasions, due to the limited power from the small sample size (refer Table 4.2).

Table 4.2 Trauma groupings by treatment allocation sample size and percentages

<table>
<thead>
<tr>
<th>Treatment Allocation</th>
<th>Brief Intervention (90 minutes) n (%)</th>
<th>Depression (10 sessions) n (%)</th>
<th>Alcohol (10 sessions) n (%)</th>
<th>Integrated (10 sessions) n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sample (N=220)</td>
<td>50 (22.7%)</td>
<td>56 (25.5%)</td>
<td>54 (24.5%)</td>
<td>60 (27.3%)</td>
</tr>
<tr>
<td>Trauma Group</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PTSD</td>
<td>83 (37.7%)</td>
<td>22 (26.5%)</td>
<td>19 (22.9%)</td>
<td>15 (18.1%)</td>
</tr>
<tr>
<td>No PTSD</td>
<td>75 (34.1%)</td>
<td>15 (20.0%)</td>
<td>21 (28.0%)</td>
<td>21 (28.0%)</td>
</tr>
<tr>
<td>No TE</td>
<td>62 (28.2%)</td>
<td>13 (21.0%)</td>
<td>16 (25.8%)</td>
<td>18 (29.0%)</td>
</tr>
</tbody>
</table>

PTSD = Posttraumatic Stress Disorder

Participants in the No Trauma, or No PTSD groups attended an average of five treatment sessions, whilst the PTSD group attended four treatment sessions ($p = .10$). On average, the No Trauma and No PTSD groups had similar treatment attendance rates (approximately 55 days in treatment). There were no significant differences in the follow-up assessment attrition rates over all five follow-up assessment occasions. The Kaplan-Meier survival approach (refer Table 4.1) further supports this finding in that there were no significant differences in retention rates between the three trauma groupings over the five follow-up assessment occasions ($\chi^2 = 5.0, p = .12$).
4.4.4 Trauma Groupings and Treatment Outcomes

ANCOVA was conducted on the adjusted means for baseline symptoms, gender, antidepressant medication, and days in treatment. This analysis tested for group differences in symptom change scores between the three trauma groupings (of No Trauma, No PTSD, and PTSD) over the five follow-up assessment occasions (refer Table 4.3). There were no significant differences in depressive symptom or global functioning change scores for the trauma groups over time.

There were also no significant differences in change scores for binge drinking, alcohol use problems, and alcohol dependence between the three trauma groups over time. Thus, the PTSD group reported mean change reductions in binge drinking, alcohol use problems, and alcohol dependence that were statistically similar to the No Trauma and No PTSD groups (see Table 4.3).

The only significant difference between groups in this analysis was for weekly drinking at the 3 month follow-up assessment occasion. Compared to the PTSD group (at the 3 month follow-up) the No Trauma and No PTSD groups had significantly greater change scores in the average amount of alcohol consumed over the week (refer Table 4.3). As seen in Table 4.3, the average change reductions in weekly drinking levels for the No Trauma and No PTSD groups were 21.4 ($SD = 32.2$) drinks and 31.3 ($SD = 32.3$) drinks, compared to 13.6 ($SD = 47.8$) drinks for the PTSD group ($F(2, 164) = 4.1, p < .03$). The change scores for weekly drinking for the three trauma groups were not significant in the subsequent follow-up assessment occasions (see Table 4.3).
Table 4.3 Mean change scores over the five follow-up assessment occasions for the three trauma groupings

<table>
<thead>
<tr>
<th>Treatment Outcomes</th>
<th>No Trauma n = 50</th>
<th>No PTSD n = 62</th>
<th>PTSD n = 69</th>
<th>Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
<td>p value</td>
</tr>
<tr>
<td><strong>Depression</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 months</td>
<td>-10.3 (12.6)</td>
<td>-13.6 (11.5)</td>
<td>-10.0 (12.3)</td>
<td>.09</td>
</tr>
<tr>
<td>6 months</td>
<td>-11.7 (11.0)</td>
<td>-12.8 (14.1)</td>
<td>-11.4 (13.7)</td>
<td>.45</td>
</tr>
<tr>
<td>12 months</td>
<td>-12.7 (10.0)</td>
<td>-13.8 (12.1)</td>
<td>-10.0 (13.6)</td>
<td>.85</td>
</tr>
<tr>
<td>24 months</td>
<td>-12.6 (11.0)</td>
<td>-15.6 (9.8)</td>
<td>-13.9 (12.3)</td>
<td>.45</td>
</tr>
<tr>
<td>36 months</td>
<td>-15.1 (12.1)</td>
<td>-15.5 (12.9)</td>
<td>-14.9 (12.9)</td>
<td>.52</td>
</tr>
<tr>
<td><strong>Global Functioning</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 months</td>
<td>6.8 (10.9)</td>
<td>8.0 (11.2)</td>
<td>6.8 (13.8)</td>
<td>.23</td>
</tr>
<tr>
<td>6 months</td>
<td>5.9 (12.8)</td>
<td>5.7 (11.8)</td>
<td>8.7 (13.1)</td>
<td>.93</td>
</tr>
<tr>
<td>12 months</td>
<td>9.0 (10.0)</td>
<td>7.0 (11.0)</td>
<td>9.4 (13.7)</td>
<td>.37</td>
</tr>
<tr>
<td>24 months</td>
<td>9.7 (10.9)</td>
<td>10.3 (11.2)</td>
<td>12.9 (14.5)</td>
<td>.79</td>
</tr>
<tr>
<td>36 months</td>
<td>13.4 (9.4)</td>
<td>10.3 (10.8)</td>
<td>15.6 (13.5)</td>
<td>.23</td>
</tr>
<tr>
<td><strong>TLFB Weekly Drinking</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 months</td>
<td>-21.4 (32.2)</td>
<td>-31.1 (32.3)</td>
<td>-13.6 (47.8)</td>
<td>.03*</td>
</tr>
<tr>
<td>6 months</td>
<td>-20.1 (34.1)</td>
<td>-31.8 (41.5)</td>
<td>-21.6 (42.3)</td>
<td>.70</td>
</tr>
<tr>
<td>12 months</td>
<td>-29.8 (38.0)</td>
<td>-29.9 (54.5)</td>
<td>-13.6 (36.6)</td>
<td>.16</td>
</tr>
<tr>
<td>24 months</td>
<td>-21.3 (55.7)</td>
<td>-27.0 (46.0)</td>
<td>-15.1 (54.0)</td>
<td>.63</td>
</tr>
<tr>
<td>36 months</td>
<td>-21.1 (25.1)</td>
<td>-31.5 (42.0)</td>
<td>-20.1 (54.9)</td>
<td>.50</td>
</tr>
<tr>
<td><strong>TLFB Binge Drinking</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 months</td>
<td>-5.1 (10.1)</td>
<td>-6.6 (6.8)</td>
<td>-6.3 (12.7)</td>
<td>.49</td>
</tr>
<tr>
<td>6 months</td>
<td>-4.3 (14.5)</td>
<td>-7.5 (8.1)</td>
<td>-6.2 (12.3)</td>
<td>.59</td>
</tr>
<tr>
<td>12 months</td>
<td>-6.4 (11.8)</td>
<td>-8.2 (9.4)</td>
<td>-7.1 (9.8)</td>
<td>.67</td>
</tr>
<tr>
<td>24 months</td>
<td>-7.7 (10.3)</td>
<td>-5.6 (9.1)</td>
<td>-7.7 (12.2)</td>
<td>.51</td>
</tr>
<tr>
<td>36 months</td>
<td>-6.2 (10.5)</td>
<td>-7.2 (9.7)</td>
<td>-7.1 (9.1)</td>
<td>.96</td>
</tr>
<tr>
<td><strong>Alcohol Use Problems</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 months</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>6 months</td>
<td>-3.4 (7.3)</td>
<td>-5.0 (7.6)</td>
<td>-5.5 (9.2)</td>
<td>.73</td>
</tr>
<tr>
<td>12 months</td>
<td>-3.7 (7.5)</td>
<td>-6.4 (7.8)</td>
<td>-6.8 (8.2)</td>
<td>.47</td>
</tr>
<tr>
<td>24 months</td>
<td>-6.3 (8.2)</td>
<td>-8.8 (7.9)</td>
<td>-7.1 (14.4)</td>
<td>.56</td>
</tr>
<tr>
<td>36 months</td>
<td>-6.4 (8.6)</td>
<td>-9.2 (7.9)</td>
<td>-9.1 (9.2)</td>
<td>.82</td>
</tr>
<tr>
<td><strong>Alcohol Dependence</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 months</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>6 months</td>
<td>-0.5 (8.4)</td>
<td>0.5 (8.2)</td>
<td>0.3 (8.8)</td>
<td>.55</td>
</tr>
<tr>
<td>12 months</td>
<td>-0.4 (6.7)</td>
<td>-0.2 (9.5)</td>
<td>-1.0 (6.3)</td>
<td>.80</td>
</tr>
<tr>
<td>24 months</td>
<td>-3.2 (8.8)</td>
<td>-0.7 (7.8)</td>
<td>-1.7 (9.2)</td>
<td>.15</td>
</tr>
<tr>
<td>36 months</td>
<td>-2.8 (7.0)</td>
<td>-0.0 (7.5)</td>
<td>-2.0 (9.6)</td>
<td>.66</td>
</tr>
</tbody>
</table>

*p<.05  **p<.01  ***p<.001

PTSD = Posttraumatic Stress Disorder

4.4.5 The PTSD Group at the 3 Month Follow-up Assessment Occasion

As displayed in Table 4.4, PTSS levels remained significantly higher for the PTSD group compared to the No PTSD group at the 3 month follow-up
(t(97) = 4.5, p < .001). Paired t-tests then tested for changes in PTSS severity for the PTSD group, with PTSS severity significantly reducing at the 3 month follow-up assessment when compared to baseline (t(51) = 4.9, p < .001).

Table 4.4 PTSS severity at baseline and at the 3 month (post baseline) assessment for the No PTSD and PTSD groups

<table>
<thead>
<tr>
<th>Posttraumatic Stress Symptom Levels</th>
<th>Trauma Groupings</th>
<th>Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No PTSD</td>
<td>PTSD</td>
</tr>
<tr>
<td>Baseline</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
</tr>
<tr>
<td>11.8 (8.9)</td>
<td>28.4 (9.7)</td>
<td>11.6</td>
</tr>
<tr>
<td>3 Month F/U</td>
<td>8.5 (10.4)</td>
<td>19.5 (14.0)</td>
</tr>
</tbody>
</table>

PTSD = Posttraumatic Stress Disorder

Change in rates of PTSD from baseline to the 3 month follow-up was then assessed for the PTSD group (see Table 4.5). The McNemars test revealed a significant reduction in the proportion of participants with a PTSD diagnosis at the 3 month follow-up (71.2% vs 28.8%; χ² (1, N = 154) = 26.0, p < .001) when compared to baseline. The Intrusion, Avoidance and Hyperarousal symptom clusters (Criterion B, C, and D, respectively) were also assessed for the PTSD group using the McNemars test to determine which PTSD symptom cluster(s) changed following treatment. The McNemars test revealed that were no significant changes in the proportion of PTSD participants who met Intrusion criterion at the 3 month follow-up (66.7% vs 33.3%; χ² (1, N = 80) = 2.7, p< .10) compared to baseline. In contrast, a significant proportion of participants no longer met criterion for Avoidance (87.5% vs 12.5%; χ² (1, N = 24) = 13.5, p < .001) and Hyperarousal (73.7% vs 26.3%; χ² (1, N = 38) = 8.5, p = .004) at the 3 month follow-up, compared to baseline (see Table 4.5). Reviewing PTSD change rates also showed that 14/140 (10.0%) participants who did not meet PTSD criteria at baseline met PTSD criteria by the 3 month follow-up assessment occasion.
Table 4.5 Changes in PTSD diagnosis and Criteria for Intrusion, Avoidance and Hyperarousal Symptom Clusters at 3 month follow-up, compared to baseline

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Follow-up</th>
<th>Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n (%)</td>
<td>n (%)</td>
<td>Chi-square</td>
</tr>
<tr>
<td>PTSD</td>
<td>57 (71.2%)</td>
<td>23 (28.8%)</td>
<td>26.0</td>
</tr>
<tr>
<td>Criterion B (Intrusions)</td>
<td>16 (66.7%)</td>
<td>8 (33.3%)</td>
<td>2.7</td>
</tr>
<tr>
<td>Criterion C (Avoidance)</td>
<td>21 (87.5%)</td>
<td>3 (12.5%)</td>
<td>13.5</td>
</tr>
<tr>
<td>Criterion D (Hyperarousal)</td>
<td>28 (73.7%)</td>
<td>10 (26.3%)</td>
<td>8.5</td>
</tr>
</tbody>
</table>

PTSD = Posttraumatic Stress Disorder

4.4.6 Treatment Outcomes for Mild and Severe PTSS Groups

A generalised linear mixed model approach was used to investigate the average change in depressive symptoms, global functioning and alcohol consumption levels for the Mild (n = 83) and Severe PTSS (n = 75) groups. At the 3 month follow-up (see Figure 4.2) significantly greater reductions in weekly drinking ($\beta=14.9$, $Z=2.0$, $p = .05$) were reported by the Mild PTSS group compared to the Severe PTSS group. At 36 months there were also significantly greater improvements in global functioning ($\beta=5.4$, $Z=2.1$, $p = .04$) for the Severe PTSS group. As displayed in Figure 4.3, this significant increase in global functioning resulted in the Severe PTSS group achieving global functioning levels that were similar to that of the Mild PTSS group. There were no other significant differences between Mild and Severe PTSS groups in change over time for PTSS severity.
Figure 4.2 Average drinks consumed per week for Severe PTSS compared to Mild PTSS from baseline, over the five assessment occasions

Figure 4.3 Average global functioning scores for Severe PTSS compared to Mild PTSS from baseline, over the five assessment occasions
4.5 Discussion

Contrary to the first hypothesis (that the PTSD group will have poorer treatment outcomes) this study found that similar mean changes in depressive symptom scores were observed for all three trauma groups. Alcohol consumption levels and severity of alcohol use problems/dependence were also found to show similar levels of improvement, for most of the assessment occasions, regardless of PTSD diagnosis. These improvements were also maintained over a three year period (regardless of trauma grouping). Therefore, PTSD diagnosis did not adversely affect depression or alcohol treatment outcomes over a three year period. This finding is important as it shows that this client population (despite initially having more severe symptoms and lower global functioning) can respond well to non-trauma focused CBT interventions that target other Axis I disorders. This finding is similar to depression studies that found that participants respond well to anti-depressant medication (Green, et al., 2006; Tucker, et al., 2004) and/or MDD CBT (Miranda, et al., 2003) who also had co-existing PTSD.

This study also found that having PTSD may initially significantly delay reductions in the average number of drinks consumed over the week. This delay was observed at the 3 month follow-up assessment as the No Trauma and No PTSD groups had greater reductions in weekly alcohol consumption (-21.4 drinks and -31.3 drinks, respectively) compared to the PTSD group (-3.6 drinks). However, by the 6 month follow-up assessment (and all subsequent assessment occasions) the PTSD group did achieve similar reductions in alcohol consumption levels. One possible reason for the delay in reduced weekly drinking levels may be that it takes the PTSD group a longer time to implement the coping skills (taught in Sessions 2 - 5) before they can successfully manage both PTSD and depression. When severity of PTSD and depression reduce, alcohol consumption levels can then decrease. For the PTSD
group, this pattern of depression improving before alcohol consumption levels may support the suggestion of alcohol acting as a form of self-medication (Khantzian, 1997). That is, alcohol may be consumed in order to manage PTSD and depression (McDevitt-Murphy, 2011) and that drinking may not reduce until PTSD and depression are contained.

The reduction in PTSS levels at the 3 month follow-up (for the PTSD group) may have occurred as a result of symptom interactions between PTSD and depression. Emerging research on integrated PTSD-MDD treatment outcomes has found that when PTSS severity reduced, so too did the depressive symptoms (Iverson, et al., 2011). Even though trauma-focused interventions were not provided in the DAISI project, it may be that addressing and reducing depressive symptoms also reduces PTSS severity. It may also suggest that aspects of non-trauma focused CBT could be of some benefit to PTSS. Further research is required to investigate symptom interactions between PTSD-MDD-AUD. Research will also need to investigate how CBT interventions for this three-way comorbidity can further improve symptom functioning.

Perhaps the most surprising and important finding with the first hypothesis (and for this study) was that participants with PTSD did benefit from non-trauma focused CBT treatment. We found that at the 3 month follow-up occasion PTSS levels reduced for participants reporting traumatic event exposure. At this follow-up assessment occasion, it was also found that there was significant reduction in the proportion of participants who had PTSD. In particular, there were reductions in the proportion of people who met criteria for Avoidance and Hyperarousal. This suggests that there may be some aspects of the CBT model that generalise to the PTSS of Avoidance (behavioural activation) and Hyperarousal (cognitive therapy). It may also suggest that there may be some aspects of the DAISI treatment that overlap with trauma-focused
CBT interventions such as cognitive restructuring, activity scheduling and behavioural activation. Other DAISI intervention strategies that may overlap with trauma-focused CBT interventions are discussed in more detail, on the following page. Further research is required to confirm these findings and if they can be maintained after treatment.

Despite the improvements found in this study, some participants continued to have PTSD while other participants newly met criteria for PTSD at follow-up. Even though there were reductions in both PTSS severity and in the proportion of people who reached criterion for Avoidance and Hyperarousal, PTSS were still present. It also appears that Intrusions tend not to respond to non-trauma focused therapy. Therefore, because PTSD was still present, some participants developed PTSD, and that Intrusions largely remain unchanged, trauma-focused CBT interventions are still required to treat co-existing PTSS in a portion of people with this three-way comorbidity.

The second hypothesis that participants with Severe PTSS at baseline will also report poorer treatment outcomes (i.e., more severe depressive symptoms and alcohol misuse) compared to those with Mild PTSS was not confirmed. Contrary to the hypothesis, we found initial significant reductions in weekly alcohol consumption levels for the Severe PTSS group. The significant reductions in alcohol consumption levels at the 3 month follow-up were also maintained over time. The PTSD group showed significant delays in reducing weekly alcohol consumption levels at the 3 month follow-up. This may suggest that having PTSD, rather than Severe PTSS could initially result in poorer alcohol treatment outcomes. We also found that it took 3 years (post baseline assessment) before participants in the Severe PTSS group significantly improved in global functioning. This (eventual) improvement in global functioning for the Severe PTSS group was so considerable that they were able
to achieve similar levels of global functioning to those in the Mild PTSS group. This suggests that significant improvements in global functioning can occur for people with comorbid MDD-AUD and Severe PTSS however, it may take years post treatment to occur.

One possible explanation for symptom improvement, maintenance and treatment retention for participants who also had Severe PTSS and PTSD in this study was that most participants attended the first four or five treatment sessions. In these first five sessions, participants were provided with: psychoeducation about depression and/or alcohol misuse; received motivational interviewing to facilitate behaviour change; thought and/or craving management to help with coping; and activity scheduling. It may be that those with Severe PTSS and PTSD benefited from treatment sessions by becoming more aware of their symptoms (including PTSS) and behaviour change barriers. These symptoms and barriers were then addressed in treatment sessions.

Coping skills were also taught and behavioural activity schedules developed for daily life. It may be possible that the treatment approach of increasing participation rates in social/daily activities and negotiating around change barriers could lead to increased behavioural activity. The increased behavioural activity may then enhance participation in a variety of day-to-day situations. Greater involvement in day-to-day activities could then (inadvertently) lead to fewer avoidance behaviours, which may reduce PTSS (Foa, et al., 2005; Zoellener, et al., 2011) specifically the Avoidance and Hyperarousal symptoms.

Learning about unhelpful thoughts (Sessions 2 - 4) and how to manage them (Sessions 4 - 5) are effective in treating depressive cognitions (Hollon, et al., 2005). It may be that working with unhelpful thoughts could have facilitated (on some level) PTSS management. That is, thought (or cognitive) management
training may have unintentionally assisted with addressing some aspects of trauma-related cognitions. Thought training may generalise to managing Avoidance/Hyperarousal-related cognitions. However trauma-related interventions may be required to manage the Intrusion cognitions. Another possibility is that thought management could be considered a practical coping skill, and coping skills training has recently emerged as a potential effective treatment for PTSD (McDevitt-Murphy, 2011).

The practical CBT strategies that were covered in the first five sessions of the DAISI project (i.e., coping skills, managing cognitions, and behavioural activation) may potentially be clinically useful when treating PTSD-MDD-AUD. This idea is supported by one study that suggested that the coping skills training aspect of CBT may be effective, particularly in producing longer-term treatment outcomes (Magill & Ray, 2009). Working with cognitions has also been suggested to produce improved and enduring treatment outcomes (Hollon, et al., 2005). Another reason for this finding may be that because the CBT model addresses cognitive or behavioural issues using specific strategies and skills, learning how to manage one area of concern may generalise to another area of concern (Briere & Jordan, 2004).

Another possible reason for the finding of similar improvements in symptom change for the three trauma groupings over time could be the result of regression to the mean. Regression to the mean can commonly occur when analysing repeated measures data (Barnett, van der Pols, & Dobson, 2005) such as the DAISI data.

Limitations of this study include smaller numbers in the three individual trauma groupings to determine if there were any between-group differences with the four treatment conditions. Due to the small sample size, we also could not consider gender differences in treatment responses to the four DAISI
interventions over the three trauma groupings. The final limitation is that the parent study (DAISI project) was a depression-alcohol use treatment study, so the longitudinal changes in PTSS were not further assessed.

The findings in this study may be due to the effects of the CBT intervention model administered in the DAISI project, as CBT is an evidence-based treatment for the single disorders of PTSD (Cukor, Spitalnick, Difede, Rizzo, & Rothbaum, 2009; ISTSS, 2009), depression (Churchill et al., 2001; Ellis & Smith, 2002), and AUD (Irvin, Bowers, Dunn, & Wang, 1999; Kadden & Cooney, 2005). Even though trauma-focused CBT or CBT exposure strategies (for the traumatic event) were not administered, the underlying principles of the DAISI interventions may make the therapy effective, regardless of the Axis I disorder targeted. It may also be the skills-based (including cognitive therapy and behavioural activation) aspects of the CBT intervention that underpins the effectiveness of treating depression and alcohol use problems, in the presence of PTSD. Further research into the relationship between symptom interaction and symptom reduction in response to treatment, may assist in identifying the most effective treatments for PTSD-MDD-AUD. Other research may also be able to ascertain which trauma-focused strategies are appropriate to be included in an integrated PTSD-MDD-AUD intervention (in order to address untreated PTSS and to further facilitate symptom reduction in this client group). This research may then assist in identifying a set of core CBT strategies that are effective for treating PTSS/PTSD in a depressed and alcohol use problem treatment seeking population.

4.6 Clinical Implications

This study showed that comorbid symptom improvement can occur for those with Severe PTSS/PTSD who attend treatment for depression and/or alcohol misuse. It is also worth noting that people with co-existing PTSD-MDD-AUD
can be retained in treatment. This study further showed that comorbid symptom improvement post treatment can be maintained over time. However, as PTSS and PTSD were not assessed post treatment, it is unknown if the improvements in PTSS and PTSD were maintained. Despite these improvements the PTSD group continued to report more severe PTSS (compared to the No PTSD group); some participants developed PTSD; and Intrusions remained largely unchanged. For these reasons, trauma-focused interventions may also need to be included in treatment planning so that any untreated PTSS can be addressed (Mills, et al., 2012). This study also suggests that in health care settings that PTSS should also be assessed when screening for other problems like depression and alcohol misuse.

4.7 Conclusion

Prior to analysis, it was expected that there would be minimal symptom improvement for those with Severe PTSS or PTSD. However, participants with PTSD showed similar change levels to the No Trauma and the No PTSD groups. This pattern of improvement was also found for those in the Severe PTSS group. This suggests that depression, alcohol use problems and/or alcohol dependence can improve with evidence-based CBT interventions regardless of PTSD diagnosis. PTSS and PTSD also improved significantly. However for further symptom reduction among those with remaining PTSS/PTSD, additional trauma-focused strategies and interventions may be required.
CHAPTER 5 THE EFFECTS OF ASSAULT NUMBER AND TYPE ON DEPRESSION AND ALCOHOL CBT TREATMENT OUTCOMES

5.1 Overview

Exposure to sexual (SA) and physical (PAG) assault is common in mental health and substance using populations. However, screening for history of assault and the consequential psychological effects of the assault are frequently looked over in mental health and alcohol and other drug treatment settings.

Correspondingly, treatment of posttraumatic stress symptoms (PTSS) and/or Posttraumatic Stress Disorder (PTSD) resulting from the assault is often omitted in case formulation and treatment plans. This study explored the impact of past SA and PAG on depression, alcohol use, and global functioning, following Cognitive Behaviour Therapy (CBT) for co-existing depression and/or alcohol misuse. Participants (N = 220) with current depression and alcohol misuse problems were recruited. Assault type and PTSS were assessed with the Posttraumatic Stress Diagnostic Scale. Participants were assessed at baseline and again at 3, 6, 12, 24, and 36 months, post baseline. Participants in the SA group were found to have similar levels of symptom reduction compared to those in the No SA group over all follow-up assessment occasions, except for global functioning, at the 12 month assessment occasion. PAG group participants were also found to respond well to depression and/or alcohol treatments. At the 36 month follow-up assessment occasion, compared to the No PAG group, they reported a significantly larger reduction in alcohol use problems. Despite this improvement, compared to No PAG, the PAG group showed significantly lower change scores in depressive symptoms, alcohol dependence, and global functioning 12 months post baseline assessment.

Furthermore, participants who reported at least two PAG event types at baseline were significantly less likely to be prescribed antidepressant
medication, and also attended fewer treatment sessions. Overall, this study showed that people who were exposed to SA and PAG can positively respond to depression and/or alcohol misuse CBT interventions. Despite this improvement, PAG exposure may lead to delayed depressive symptom improvement upon treatment completion. PAG exposure may also be associated with poorer comorbid symptomatology 12 months post baseline assessment. Based on this study, it is recommended that assault type and number of assault experiences be screened for and considered in treatment formulation within treatment settings.

5.2 Introduction

5.2.1 Psychological Sequelae Following Exposure to a Traumatic Event

Most people will experience some psychological distress following physical and sexual assault (APA, 2004). Psychological distress symptoms typically experienced include depression (Mayou, et al., 2001; Shalev, 2002) and the PTSS of Intrusion (e.g., thoughts, images, or nightmares) and Hyperarousal (ACPMH, 2007). PTSS and depression are the most commonly experienced post assault emotions (Koss, et al., 2003) and problems with alcohol use can also develop (Grant, et al., 2008; O'Donnell, Creamer, & Pattison, 2004). If alcohol use commences after assault, it is considered an avoidance strategy (Briere, et al., 2010). When multiple traumatic events (including assaults) are experienced, the severity and intensity of these psychological distress symptoms further increase (Williams, et al., 2007).

PTSS and PTSD comorbidity (i.e., PTSD-Major Depressive Disorder (MDD), PTSD-Alcohol Use Disorder (AUD), and PTSD-MDD-AUD) following traumatic exposure are common (O'Donnell, Creamer, Bryant, Schnyder, & Shalev, 2003). Treating trauma-related symptoms post assault is considered
important as trauma-focused interventions aim to reduce the risk of PTSD, or PTSD comorbidity developing (ACPMH, 2008). If these symptoms are not treated and PTSD comorbidity develops, then the burden of illness is further increased (Frayne, et al., 2004). Untreated post assault symptoms tend to be associated with risk for future assaults and re-victimisation (Hanson et al., 2008).

5.2.2 Treatment for Sexual Assault

There are many sexual assault treatment guidelines that have been developed by health and government agencies. These guidelines provide information about how to report, assess and treat sexual assault. However, they focus on: the legal aspects of the assault; medical assessment and treatment of the injuries from the assault; and treatment of sexually transmitted infections that may occur as a result of the assault (Stable, Atkinson, & Clare, 2001; Williams, 2004; WHO, 2003). An overview of psychological treatment post sexual assault is provided in some of these treatment guidelines (WHO, 2003) with: CBT (in particular Cognitive Processing Therapy); stress inoculation training (Resick, et al., 2012); and prolonged exposure (Falsetti & Bernat, 2000; Foa et al., 1999) recognised as effective intervention strategies for sexual assault-related PTSS.

Several manualised CBT based treatments for sexual assault have been evaluated on female sexual assault victims and found to significantly reduce PTSS and depression (Foa, Dancu, et al., 1999; Resick & Schnicke, 1993; Resick, et al., 2012). Assault-focused cognitive processing therapy (a form of CBT) is reported to have long lasting improvements on PTSS and depressive symptoms in women (N = 126) following sexual assault (Resick, et al., 2012). Research among adult women (N = 74) who have experienced child sexual assault has found that trauma-focused CBT can reduce PTSS and depression, however high dropout rates occurred (McDonagh, et al., 2005). Cognitive processing therapy
(N = 98) has also been found to effectively treat PTSS, depression, and trauma-related guilt cognitions in sexually assaulted women (Nishith, Nixon, & Resick, 2005). These treatments have not been evaluated on sexually assaulted men.

5.2.3 Treatment for Physical Assault

Current treatment guidelines for physical assault/abuse are available only in the context of interpersonal violence (i.e., family and domestic violence: (Grealy, Humphreys, Milward, & Power, 2008; Women’s Health Policy and Projects Unit, 2007). The only other available treatment guidelines (which includes international guidelines) that may be applicable to adult physical assault, is the victims of crime section in the Australian Guidelines for the Treatment of Adults with Stress Disorder and Posttraumatic Stress Disorder: Practitioner Guide (ACPMH, 2007). A major limitation of the physical assault guidelines that are currently available are that they mostly focus on women who have been exposed to interpersonal violence (e.g.: (Grealy, et al., 2008) and do not consider stranger assault.

Research on effective CBT treatments for physical assault also appears to focus on women and interpersonal violence. One CBT intervention (N = 35) that included psychoeducation on abuse and PTSD was found to effectively reduce both PTSD-MDD symptoms in women currently residing in refuges, who had experienced domestic violence (Johnson & Zlotnick, 2011). Another study (N = 150) found that cognitive processing therapy (that included PTSD psychoeducation, and addressed both PTSD and non-PTSD cognitions) was effective in reducing PTSD-MDD symptoms among women who had experienced domestic violence (Iverson, et al., 2011). A pilot study that included both male (n = 10) and female (n = 7) participants who had been assaulted also found that cognitive processing therapy (focusing on PTSD psychoeducation and cognitions) reduced PTSD-MDD symptoms 6 months post treatment.
Other research among females (\(N = 96\)) who had experienced either sexual or non-sexual assault have found that CBT interventions (that include prolonged exposure strategies) effectively reduced PTSS and other psychological symptoms (Foa, Dancu, et al., 1999; Harvey, Bryant, & Tarrier, 2003).

5.2.4 **Summary**

Assault during adulthood is prevalent in mental health (Kessler, et al., 1997) and substance/alcohol use populations (Farrugia et al., 2011; Mills, et al., 2006). Given this prevalence, treatment should be available to ameliorate any prolonged psychological distress experienced post assault. Studies investigating treatment outcomes following an assault have found trauma-focused CBT interventions effective in reducing assault-related PTSS and depressive symptoms (Johnson & Zlotnick, 2011; Kaysen, et al., 2010; Mills, et al., 2012). The CBT model has also been found effective in treating PTSD that coexists in substance/alcohol use populations (Mills, et al., 2012; Najavits, 2005). However, most studies are limited in that they mostly recruit female participants and/or have low numbers (Hembree, et al., 2004; Iverson, et al., 2011; Johnson & Zlotnick, 2011).

5.2.5 **Current Study**

Despite the established prevalence rates of assaults in mental health populations (Howard, et al., 2010) screening for traumatic events tends not to occur in mental health services (Howard, et al., 2010). If assessing exposure to traumatic events is omitted in health settings, then the CBT treatment provided may not include the necessary trauma-focused interventions. At the time of writing, research into the effects of receiving a non-trauma focused therapy exclusively, such as CBT for depression and alcohol misuse in populations who have experienced traumatic assault, could not be identified. Also unknown is
how different assault types affect depression and/or alcohol treatment outcomes. Therefore, in the present study we aimed to explore the effects of past exposure to SA and PAG on depression and alcohol outcomes, following CBT treatment for depression and/or alcohol misuse. We predicted that participants who report past SA or PAG will show poorer attendance during the treatment and follow-up assessment occasions compared to those without assault exposure. We also predicted that participants who report past sexual or physical assaults will show poorer treatment outcomes across follow-up, including more severe: depressive symptoms; alcohol use issues (greater alcohol consumption, more severe problems and dependence); and poorer global functioning compared to those without assault exposure.

5.3 Methods

5.3.1 Participants

As previously described in Chapters 2 - 4, participants were recruited through a range of treatment services into the DAISI project (a randomised controlled trial in Newcastle and Brisbane, Australia). Approval for the DAISI project was granted by both the Human Research Ethics (University of Newcastle) and the University of Queensland Ethics Committees (Baker, et al., 2010). The inclusion criteria were: (a) ≥ 16 years of age; (b) current depressive symptoms; (c) and consuming alcohol at harmful levels as determined by 2001 NHMRC drinking guidelines (NHMRC, 2001). Potential participants were excluded if they: (i) were currently diagnosed with a psychotic disorder; (ii) reported traumatic brain injury; (iii) lacked fluency in English; or (iv) lived too far away to attend sessions. As also mentioned in Chapter 4, participants were not discouraged from engaging with other treatment services, so some participants may have concurrently received treatment for depression or alcohol misuse from other services.
5.3.2 Measures

The measures used in this study have been thoroughly reviewed in Chapters 2 and 3, so only an overview of the depression, alcohol, and global functioning assessments used in this study are reported here. Instruments assessing for traumatic events and PTSS have more detailed psychometric information provided.

Traumatic exposure and PTSS were measured using the Posttraumatic Stress Diagnostic Scale (PDS: Foa, et al., 1997). Traumatic exposure was assessed using the PDS 12 traumatic event checklist, which has 11 specific trauma categories and one ‘other’ category (Foa, et al., 1997). In this scale, for an event to be considered traumatic, it must also meet the DSM-IV PTSD Criterion A of feeling helpless or hopeless during traumatic exposure (APA, 1994). PTSS severity was measured by summing questions 22 - 38 which were ranked from ‘5 or more times a week’ (3), ‘2 to 4 times a week’ (2), ‘once a week or less (1), and ‘not at all or only once’ (0). The score for PTSS severity ranges between 0 - 51. For a diagnosis of PTSD, participants must have been exposed to a traumatic event listed in the PDS checklist, felt helpless or hopeless during the event, and be bothered by the event (Foa, et al., 1997). They must also report experiencing one re-experiencing or intrusion symptom (Criterion B), three avoidance symptoms (Criterion C) and two hyperarousal symptoms (Criterion D). In addition, the symptoms must have been experienced for more than a month (Criterion E), and have impaired functioning (Criterion F; Foa, et al., 1997).

The Measure of Parenting Style (MOPS: Parker, et al., 1997) assessed experiences of dysfunctional parenting during childhood, with the three separate scales of ‘Indifference’ (parental neglect, sum of questions 5, 8, 10, 11, 12, and 13), ‘Over-control’ (sum of questions 1, 3, 4 and 6) and ‘Abuse’ (sum of questions 2, 7, 9, 14 and 15) from both parents, separately (Parker, et al., 1997).
All scores were summed with higher scores denoting more dysfunctional parenting experienced when a child. The potential ranges for the subscales were 0-18 for Neglect, 0-12 for Over-control, and 0-15 for Abuse (Parker, et al., 1997).

Depressive symptoms were assessed by the Beck Depression Inventory-II (BDI-II: (Beck, et al., 1996). Alcohol problems were measured with the Alcohol Use Disorders Identification Test (AUDIT: (Saunders, et al., 1993). Severity of alcohol dependence was measured by the Severity of Alcohol Dependence Questionnaire (SADQ-C: (Stockwell, et al., 1994). Alcohol consumption (both weekly and binge drinking) was assessed by a Timeline Follow Back (TLFB) focusing on the previous two weeks (Sobell & Sobell, 2002). Global level of functioning was measured by the Global Assessment of Functioning (GAF: (APA, 2000).

5.3.3 Procedure
The assessment process has been described in Chapters 2 and 3 and the treatment process discussed in Chapter 4. Therefore, only a brief review of the DAISI project treatment procedures is provided. Participants received AUD$20 as reimbursement for travel costs at the baseline and follow-up assessment occasions. At the baseline assessment, participants were also informed that failure to attend three consecutive treatment sessions without explanation would result in them being considered as discontinuing treatment. Treatment randomisation was stratified by study site, gender and concurrent antidepressant or anti-craving medication. The randomisation process helped to ensure that the content and knowledge provided in Session 1 (which also formed a brief intervention for those subjects allocated to that condition) was not affected by knowing treatment allocation. Independent psychologists (who were blind to treatment allocation) conducted all follow-up assessments.
5.3.4 Interventions

As reported in Chapter 4, treatment was guided by a treatment manual (Mansell, et al., 2009). Participants were randomly allocated to one of four interventions: brief intervention; or one of two ten-week single-focused interventions (either depression or alcohol); or the ten-week integrated (combined depression and alcohol) intervention.

Session 1 was of 90 minutes duration and was conducted with all participants. If allocated to further treatment, the subsequent nine weekly one-hour sessions were similarly structured and comprised of motivational interviewing and CBT. Sessions 2 – 4 had a behavioural and skills training focus with participants learning to: monitor mood and/or cravings; develop change plans, and manage impulsive thoughts and/or cravings. During these sessions, they also developed and commenced their activity list and scheduling, as well as mindfulness tasks.

Sessions 5 – 7 focused on identifying and managing unhelpful automatic thoughts, improving problem solving skills, and examining evidence for problematic schema and core beliefs. Sessions 8 – 10 were based on developing an emergency plan, practicing assertiveness or alcohol refusal skills, and relapse prevention techniques (Marlatt & Gordon, 1998). Integrated sessions addressed both depression and alcohol as well as explained how these two disorders impact on each other.

5.3.5 Statistical Analysis

As reported in Chapter 3, traumatic event group analysis focused only on the assault groupings of SA and PAG due to the other traumatic event categories either having small numbers, or similar symptom levels to the No Trauma group. In keeping with Chapter 3, the traumatic event analyses in this study continued to focus on SA or PAG. However in this chapter (Chapter 5) the study sample ($N = 220$) was grouped into the four assault groupings of SA
versus No SA, and PAG versus No PAG (see Figure 5.1). The sum of the four assault groupings does not equal the total sample size due to some participants being eligible for multiple groups. For example, a participant may report PAG and no SA and therefore be included in both the PAG and No SA groups.

Chi squared analyses were performed on SA versus No SA, and PAG versus No PAG for the demographic variables of gender and antidepressant medication. At baseline, t tests were also conducted on SA versus No SA, and PAG versus No PAG for treatment attendance, days in treatment, PTSS, depression, global functioning, and alcohol consumption/use problems/dependence. Analysis of Variance (ANOVA) was used to further test for differences in baseline demographic characteristics, treatment attendance and treatment attrition across the number of SA event types (i.e., No SA, versus one SA, versus two SA, versus three SA event types). This ANOVA analysis was also conducted for No PAG versus one PAG, versus two PAG, versus three PAG event types reported. Survival analysis using the log rank test was conducted on the attrition rates for SA versus No SA, and PAG versus No PAG, over the five follow-up assessment occasions. The survival curves were estimated using the Kaplan Meier approach. Demographic characteristics were reported in percentages, means, and standard deviations.

An initial analysis of covariance (ANCOVA) was conducted on treatment outcomes for the assault groups, controlling for Maternal Neglect (for SA) and Paternal Neglect (for PAG). This initial approach was taken based on the relationships identified between parental neglect and symptom severity, for SA and PAG in the Chapter 3 path analysis. This initial approach was discontinued due to high numbers of missing data for the maternal and paternal neglect variables.
A between group analysis was conducted on SA versus No SA, and PAG versus No PAG at 3, 6, 12, 24 and 36 month post baseline assessments. All follow-up analyses have been adjusted for: baseline symptoms; gender; antidepressant medication; and days in treatment. ANCOVA was then conducted on SA versus No SA, and PAG versus No PAG for mean changes in symptom levels for the following treatment outcome variables: depressive symptom severity; levels of alcohol consumption, severity of alcohol problems; severity of alcohol dependence; and global functioning.

All analyses were conducted using STATA Release 11 (StataCorp, 2009). Any analysis using the treatment outcome variables of depressive symptom severity, global functioning, level of alcohol consumption, severity of alcohol problems, and severity of alcohol dependence was based on the intention-to-treat principle, whereby all participants are included in the analysis (to prevent bias) regardless of treatment retention/attrition (White, et al., 2011). As this study was exploratory, sensitivity analysis on the missing data assumption (White, et al., 2011) was not conducted.

### 5.4 Results

#### 5.4.1 Sample Characteristics

As reported in Chapters 2-4, assessments of traumatic exposure and PTSS were completed by 220 participants. The majority of the participants reported experiencing a traumatic event (71.8%, \( n = 158 \)), with one third reaching DSM-IV criteria for current PTSD (38.0%, \( n = 83/220 \)) at baseline. There were no gender differences in rates of trauma exposure, number of traumatic events experienced, number of trauma symptoms and PTSD diagnosis.
5.4.2 Baseline Characteristics

In this study, the participants were sorted into the four assault groups of SA versus No SA, and PAG versus No PAG (see Figure 5.1). Baseline demographic characteristics for the SA and PAG groups were reported in Chapter 3 (see Table 3.1). The baseline information displayed for the SA group (in Table 5.1) and the PAG group (see Table 5.2) differs to Table 3.1 as it compares SA \((n = 74)\) to No SA \((n = 116)\) and PAG \((n = 84)\) to No PAG \((n = 106)\).

![Figure 5.1 Flow chart of participant assault group allocation](image)

Figure 5.1 Flow chart of participant assault group allocation
5.4.2.1 SA Event Types and Psychological Symptoms at Baseline

Seventy-four participants in the sample experienced a sexual assault, with 33 reporting one sexual assault type, 28 reporting two sexual assault types, and 13 reporting three sexual assault types. As expected, females were more likely to experience sexual assault compared to males (77.0% vs 23.0%, p < .001). Compared to No SA, the SA group had more severe PTSS, (p = .01), depressive symptoms (p = .003) and alcohol dependence (p = .04: see Table 5.1).

At baseline (refer Table 5.1) the impact of the number of SA types (i.e., 0, 1, 2, and 3) on symptom severity was tested. The more SA types experienced, the more severe the PTSS (p < .001), and depressive symptoms (p = .001), and the lower the global functioning (p = .001) reported. Significantly more severe alcohol use problems (p = .05) were also found for participants who experienced multiple SA types. Females (n = 30/41) were also more likely to experience multiple SA types compared to males (n = 11/41) (73.1% vs 26.9%, p < .001).

Table 5.1 Demographic characteristics at the baseline assessment for SA (and number of SA event types) compared to No SA

<table>
<thead>
<tr>
<th>Demographic Characteristics</th>
<th>Between Groups</th>
<th>Number of Sexual Assault Event Types</th>
<th>Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SA n = 74</td>
<td>No SA n = 116</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>17 (23.0%)</td>
<td>79 (68.1%)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Females</td>
<td>57 (77.0%)</td>
<td>37 (31.9%)</td>
<td></td>
</tr>
<tr>
<td>Antidepressant</td>
<td>42 (42.0%)</td>
<td>57 (58.0%)</td>
<td>.29</td>
</tr>
<tr>
<td>Age</td>
<td>43.1 (10.9)</td>
<td>46.1 (11.0)</td>
<td>.11</td>
</tr>
<tr>
<td>Treatment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sessions Attended</td>
<td>4.6 (4.2)</td>
<td>4.9 (4.1)</td>
<td>.54</td>
</tr>
<tr>
<td>Days in Treatment</td>
<td>45.8 (50.7)</td>
<td>52.5 (52.9)</td>
<td>.39</td>
</tr>
<tr>
<td>Psychological Symptoms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Posttraumatic</td>
<td>23.1 (20.7)</td>
<td>18.0 (13.4)</td>
<td>.01</td>
</tr>
</tbody>
</table>

Significantly more severe alcohol use problems (p = .05) were also found for participants who experienced multiple SA types. Females (n = 30/41) were also more likely to experience multiple SA types compared to males (n = 11/41) (73.1% vs 26.9%, p < .001).
### Stress Symptoms

<table>
<thead>
<tr>
<th></th>
<th>(13.0)</th>
<th>(11.8)</th>
<th>(1.8)</th>
<th>(9.2)</th>
<th>(14.1)</th>
<th>(14.6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>(9.9)</td>
<td>30.3</td>
<td>.003</td>
<td>30.3</td>
<td>31.5</td>
<td>35.4</td>
</tr>
<tr>
<td>Global</td>
<td>(12.1)</td>
<td>57.4</td>
<td>.06</td>
<td>57.4</td>
<td>59.0</td>
<td>52.0</td>
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</tbody>
</table>

### AlcoholTLFB Weekly Drinking

<table>
<thead>
<tr>
<th></th>
<th>64.2</th>
<th>66.3</th>
<th>.46</th>
<th>66.3</th>
<th>55.6</th>
<th>66.6</th>
<th>62.9</th>
<th>&lt;.001</th>
</tr>
</thead>
</table>

### AlcoholTLFB Binge Drinking

<table>
<thead>
<tr>
<th></th>
<th>18.0</th>
<th>17.6</th>
<th>.81</th>
<th>17.6</th>
<th>16.8</th>
<th>17.1</th>
<th>23.2</th>
<th>&lt;.001</th>
</tr>
</thead>
</table>

### Alcohol Alcohol Use Problems

<table>
<thead>
<tr>
<th></th>
<th>27.2</th>
<th>25.3</th>
<th>.06</th>
<th>25.3</th>
<th>26.9</th>
<th>25.9</th>
<th>30.5</th>
<th>.02</th>
</tr>
</thead>
</table>

### Alcohol Alcohol Dependence

<table>
<thead>
<tr>
<th></th>
<th>20.1</th>
<th>16.4</th>
<th>.04</th>
<th>16.4</th>
<th>18.8</th>
<th>20.7</th>
<th>22.5</th>
<th>&lt;.001</th>
</tr>
</thead>
</table>

### 5.4.2.2 PAG Event Types and Psychological Symptoms at Baseline

Eighty-four participants in the study sample reported experiencing a PAG. Participants reporting a PAG event were significantly younger than those who were in the No PAG group, 43.1 (SD = 10.9) years compared to 46.6 (SD = 10.9) years, \( p = .03 \). The more PAG types experienced by a participant, the less likely they were to be prescribed antidepressant medication \( p = .04 \). Significant gender differences were also found in that males reported experiencing all three PAG types, whilst women reported being exposed to no more than two PAG types \( p = .01 \).

At baseline, the more PAG types experienced, the lower the levels of global functioning \( p = .006 \) and the more severe were PTSS \( p = .02 \) and depressive symptoms \( p = .03 \). Experiencing more PAG types also resulted in significantly higher alcohol consumption levels over the week \( p < .001 \), higher binge drinking \( p < .001 \), more problems with alcohol use \( p = .02 \) and more severe alcohol dependence \( p < .001 \).
Table 5.2 Demographic characteristics at the baseline assessment for PAG (and number of PAG event types) compared to No PAG

<table>
<thead>
<tr>
<th>Demographic Characteristic</th>
<th>Between Groups</th>
<th>Number of Physical Assault Event Types</th>
<th>Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PAG n = 84</td>
<td>No PAG n = 106</td>
<td></td>
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<td>28.9 (14.0)</td>
<td>&lt;.001</td>
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5.4.3 Treatment Allocation, Retention, and Follow-up Assessment Attrition

Of the 190 participants, 44 (23.2%) received the brief intervention; 45 (23.7%) received treatment focused on depression; 46 (24.2%) received treatment focused on alcohol; and 55 (29.0%) received the integrated treatment (refer Table 5.3). Analysis was not conducted on the sexual and physical assault
groupings by four treatment types over the five assessment occasions, due to limited power from the small sample size (refer Table 5.3).

Table 5.3 Sample size and percentage for assault groups by treatment allocation

<table>
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<tr>
<th>Treatment Allocation</th>
<th>Brief Intervention (90 minutes) n (%)</th>
<th>Depression (10 sessions) n (%)</th>
<th>Alcohol (10 sessions) n (%)</th>
<th>Integrated (10 sessions) n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Assault Sample (N=220)</td>
<td>44 (23.2%)</td>
<td>45 (23.7%)</td>
<td>46 (24.2%)</td>
<td>55 (29.0%)</td>
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<tr>
<td>Assault Group</td>
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<tr>
<td>SA 74 (38.9%)</td>
<td>18 (24.3%)</td>
<td>19 (25.7%)</td>
<td>18 (24.3%)</td>
<td>19 (25.7%)</td>
</tr>
<tr>
<td>No SA 116 (61.1%)</td>
<td>26 (22.4%)</td>
<td>26 (22.4%)</td>
<td>28 (24.2%)</td>
<td>36 (31.0%)</td>
</tr>
<tr>
<td>PAG 84 (39.0%)</td>
<td>21 (25.0%)</td>
<td>21 (25.0%)</td>
<td>20 (23.8%)</td>
<td>22 (26.2%)</td>
</tr>
<tr>
<td>No PAG 106 (41.0%)</td>
<td>23 (21.7%)</td>
<td>24 (22.6%)</td>
<td>26 (24.5%)</td>
<td>33 (31.1%)</td>
</tr>
</tbody>
</table>

*Frequency missing n = 30*

5.4.3.1 SA Group

Participants in the SA group attended the same number of treatment sessions (a mean of five) as those in the No SA group. Survival curves were estimated using the Kaplan-Meier survival approach and there were no significant differences in retention rates between the SA group and the No SA group, over the five follow-up assessment occasions ($\chi^2 = .09, p=.76$).

5.4.3.2 PAG Group

The PAG group spent significantly fewer days in treatment ($p = .09$) and attended fewer treatment sessions ($p = .04$) compared to those with No PAG exposure. Compared to No or one PAG, experiencing two or more PAG types also resulted in significantly fewer days in treatment (two PAG = 19 and three PAG = 26 vs No PAG = 55, $p = .002$) and attending fewer treatment sessions (2 sessions vs 5 sessions, $p = .01$). The Kaplan-Meier survival approach found that there were no significant differences in retention rates between the PAG group and the No PAG group over the five follow-up assessment occasions ($\chi^2 = .06, p = .81$).
5.4.4 Treatment and Follow-up Outcomes for the Assault Groupings

The analysis of treatment outcomes for the assault groups overtime were conducted on SA versus No SA, and PAG versus No PAG. The analyses on the five follow-up assessment occasions were adjusted for: baseline symptoms; gender; antidepressant medication; and days in treatment. The findings of this analysis are displayed in Table 5.4.

5.4.4.1 SA Group

As seen in Table 5.4 the SA group consistently had similar mean reductions in symptom severity to those in the No SA group for all treatment outcome variables, over the five follow-up assessment occasions. The only exception was at the 12 month follow-up assessment occasion where the SA group had significantly lower change scores in global functioning compared to those with No SA ($F(1, 126) = 4.2, p = .04$).

5.4.4.2 PAG Group

Compared to those with No PAG exposure, those in the PAG group showed a trend for less improvement in depressive symptom levels ($F(1, 149) = 3.6, p = .06$) at the 3 month follow-up assessment occasion. At the 12 month follow-up assessment occasion, the PAG group showed significantly lower change scores for depression ($F(1, 129) = 5.0, p = .03$), alcohol dependence ($F(1, 104) = 5.1, p = .03$), and global functioning ($F(1, 126) = 9.8, p = .002$) compared to No PAG (refer to Table 5.4). In contrast, at the 36 month follow-up assessment occasion, the PAG group reported a greater change in problems with alcohol.

Analysis was then conducted to determine if the similar changes in symptoms to the No PAG group were due to PAG participants accessing other treatment services post DAISI treatment. Compared to baseline, a greater proportion of PAG participants were significantly more likely to be prescribed medication for
their mental health symptoms in the past 12 months, at the 24 and 36 month follow-up assessment occasions (35% vs 65%, \( p = .009 \)) and (31% vs 60%, \( p = .003 \)) respectively. Compared to baseline, a greater proportion of the PAG group were also significantly more likely to see their GP in the past 12 months, at the 24 month follow-up assessment occasion (3.3% vs 17%, \( p = .02 \)).

Table 5.4 Treatment outcomes (change scores) for SA vs No SA and PAG vs No PAG, over the five assessment occasions

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<tr>
<th></th>
<th>SA</th>
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<th>Statistics</th>
<th>PAG</th>
<th>No PAG</th>
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<td>( n = 74 )</td>
<td>( n = 116 )</td>
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<td>( n = 84 )</td>
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<td>.03*</td>
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<td>No PAG</td>
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<td>n = 116</td>
<td>Mean (SD)</td>
<td>p value</td>
<td>n = 84</td>
<td>Mean (SD)</td>
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* p < 0.05  ** p < 0.01  *** p < 0.001

5.5 Discussion

The first hypothesis predicted that participants reporting past SA or PAG would exhibit poorer attendance at treatment and follow-up. The SA group attended (on average) the same number of treatment sessions and maintained similar levels of symptom improvement over time, as the No SA group. In contrast (to the SA group) we found that PAG participants attended fewer treatment sessions, particularly for those reporting two or more PAG event types as they attended an average of two treatment sessions. This attendance rate (of two sessions) was approximately half of the (five) sessions attended by the SA, No SA, and No PAG groups.

The second hypothesis that participants reporting assault exposure would have poorer treatment outcomes compared to participants with no assault exposure was not confirmed. We found that both SA and PAG groups showed similar levels of symptom improvement over time, compared to those who were in the No SA and No PAG groups. The only area of comparatively poorer functioning for the SA group was for global functioning at the 12 month follow-up occasion. In contrast, a trend for delayed improvement in depressive symptom scores upon treatment completion occurred for the PAG group. PAG participants (regardless of the number of physical assault reported) were also more likely to experience poorer comorbid symptom outcomes at 12 months (for depression, alcohol dependence, and global functioning).

The similar rates of treatment success for the SA group (versus No SA) may be due to these participants being predominantly female. Research has found that compared to males, females are more likely to respond well to treatment (Mor
& Haran, 2009). This gender pattern has also been found to occur for CBT interventions in substance using populations (Magill & Ray, 2009). Other studies have also found that sexually assaulted females respond well to integrated CBT for depression (Briere & Jordan, 2004; Resick, et al., 2012).

The trend for delayed improvement in depressive symptoms for the PAG group may suggest that when alcohol use symptoms improve, so too do the depressive symptoms. This pattern may add further support to the results of the PAG path analysis in Chapter 3 (see Figure 3.3) of an alcohol and depressive symptom interaction. Based on this path analysis, it was proposed that the pattern of symptom interactions for the PAG group was that alcohol dependence exacerbated depression. It was further suggested that, for this client group, depressive symptoms may also be influenced by the physical effects of alcohol (Brown, et al., 2011). In regards to treatment for people reporting PAG, if this alcohol – depression symptom interaction exists for them, alcohol use may initially need to be addressed and reduced, before depressive symptoms can significantly reduce.

The comparatively poor symptoms for the PAG group at the 12 month follow-up may have been influenced by treatment and session participation, as they spent significantly fewer days in treatment. They also (on average) attended two sessions, compared to the rest of the study sample who attended (on average) five. Poorer comorbid symptom outcome for the PAG group may also have been influenced by fewer participants who reported two or more PAG events taking antidepressant medication. Further, the severity of physical injuries sustained during the assault(s) may influence outcome adversely as injury severity is commonly associated with poor mental health (O'Donnell et al., 2008) and negative treatment outcomes (Hembree, et al., 2004).
Improvements with problematic alcohol use continued over time for the \textit{PAG} group, and by the 36 month follow-up they had significantly lower problems with alcohol, compared to the \textit{No PAG} group. The reductions in alcohol consumption and alcohol use problems for \textit{PAG} participants was particularly encouraging, as alcohol was identified as being most problematic for them, at baseline. This was especially so for participants who experienced two or more \textit{PAG} event types.

The better outcomes in depression, alcohol dependence, and global functioning for the \textit{PAG} group at both the 24 and 36 month assessment occasions suggests that the \textit{PAG} participants may have benefited from the increased access to medication (possibly from their GP) within the 12 months prior to these two assessment occasions. (However, the increased access to GP and medication by the \textit{PAG} group needs to be viewed with caution due to the reduction in study participants, over time.) Seeking the additional treatment may also explain why the \textit{PAG} group had greater improvements in alcohol use problems compared to the \textit{No PAG} group, at the 36 month follow-up assessment occasion. If this is the case, people who have experienced \textit{PAG} events may need to be assessed for medications for any mental health problems, take longer to engage in treatment, or may require subsequent treatments. If already engaged in treatment, people reporting \textit{PAG} may require additional treatment sessions before they can successfully maintain the benefits from CBT interventions.

Another possible reason for the improved symptom response to the depression and/or alcohol CBT treatment by the \textit{SA} and \textit{PAG} participants may be due to the range of symptoms that are associated with traumatic exposure. Research has shown that acts of violence (i.e., assaults) can result in a range of psychological symptoms (Briere & Jordan, 2004). Depressive symptoms and problematic alcohol use can be included in the breadth of psychological
symptoms experienced, post assault (ACPMH, 2007). It may be that treatment targeting these other assault emotions/symptoms is beneficial. If this is so, then integrated treatments that accommodate for an array of symptoms may need to be considered for patients reporting assault experiences. That way, treatment can then target a variety of posttraumatic responses rather than focusing on symptoms from one or two disorders (Briere & Jordan, 2004).

The range of strategies applied within the CBT model may be another reason why the SA and PAG groups responded well to the DAISI treatment. Research has shown that the cognitive therapy component of CBT has been found to effectively reduce depressive symptoms (Hollon, et al., 2005; Rupke, Blecke, & Renfrowe, 2006) and relapse to alcohol use (Marlatt & Witkiewitz, 2005) through addressing faulty cognitions. The effectiveness of CBT strategies among people who have been exposed to a traumatic event, has been demonstrated with PTSD integrated CBT treatments for depression (Ehling, et al., 2008) and substance/alcohol use (Back, et al., 2006; Back, Jackson, Sonne, & Brady, 2005; Mills, et al., 2012). Thus, improved symptoms in this study for the assault groups post treatment may therefore be the result of the CBT strategies of thought monitoring, behavioural activation, and skills training.

The CBT strategy of learning about unhelpful automatic thoughts and how to manage them (in Session 5) may have indirectly helped to contain some PTSS cognitions. This proposal is based on research that found that the three different CBT models for PTSD (Ehlers & Clark, 2000), depression (Beck, et al., 1979; Disner, Beevers, Haigh, & Beck, 2011) and alcohol relapse (Marlatt & Witkiewitz, 2005) all identify faulty cognitions as being involved in the development and maintenance of these disorders.

Those who had been exposed to an assault may have benefited from the behavioural strategies of developing activity lists, activity scheduling, and
learning mindfulness skills (Sessions 2 - 5). These more functional behaviours and cognitions, when used in combination, may have also addressed some aspects of the PTSS behaviours that are considered to maintain PTSS (such as safety behaviours and cognitive rumination/thought suppression (Ehlers, et al., 2005; Ehring, et al., 2008). Teaching SA and PAG participants other skills, such as how to monitor and manage mood (Sessions 2 - 4) may have also inadvertently assisted them to manage some PTSS emotions.

The maintained improvement in the treatment outcome variables over most of the follow-up assessment occasions may have also been the result of the CBT model being the basis of the DAISI interventions. High quality CBT programs have been found to have greater effects for participants at high risk of relapse (Landenberger & Lipsey, 2005). CBT may also be better suited for longer-term outcomes (Hollon, et al., 2005; Magill & Ray, 2009) as the skills taught appear to be retained after treatment (National Institute for Clinical Excellence (NICE), 2011).

The main limitation of this study was its small sample size. The small sample size resulted in limited power to determine if there were any between-group differences for SA versus No SA, and PAG versus No PAG by the four treatment conditions. Another limitation was with assault allocation. Participants who nominated both SA and PAG were included in both of the assault groups. If participants solely nominated one assault type, they were also included in the no assault group for the other assault type. That is, if they nominated sexual assault only, they were in both the SA and No PAG groups. The other limitation was the reduction in participants in the study over the follow-up assessment occasions (particularly for the analysis of the PAG group attending other treatment services, post DAISI treatment).
The assessment limitations include missing data for the MOPS assessment, which prevented the analysis for this study being able to control for the effects of maternal/paternal neglect. The long-term effects of treatment on PTSS could not be determined as this symptom was measured only at baseline and 3 months post baseline. Other assessment limitations were that the age of the participant at time of the assault, or their assault injury was not recorded. Other formal childhood abuse assessments were not applied.

Generalisability is the final limitation. The higher proportion of women in the SA group restricts the treatment findings being applied to males. Also, the study sample comprised of depression and alcohol use problem treatment seekers, which may not be reflective of PTSD populations, or non-treatment seeking and community populations. Therefore, these results must be viewed with caution. Further investigations are required to confirm these findings.

5.6 Summary

This study demonstrated that people who have been assaulted can respond well to CBT interventions for depression and alcohol use, and that most of these symptom improvements can be maintained over time. However some differences in treatment response, based upon assault type, were found. Participants who have been sexually assaulted were able to be retained in, and respond well to, depression and/or alcohol use CBT interventions. However, participants reporting SA may be at-risk of poorer global functioning 12 months post baseline assessment.

Although participants who reported a history of PAG did respond to CBT treatment for depression and/or alcohol misuse, initial delays in improved depressive symptoms occurred. They were also more likely to show comparatively poorer improvement in depression, alcohol dependence and global functioning 12 months post baseline assessment. This study also showed
that if someone reports past PAG experiences, then they may be less likely to attend treatment sessions, spend shorter time in treatment, and (if exposed to two or more PAG types) be less likely to be prescribed antidepressant medication. However they may be more likely to seek treatment from their GP as well as be prescribed medication for their mental health symptoms, after attending treatment.

5.7 Clinical Implications

The clinical implications for treatment settings are that people who have been SA or PAG can respond to non-trauma focused CBT interventions. This study also demonstrated that exposure levels to different assault types (and number of assault types) can affect symptom and treatment response. Therefore, health care workers need to be trained in screening for traumatic events, as well as identifying assault type and number of assault exposures. The differing impacts of assault types on PTSS, depression, and alcohol use are to be considered in treatment formulation. Screening for medication should also occur in the early phases of treatment, particularly for those reporting past exposure to PAG. Trauma-focused CBT training is further suggested so that PTSD therapy strategies can be included in treatment, with the aim to further enhance intervention effectiveness.

5.8 Conclusion

People who report assault exposure can successfully respond to CBT interventions for depression and alcohol use (i.e., non-trauma focused therapy). They can also maintain improved treatment outcomes, over time. Differences in treatment response based upon assault type were found, with those who reported sexual assault responding to treatment at similar levels to people who have not been sexually assaulted. Those who experienced physical assault initially had a trend in delayed improvement in depressive symptoms as well
as poorer comorbid symptomatology 12 months post baseline assessment. Participants who experienced physical assault were also less likely to attend treatment sessions, remain in treatment, or be prescribed an antidepressant. Further research is required to confirm these findings. Research into developing PTSD-depression-alcohol CBT interventions and investigating their efficacy is also recommended. It should also be determined if including a trauma-focused CBT intervention further improves symptom reduction levels in PTSD-depression-alcohol comorbidity.
6.1 Overview

Evidence-based treatment guidelines are available for Posttraumatic Stress Disorder (PTSD), Major Depressive Disorder (MDD), and Alcohol Use Disorder (AUD). Regardless of the Axis I disorder they address, all guidelines recommend a comprehensive assessment that considers past and current symptoms, comorbidity, suicide, and social and occupational functioning. The treatment guidelines also include reviews of effective treatments for single and dual disorders however there are no evidence-based guidelines for multiple PTSD comorbidities. Therefore the aim of this chapter (Chapter 6) is to provide additional recommendations for PTSD-MDD-AUD presentations as well as for sexual/physical assaults, in people who present for depression and alcohol treatment.

Recommendations made in this chapter (Chapter 6) will focus on assessing PTSS in non-PTSD treatment settings. The PTSD assessment recommendations target patients who present for depression and alcohol treatment and are based on the combination of the current treatment guidelines and the findings of Chapters 2, 3, 4, and 5. Recommendations will also be made for specifically treating PTSS (and assault-related PTSS) in any health care treatment setting. Further research is required to confirm these additional assessment and treatment recommendations.

(Please note that when the previous four studies are reported in this chapter that ‘participants’ and ‘treatment seekers’ replaces ‘patients’.)
6.2 Introduction

There are many clinical guidelines available for the treatment of PTSD, depression, and alcohol use disorders. These include the National Institute for Health and Clinical Excellence (NICE), the American Psychiatric Association (APA), Royal Australian and New Zealand College of Psychiatrists (RANZCP) and the Australian Centre for Posttraumatic Mental Health (ACPMH). Clinical guidelines are developed from research in treatment trials, with the aim of guiding clinicians to formulate the most appropriate and effective treatment plan (National Institute for Clinical Excellence (NICE), 2010). Treatment types are recommended on the basis of systematic literature reviews (which include Cochrane reviews and meta-analyses) so that they are evidence-based (Australian Centre for Posttraumatic Mental Health (ACPMH), 2007). Guidelines for clinical care recommend that the patient’s presentation and characteristics are to be considered during treatment formulation, rather than rigidly applying all recommendations to all patients (APA, 2010). Furthermore, treatment is frequently recommended to utilise a stepped-care approach (ACPMH, 2007; NHMRC, 2009) which starts with the least intrusive and lowest intensity interventions (refer Figure 6.1) and only progresses to more intensive treatments, if the initial treatment is ineffective (NSW Department of Health (NSW DoH), 2008).

Regardless of the disorder the guidelines target, they all recommend that the assessment process include determining the presence of other psychiatric conditions, including AUD (APA, 2004). They also advise that the assessment process may take multiple occasions to complete, and that it is an ongoing process across the treatment phase (National Collaborating Centre for Mental Health (NCCMH), 2005).
Limitations to the available clinical guidelines are that they mostly focus on assessment and treatment in specialist settings such as PTSD (ACPMH, 2007), mental health (NICE, 2010; RANZCP, 2004), or alcohol and other drug services (National Institute on Drug Abuse (NIDA), 2009; NSW Department of Health (NSW DoH), 2008). However, informal guidelines have also been developed by specific services for their targeted client population, for example, PTSD and alcohol treatment guidelines written by the Department of Veteran Affairs for military personnel (Hankin, Spiro, Miller, & Kazis, 1999). Other informal clinical guidelines have been developed to address depression (Ellis & Smith, 2002) and alcohol use disorders (Shand, et al., 2003) that present in primary/health care treatment settings (Campbell, et al., 2007).

Another limitation is that PTSD recommendations are often not implemented in clinical treatment settings. For example, traumatic events (such as assaults) are often not screened for in mental health (Howard, et al., 2010), alcohol and other drug (Coffey, Dansky, Falsetti, Saladin, & Brady, 1998) or primary/health care settings (Campbell, et al., 2007). Primary/health care settings are included in this chapter, as patients with PTSD are more likely to attend this setting for treatment compared to mental health services (Haley, 2011). Therefore, addressing some of these limitations to these treatment guidelines are the focus of this chapter (Chapter 6).

Based upon the identified treatment guideline limitations, there are three aims to this Chapter. The first aim is to provide an overview of the current clinical assessment and treatment guidelines for PTSD, depression, and alcohol use disorders. The second aim is to provide a summary of the key findings of the co-existing PTSD, depression and alcohol misuse baseline (Chapters 2 and 3) and treatment studies (Chapters 4 and 5) in this thesis. The third aim is to propose additional recommendations to the treatment guidelines for PTSD-
MDD-AUD presentations (in primary/health care, mental health, and alcohol and other drug treatment settings) that are based on the study outcomes contained in this thesis.

6.3 Assessment

6.3.1 Assessment of Traumatic Event Exposure and Posttraumatic Stress Disorder

Treatment guidelines for Acute Stress Disorder and PTSD recommend that screening for recent or past traumatic exposure should occur, so that people with PTSS and/or PTSD can be identified (ACPMH, 2007). Screening for PTSS and/or PTSD is currently advised in high risk client populations (i.e., refugees, military, emergency services, or crime victims) or shortly after traumatic event exposure (e.g., assault: (NCCMH, 2005). It is further recommended that the assessment process should only commence when the patient is considered to be safe, i.e., they are no longer exposed to the traumatic event or stressor (APA, 2004).

PTSD assessment initially determines the nature of the event and the patient’s response to that event (APA, 2004). PTSD assessments should consider the length of time after traumatic event exposure (ACPMH, 2007) as PTSS (and other trauma-related symptoms) typically fluctuate and change in severity, over time (Shalev, 2002). Trauma history, PTSS, and PTSD is also to be determined (ACPMH, 2007) with consideration of the distress that the patient may feel when discussing these event(s) (NCCMH, 2005). It is essential that the patient is assessed for other psychiatric conditions and comorbidities (ACPMH, 2007). Other areas of assessment encompass: psychosocial functioning (APA, 2004); physical health; substance use; family history; and employment status (APA, 2007).
There are many available assessments and questionnaires that measure PTSS and/or diagnose PTSD (APA, 2004; ACPMH, 2007). The assessment process will focus on screening for traumatic event exposure and PTSS severity in non-PTSD treatment settings. The selected brief symptom screeners for PTSD will also have sound psychometric properties (NCCMH, 2005).

A recommended opening question to identify if a PTSD screener is required, is asking “Have you ever experienced a particularly frightening or upsetting event?” (ACPMH, 2008). If an affirmative answer is given, then a short PTSD screening questionnaire should be administered. Some PTSD guidelines report that all of the available screeners for PTSD have sound psychometric properties (ACPMH, 2007; NCCMH, 2005), however appropriate screeners for non-PTSD treatment services will now be reviewed.

One validated screener (refer to Table 6.1) that could be applied in any health care treatment setting, is The Breslau Screening Test (BST: (ACPMH, 2007; Breslau, Peterson, Kessler, & Shultz, 1999; Haley, 2011). This PTSD screener is a seven-item measure (with a cut off score of 4/7) that assesses for PTSS, sleeping difficulties, and feelings of disconnection from others and life (Breslau, et al., 1999). Another PTSD screener (refer to Table 6.1) is the Primary Care PTSD questionnaire (PC-PTSD: (Prins et al., 2004) which is a 4-item measure (with a cut off score of 2/4) that assesses for experiencing any PTSS in the past month (ACPMH, 2008; Haley, 2011).
Table 6.1 Appropriate PTSD screeners for primary and other health care treatment settings

<table>
<thead>
<tr>
<th>Screener</th>
<th>Item</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breslau Screening Test (Breslau, et al., 1999)</td>
<td>1</td>
<td>Do you avoid being reminded of the experience by staying away from certain places, people or activities?</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Have you lost interest in activities that were once important or enjoyable?</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Have you begun to feel more distant or isolated from other people?</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Do you find it hard to feel love and affection for other people?</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>Have you begun to feel that there is no point planning for the future?</td>
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<tr>
<td></td>
<td>6</td>
<td>Have you had more trouble than usual falling asleep or staying asleep?</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Do you become jumpy or easily startled by ordinary noise or movements?</td>
</tr>
<tr>
<td>Primary Care PTSD (Prins, et al., 2004)</td>
<td>1</td>
<td>Have you had nightmares about it or thought about it when you did not want to?</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Tried hard not to think about it or went out of your way to avoid situations that remind you of it?</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Were constantly on guard, watchful, or easily startled?</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Felt numb or detached from others, activities, or your surroundings?</td>
</tr>
<tr>
<td>Trauma Screen Test (Brewin et al., 2002)</td>
<td>1</td>
<td>Upsetting thoughts or memories about the event that have come up in your mind against your will.</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Upsetting dreams about the event</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Acting or feeling like the event was happening again</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Feeling upset by reminders of the event</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>Bodily reactions (such as fast heart beat, stomach chuming, sweatiness, dizziness) when reminded of the event</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>Difficulty falling or staying asleep</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Irritability or outbursts of anger</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>Difficulty concentrating</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>Heightened awareness of potential dangers to yourself and others</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>Being jumpy or being startled by something unexpected</td>
</tr>
</tbody>
</table>

PTSD = Posttraumatic Stress Disorder

PTSD guidelines also recommend that other appropriate PTSD screeners for non-PTSD health care treatment settings are the Trauma Screen Questionnaire (see Table 6.1: (NCCMH, 2005) and the Startle, Physiological arousal, Anger and Numbness (SPAN) screening test (ACPMH, 2007; Haley, 2011). The Trauma Screen Questionnaire (TSQ) (Brewin, et al., 2002) has ten ‘yes or no’ questions that assess for two experiences of that symptom, in the past week (NCCMH, 2005). The SPAN (Meltzer-Brody, Churchill, & Davidson, 1999) has four items that assesses for current PTSS severity (over the past week) using a likert scale of 0 – 4 (NCCMH, 2005). The four SPAN questions are derived from the Davidson Trauma Scale (5, 11, 14, and 17: (Meltzer-Brody, et al., 1999; Zlotnick, Davidson, Shea, & Pearlstein, 1996) and has a cut off score of 5 (Meltzer-Brody, et al., 1999). The limitation of the SPAN is that it is a copy-righted scale that is to
be purchased from a distributor of psychological assessments (i.e., *Traumatic Stress Assessment and Rehabilitation Materials* service at [http://www.psychtest.com/curr01/CATLG006.HTM](http://www.psychtest.com/curr01/CATLG006.HTM)).

Other appropriate screens for health care treatment settings include the Impact of Events Scale (IES: (Horowitz, Wilner, & Alvarez, 1979), the Screen for Posttraumatic Stress Symptoms (SPTSS: (Carlson, 2001), and the civilian version of the PTSD Checklist (Weathers & Ford, 1996). The IES is a 15-item self-report that uses a 3 point (‘rarely’, ‘sometimes’, and ‘often’) and a four point (‘not at all’, ‘rarely’, ‘sometimes’, and ‘often’) Likert scale to measure PTSS (Horowitz, et al., 1979). The SPTSS is a 17-item self-report that uses a ten point likert scale to measure the severity of DSM-IV symptoms for PTSD (Carlson, 2001). The PCL is a 17-item questionnaire that measures 17 DSM-IV symptoms of PTSD (Weathers & Ford, 1996). If the patient experiences a traumatic event during treatment, the Posttraumatic Adjustment Scale (PAS: (O'Donnell, et al., 2008) could be administered to assess the risk of the patient developing PTSD.

### 6.3.2 Assessment of Depressive Symptoms

When assessing for depressive symptoms, it is essential to develop an appropriate treatment plan, as the intervention will be guided by severity, duration and history (NICE, 2010). Guidelines for assessing depression advise that family history of depression should be assessed, as well as past and current depressive symptoms (APA, 2010). A full psychiatric history is to be obtained, including screening for comorbidity, and manic and hypomanic episodes (NICE, 2010). Medical history, past responses to treatment, general functioning, as well as responses to major life transitions are also included in the psychiatric assessment (APA, 2010). Personal safety is an essential assessment area (APA, 2010) as risk of harm to self and to others commonly occurs with depression (RANZCP, 2004). It is further recommended that personal safety and risk of
harm to others are routinely assessed throughout treatment (RANZCP, 2004). Substance and alcohol use are also to be assessed, as it may trigger or worsen depressive symptoms (APA, 2010).

Brief screening assessments for depression range from asking two questions (i.e., “Over the past month have you felt down/helpless/hopeless?” and “Over the past month have you felt little interest or pleasure in the things that you are doing?”: (Nimalasuriya, Compton, & Guillory, 2009) to well developed assessments that have sound psychometric properties (Deady, 2009). The following depressive symptom assessments have been identified as appropriate for all health care treatment settings (Ellis & Smith, 2002; Nimalasuriya, et al., 2009). The Beck Depression Inventory-II (BDI-II: (Beck, et al., 1996) is a 21-item questionnaire that measures depressed mood (Dawe., Loxton., Hides, Kavanagh, & Mattick., 2002) and has previously been reviewed in Chapters 2 and 3. The Centre for Epidemiologic Studies Depression Scale, Revised (CESD-R: (Radloff, 1977) assesses depressive symptoms over the past week. It is a 20-item questionnaire that uses a four point Likert scale of (0) ‘rarely’, (1) ‘some of the time’, (2) ‘occasionally’, and (3) ‘all of the time’ (Radloff, 1977). The Hamilton Rating Scale (Hamilton, 1960) is a 21-item measure that applies a varying likert scale (0-2 and 0-4) with the higher the summed score, the more severe the depression (Hamilton, 1960). Other popular screeners that are administered to depressed populations are the Kessler Psychological Distress Scale (K-10: (Kessler, 1996) and the Depression Anxiety and Stress Scale (DASS: (Lovibond & Lovibond, 1995). The K-10 is a ten-item screener (that uses a 5 point likert scale) and assesses for global distress that is experienced over the past four weeks (Andrews & Slade, 2001). The DASS (which uses a four point likert scale) assesses for symptoms of depression, anxiety and stress (Lovibond & Lovibond, 1995). The appropriate depression screener for the treatment setting will be determined by the following three issues: the focus of the health
care setting; the training of the health care worker; and the demographics of the patient (Nimalasuriya, et al., 2009).

6.3.3 Assessment of Alcohol Misuse

When conducting an alcohol assessment the age of onset, duration, pattern and degree of intoxication need to be identified (APA, 2006). Past and current alcohol use are also required to be assessed, including details about frequency, quantity, and drinking episodes (APA, 2007). The assessment process should involve identifying both physical (NICE, 2011) and psychiatric conditions that may also be present, as well as identifying current suicide and ‘at-risk’ behaviours (NSW DoH, 2008). Obtaining a family, social, and occupational history may also be useful in identifying individual factors that contribute to alcohol use problems (APA, 2007). Overall, the aim of the assessment process is to identify alcohol use patterns and characteristics that help select the treatment (or combination of treatments) that are appropriate for that patient (NICE, 2011).

Alcohol screening instruments are very useful in assessing for alcohol use problems in health care treatment settings (APA, 2007). Such appropriate alcohol screening instruments include the diary method of the Time Line Follow Back (TLFB: (Sobell & Sobell, 2002) which quantifies the amount of alcohol consumed, as well as patterns of consumption (refer Chapters 2 and 3) in a collaborative manner with the patient (Deady, 2009). Psychometrically sound screeners for drinking problems (for most patient populations) include the Alcohol Use Disorders Identification Test (AUDIT: (Saunders, et al., 1993) and the Alcohol, Smoking and Substance Involvement Screening test (ASSIST: (World Health Organisation ASSIST Working Group (WHO), 2002).

The AUDIT is particularly appropriate for most health care settings (Saunders, et al., 1993) as it only takes minutes to complete and measures alcohol
consumption, dependence and alcohol-related consequences (Deady, 2009). When compared to the other alcohol measures, the AUDIT is often recommended as the brief screener of choice for alcohol, as it is psychometrically more sensitive in detecting alcohol use problems (Proude, 2010). For more detailed psychometric information about the AUDIT, please refer to the Measures section in Chapters 2 and 3.

The ASSIST screens for problems with alcohol, cigarette smoking and other substance use (WHO, 2002) and has not been widely evaluated on sub populations (Deady, 2009). The ASSIST is an 8-item questionnaire that assesses for both lifetime problems with substances, as well as problematic substance use over the past three months (Humeniuck, Henry-Edwards, Ali, Poznyak, & Monteiro, 2010). Another appropriate alcohol assessment is the Tolerance; Worried; Eye Opener; Amnesia; (K) cut down measure (TWEAK: (Russell, 1994). The TWEAK is a 5-item self-report that is considered to be the most appropriate screening assessment for alcohol problems in pregnant women (Deady, 2009).

Suitable measures of symptoms for alcohol dependence include the Short Alcohol Dependence Data Questionnaire (SADD: (Raistrick, Dunbar, & Davidson, 1983) and the Severity of Alcohol Dependence Questionnaire Form C (SADQ-C: (Stockwell, et al., 1983; Stockwell, et al., 1994). The SADD questionnaire has 15 items and is suitable for assessing mild to moderate dependence (Deady, 2009). The SADQ-C is a comprehensive measure of alcohol dependence that assesses consumption levels, cravings, withdrawal symptoms, and withdrawal relief drinking (Deady, 2009). Further information about the SADQ-C can be located in Chapters 2 and 3.
6.4 Treatment Guidelines

6.4.1 Guidelines for Treatment of Posttraumatic Stress Disorder

The goals of PTSD treatment are to stabilise the patient and reduce PTSS severity, prevent/treat comorbid conditions, improve psychosocial functioning, and prevent relapse (APA, 2006). PTSS severity and comorbidity are to be addressed through both psychosocial treatments (such as CBT) and pharmacotherapies (including antidepressant medication: (APA, 2004; ACPMH, 2007; NCCMH, 2005). Treatment for psychosocial functioning applies goal setting strategies that address barriers to employment, education, and social functioning (ACPMH, 2008). PTSD relapse prevention aims to assist in identifying situations that may trigger traumatic event reminders, and to develop skills to manage them when they occur (APA, 2004).

Types of PTSD treatment are divided into (i) recent trauma exposure/Acute Stress Disorder (ACPMH, 2008) and (ii) PTSD diagnosis or longer-term (chronic) PTSS (APA, 2006). Treatment for recent trauma is referred to as psychological first aid (Benedek, Friedman, Zatzick, & Ursano, 2009) and this intervention monitors trauma symptoms, while strengthening the patient’s current coping strategies and supports (ACPMH, 2008). The aim of psychological first aid is to prevent the development of PTSD and is an evidence-informed treatment approach (Benedek, et al., 2009).

As reported in Chapter 1, CBT has been found to be an effective psychosocial treatment for PTSD. PTSD CBT treatments are grouped into trauma-focused CBT, stress management, and group CBT (NCCMH, 2005). Research has identified that besides Eye Movement Desensitisation and Reprocessing therapy (EMDR) trauma-focused CBT is the treatment of choice for PTSD (ACPMH, 2007). The CBT model is believed to be effective for treating PTSD as it combines cognitive therapy with exposure-based strategies (ACPMH, 2008).
Trauma-focused CBT involves psychoeducation about PTSD, cognitive restructuring, and behavioural activation through *in vivo* exposure, and exposure-based homework (Najavits, et al., 2008). Psychoeducation involves teaching the patient about PTSS and PTSD, as well as about abuse if they were a victim of chronic assault (Johnson & Zlotnick, 2011). PTSD exposure therapies (compared to anxiety exposure therapies) activate the memory of the traumatic event, in a safe environment so that the patient is able to address that memory (ACPMH, 2007). Exposure therapy strategies can either be imaginal or *in vivo* (direct exposure) and are often repeated in a graded manner to help reduce hyperarousal symptoms and/or enhance coping strategies (APA, 2004). In contrast, cognitive restructuring aims to reduce PTSS through addressing thoughts, beliefs, and behaviours associated with the traumatic event (NCCMH, 2005).

### 6.4.2 Treatment Guidelines for Major Depressive Disorder

There are several treatment guidelines available for depression. However, the key treatment points remain similar, and will be outlined here. Treatment for depression is recommended to initially develop a therapeutic relationship with the patient (RANZCP, 2004). The treatment plan is to be developed from a thorough assessment of depression severity and duration (Ellis & Smith, 2002). As suicide can occur with depressive symptoms, the patient’s safety also needs to be routinely assessed across treatment (APA, 2010).

Psychoeducation explains depressive symptoms and episodes to the patient (Ellis & Smith, 2002) as well as the expected timeframe for treatment response (RANZCP, 2004). Patient’s strengths, stressors, and supports also need to be considered (RANZCP, 2004) and enhanced by advising them of support groups, self-help groups, and other appropriate treatment resources (NICE, 2010).
The psychosocial treatments of CBT and interpersonal psychotherapy are equally recommended as evidence-based treatments for depression (Hollon, et al., 2002; RANZCP, 2004; Whitfield & Williams, 2003). The psychosocial intervention selected for treatment is to be administered by trained and competent health care workers (NICE, 2010). The treatment plan can be consolidated by including the patient in treatment selection (APA, 2010).

Treatment response needs to be monitored throughout the course of treatment delivery (APA, 2010). Monitoring patient progress is recommended as the intervention needs to commence at the least intrusive level, and then advance to a more intensive treatment, if depressive symptoms do not improve (NICE, 2010). The progression from a less intensive treatment to a more intensive treatment is referred to as the stepped-care model, and is displayed in Figure 6.1. If symptoms are mild to moderate, then psychosocial interventions are recommended (RANZCP, 2004). If depressive symptoms are moderate, then antidepressant medication (prescribed by the patient’s GP) is advised (Ellis & Smith, 2002). If depressive symptoms are severe then treatment needs to combine psychosocial interventions with pharmacotherapy (Ellis & Smith, 2002; NICE, 2010; RANZCP, 2004). Evidence-based psychosocial strategies (such as CBT) are also effective in reducing the high relapse rate with depression (Hollon, et al., 2005; Hollon, et al., 2002; RANZCP, 2004). If (or when) a relapse in depressive symptoms occur, then the earlier phases of depression assessment and treatment are to be re-administered (APA, 2010).
### Figure 6.1 Stepped-care treatment for depression

#### 6.4.3 Treatment Guidelines for Alcohol Use Disorders

Treatment for alcohol use has shown that alcohol consumption levels are considerably lower and that drinking occasions are less frequent, following treatment (APA, 2007). Treatment of alcohol misuse varies due to the fluctuating changes in consumption levels, abstinence and relapse (APA, 2007; NICE, 2011). Regardless of these changes, the aims of AUD treatment include: reduction in alcohol consumption levels or abstinence; reduced frequency and severity of drinking episodes; and improved social and psychosocial functioning (APA, 2006). Multiple treatments are usually required for alcohol use to achieve improvements in the above mentioned treatment areas (APA, 2006). Best treatment outcome recommendations include integrating both psychosocial and pharmacotherapies (NIDA, 2009). This integrated treatment approach is best applied in a stepped-care model that draws upon

<table>
<thead>
<tr>
<th>STEP</th>
<th>Focus of the intervention</th>
<th>Nature of the intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>STEP 4:</td>
<td>Severe and complex depression; risk to life; severe self-neglect</td>
<td>Medication, high-intensity psychological interventions, electroconvulsive therapy, crisis service, combined treatments, multiprofessional and inpatient care</td>
</tr>
<tr>
<td>STEP 3:</td>
<td>Persistent subthreshold depressive symptoms or mild to moderate depression with inadequate response to initial interventions; moderate and severe depression</td>
<td>Medication, high-intensity psychological interventions, combined treatments, collaborative care and referral for further assessment and interventions</td>
</tr>
<tr>
<td>STEP 2:</td>
<td>Persistent subthreshold depressive symptoms; mild to moderate depression</td>
<td>Low-intensity psychosocial interventions, psychological interventions, medication and referral for further assessment and interventions</td>
</tr>
<tr>
<td>STEP 1:</td>
<td>All known and suspected presentations of Depression</td>
<td>Assessment, support, psychoeducation, active monitoring and referral for further assessment and interventions</td>
</tr>
</tbody>
</table>

---

*a*Complex depression includes depression that shows an inadequate response to multiple treatments, is complicated by psychotic symptoms, and/or is associated with significant psychiatric comorbidity or psychosocial factors.

*b*Only for depression where the patient also has a chronic physical health problem and associated functional impairment (see ‘Depression in adults with a chronic physical health problem: treatment and management’ [NICE clinical guideline 91]).

evidence-based strategies (NSW DoH, 2008) which are to be provided in a continuing care approach (NIDA, 2009).

The evidence-based psychosocial treatments for AUD include relapse prevention (Marlatt, et al., 2002; Marlatt & Witkiewitz, 2005), motivational interviewing/enhancement therapies (APA, 2007), marital therapy (NICE, 2011), brief interventions (NSW, DoH, 2008), and twelve step facilitation self-help groups (APA, 2006). Relapse prevention is an essential therapy for alcohol use problems (Marlatt, et al., 2002) as research has found that usually one relapse episode occurs within 12 months post alcohol treatment (APA, 2007). Relapse prevention has been found to reduce alcohol consumption levels (APA, 2007) and improve psychosocial adjustment post treatment (Irvin, et al., 1999). Relapse prevention therapy applies the CBT model and teaches the patient how to manage potential relapse situations (APA, 2006). Relapse prevention techniques include: craving management; identifying high-risk situations; anticipating problems; and developing appropriate coping strategies (NIDA, Marlatt, et al., 2002; 2009).

6.4.4 Integrated Treatment Guidelines

Treatment guidelines for PTSD-MDD recommend that PTSD is treated first due to the effect of when PTSS reduce, so too do depressive symptoms (ACPMH, 2008). Treating depressive symptoms along with PTSD is also very important as addressing both symptom types reduce both the risk of subsequent trauma exposure and PTSD duration (APA, 2006). Integrated CBT (ACPMH, 2007) and antidepressant medication are also recommended treatments for co-existing PTSD-MDD, particularly if suicidal ideation/behaviours are present (APA, 2004). It is further recommended that any current suicidal ideation/behaviours are to be addressed with the patient before treating PTSD and depressive symptoms (ACPMH, 2008).
Treatment guidelines for PTSD-AUD advise that both disorders are treated together, however alcohol consumption needs to be reduced before trauma work commences (ACPMH, 2008). Providing integrated PTSD and substance/alcohol use treatment may delay substance and alcohol relapse by five years (ACPMH, 2007). The long delay in relapse may be due to the patient learning the adaptive coping skills that are included in PTSD treatments (Ouimette, Moos, & Brown, 2003). Regardless of these promising findings, the only evidence-based PTSD-SUD/AUD CBT treatment is the “Seeking Safety Program” (Najavits, 2005; Najavits, et al., 2008). However, emerging research on a modified version of the COPE (Concurrent Treatment of PTSD and Cocaine Dependence) treatment manual for PTSD-SUD is showing promising treatment outcomes (Mills, et al., 2012).

All of the reviewed treatment guidelines reported on the comorbidity of PTSD with depression, or PTSD with alcohol misuse. They also reported that treatments for PTSD comorbidity is most effective when psychological interventions are combined with pharmacotherapy treatment (Najavits, et al., 2008). However, PTSD comorbidity is discussed as a dual disorder (i.e., PTSD with MDD or AUD) (ACPMH, 2008; Najavits, et al., 2008) and not as a multiple comorbidity (for example, PTSD-MDD-AUD). Furthermore, all of the reviewed treatment guidelines considered comorbidity during the assessment and treatment phase however there were no specific recommendations made about three-way comorbidities.

6.5 Summary of the Four Studies

6.5.1 Summary of the Baseline Studies (Chapters 2 and 3)

The key findings of the baseline assessments were that 71.6% of depressed and alcohol misuse treatment seekers reported experiencing a traumatic event, with 38.0% having PTSD. In contrast to other studies (e.g., (Nemeroff, et al., 2006)
there were no gender differences in rates of traumatic event exposure or PTSD diagnosis. Those with more severe PTSS and/or PTSD reported more severe depressive symptoms and lower global functioning. In regards to alcohol misuse, they also had higher levels of alcohol consumption, more problems with alcohol, and more severe alcohol dependence. Of interest, there were no significant symptom differences between participants reporting no traumatic exposure and those who had traumatic exposure, without PTSD.

Other key findings were that participants who experienced SA and PAG reported more severe depression and lower global functioning compared to those with no assault exposure. Alcohol consumption levels, problems with alcohol use, and alcohol dependence were also significantly more severe for those reporting assault experiences. Furthermore, we found that assault type did influence the pattern and severity of the psychological symptoms reported.

The symptom pathways found for SA included experiencing maternal neglect when a child. For participants reporting sexual assault exposure, PTSS were significantly related to more depressive symptoms and alcohol dependence. Maternal neglect was also significantly related to drinking and PTSS symptoms. A potential assault-symptom pathway for sexual assault was that depressive symptom severity predicted alcohol dependence severity. Depression may also be of clinical concern for patients reporting past sexual assault, as the more SA event types reported the significantly younger the age of depression onset experienced (refer to Chapter 3).

The symptom pathways that were found with PAG exposure, may be predicted by experiencing paternal neglect when a child. We found that paternal neglect was predictive of PAG exposure, PTSS, and alcohol dependence. We also found a potential assault-symptom pathway of alcohol dependence severity significantly predicting severity of depression. We also found that the more
PAG event types reported, the higher the levels of alcohol consumed and the more severe the problems with both alcohol use and alcohol dependence. Participants reporting more PAG event types were also more likely to not be prescribed antidepressant medication. Of interest, there was no significant relationship between PAG exposure and PTSS severity.

Table 6.2 Summary of key baseline assessment findings for PTSS, PTSD, SA and PAG

<table>
<thead>
<tr>
<th>Depressive and Alcohol Use Problem Treatment Seeking Population</th>
<th>Summary of Findings at Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe PTSS and/or PTSD</td>
<td>High prevalence rates of traumatic event exposure</td>
</tr>
<tr>
<td></td>
<td>No gender differences in rates of traumatic exposure or PTSD</td>
</tr>
<tr>
<td></td>
<td>38.0% had PTSD</td>
</tr>
<tr>
<td></td>
<td>Severe PTSS and PTSD comorbidity resulted in significantly more severe depressive symptoms, higher levels of alcohol consumption, and more severe alcohol use problems and alcohol dependence</td>
</tr>
<tr>
<td>SA</td>
<td>Sexual assault exposure is related to experiencing maternal neglect when a child</td>
</tr>
<tr>
<td></td>
<td>Sexual assault exposure is predictive of severe depressive symptoms</td>
</tr>
<tr>
<td></td>
<td>Experiencing two or more sexual assault types results in a significantly younger age of depression onset</td>
</tr>
<tr>
<td></td>
<td>When exposed to sexual assault, depressive symptoms are predictive of alcohol dependence</td>
</tr>
<tr>
<td>PAG</td>
<td>Paternal neglect was predictive of PAG exposure and PTSS severity</td>
</tr>
<tr>
<td></td>
<td>Physical assault and gaol experiences were associated with significantly higher levels of alcohol consumption</td>
</tr>
<tr>
<td></td>
<td>Physical assault and gaol experiences were associated with significantly more problems with alcohol and more severe alcohol dependence</td>
</tr>
<tr>
<td></td>
<td>Alcohol dependence were predictive of depressive symptoms</td>
</tr>
<tr>
<td></td>
<td>Experiencing two or more PAG types results in significantly higher levels of weekly and binge drinking</td>
</tr>
<tr>
<td></td>
<td>Experiencing two or more PAG types results in significantly more severe problems with alcohol use and more severe alcohol dependence</td>
</tr>
</tbody>
</table>

PTSS – Posttraumatic Stress Symptoms
PTSD – Posttraumatic Stress Disorder
SA – Sexual assault group
PAG – Physical assault group

6.5.2 Summary of Treatment and Follow-up Assessment Studies (Chapters 4 and 5)

6.5.2.1 Chapter 4 Summary

The treatment outcome and follow-up assessments reported in Chapter 4 showed that, regardless of PTSS severity or PTSD diagnosis, symptoms of PTSD, MDD, and AUD can improve in participants attending CBT treatment for depression and/or alcohol misuse. The only delay in treatment response for
the PTSD group was in reducing weekly alcohol consumption levels. In contrast, participants in the Severe PTSS group initially reported significant reductions in weekly drinking compared to Mild PTSS participants. This may indicate that PTSD, rather than PTSS severity negatively effects level of alcohol consumption.

Of considerable interest, participants with PTSD reported significant reductions in PTSS severity, as well as fewer participants satisfying the criteria for PTSD, Avoidance and Hyperarousal, at the 3 month follow-up assessment occasion. This finding suggests that for patients with severe PTSS or PTSD, can respond well to depression and/or alcohol CBT interventions. As there were no further follow-up assessments for PTSD, it cannot be determined if these symptom improvements were maintained over time.

Despite these improvements, some participants in the study continued to report PTSD while other participants developed PTSD. Intrusive symptoms did not improve and PTSS/PTSD remained untreated. Therefore, trauma-focused CBT interventions may also need to be included in treatment formulation so that PTSS can further improve and comorbid symptom improvements can be maintained. Trauma-focused treatments will also further benefit those patients who continue to have PTSS and PTSD post non-trauma interventions.

6.5.2.2 Chapter 5 Summary

The treatment outcome and follow-up assessments reported in Chapter 5 found that participants exposed to SA and PAG were also found to have similar symptom change scores to those who had not experienced any assault(s). We also found that those reporting sexual assault, on average attended the same number of treatment sessions as those with no sexual assault exposure. However, sexual assault resulted in poorer global functioning, 12 months post baseline assessment. Although PAG participants also responded well to the
CBT treatment, we found that PAG exposure resulted in a trend for initial delays in depressive symptom improvement. They also had poorer symptom outcomes with depression, alcohol dependence, and global functioning, 12 months post baseline assessment. Furthermore, participants reporting past physical assault exposure had reduced days in treatment and treatment session attendance. Participants reporting two or more PAG event types were also less likely to be prescribed antidepressant medication at baseline.

Despite the symptom improvements for the SA and PAG groups, a trauma-focused CBT intervention should also be offered to patients who report past assault when attending treatment for depression and/or alcohol misuse. It is recommended (based on Chapters 3 and 5) that further research address whether MDD-AUD treatment seekers reporting past sexual assault experiences receive treatment that initially targets PTSS and depression, and then alcohol. Referral to sexual assault treatment services may need to occur if: the patient’s symptom severity is severe; if the assault was recent; or if there is a poor response to the current treatment.

Comorbid depression and alcohol misuse treatment seekers reporting past physical assault experiences should also be offered PTSD-MDD-AUD treatment. Based on our findings, further research should determine whether the initial focus for these patients could be on alcohol, and then integrated with treatment for PTSS and depressive symptoms. Additional treatment sessions (such as booster sessions) may need to be offered to patients reporting past physical assault, given the significant poorer comorbid symptoms at the 12 month post baseline assessment. Further intervention considerations may need to occur with treatment seekers who report past physical assault types, as they may be difficult to (initially) attend and be retained in treatment. They may also require a review for pharmacotherapy due to being significantly less
likely to take antidepressant medication at baseline, however may be more receptive if offered during or after treatment.

Table 6.3 Summary of key treatment findings for PTSS, PTSD, SA and PAG

<table>
<thead>
<tr>
<th>Depressive and Alcohol Use Problem Treatment Seeking Population</th>
<th>Summary of Findings for Follow-Up Assessments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Severe PTSS and/or PTSD</strong></td>
<td>Can respond to treatments for other Axis I disorders</td>
</tr>
<tr>
<td></td>
<td>Weekly alcohol consumption levels are initially significantly high, 3 months post baseline assessment for those with PTSD</td>
</tr>
<tr>
<td></td>
<td>PTSS significantly reduced for the PTSD group upon treatment completion</td>
</tr>
<tr>
<td></td>
<td>A significantly lower proportion of participants with PTSD (at baseline) met criteria for PTSD upon treatment completion</td>
</tr>
<tr>
<td></td>
<td>A significantly lower proportion of PTSD participants met criterion for Avoidance and Hyperarousal upon treatment completion</td>
</tr>
<tr>
<td></td>
<td>Intrusions did not improve</td>
</tr>
<tr>
<td></td>
<td>Fourteen participants in the No Trauma group developed PTSD between baseline and the 3 month follow-up (i.e., during treatment)</td>
</tr>
<tr>
<td><strong>SA</strong></td>
<td>People exposed to SA can respond well to depression and/or alcohol misuse CBT interventions</td>
</tr>
<tr>
<td></td>
<td>Despite improvement symptom levels still remain higher compared to participants who were not sexually assaulted</td>
</tr>
<tr>
<td></td>
<td>Potential to experience poorer global functioning 12 months post baseline assessment</td>
</tr>
<tr>
<td><strong>PAG</strong></td>
<td>Participants exposed to PAG can respond well to depression and/or alcohol misuse CBT interventions</td>
</tr>
<tr>
<td></td>
<td>Participants exposed to PAG initially continued to have a trend for higher depressive symptoms, 3 months post baseline assessment</td>
</tr>
<tr>
<td></td>
<td>Participants exposed to PAG experienced poorer depressive symptoms, global functioning, and alcohol use symptoms, 12 months post baseline assessment</td>
</tr>
<tr>
<td></td>
<td>Participants exposed to experiencing two PAG event types were significantly less likely to be prescribed antidepressant medication</td>
</tr>
<tr>
<td></td>
<td>Participants exposed to PAG attended less treatment sessions and spent less time in treatment</td>
</tr>
<tr>
<td></td>
<td>If experienced two PAG event types, they attend even fewer treatment sessions (2 versus 5) compared to the No PAG group</td>
</tr>
<tr>
<td></td>
<td>May need a medication review for pharmacotherapy</td>
</tr>
</tbody>
</table>

**PTSS** – Posttraumatic Stress Symptoms  
**PTSD** – Posttraumatic Stress Disorder  
**SA** – Sexual assault group  
**PAG** – Physical assault group

### 6.5.3 Proposed Additions to Assessment Guidelines

The assessment recommendations that follow will focus on the previously reviewed brief screeners that are available in the public domain (Deady, 2009). The selected screeners will be for adult populations and based on sound psychometric properties that can be administered by any health care worker.
The screeners selected will also be easy to administer, score and interpret. These additional suggested assessment considerations for the PTSD guidelines will be made for patients presenting with PTSD in the primary/health care, mental health, and alcohol and other drug treatment settings. Furthermore, recommendations for selected screeners and the assessment process are based on the findings of this thesis.

It is recommended that the assessment process is to occur in a stepped-care fashion, similar to that identified in the previously reviewed treatment guideline section (see Figure 6.1). The assessment process will target anyone who presents for treatment with depression, alcohol use problems, or in the currently recommended PTSD ‘high-risk’ groups (ACPMH, 2007) such as police, victims of crime, sexual assaults, and military (APA, 1994). The suggested screening process might involve the following four steps. The first is that the screening question will be asked (refer Table 6.4) in each domain (PTSD, depression and alcohol use). If the patient answers affirmatively, the next (or second) step will be administering the brief screener(s) in each domain. If the brief screener(s) indicate moderate or severe symptoms, then the third step of conducting a further assessment is required. If the patient presentation is complex or severe, then the fourth step of a referral to a specialist health care worker (i.e., psychologist, psychiatrist, or dual diagnosis staff) or treatment service may need to occur.
Table 6.4 Screening question(s) for PTSD, MDD, and AUD that are appropriate for health care treatment settings

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Question Number</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTSD</td>
<td>1</td>
<td>Have you ever experienced a particularly frightening or upsetting event? (ACPMH, 2008)</td>
</tr>
<tr>
<td>Depression (In the past four weeks)</td>
<td>1</td>
<td>Over the past month have you felt down/helpless/hopeless? (Nimalasuriya, et al., 2009)</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Over the past month have you felt little interest or pleasure in the things that you are doing? (Nimalasuriya, et al., 2009)</td>
</tr>
<tr>
<td>Depression (In the past two weeks - PHQ-2)</td>
<td></td>
<td>In the past two weeks have you been bothered by any of the following problems (Ellard, Fairholme, Boisseau, Farchione, &amp; Barlow, 2010):</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Little interest or pleasure in doing things? (Ellard, et al., 2010)</td>
</tr>
<tr>
<td>Alcohol Use</td>
<td>1</td>
<td>Do you ever have a drink containing alcohol?</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>On any single occasion in the past 3 months, have you had more than five drinks containing alcohol? (NIAAA, 2005)</td>
</tr>
</tbody>
</table>

PTSD – Posttraumatic Stress Disorder
PHQ-2 – Patient Health Questionnaire is a two-item questionnaire that uses a four point Likert scale ranging from ‘Not at all’ (0) to ‘Nearly every day’ (3). A score of three indicates the presence of depressive symptoms (Ellard, et al., 2010).

6.5.3.1 Recommendations for Assessment in Primary and Health Care Treatment Settings

In primary/health care treatment settings (refer Figure 6.2) the following first steps are recommended to occur during the initial presentation to the service.

The screener questions provided in Table 6.4 will first be administered, either at the time of referral or during the initial assessment. If a positive response is given, then a brief screen for the identified disorder will be administered. For primary/health care settings, it is recommended that appropriate PTSD screeners (see Table 6.1) are the PC-PTSD (Prins, et al., 2004), Breslau Screening Test (Breslau, et al., 1999), and TSQ (Brewin, et al., 2002). Appropriate screeners for depressive symptoms in this treatment setting include the DASS (Lovibond & Lovibond, 1995), the K-10 (Zlotnick, et al., 1996) and the CES-D (Radloff, 1977). The AUDIT (Saunders, et al., 1993) and (if pregnant) the TWEAK (Russell, 1994) are recommended for screening for alcohol use problems.
6.5.3.2 Recommendations for Assessment in Alcohol and Other Drug Treatment Settings

The primary/health care assessment process is also recommended for alcohol and other drug settings, although additional alcohol assessment suggestions are made. These other alcohol assessments include the AUDIT or TWEAK (if pregnant), the TLFB, and the SADQ-C. It is noted that the current alcohol assessment battery administered by the alcohol service will continue to be administered, as usual (refer to Figure 6.3).

The suggestion for the depressive symptom screeners includes three commonly used screeners, however only one of these assessments (CES-D) exclusively measures depressive symptoms. The other two screeners (K-10 and DASS) measure depressive symptoms and also other symptoms of psychological distress. Broadening the focus for the depressive symptoms in alcohol and other
drug settings may identify other anxiety and stress-related symptoms that may also be present in the patient. This approach may benefit alcohol and other drug treatment seekers because any undiagnosed mental health issues may be identified, and can then be considered in treatment formulation.

![Alcohol and Other Drug settings: PTSD-MDD-AUD assessment flow chart](image)

**Figure 6.3 Alcohol and Other Drug settings: PTSD-MDD-AUD assessment flow chart**

### 6.5.3.3 Recommendations for Assessment in Mental Health Treatment Settings

In mental health treatment settings, once the screener questions (refer Table 6.4) are asked, the appropriate brief screen(s) can then be administered. Appropriate PTSD screeners for mental health settings include the Breslau Screening Test (Breslau, et al., 1999), the TSQ (Brewin, et al., 2002) questionnaire (see Table 6.1) and the SPTSS (Carlson, 2001). Assessments that are currently administered in that mental health setting for depression will remain, although other instruments such as the K-10 (Zlotnick, et al., 1996), the DASS (Lovibond &
Lovibond, 1995), or the BDI-II (Beck, et al., 1996) may be considered. If the BDI-II is selected by the health care worker or service, it must be noted that it is a copyrighted instrument that can only be administered by a psychologist (Deady, 2009). Appropriate alcohol screens recommended for mental health settings are the AUDIT (Saunders, et al., 1993) and (if pregnant) the TWEAK (Russell, 1994).

Figure 6.4 Mental Health settings: PTSD-MDD-AUD assessment flow chart

6.5.3.4 Summary of the Assessment Recommendations

Assessment recommendations are summarised in Table 6.5. These assessment recommendations are proposed for non-PTSD settings due to the prevalence of traumatic exposure in mental health and alcohol and other drug settings. The recommendations also aim to identify participants with PTSS or PTSD in non-PTSD settings by broadening the traditional screening of PTSD solely in high-
risk populations, to those presenting with depression and/or alcohol use problems. Primary/health care treatment services also need to be considered for PTSS/PTSD screening, as patients with traumatic exposure are more likely to present for treatment in those settings, compared to mental health services (Haley, 2011). Regardless of the treatment setting, assessing for PTSS/PTSD could be conducted in a stepped-care manner, starting with a screening question and then progressing to a screening questionnaire when traumatic event exposure has been identified. If PTSS/PTSD symptoms are reported as moderate or severe, then a further psychiatric and PTSD assessment is required. A referral to a specialist health care worker, treatment program, or service (such as sexual assault or domestic violence) may also be warranted. These proposed recommendations will need to be piloted and evaluated in future research to determine their appropriateness. Finally, further research will also be required to see if routine screening of everyone who presents for treatment in primary and specialist care settings is beneficial and appropriate.

Table 6.5 Summary of key assessment recommendations

<table>
<thead>
<tr>
<th>Assessment Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Considerations for all people entering primary or specialist services to be screened for PTSS/PTSD</td>
</tr>
<tr>
<td>Screen any MDD or AUD presentations for PTSS/PTSD</td>
</tr>
<tr>
<td>The assessment process adopts a stepped-care approach</td>
</tr>
<tr>
<td>Screening questions for PTSD-MDD-AUD to be asked first</td>
</tr>
<tr>
<td>Administer relevant brief screening questionnaire(s) if there is a positive answer to the screening questions</td>
</tr>
<tr>
<td>Conduct a more thorough assessment if symptoms are reported moderate or severe</td>
</tr>
<tr>
<td>Possible referral to specialist service</td>
</tr>
</tbody>
</table>

PTSS – Posttraumatic Stress Symptoms  
PTSD – Posttraumatic Stress Disorder  
MDD – Major Depressive Disorder  
AUD – Alcohol Use Disorder

6.6 Proposed Treatment Guidelines

The proposed additional treatment guideline recommendations will also be based on findings of this thesis, as well as other research on PTSD comorbidity. The aim of these proposed recommendations are to broaden the current
treatment guidelines to primary/health care, mental health, and alcohol and other drug treatment services. Another aim for the recommendations is to expand integrated treatment research from dual PTSD comorbidity to multiple PTSD comorbidities. A summary of these recommendations can be found in Table 6.6.

It is recommended that in primary/health care, mental health, and alcohol and other drug treatment settings that appropriate clinicians are trained in trauma-focused CBT strategies. This ensures that if a patient presenting for depression and/or alcohol treatment is identified as having PTSS/PTSD (via the screening process) they can also receive evidence-based treatment for their PTSS. Therefore, the PTSD trained health care worker can integrate an evidence-based PTSD intervention (along with treatment as usual) during the treatment formulation phase. Clinicians will also need training in identifying when more specialised treatment is required (such as for sexual assault, current domestic violence, and complex PTSD presentations) and then refer on to the appropriate service.

The studies in this thesis found that there may be different assault-symptom pathways for sexual and physical assaults with PTSS, depression, and alcohol misuse. It was also found that assault types may affect depression and alcohol treatment outcomes. The assault-symptom pathways identified for sexual assaults were that PTSS severity predicted depression severity, and that the severity of both of these two disorders was predictive of alcohol dependence. Resulting from this pattern, comorbid depression and alcohol misuse treatment seeking populations reporting sexual assault may benefit from an integrated treatment that initially addresses PTSD-MDD, with subsequent sessions addressing drinking.
The symptom pathway found for physical assaults was that alcohol dependence predicted depression severity. This pathway may suggest that for physical assaults, depressive symptoms may be exacerbated by or associated with the physiological effects of alcohol. This may explain why depressive symptoms took longer to improve, post treatment. Furthermore, comorbid depression and alcohol treatment seeking populations reporting physical assault may benefit from an integrated treatment that initially addresses alcohol issues, and then PTSD. Once drinking is contained, the subsequent sessions will also need to incorporate interventions for depressive symptoms. Research is required to confirm this particular assault-symptom pathway for physical assaults.

The recommendations for MDD-AUD populations that report physical assault may be supported by current PTSD guidelines. The ACPMH PTSD (2007) guidelines suggest that for PTSD-SUD interventions, trauma exposure treatment should be delayed if a substance or alcohol relapse occurs (ACPMH, 2007). Since relapse refers to returning to previous use levels (Marlatt & Witkiewitz, 2005) it might be that containing drinking is the appropriate initial step in treatment for this population group. Instead, PTSD-AUD treatment may be better to initially focus on coping skills to help contain drinking levels (ACPMH, 2007).

It is further recommended that patients who report assault exposure may benefit from booster sessions, post treatment. We suggest that periodic booster sessions may be required within the next 12 months following treatment, to prevent or reduce the risk of poorer symptom outcomes. Patients reporting sexual assault experiences may particularly benefit from booster sessions that focus on strategies that target global functioning. Patients with physical assault
experiences may benefit from booster sessions that contain relapse prevention strategies for PTSD, depression, and alcohol use.

### 6.6.1 Additional Comorbidity Treatment: Transdiagnostic

An alternative approach to treating multiple mental health comorbidity presentations in health care settings is using a transdiagnostic approach (Mansell, et al., 2009; Teesson, et al., 2009). The transdiagnostic treatment approach aims to provide unified treatment (McEvoy, Nathan, & Norton, 2010) to the cognitive and behavioural processes that are common across a range of mental health disorders (Mansell, et al., 2009).

There have been some investigations into the efficacy of transdiagnostic treatments on co-existing anxiety disorders (McManus, Shafran, & Cooper, 2010) and mixed anxiety disorders with depression (Clark & Taylor, 2009; Ellard, et al., 2010; McEvoy, et al., 2010). So far, transdiagnostic treatment research has found that anxiety and depressive symptoms do improve (McEvoy, et al., 2010; Titov et al., 2011) and that they have high patient satisfaction rates (McEvoy, et al., 2010). In particular, one transdiagnostic study found that the therapeutic strategies of monitoring negative thoughts, cognitive restructuring, graded exposure and behavioural activation are foundational to treating both anxiety disorders and depression (Clark & Taylor, 2009). Another study found that psychoeducation about emotions, addressing emotional antecedents, and addressing emotional avoidance and emotional driven behaviours may be effective in treating co-existing anxiety disorders with depression (Ellard, et al., 2010). Further research is required into transdiagnostic treatments in order to confirm these preliminary findings (Clark & Taylor, 2009; McEvoy, et al., 2010) in order that this treatment approach be considered in treatment guidelines.
6.6.2 Further Research

Based upon the studies contained in this thesis, there are three key areas that warrant further investigation. The first area is to determine if routinely assessing for the three conditions of PTSD, depression and alcohol misuse in primary/health care, alcohol and other drug, and mental health settings is clinically feasible. The second area is to identify what core CBT strategies are essential when treating PTSD, depression and alcohol misuse comorbidity. The third area is to confirm if an assault-symptom pathway exists, and if treatment is to be varied based upon assault type (and number) experienced.

Research into the assessment recommendations may determine if (and how) adopting a stepped-care assessment approach for PTSD-MDD-AUD comorbidity in treatment settings is capable of being clinically implemented. Research could also identify if assessing for these three common Axis I disorders and considering them during treatment formulation enhances both patient care and treatment outcomes. If the proposed assessment suggestions are feasible, subsequent studies may be required to identify what barriers may exist when implementing the stepped-care assessment approach in primary/health care, alcohol and other drugs, and mental health settings. Treatment and referral system processes within each health service may also need to be considered when deciding upon treatment and referral options for the patient, when PTSD is identified.

Further investigations into the treatment recommendations based on Chapter 4, include the development and evaluation of CBT interventions for co-existing PTSD-MDD-AUD. Research in developing CBT treatment manuals for this three-way PTSD comorbidity, as well as with transdiagnostic interventions, may better focus on finding out if a set of core CBT strategies (that are beneficial for all three Axis I disorders) exists. Once the PTSD-MDD-AUD CBT
Interventions are developed, research will then need to evaluate their efficacy. This research may also need to consider symptom severity and when a more specialised disorder-specific treatment is warranted.

Research is also required to confirm the assault-symptom pathways identified in Chapter 3. If the assault-symptom pathways are verified, then additional research will be required to determine if these assault-symptom variations affect CBT treatment outcomes (as seen for PAG in Chapter 5). If the assault-symptom patterns affect treatment outcomes, then further research will need to determine if particular sequencings of integrated treatment is more effective than others. Finally, other research may also need to explore the effects of parental neglect on comorbid symptom severity in patients who report a history of assault.

Table 6.6 Summary of proposed treatment recommendations for severe PTSS, PTSD, SA or PAG presentations that require further investigation

<table>
<thead>
<tr>
<th>Treatment Recommendations Pending Further Investigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence-based trauma-focused treatments should be offered to anyone with PTSS or PTSD</td>
</tr>
<tr>
<td>Appropriate health care workers to be trained to provide trauma-focused CBT</td>
</tr>
<tr>
<td>Appropriate health care workers trained in providing integrated evidence-based trauma-focused treatment in primary/health care, mental health, and alcohol and other drug settings</td>
</tr>
<tr>
<td>Possible referral to specialist service</td>
</tr>
<tr>
<td>Interventions for people who report sexual assaults may require simultaneous treatment of PTSD and depression, then treatment for AUD</td>
</tr>
<tr>
<td>Interventions for people who report physical assaults may initially focus on alcohol misuse and then integrate with PTSD treatment, followed by depression</td>
</tr>
<tr>
<td>Medication review for pharmacotherapy</td>
</tr>
<tr>
<td>Booster treatment sessions may be offered to anyone who has been assaulted, in order to reduce the risk of future relapse</td>
</tr>
<tr>
<td>Booster sessions may need to be conducted approximately monthly, for 12 months post initial assessment to anyone who has been assaulted</td>
</tr>
<tr>
<td>Future research investigating assault-symptom pathways</td>
</tr>
<tr>
<td>Future research investigating evidence-based treatment pathways for assault types</td>
</tr>
</tbody>
</table>

**PTSS – Posttraumatic Stress Symptoms**

**PTSD – Posttraumatic Stress Disorder**

**CBT – Cognitive Behaviour Therapy**

**AUD – Alcohol Use Disorder**
6.7 Conclusion

Current treatment guidelines for PTSD, MDD and AUD provide comprehensive and thorough recommendations for clinicians on how to manage these disorders, either as a single or a dual disorder. This Chapter aimed to provide additional assessment guidelines for screening and assessing PTSS in patients seeking treatment for depression and/or alcohol misuse in primary/health care, mental health and alcohol and other drug treatment settings. The additional guidelines for assessments include a stepped-care approach, starting with the screening question for traumatic event exposure. A brief screening questionnaire follows the screening question, if the initial question is answered affirmatively. If the questionnaire identifies moderate to severe symptoms, then further assessment is required.

Additional treatment recommendations include that appropriate health care workers be trained in trauma-focused CBT interventions and being able to identify when more specialist treatment is required. Integrated PTSD-MDD-AUD treatment may need to be provided to all patients with PTSS. For patients with a history of assault who have PTSS, the ordering of treatment may need to vary for the type of assault. That is, for sexual assaults, treatment may need to initially target PTSS and depression, then alcohol. For physical assaults, treatment may be more effective if alcohol, PTSS and depression are treated sequentially. Further research is required to confirm these proposed additional assessment and treatment recommendations for PTSS, PTSD diagnosis and assault-symptom pathways in patients who have co-existing depression and alcohol misuse.
CHAPTER 7 REFERENCES


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personality disorder (BPD) with posttraumatic disorder (PTSD), BPD without PTSD, and other personality disorders with PTSD. The Journal of Nervous and Mental Disease, 19(11), 706-713.

APPENDICES

Appendices (Part 1) has not been included due to copyright restrictions
THE EFFECTS OF TRAUMA ON COGNITIVE BEHAVIOUR THERAPY FOR DEPRESSION AND ALCOHOL MISUSE

APPENDICES (VOL 2)

Kylie Bailey

B. A. (Psych) MPsyCh(Clin)

Thesis submitted for fulfilment of the award of Doctor of Philosophy (Psychiatry)

April 2013
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Appendix G: 12 month follow-up assessment (Clinician Administered and self-reports) ................................................................. 725  
Appendix H: 24 and 36 month follow-up assessment ............................. 811
APPENDIX D: BASELINE ASSESSMENT
KEEP THIS PAGE SEPARATE FROM THE PERSON'S COMPLETED ASSESSMENT

Client's Name: ________________________________

Client's Address: ________________________________

Client's Phone: ____________________ Mobile: ________________

Participant Number: __________

Intervention Group: _____

Date Completed: __________/_______/________

Interviewer: __________

Location: ____________________________
(service + suburb)

Alternative Contact person: ________________

Alternative Contact Address _______________________

Alternative Contact Phone (H/M): ________________

Relationship to client: ________________

General Practitioner ________________
Psychiatrist ________________
Case Manager ________________

DAISI 2005 - Initial assessment (last modified 26-Jun-2006)
Interview: Initial
(Revised Version – 26-Jun-2006)

Participant Number: 
Post code:

Referral Source?
0=Self
1= Community Mental Health
2= Media (newspaper/radio/tv)
3= Centrelink
4=Youth Services
5=University Health Services
6= Methadone Clinic
7= Probation and Parole
8= Private Psychologist
9= Private Psychiatrist
10=General Practitioner
11=Public psychiatric hospital
12=Public psychiatric unit in a public hospital
13=Private psychiatric hospital
14=Public drug and alcohol unit
15=Private drug and alcohol unit
16= Personal Support Provider (ie New Horizons)
88=Other (specify) ________________
99=NA
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Section B: Lifetime timeline
Section C: Psychosis Screener
Section D: SCID (Depression) & Medication/Hospital admissions, duration and course (DIP)
Section E: Beck Depression Inventory II Self Administered
Section F: Drug Use History
Section G: OTI Drug Use – Alcohol
Section H: OTI Drug Use – Cannabis
Section I: OTI Drug Use – Heroin
Section J: OTI Drug Use – Other Opiates
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Interview 2
Section U: Beck Hopelessness Scale Self Administered
Section V: WHO Quality of Life Scale (Brief) Self Administered
Section W: SCID (Alcohol and Substance Use)
Section X: Posttraumatic Stress Diagnostic Scale (PDS)
Section Y: Posttraumatic Cognitions Inventory (PTCI)
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Neuropsych A: RVLT
Neuropsych B: Digit Span (WAIS-III)
Neuropsych C: Matrix Reasoning (WASI)
Neuropsych D: Verbal Fluency (D-KEFS)
Neuropsych E: Block Design (WASI)
Neuropsych F: RVLT long delay recall
Neuropsych G: Similarities (WASI)
Neuropsych H: Vocabulary (WASI)
Neuropsych I: Colour-Word Interference Test (D-KEFS)

Self Report
SR: Readiness to Change – Alcohol Self Administered
SR: Brief Symptom Inventory Self Administered
SR: MOPS Self Administered
SR: Drug Use Motives Questionnaire Self Administered
SR: OC Drinking Scale Self Administered
SR: DAS Self Administered
SR: CDSE Self Administered
SR: International Personality Disorder Examination (IPDE) Self Administered

DAISI 2005 - Initial assessment (last modified 26-Jun-2006)
| A1. Date of birth | |||| |
| A2. Age (years) | || |
| A3. Sex | 1=Male 2=Female |
| A4. Country of birth - What country were you born in? | 1=Australia 7=Indian subcontinent and other Asia 2=UK and Ireland 8=Middle East 3=Europe (including former USSR) 9=North Africa 4=Central and South America 10=Central and Southern Africa 5=NZ, Pacific islands, PNG 11=North America 6=South East Asia 12=Other |
| A5. Aboriginal / Torres Strait Islander descent | 0=No 1=Yes |
| A7. Present Marital Status | 0=Single, never married 4=Divorced 1=Married 5=Widowed 2=Defacto 8=NK 3=Separated |
| A8. Number of children | How many living children do you have? (include step-children) 0=No children |
| Skip to A11 if NO Children |
| A9. Children living with subject | How many dependent children under the age of 18 do you have living with you? (Include step-children) 0=No children |
| A10. Main carer for the children or not | Have you been the main carer for the children in the last 12 months? 0=No 1=Yes 8=NK 9=NA |
| A11. Who do you live with? | 6=Children without partner 7=Relatives 8=Other (specify ) 9=No fixed address 10=Institution 1=Parent(s) 2=Spouse +/- children 3=Defacto partner +/- children 4=Friend(s) 5=Alone |
A12. **Accommodation during last month**  
*Where have you been living during the last month?*  
*How long have you lived there/been homeless?*  
Code up to 3 types of accommodation in past month, if applicable  
Code number of weeks in each accommodation in last month (01=<1 week)

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<th>Accommodation #1</th>
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01 = Homeless / NFA  
02 = Crisis shelter or rooming house  
03 = Hostel  
04 = Institution: hospital  
05 = Institution: nursing home, lodge  
06 = Group home  
07 = Supported housing  
08 = Hotel/rented room  
09 = Renting (public - e.g. public housing)  
10 = Renting (private)  
11 = Own home  
12 = Family home  
88 = Other (Specify ______ )  
99 = NA

A13. **Accommodation during the last 12 months** (excluding the past one month already rated)  
*Where have you lived for more than a week during the last 12 months?*  
*How long have you lived there/been homeless?*  
Code up to 3 types of accommodation longest held (if applicable)  
Code number of weeks in each type of accommodation during the previous 12 months (01=<1 week)

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<th>Accommodation #1</th>
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08 = Hotel/rented room  
09 = Renting (public - e.g. public housing)  
10 = Renting (private)  
11 = Own home  
12 = Family home  
88 = Other (Specify ______ )  
99 = NA

A14. **Age at leaving school**  
*How old were you when you left school?*  
00 = Never went to school  
88 = Still at school

A15. **Secondary school completion**  
*Did you complete the highest year of secondary school available?*  
0 = No  
1 = Yes  
99 = NA

A16. **Highest qualification obtained**  
*What is the highest qualification you obtained?*  
1 = Secondary school qualification  
2 = Nursing qualification  
3 = Teaching qualification  
4 = Trade certificate/apprenticeship  
5 = Technician's/ advanced certificate  
6 = Certificate other than above  
7 = Associate diploma  
8 = Undergraduate diploma  
9 = Bachelor degree  
11 = Masters degree/doctorate  
12 = Left school, no qualifications  
88 = Other  
99 = NA

DAISI 2005 - Initial assessment (last modified 26-Jun-2006)
A17. During the past month, how frequently have you been taking part in any of the following jobs around the home? Would you say frequently, occasionally or not at all? If living alone adapt questions to own activity, ie cooking for self.

0=Not at all
1=Occasionally
2=Frequently
88=NK
99= Not Applicable

Cooking for others .................................................................
Cleaning or washing up ........................................................
Gardening ................................................................................
Shopping for household ........................................................
Having meals together ............................................................
Watching TV program together .............................................
Playing games ........................................................................
Doing Chores/Errands .........................................................
Other Activities (specify: _______________________________) ........

A18. Participation in Household Activities
Over the past 12 months, have you been unable to do things that your family (or household) would normally expect of you?

What have you been unable to do?
Do others not let you do things? Why?
Is it that you lack interest in it?
Or have you been unable to do things because of physical/mental health or forgetfulness?

0= No dysfunction; has participated about as much as an average person of same sex/age group would under similar circumstances
1= Obvious dysfunction; household participation significantly reduced, due to lack of interest or incompetence
2= Severe dysfunction; no participation, self-alienated or excluded by others from daily household routine, or disruptive
88= Uncertain or impossible to assess
99= NA; does not share a household

A19. Availability of Friends
How many people do you regard as friends?

Ask the name of friend/s. Only count people outside the family. Some form of contact (face to face or phone conversation) over the last 12 months is required for considering a person a friend.

How often have you been seeing them over the past month?
And over the past year?
What do you do together?

0=None
1=One
2=A few
3=Many
88=NK
99=NA
A20. Perceived Need for Friends
Do you feel that you have as many good friends as you need or would you like to have more?
0=Does not need good friends at all
1=Needs and would like more friends
2=Has as many friends as needed
88=NK
99=NA

A21. Overall Socialising during past 12 months
How have you been getting on with other people at work, neighbours, family members during the last 12 months?
Did you go out to any social activities?
Did you meet any friends, or would you say that you are a bit reserved?
Did you make any phone calls to friends or other people you knew?
How much of the time did you spend alone, in your room, or just walking around on your own?
Did you feel lonely?
Rate overall socialising/isolation over past 12 months – rate isolation on its own merits, regardless of self imposed (eg. avoidance).
0= No dysfunction; has been socialising during the period as much as could be expected of an average person of same sex/age group and social background
1= Obvious dysfunction; may regard some people as friends but actual socialising with them is minimal, has been significantly reduced, sporadic participation in any organised activity
2= Severe dysfunction; no friends and no organised social activities, extremely restricted social relationships outside the household
88=Uncertain or impossible to assess
99=NA

A22. Social Withdrawal during last 12 months
Would you say that over the past 12 months you enjoyed company a lot or preferred to be on your own?
Did you find it difficult to mix or communicate with people?
Did you prefer to be left alone?
About how much of the time did you spend doing things by yourself?
Would you join in the company of others if encouraged to do so, or would you normally refuse even if asked?
Did the presence of other people annoy you?
Rate social withdrawal (ie. isolation which is not imposed by others or by the circumstances, but results mainly from subject's active avoidance of social contacts).
0= No dysfunction; mixes and generally interacts with people as much or more than the average person of the same sex/age group would under similar circumstances
1= Obvious dysfunction; maintains a very restricted range of social contacts, generally avoids being with other people, but would mix with people if encouraged or pressured
2= Severe dysfunction; marked tendency to self-isolation, not responsive to encouragement, inaccessible, may frequently lock him/herself up or wander aimlessly
88=Uncertain or impossible to assess
99=NA

A23. Deterioration in Interpersonal Relationships
If you compare the past 12 months with previous years, do you think that your relations with friends, workmates or other persons may have gotten worse?
Did this happen because of your health or nervous problems?
Or because you lost interest or motivation?
Or because others have lost interest in maintaining a relationship with you?
0= No deterioration perceived in the past year compared to previous years
1= Deterioration perceived mainly attributed to subject's own health/nervous problems or loss of interest
2= Deterioration perceived mainly attributed to other people's loss of interest
3= Improvement perceived in past year compared to previous years
88=NK
99=NA
A24. Intimate Relationships
*During the past 12 months have you had a close female/male friend – someone that you would share your thoughts and feelings with or think of as a best friend, or someone you might rely on for support when you need it?*

Have you ever had such a special relationship?
How often do you see this special friend?

0= Not dysfunctional; has close and/or intimate affective relationship during the past 12 months
1= Obvious dysfunction; has had close friends or intimate relationship in the past but not during the last 12 months
2= Severe dysfunction; never had close friend or intimate relationship
88= Uncertain or impossible to assess
99= NA

A25. Currently Employed
*Do you have a job at present?*

0= No job at present
1= Employment outside the home (full time job)
2= Employment outside the home (part time job)
3= Household
4= Studying
5= Retired
6= Volunteer
88= NK
99= NA

A26. If Unemployed, looking for work (past month)
*At any time in the last 4 weeks have you been looking for full time or part time work?*

0= No
1= Yes; looking for a full time job
2= Yes; looking for a part time job
88= NK
99= NA

A27. Participation in rehabilitation or day programme in last 12 months
*When you were not in a psychiatric hospital, have you been involved in a rehabilitation or day program? (not including AOD)*

0= No
1= Yes
88= NK
99= NA

Skip to A30 if 0

A28. Number of weeks in rehabilitation or day program in last 12 months
*How many weeks did you attend rehab/day program at ____________?*

(Range=0-52)
88= NK
99= NA

A29. Frequency of attendance of rehab/day program
*How many days per week did you attend the rehab/day program at ________?*

(Range=0-7)
88= NK
99= NA

A30. Current Source of Income
*What are your main sources of income in the past month?* Code up to 3 sources.

Source of current income #1
Source of current income #2
Source of current income #3

1= Wage/salary from employer
2= Own business
3= Family/spouse payment
4= Government pension/cash benefit
5= Maintenance/child support
6= Superannuation/annuity
7= Workers compensation/accident or sickness insurance
8= Other income (specify _____________)
88= NK
99= NA

DAISI 2005 - Initial assessment (last modified 26-Jun-2006)
A31. Pension/other benefits

Have you received any of the following pensions or benefits in the past month?
Read out the items below as a checklist. Code up to 3 types of benefit.
Present=past month

Benefit #1

Benefit #2

Benefit #3

1= Age pension
2= Service pension
3= Disability support/invalid pension
4= Widow’s pension or wife’s pension
5= Carer’s pension
6= Sole parent’s pension
7= Sickness allowance/benefit
8= New start/job
9= Unemployed benefit
10= Special benefit
11= Other (specify_______)

A32. Interests

How have you been keeping up with what is happening in the world in the past month?
Did you watch TV, or keep up with the news in other ways?
Would you say that you have been trying to keep up with the national/international news? Can you give examples?
Did you follow the football teams?
Have you been involved in any particular interests over the past four weeks?
Did you read any books, buy newspapers or magazines? Which ones?
Have you developed any interests or hobbies?

0= No dysfunction; seeks information, talks with people about local and world events, has a ‘world map’ as appropriate to sociocultural context
1= Obvious dysfunction; less than average interest, no special efforts to obtain information, never reads anything, does not listen to radio or watch news on TV
88=Uncertain or unable to assess
99= NA (eg. moderate to severe intellectual handicap)
SECTION B: Timeline of Depression and Substance Use over Lifespan

1. FIRST EPISODE

B1. How old were you when you first experienced depression? 

Enter age in years. This should be given to the nearest year and is defined as the earliest age at which medical advice was sought for depression, OR at which symptoms began to cause subjective distress or impair functioning. Code earliest age. If illness is denied, use all available sources (hospital records); if no episode of psychiatric disorder, rate 00 (range 00-99).

B2. How old were you when you were first treated for depression? 

B3. What was going on in your life when you experienced your first episode of depression?  
Was there a lot of stress in your life at that time? Can you tell me what sorts of things were going on then? Describe life event/psychosocial stressor (if applicable):

B4. Clinician to code life event/psychosocial stressor: (indicate type of stressful life event)

Yes No

- Problems with primary support group (death, health problem, disruption of family)
- Educational (problems at school, discord with teachers/classmates)
- Social environment (loss of friend, breakup of important relationship, discrimination)
- Occupational (unemployed or threat of job loss, stressful job change, discord at job)
- Housing (homeless, unsafe neighbourhood, discord with neighbours/landlord)
- Economic (extreme poverty, insufficient welfare support, heavy indebtedness)
- Legal (arrest, litigation, victim of crime)
- Abuse (physical, emotional, sexual)
- Health (pain, injury, illness)
- Other (disaster, war, catastrophic stress eg. witness a gruesome scene)

B5. Clinician to code onset of first episode of depression according to following:

Could life event/psychosocial stressor related to onset of depression be considered a significant life event that is more than likely to bring about serious depressed feelings in an average person?  
0=no life event/psychosocial stressor related to onset of depression  
1=life event/psychosocial stressor of borderline significance associated with onset of depression  
2=life event/psychosocial stressor of significance associated with onset of depression

B6. Since your first episode of depression, how would you describe the course of your symptoms?  
1=Single episode with good recovery or recovery unknown  
2=Multiple episodes with good recovery between  
3=Multiple episodes with partial recovery between  
4=Continuous chronic illness, little or no deterioration  
5=Continuous chronic illness with clear deterioration

B7. How old were you when you first drank alcohol?  
Code 99 if never used alcohol
A33c. How old were you when you first started drinking alcohol REGULARLY (i.e. more than once a fortnight)? Enter age in years. This should be given to the nearest year and is defined as the earliest age at which alcohol was being consumed on a regular basis. Code earliest age

B8. The recommended levels for non-hazardous use are no more than 2 standard drinks for women and 4 for men per day, with at least 2 alcohol free days each week. How old were you when you first drank alcohol in excess of recommended levels more than once a fortnight? Code 99 if never used alcohol in excess of recommended levels

B9. Since you first started drinking alcohol regularly in excess of recommended levels, how would you describe the course of your drinking? (N.B. abstinence means a period of at least 2 weeks alcohol free)
1=Single episode in excess of guidelines with complete abstinence since
2=Multiple episodes in excess of guidelines with complete abstinence in between
3=Multiple episodes in excess of guidelines with drinking within guidelines in between
4=Continuous use in excess of guidelines, with no increase in use
5=Continuous use in excess of guidelines, with increasing levels of use
99=Never used alcohol regularly in excess of recommended levels

B10. How much were you drinking when you first experienced depression?
0=Abstinent (N.B. abstinence means a period of at least 2 weeks alcohol free)
1=Within recommended levels
2=Above recommended levels

B11. Clinician to code whether initial episode of depression is considered independent of alcohol use
0=substance-induced depressive condition (i.e. regular alcohol use preceded initial onset of first depressive episode, or first depressive episode did not occur during a time of abstinence)
1=independent depressive condition (i.e. first depressive episode occurred prior to onset of regular use or occurred at a time when abstinent)
2=difficult to determine (i.e. no periods of abstinence, or both regular alcohol use and first depressive episode commenced at same time point).

B12. Have you ever had an episode of depression that occurred when you have been drinking within the recommended range?
1=Yes
2=No
3=Drinking always above recommended levels
99=Never used alcohol in excess of recommended levels

B13. Have you ever had an episode of depression that occurred when you were abstinent from alcohol? (N.B. abstinence means a period of at least 2 weeks alcohol free)
1=Yes
2=No
3=Never been abstinent
99=Never used alcohol in excess of recommended levels

B14. Have you ever had an episode of drinking alcohol in excess of recommended levels more than once a fortnight in the absence of depression?
1=Yes
2=No
99=Never used alcohol in excess of recommended levels
2. MOST RECENT EPISODE

I'd now like to focus on your most recent episode of depression and most recent period of using alcohol regularly.

B15. How long ago did your most recent episode of depression start? [ ] months

B16. What was going on in your life when your most recent episode of depression started?

Was there a lot of stress in your life at that time? Can you tell me what sorts of things were going on then? Describe life event/psychosocial stressor (if applicable):

---

B17. **Clinician to code** life event/psychosocial stressor: (indicate type of stressful life event)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Problems with primary support group (death, health problem, disruption of family)</td>
<td></td>
</tr>
<tr>
<td>☐ Social environment (loss of friend, breakup of important relationship, discrimination)</td>
<td></td>
</tr>
<tr>
<td>☐ Occupational (unemployed or threat of job loss, stressful job change, discord at job)</td>
<td></td>
</tr>
<tr>
<td>☐ Housing (homeless, unsafe neighbourhood, discord with neighbours/landlord)</td>
<td></td>
</tr>
<tr>
<td>☐ Educational (problems at school, discord with teachers/classmates)</td>
<td></td>
</tr>
<tr>
<td>☐ Economic (extreme poverty, insufficient welfare support, heavy indebtedness)</td>
<td></td>
</tr>
<tr>
<td>☐ Legal (arrest, litigation, victim of crime)</td>
<td></td>
</tr>
<tr>
<td>☐ Abuse (physical, emotional, sexual)</td>
<td></td>
</tr>
<tr>
<td>☐ Other (disaster, war, catastrophic stress eg. witness a gruesome scene)</td>
<td></td>
</tr>
</tbody>
</table>

---

B18. **Clinician to code** onset of most recent episode of depression according to following:

Could life event/psychosocial stressor related to onset of depression be considered a significant life event that is more than likely to bring about serious depressed feelings in an average person?

0=no life event/psychosocial stressor related to onset of depression

1=life event/psychosocial stressor of borderline significance associated with onset of depression

2=life event/psychosocial stressor of significance associated with onset of depression

---

B19. The recommended levels for non-hazardous use are no more than 2 standard drinks for women and 4 for men per day, with at least 2 alcohol free days each week. How long ago did your most recent period of drinking alcohol in excess of recommended levels more than once a fortnight begin?

Code 99 if never used alcohol in excess of recommended levels [ ] months

B20. How much were you drinking when your most recent episode of depression occurred?

0=Abstinent (N.B. abstinence means a period of at least 2 weeks alcohol free)

1=Within recommended levels

2=Above recommended levels

B21. **Clinician to code** whether most recent episode of depression is considered independent of alcohol use

0= substance-induced depressive condition (i.e. regular alcohol use preceded initial onset of depression or depressive symptoms have not occurred during times of abstinence)

1= independent depressive condition (i.e. depression occurred prior to onset of regular use or has occurred at times when abstinent)

2= difficult to determine (i.e. no periods of abstinence, or both regular alcohol use and depression commenced at same time point).

---

B22. **Poor Premorbid Social Adjustment**

*Before you became depressed for the first time, what sort of person were you?*

Did you have a lot of friends, or just a few special friends, or no friends? [ ]

Did you get on easily with people? [ ]

Did you tend to do things with others or alone? [ ]

Were you a suspicious sort of person? [ ]

Were you a moody sort of person? [ ]

Had you ever been in trouble with the law before you became ill? Can you tell me about that?
B23. Coarse Brain Disease Prior to Onset

Were you suffering from any physical or neurological disorders before you first became depressed?
What was it?
How long had you had it before depressive symptoms appeared?

0 = No prior brain disease evident
1 = Prior brain disease evident
SECTION C: Low Prevalence Disorders Study Psychosis Screener

This is a screener for psychotic symptoms that occur outside the context of alcohol/other drug use. If a person answers positively to any items check whether the symptoms only occurred whilst under the influence of alcohol/other drugs and not at any other time. Only screen positive for psychosis if symptoms have occurred at a time when not using.

1. Delusional Mood
   (a) Has person ever felt something strange, unexplainable was going on?

   (b) If yes, was this so strange that others would find it very hard to believe?
       0=No
       1=Yes to (a) and (b)

2. Grandiose Delusions
   (a) Has person ever believed they have special powers, talents that most people lack?

   (b) If yes, do they belong to a group that believes they have special powers, talents?
       0=Yes or No to (a) and Yes to (b)
       1=Yes to (a) and No to (b)

3. Delusions of Reference/Persecution
   (a) Has person ever felt people were too interested in them?

   (b) If yes, did they feel harm might come to them?
       0=No
       1=Yes to (a) and (b)

4. Delusions of Control
   (a) Has person ever felt thoughts were directly interfered with, controlled by others?

   (b) If yes, did this happen in a way others would find hard to believe e.g. telepathy?
       0=No
       1=Yes to (a) and (b)

5. Hallucinosis
   (a) Has person ever heard voices or had visions when there was no-one around?

6. Diagnosis of Psychosis
   (a) Has person ever been prescribed anti-psychotic medicine, or diagnosed with a psychotic illness by doctor?

Please specify: __________________________
7. **Rating of Psychosis by Key Worker**
   (a) Using clinical judgement, is this person psychotic or has ever been psychotic whilst not under the influence of alcohol/other drugs?
   0=Definitely not
   1=Possibly
   2=Definitely

   Additional comments:

   NOTE: The cut-off point applied for recording a person as screen positive for psychosis is at least 2 positive items subject to the following provisos:

   - 'yes' to item 6 only and 'definitely positive' to item 7 = positive for psychosis
   - 'yes' to item 6 and 'yes' to one other item 1-5 and 'maybe' in item 7 = positive for psychosis
   - 'yes' to item 6 only and 'possibly' in item 7 = negative for psychosis.

   If the person screens positive then administer the Brief Psychosis Rating Scale (BPRS).
### DEPRESSIVE DISORDERS

**CODES:**
- ? = unclear or inadequate information
- 1 = absent or false (symptom did not occur)
- 2 = subthreshold (e.g. symptom did occur but not for a 2-week period)
- 3 = threshold or true (symptom did occur)

**A.** Five or more of the following symptoms have been present during the same 2-week period and represent a change from previous functioning. At least one of these symptoms is (1) depressed mood or (2) loss of interest or pleasure.

<table>
<thead>
<tr>
<th>(1) Depressed mood</th>
<th>1-6 months</th>
<th>7-12 months</th>
<th>Ever</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has there been a period of time when you were feeling depressed or down most of the day, nearly every day? What was that like?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If YES, How long did it last (as long as 2 weeks)?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(2) Loss of interest or pleasure</th>
<th>1-6 months</th>
<th>7-12 months</th>
<th>Ever</th>
</tr>
</thead>
<tbody>
<tr>
<td>What about losing interest or pleasure in things you usually enjoyed?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If YES, was it nearly every day? How long did it last (as long as 2 weeks)?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If neither (1) nor (2) above is coded 3 for any time period, go on to D1 (Duration of illness - pp19)

<table>
<thead>
<tr>
<th>(3) Significant change of more than 5% in weight or change in appetite</th>
<th>1-6 months</th>
<th>7-12 months</th>
<th>Ever</th>
</tr>
</thead>
<tbody>
<tr>
<td>During the time when you felt depressed, did you lose or gain any weight? How much? Were you trying to lose weight?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If NO, How was your appetite during this time? What about compared to your usual appetite? Did you have to force yourself to eat (more or less than usual)? Was that nearly every day?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(4) Insomnia or hypersomnia</th>
<th>1-6 months</th>
<th>7-12 months</th>
<th>Ever</th>
</tr>
</thead>
<tbody>
<tr>
<td>How were you sleeping during this time? Did you have trouble falling asleep, waking frequently, trouble staying asleep, waking too early, OR sleeping too much during this time? How many hours a night compared to usual? Was that nearly every night?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(5) Psychomotor agitation or retardation</th>
<th>1-6 months</th>
<th>7-12 months</th>
<th>Ever</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were you so fidgety or restless during this time that you were unable to sit still? Was it so bad that other people noticed it? What did they notice? Was that nearly every day?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If NO, what about the opposite...talking or moving more slowly than is normal for you? Was that so bad that other people noticed? What did they notice?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
(6) Fatigue or loss of energy
During this time, what was your energy like?
Were you tired all the time? Was this nearly every day?

(7) Feelings of worthlessness or excessive, inappropriate guilt
During this time, how did you feel about yourself?
Worthless?
Was this nearly every day?

If NO, what about feeling guilty about things you had done or not done?
Was this nearly every day?

NOTE: only code "1" or "2" for low self-esteem

(8) Diminished ability to concentrate or make decisions
During this time, did you have trouble thinking or concentrating?
What kinds of things did it interfere with?
Was this nearly every day?

If NO, was it hard to make decisions about everyday things?
Was this nearly every day?

(9) Recurrent thoughts of death
During this time, were things so bad that you were thinking about death or that you would be better off dead?
What about thinking of hurting yourself?

If YES, did you do anything to hurt yourself?

<table>
<thead>
<tr>
<th>Criteria met for A?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1=absent or false (no)</td>
</tr>
<tr>
<td>2=subthreshold</td>
</tr>
<tr>
<td>3=threshold or true (criteria met for A)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Score “3” for each time period where at least 5 of the above 9 criteria are coded “3”, and at least one of these is item (1) or (2).</th>
</tr>
</thead>
</table>

NOTE – Criterion B has been omitted from the SCID

C. Symptoms cause clinically significant distress or impairment in social, occupational or other important areas of functioning.

<table>
<thead>
<tr>
<th>When you were feeling depressed, did it make it hard for you to do your work, take care of things at home or get along with other people?</th>
</tr>
</thead>
</table>
D. Symptoms are not due to the direct physiological effects of a substance (e.g. drug abuse or medication).

NOTE: a score of 3 in this section indicates that symptoms are not due to physiological effects

<table>
<thead>
<tr>
<th></th>
<th>1-6 months</th>
<th>7-12 months</th>
<th>Ever</th>
</tr>
</thead>
<tbody>
<tr>
<td>Just before you began to feel depressed, were you physically ill?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If YES, what did the doctor say?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If NO, just before this began, were you using any medications? Had you made any changes in the amount you were taking?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If STILL NO, what about drinking or using any street drugs? Has your depression occurred at time when you weren’t using these substances?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NOTE: only score 1 if the symptoms are related to physiological effects</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

E. Symptoms are not better accounted for by bereavement.

NOTE: a score of 3 in this section indicates that symptoms are not due to bereavement

<table>
<thead>
<tr>
<th></th>
<th>1-6 months</th>
<th>7-12 months</th>
<th>Ever</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did all this begin soon after someone close to you died?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NOTE: only score 1 if the symptoms are related to bereavement issues</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SCID Criteria met for Major Depressive Episode?**

1=absent or false (no major depressive episode)
2=subthreshold
3=threshold or true (criteria met for major depressive episode)

<table>
<thead>
<tr>
<th>Major Depressive Episode Criteria: Criteria A, C, D, and E are coded “3”</th>
<th>1-6 months</th>
<th>7-12 months</th>
<th>Ever</th>
</tr>
</thead>
</table>

D1. Duration of Illness in Weeks (since first episode till now)
Max=99

D2. Impairment/Incapacity During Disorder
Rate of the basis of worst episode
0=No impairment
1=SUBJECTIVE impairment only (at work, school or in social functioning)
2= Evidence of OBJECTIVE impairment in major life role with definite reduction in productivity and/or criticism has been received
3=IMPATIENT treatment (any duration) has been received or no function at all in major life role for more than 2 days.
D3. Current medication

*In the past month, have you been taking any medication or injection that had been prescribed by a doctor for your mental health or nerves or alcohol/other drug use?*

0=No
1=Yes

*In the past month, have you been taking any non-prescription medication or supplements for your mental health or nerves or alcohol/other drug use?* (e.g. St John's Wort, vitamins etc.)

0=No
1=Yes

**Skip to QUESTION D10 if 0**

D4. What medication are you currently taking?

Show person the CHART. If person is unable to identify drug(s) on the chart, read out the names of the drugs. Write drug code R (from chart) into the boxes provided below. If only "red pills" identified, code 88=NK. Code up to 5 drugs. Code only if person has been on a given drug for >1 month. (77=drug code if not on list)

**Drug Name (specify drug name, and dose)**

1. **Drug #1:**
2. **Drug #2:**
3. **Drug #3:**
4. **Drug #4:**
5. **Drug #5:**

**Drug Code**

D5. Perceived benefits

Would you say that [quote each drug identified and coded below] was helpful?
What would happen if you stopped [quote 'helpful' drug]?

0=Not helpful at all
1=Helpful
2=Very helpful
88=Impossible to assess
99=NA

**Drug Name (specify)**

1. **Drug #1**
2. **Drug #2**
3. **Drug #3**
4. **Drug #4**
5. **Drug #5**

**Benefit**
### List of Medication

#### Antipsychotic Drugs (oral)

<table>
<thead>
<tr>
<th>No.</th>
<th>Drug</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Chlorpromazine</td>
<td>Largactil</td>
</tr>
<tr>
<td>02</td>
<td>Clozapine</td>
<td>Clozaril</td>
</tr>
<tr>
<td>03</td>
<td>Fluphenixol</td>
<td>Anatenol</td>
</tr>
<tr>
<td>04</td>
<td>Fluphenazine Hydrochloride</td>
<td>Serenace</td>
</tr>
<tr>
<td>05</td>
<td>Haloperidol</td>
<td>Zyprexa</td>
</tr>
<tr>
<td>06</td>
<td>Olanzapine</td>
<td>Mutabon D</td>
</tr>
<tr>
<td>07</td>
<td>Perphenazine</td>
<td>Neualactil</td>
</tr>
<tr>
<td>08</td>
<td>Pericyazine</td>
<td>Orep</td>
</tr>
<tr>
<td>09</td>
<td>Pimozide</td>
<td>Risperdal</td>
</tr>
<tr>
<td>10</td>
<td>Risperidone</td>
<td>Aldazine, Meilleril</td>
</tr>
<tr>
<td>11</td>
<td>Seroquel</td>
<td>Navane</td>
</tr>
<tr>
<td>12</td>
<td>Sulpiride</td>
<td>Sterazine</td>
</tr>
<tr>
<td>13</td>
<td>Thioridazine</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Thioproxene</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Trifluoperazine</td>
<td></td>
</tr>
</tbody>
</table>

#### Depot Injectable Antipsychotic Drugs

<table>
<thead>
<tr>
<th>No.</th>
<th>Drug</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>Fluphenixol Decanote</td>
<td>Fluoxane, Depixol</td>
</tr>
<tr>
<td>17</td>
<td>Fluphenazine Decanote</td>
<td>Modecate</td>
</tr>
<tr>
<td>18</td>
<td>Haloperidol Decanote</td>
<td>Haldol</td>
</tr>
<tr>
<td>19</td>
<td>Zuclopenthixol Decanote</td>
<td>Clopixol</td>
</tr>
</tbody>
</table>

#### Antidepressants and Mood Stabilisers

<table>
<thead>
<tr>
<th>No.</th>
<th>Drug</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>Amitryptiline</td>
<td>Amitrol, Tryptline, Mutabon</td>
</tr>
<tr>
<td>21</td>
<td>Carbamazepine</td>
<td>Tegrelol</td>
</tr>
<tr>
<td>22</td>
<td>Clomipramine</td>
<td>Anafranil, Placid</td>
</tr>
<tr>
<td>23</td>
<td>Desipramine</td>
<td>Perfofran</td>
</tr>
<tr>
<td>24</td>
<td>Dothepin</td>
<td>Prothiaden</td>
</tr>
<tr>
<td>25</td>
<td>Doxepin</td>
<td>Deptran, Sinequan</td>
</tr>
<tr>
<td>26</td>
<td>Fluoxetine</td>
<td>Prozac, Lovan</td>
</tr>
<tr>
<td>27</td>
<td>Lithium Carbonate</td>
<td>Lithicarb</td>
</tr>
<tr>
<td>28</td>
<td>Imipramine</td>
<td>Tofranil</td>
</tr>
<tr>
<td>29</td>
<td>Manserin</td>
<td>Lervon</td>
</tr>
<tr>
<td>30</td>
<td>Modobemide</td>
<td>Auroxin</td>
</tr>
<tr>
<td>31</td>
<td>Nefazodone</td>
<td>Serzone</td>
</tr>
<tr>
<td>32</td>
<td>Nortyptiline</td>
<td>Allegron</td>
</tr>
<tr>
<td>33</td>
<td>Paroxetine</td>
<td>Acipex</td>
</tr>
<tr>
<td>34</td>
<td>Sertraline</td>
<td>Zoloft</td>
</tr>
<tr>
<td>35</td>
<td>Transylcypromine</td>
<td>Parnate</td>
</tr>
<tr>
<td>36</td>
<td>Trimipramine</td>
<td>Surmontil</td>
</tr>
<tr>
<td>37</td>
<td>Valproate</td>
<td>Epilim, Valpro</td>
</tr>
<tr>
<td>38</td>
<td>Venlaflaxine</td>
<td>Efflexor</td>
</tr>
<tr>
<td>39</td>
<td>Citralopram</td>
<td>Cipramil</td>
</tr>
<tr>
<td>46</td>
<td>Fluoxetine</td>
<td>Luvox</td>
</tr>
<tr>
<td>51</td>
<td>Escitalopram oxalate</td>
<td>Lexapro</td>
</tr>
<tr>
<td>52</td>
<td>Mirtazapine</td>
<td>Avenza, Mirtazon, Remeron</td>
</tr>
<tr>
<td>53</td>
<td>Reboxetine mesylate</td>
<td>Edronax</td>
</tr>
</tbody>
</table>

#### Anxiolytic Drug

<table>
<thead>
<tr>
<th>No.</th>
<th>Drug</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>39</td>
<td>Alprazolam</td>
<td>Kalma, Xanax</td>
</tr>
<tr>
<td>40</td>
<td>Buspirone</td>
<td>Buspar</td>
</tr>
<tr>
<td>41</td>
<td>Clorazepate</td>
<td>Tranxene</td>
</tr>
<tr>
<td>42</td>
<td>Diazepam</td>
<td>Valium</td>
</tr>
<tr>
<td>43</td>
<td>Lorazepam</td>
<td>Ativan</td>
</tr>
<tr>
<td>44</td>
<td>Oxazepam</td>
<td>Serex</td>
</tr>
</tbody>
</table>

#### Anticraving Drug

<table>
<thead>
<tr>
<th>No.</th>
<th>Drug</th>
</tr>
</thead>
<tbody>
<tr>
<td>45</td>
<td>Antabuse</td>
</tr>
<tr>
<td>46</td>
<td>Zyban</td>
</tr>
<tr>
<td>47</td>
<td>Campral</td>
</tr>
<tr>
<td>50</td>
<td>Naltrexone</td>
</tr>
</tbody>
</table>
D6 Time on each medication
How long have you been taking your current medication?

<table>
<thead>
<tr>
<th>Drug Name (specify)</th>
<th>Number of weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug #1</td>
<td></td>
</tr>
<tr>
<td>Drug #2</td>
<td></td>
</tr>
<tr>
<td>Drug #3</td>
<td></td>
</tr>
<tr>
<td>Drug #4</td>
<td></td>
</tr>
<tr>
<td>Drug #5</td>
<td></td>
</tr>
</tbody>
</table>

D7 Did any of these medications have effects that you did not like?
I will now read out some complaints that people sometimes attribute to medication. Have you experienced any of these in the past month?
Read out items below as a checklist.
0 = side effect has not occurred  88 = NK
1 = side effect has occurred      99 = NA

- Muscles feeling stiff or tensed up
- Inability to relax
- Hand, arms or legs shaking or trembling
- Feeling of inner restlessness
- Inability to stand still; desire to move the legs; pacing up and down
- Drowsiness or sleepiness during the day
- Trouble with eyesight (blurred vision)
- Dry mouth or mouth more watery than normal
- Tongue moving without you wanting it
- Difficulty swallowing
- Difficulty starting walking
- Slowing down of movements
- Shuffling along
- Unsteadiness when standing or walking
- Nausea (feeling sick, sometimes being sick)
- Weight gain or loss
- Headache
- Sexual dysfunction (finding it hard to have an orgasm; no desire for sex)
- Insomnia (not being able to get to asleep)
- Sweating
- Constipation
D8. Impairment in daily life attributed to side effects of medication

*How much is your everyday life affected by the problems related to medication that you just mentioned to me? Would you say that the side effects of medication are affecting your everyday life severely, moderately, mildly or not at all?*

- 0=Not at all
- 1=Mildly
- 2=Moderately
- 3=Severely
- 88=NK
- 99=NA

D9. *Do you take your medication as prescribed?*

- 1=Yes
- 2=No
- 3=Mostly

<table>
<thead>
<tr>
<th>Drug Name (specify)</th>
<th>Level of compliance (1, 2, or 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug #1</td>
<td></td>
</tr>
<tr>
<td>Drug #2</td>
<td></td>
</tr>
<tr>
<td>Drug #3</td>
<td></td>
</tr>
<tr>
<td>Drug #4</td>
<td></td>
</tr>
<tr>
<td>Drug #5</td>
<td></td>
</tr>
</tbody>
</table>

D10. Do you currently have private health insurance?

- 0=No
- 1=Yes
- 88=NK
- 99=NA

D11. Total number of inpatient admissions in past 12 months

*Have you been admitted (for at least an overnight stay) to any hospital or inpatient unit in the past 12 months? How many times in total?*

Skip to D14 if 00, 00=no admissions

D12. Number of admissions in past 12 months by type of hospital

*What sort of hospital was that? How many times were you admitted to?*

Identify and code up to 5 types of hospital. Read out items below as a checklist. List hospitals in a chronological order of admissions during the past 12 months. For each type of hospital ask about approximate length of stay in weeks. If multiple admissions to same type of hospital, count total number of weeks in last 12 months. Code type of hospital and length of stay in the boxes provided. Code both 12 and 13 in the boxes provided below.

<table>
<thead>
<tr>
<th>Type of hospital #1</th>
<th>Length</th>
<th>Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of hospital #2</td>
<td>Length</td>
<td>Weeks</td>
</tr>
<tr>
<td>Type of hospital #3</td>
<td>Length</td>
<td>Weeks</td>
</tr>
<tr>
<td>Type of hospital #4</td>
<td>Length</td>
<td>Weeks</td>
</tr>
<tr>
<td>Type of hospital #5</td>
<td>Length</td>
<td>Week</td>
</tr>
</tbody>
</table>

1=Public psychiatric hospital
2=Public psychiatric unit in a public hospital
3=Private psychiatric hospital
4=Public drug and alcohol unit
5=Private drug and alcohol unit

6=Public general medical hospital
7=Private general medical hospital
8=Other (specify _______________________

99=NA

*DAISI 2005 - Initial assessment (last modified 26-Jun-2006)*
D13. Length of stay by type of hospital
*How many weeks altogether did you stay in _______________*?
(Range =0-52) Code in boxes provided above.
99=NA

D14. Health professionals seen elsewhere (not in mental health clinic) in past 12 months
*In the past 12 months when you were not in hospital or at the mental health clinic, how many times have you seen any of the following health professionals?*

<table>
<thead>
<tr>
<th>Professional</th>
<th>Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Mental Health Team</td>
<td></td>
</tr>
<tr>
<td>General practitioner</td>
<td></td>
</tr>
<tr>
<td>Medical or surgical specialist</td>
<td></td>
</tr>
<tr>
<td>Private psychiatrist</td>
<td></td>
</tr>
<tr>
<td>Private psychologist</td>
<td></td>
</tr>
<tr>
<td>Other, please specify</td>
<td></td>
</tr>
<tr>
<td>Other, please specify</td>
<td></td>
</tr>
<tr>
<td>Other, please specify</td>
<td></td>
</tr>
</tbody>
</table>

*DAISI 2005 - Initial assessment (last modified 26-Jun-2006)*
SECTION E: Beck Depression Inventory II

This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the one statement in each group that best describes the way you have been feeling during the past two weeks, including today. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group.

1. **Sadness**
   0 I do not feel sad
   1 I feel sad much of the time
   2 I am sad all the time
   3 I am so sad or unhappy that I can’t stand it

2. **Pessimism**
   0 I am not discouraged about my future
   1 I feel more discouraged about my future than I used to be
   2 I do not expect things to work out for me
   3 I feel my future is hopeless and will only get worse

3. **Past Failure**
   0 I do not feel like a failure
   1 I have failed more than I should have
   2 As I look back, I see a lot of failures
   3 I feel I am a total failure as a person

4. **Loss of Pleasure**
   0 I get as much pleasure as I ever did from the things I enjoy
   1 I don’t enjoy things as much as I used to
   2 I get very little pleasure from the things I used to enjoy
   3 I can’t get any pleasure from the things I used to enjoy

5. **Guilty Feelings**
   0 I don’t feel particularly guilty
   1 I feel guilty over many things I have done or should have done
   2 I feel quite guilty most of the time
   3 I feel guilty all of the time

6. **Punishment Feelings**
   0 I don’t feel I am being punished
   1 I feel I may be punished
   2 I expect to be punished
   3 I feel I am being punished

7. **Self – Dislike**
   0 I feel the same about myself as ever
   1 I have lost confidence in myself
   2 I am disappointed in myself
   3 I dislike myself

8. **Self Criticalness**
   0 I don’t criticise or blame myself more than usual
   1 I am more critical of myself than I used to be
   2 I criticise myself for all of my faults
   3 I blame myself for everything bad that happens

9. **Suicidal Thoughts or Wishes**
   0 I don’t have any thoughts of killing myself
   1 I have thoughts of killing myself, but I would not carry them out
   2 I would like to kill myself
   3 I would like to kill myself if I had the chance
10. **Crying**
   0 I don’t cry anymore than I used to
   1 I cry more than I used to
   2 I cry over every little thing
   3 I feel like crying, but I can’t

11. **Agitation**
   0 I am no more restless or wound up than usual
   1 I feel more restless or wound up than usual
   2 I am so restless or agitated that it’s hard to stay still
   3 I am so restless or agitated that I have to keep moving or doing something

12. **Loss of Interest**
   0 I have not lost interest in other people or activities
   1 I am less interested in other people or things than before
   2 I have lost most of my interest in other people or things
   3 It’s hard to get interested in anything

13. **Indecisiveness**
   0 I make decisions about as well as ever
   1 I find it more difficult to make decisions than usual
   2 I have much greater difficulty in making decisions than I used to
   3 I have trouble making any decisions

14. **Worthlessness**
   0 I do not feel I am worthless
   1 I don’t consider myself as worthwhile and useful as I used to
   2 I feel more worthless as compared to other people
   3 I feel utterly worthless

15. **Loss of Energy**
   0 I have as much energy as ever
   1 I have less energy than I used to have
   2 I don’t have enough energy to do very much
   3 I don’t have enough energy to do anything

16. **Changes in Sleep Pattern**
   0 I have not experienced any change in my sleeping pattern

   1a I sleep somewhat more than usual
   1b I sleep somewhat less than usual

   2a I sleep a lot more than usual
   2b I sleep a lot less than usual

   3a I sleep most of the day
   3b I wake up 1-2 hours early and can’t get back to sleep

17. **Irritability**
   0 I am no more irritable than usual
   1 I am more irritable than usual
   2 I am much more irritable than usual
   3 I am irritable all the time
18. **Changes in Appetite**
   0  I have not experienced any change in my appetite

   1a My appetite is somewhat less than usual
   1b my appetite is somewhat greater than usual

   2a my appetite is much less than before
   2b my appetite is much greater than usual

   3a I have no appetite at all
   3b I crave food all the time

19. **Concentration Difficulty**
   0  I can concentrate as well as ever
   1  I can't concentrate as well as usual
   2  It's hard to keep my mind on anything for very long
   3  I find I can't concentrate on anything

20. **Tiredness or Fatigue**
   0  I am no more tired or fatigued than usual
   1  I get more tired or fatigued more easily than usual
   2  I am too tired or fatigued to do a lot of the things I used to do
   3  I am too tired or fatigued to do most of the things I used to do

21. **Loss of Interest in Sex**
   0  I have not noticed any recent change in my interest in sex
   1  I am less interested in sex than I used to be
   2  I am much less interest in sex now
   3  I have lost interest in sex completely

   BDI Total Score
I'm now going to ask you about your use of alcohol and other drugs in the past, and at the moment. I just want to remind you that you are under no obligation to answer these questions. Of course, the more questions you answer honestly, the more useful the information is to me and the project, but you do not have to answer them all. The information you give me is completely confidential, except as required by law.

<table>
<thead>
<tr>
<th>Drug Class</th>
<th>Ever Used</th>
<th>Age 1st Used</th>
<th>Age regularly started using</th>
<th>When was the last time you used?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td></td>
<td></td>
<td></td>
<td>1=Never</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2=More than 6 months ago</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3=In the past 6 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4=In the past month</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5=In the past week</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6=In the past few days</td>
</tr>
<tr>
<td>Cannabis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heroin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Opiates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amphetamines</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cocaine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tranquilisers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Barbiturates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hallucinogens</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inhalants</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caffeine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Are you currently in drug or other treatment or have you been in the last 12 months?

   NO........0  YES........1

   (If NO, go to question 4)

2. What sort of treatment are you in (Y/N)?

   Current
   Methadone  1  □  Dosage_______  □  □  Dosage_______
   Buprenorphine  2  □  Dosage_______  □  □  Dosage_______
   Other AOD medication  3  □  Dosage_______  □  □  Dosage_______
   Detoxification  4  □  □  □  □  □  □  □
   Drug free Counselling  5  □  □  □
   Therapeutic Community  6  □  □  □
   Narcotics Anonymous  7  □  □  □
   Alcoholics Anonymous  8  □  □  □
   Other (specify_________)  9  □  □  □

DAISI 2005 - Initial assessment (last modified 26-Jun-2006)
3. How long have you been in these treatments in total over the past 12 months?

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Weeks</th>
<th>Times/week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not in treatment</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Methadone</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Other AOD medication</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Detoxification</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Drug free Counselling</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Therapeutic Community</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Narcotics Anonymous</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Alcoholics Anonymous</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Other (specify__________)</td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>

4. How many times have you previously been in treatment?
Max = 99

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>No previous treatment</td>
<td>0</td>
</tr>
<tr>
<td>Methadone</td>
<td>1</td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>2</td>
</tr>
<tr>
<td>Other AOD medication</td>
<td>3</td>
</tr>
<tr>
<td>Detoxification</td>
<td>4</td>
</tr>
<tr>
<td>Drug free Counselling</td>
<td>5</td>
</tr>
<tr>
<td>Therapeutic Community</td>
<td>6</td>
</tr>
<tr>
<td>Narcotics Anonymous</td>
<td>7</td>
</tr>
<tr>
<td>Alcoholics Anonymous</td>
<td>8</td>
</tr>
<tr>
<td>Other (specify__________)</td>
<td>9</td>
</tr>
</tbody>
</table>

6. How many cups of tea/coffee/cola do you drink a day?

<table>
<thead>
<tr>
<th>Drink</th>
<th>Cups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tea</td>
<td></td>
</tr>
<tr>
<td>Coffee</td>
<td></td>
</tr>
<tr>
<td>Cola</td>
<td>mls</td>
</tr>
</tbody>
</table>
1. When was the last time you drank alcohol?
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days

   If subject answers 1, 2 or 3, proceed to Cannabis

2. During the past month, how often did you drink alcohol?
   Between 6-7 days each week – Score 28
   Between 4-5 days each week – Score 20
   Between 2-3 days each week – Score 12
   One day each week – Score 4

   If subject answers 0, proceed to Cannabis

3. On what day did you last drink alcohol (in the past month)?

4. How much alcohol did you drink on that day?
   (Ask about all categories. Figures in square brackets are numbers of standard drinks in one unit)

<table>
<thead>
<tr>
<th>Wine</th>
<th>Spirits</th>
<th>Full Strength Beer</th>
<th>Light Beer</th>
<th>Fortified Wine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glass (100mL)</td>
<td>30ml nips</td>
<td>Schooner (150mL/425mL)</td>
<td>Can</td>
<td>Port Glass (60mL)</td>
</tr>
<tr>
<td></td>
<td>[1]</td>
<td>[1.5]</td>
<td>[1.3]</td>
<td>[1]</td>
</tr>
<tr>
<td>750ml bottles</td>
<td>750ml bottles</td>
<td>Can</td>
<td>Can</td>
<td>750ml bottles</td>
</tr>
<tr>
<td>[7.5]</td>
<td>[25]</td>
<td>[1.3]</td>
<td>[0.7]</td>
<td>[10]</td>
</tr>
<tr>
<td>Flagon (2 Litres)</td>
<td>UDL (cans)</td>
<td>Stubby</td>
<td>Stubby</td>
<td>2 fl. flagons</td>
</tr>
<tr>
<td>[20]</td>
<td>[1.3]</td>
<td>[1.3]</td>
<td>[0.7]</td>
<td>[32]</td>
</tr>
<tr>
<td>Lt. casks</td>
<td>750ml bottles (longneck)</td>
<td>750ml bottles (longneck)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[10 per litre]</td>
<td>[2.5]</td>
<td>[2]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   No. of standard drinks

   TOTAL NUMBER OF STANDARD DRINKS =

5. On which day before that did you drink alcohol?

6. And how much alcohol did you drink on that day?
   (Ask about all categories. Figures in square brackets are numbers of standard drinks in one unit)

<table>
<thead>
<tr>
<th>Wine</th>
<th>Spirits</th>
<th>Full Strength Beer</th>
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<td>[1.3]</td>
<td>[1]</td>
</tr>
<tr>
<td>750ml bottles</td>
<td>750ml bottles</td>
<td>Can</td>
<td>Can</td>
<td>750ml bottles</td>
</tr>
<tr>
<td>[7.5]</td>
<td>[25]</td>
<td>[1.3]</td>
<td>[0.7]</td>
<td>[10]</td>
</tr>
<tr>
<td>Flagon (2 Litres)</td>
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</tr>
<tr>
<td>[20]</td>
<td>[1.3]</td>
<td>[1.3]</td>
<td>[0.7]</td>
<td>[32]</td>
</tr>
<tr>
<td>Lt. casks</td>
<td>750ml bottles (longneck)</td>
<td>750ml bottles (longneck)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[10 per litre]</td>
<td>[2.5]</td>
<td>[2]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   No. of standard drinks

   TOTAL NUMBER OF STANDARD DRINKS =

7. And when was the day before that?
8. Would this be a typical pattern of drinking?
   1=Yes
   2=No, more than usual
   3=No, less than usual

9. If NO, What would be a typical pattern of drinking?

   

10. $t_1 = 3 - 5$

11. $t_2 = 5 - 7$

12. $q_1 = 4$

13. $q_2 = 6$

14. $Q = \frac{q_1 + q_2}{t_1 + t_2}$
SECTION H: OTI - Cannabis

1. When was the last time you used cannabis (marijuana, dope, grass, hash, pot)?
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days

If subject answered 1, 2 or 3, proceed to Heroin

2. During the past month, how often did you use cannabis?
   - Between 6-7 days each week – Score 28
   - Between 4-5 days each week – Score 20
   - Between 2-3 days each week – Score 12
   - One day each week – Score 4
   - One day each fortnight – Score 2
   - One day each month – Score 1
   - Not in the last month – Score 0

If subject answered 0, proceed to Heroin

3. On what day did you last use cannabis (in the past month)? ...........................................

4. How many joints/bongs/etc. did you have on that day? ....................................................... 

5. On which day before that did you use cannabis? .................................................................

6. And how many joints/bongs/etc. did you have on that day? .................................................

7. And when was the day before that? ..........................................................................................

8. Would this be a typical pattern of cannabis use?
   1=Yes
   2=No, more than usual
   3=No, less than usual

9. What would be a typical pattern of using?

10. \( t_1 = 3 - 5 \) .................................................................

11. \( t_2 = 5 - 7 \) .................................................................

12. \( q_1 = 4 \) ........................................................................

13. \( q_2 = 6 \) ........................................................................

14. \( Q = \frac{q_1 + q_2}{t_1 + t_2} \) ...........................................................
SECTION I: Drug Use - Heroin

1. When was the last time you used heroin?
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days

If subject answered 1, 2 or 3, proceed to Other Opiates

2. During the past month, how often did you use heroin?
   - Between 6-7 days each week – Score 28
   - Between 4-5 days each week – Score 20
   - Between 2-3 days each week – Score 12
   - One day each week – Score 4
   - One day every fortnight – Score 2
   - One day each month – Score 1
   - Not in the last month – Score 0

If subject answered 0, proceed to Other Opiates

3. On what day did you last use heroin (in the past month)? ..............................................................

4. How many hits/smokes/snorts/pills/doses/etc. did you have on that day? ...........................................

5. On which day before that did you use heroin? ......................................................................................

6. And how many hits/smokes/snorts/etc. did you have on that day? ....................................................

7. And when was the day before that? ......................................................................................................

8. Would this be a typical pattern of heroin use?
   1=Yes
   2=No, more than usual
   3=No, less than usual

9. What would be a typical pattern of heroin use?
   ........................................................................................................................................

10. \[ t_1 = 3 - 5 \] ............................................................................................................................... 

11. \[ t_2 = 5 - 7 \] ............................................................................................................................... 

12. \[ q_1 = 4 \] ....................................................................................................................................... 

13. \[ q_2 = 6 \] ....................................................................................................................................... 

14. \[ Q = \frac{q_1 + q_2}{t_1 + t_2} \] .....................................................................................................................
SECTION J: Drug Use – Other Opiates

1. When was the last time you used other opiates?
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days

If subject answered 1 2 or 3, proceed to Amphetamines

2. During the past month, how often did you use other opiates?
   - Between 6-7 days each week – Score 28
   - Between 4-5 days each week – Score 20
   - Between 2-3 days each week – Score 12
   - One day each week – Score 4
   - One day each fortnight – Score 2
   - One day each month – Score 1
   - Not in the last month – Score 0

If subject answered 0, proceed to Amphetamines

3. On what day did you last use opiates (in the past month)?

4. How many hits/smokes/etc. did you have on that day (record use occasions)?

5. On which day before that did you use opiates?

6. And how many hits/smokes/etc. did you have on that day (record use occasions)?

7. And when was the day before that?

8. Would this be a typical pattern of opiate use?
   1=Yes
   2=No, more than usual
   3=No, less than usual

9. What would be a typical pattern of opiate use?

10. \( t_1 = 3 - 5 \)

11. \( t_2 = 5 - 7 \)

12. \( q_1 = 4 \)

13. \( q_2 = 6 \)

14. \[
Q = \frac{q_1 + q_2}{t_1 + t_2}
\]
SECTION K: Drug Use - Amphetamines

1. When was the last time you used amphetamines (speed)?
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days

If subject answered 1, 2 or 3, proceed to Cocaine

2. During the past month, how often did you use amphetamines?
   - Between 6-7 days each week – Score 28
   - Between 4-5 days each week – Score 20
   - Between 2-3 days each week – Score 12
   - One day each week – Score 4

   If subject answered 0, proceed to Cocaine

3. On what day did you last use amphetamines (in the past month)?

4. How many tablets/snorts/hits/etc. did you have on that day?

5. On which day before that did you use amphetamines?

6. And how many tablets/snorts/hits/etc. did you have on that day?

7. And when was the day before that?

8. Would this be a typical pattern of amphetamine use?
   1=Yes
   2=No, more than usual
   3=No, less than usual

9. What would be a typical pattern of amphetamine use?

10. \[ t_1 = 3 - 5 \]  
11. \[ t_2 = 5 - 7 \]  
12. \[ q_1 = 4 \]  
13. \[ q_2 = 6 \]  
14. \[ Q = \frac{q_1 + q_2}{t_1 + t_2} \]
SECTION L: Drug Use - Cocaine

1. When was the last time you used cocaine (coke, snow, crack)?
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days

   If subject answered 1 2 or 3, proceed to Tranquilisers

2. During the past month, how often did you use cocaine?
   - Between 6-7 days each week – Score 28
   - Between 4-5 days each week – Score 20
   - Between 2-3 days each week – Score 12
   - One day each week – Score 4
   - One day each fortnight – Score 2
   - One day each month – Score 1
   - Not in the last month – Score 0

   If subject answered 0, proceed to Tranquilisers

3. On what day did you last use cocaine (in the past month)?

4. How many hits/smokes/snorts/etc. did you have on that day?

5. On which day before that did you use cocaine?

6. And how many hits/smokes/snorts/etc. did you have on that day?

7. And when was the day before that?

8. Would this be a typical pattern of cocaine use?
   1=Yes
   2=No, more than usual
   3=No, less than usual

9. What would be a typical pattern of cocaine use?

10. \( t_1 = 3 - 5 \)

11. \( t_2 = 5 - 7 \)

12. \( q_1 = 4 \)

13. \( q_2 = 6 \)

14. \( Q = \frac{q_1 + q_2}{t_1 + t_2} \)
SECTION M: Drug Use - Tranquilisers

1. When was the last time you used Tranquilisers (benzos, serepax, rohypnol, mogadon, valium)?
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days

If subject answered 1, 2 or 3, proceed to Barbiturates

2. During the past month, how often did you use tranquilisers?
   Between 6-7 days each week – Score 28
   Between 4-5 days each week – Score 20
   Between 2-3 days each week – Score 12
   One day each week – Score 4
   One day each fortnight – Score 2
   One day each month – Score 1
   Not in the last month – Score 0

If subject answered 0, proceed to Barbiturates

3. On what day did you last use tranquilisers (in the past month)?

4. How many pills did you have on that day?

5. On which day before that did you use tranquilisers?

6. And how many pills did you have on that day?

7. And when was the day before that?

8. Would this be a typical pattern of tranquiliser use?
   1=Yes
   2=No, more than usual
   3=No, less than usual

9. What would be a typical pattern of tranquiliser use?

10. \( t_1 = S_3 - S_5 \)

11. \( t_2 = S_5 - S_7 \)

12. \( q_1 = S_4 \)

13. \( q_2 = S_6 \)

14. \( Q = \frac{q_1 + q_2}{t_1 + t_2} \)
SECTION N: Drug Use - Barbiturates

1. When was the last time you used barbiturates (nembutal, seconal)?
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days

   If subject answered 1 2 or 3, proceed to Hallucinogens

2. During the past month, how often did you use barbiturates?
   - Between 6-7 days each week – Score 28
   - Between 4-5 days each week – Score 20
   - Between 2-3 days each week – Score 12
   - One day each month – Score 1
   - One day each week – Score 4

   If subject answered 0, proceed to Hallucinogens

3. On what day did you last use barbiturates (in the last month)?

4. How many pills did you have on that day?

5. On which day before that did you use barbiturates?

6. And how many pills did you have on that day?

7. And when was the day before that?

8. Would this be a typical pattern of barbiturates use?
   1=Yes
   2=No, more than usual
   3=No, less than usual

9. What would be a typical pattern of barbiturates use?

10. \( t_1 = 3 - 5 \)

11. \( t_2 = 5 - 7 \)

12. \( q_1 = 4 \)

13. \( q_2 = 6 \)

14. \( Q = \frac{q_1 + q_2}{t_1 + t_2} \)
SECTION 0: Drug Use - Hallucinogens

1. When was the last time you used hallucinogens (LSD/ Acid, ecstasy, magic mushrooms)?
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days

If subject answered 1, 2 or 3, proceed to Inhalants

2. During the past month, how often did you use hallucinogens?
   Between 6-7 days each week – Score 28
   Between 4-5 days each week – Score 20
   Between 2-3 days each week – Score 12
   One day each week – Score 4
   One day each fortnight – Score 2
   One day each month – Score 1
   Not in the last month – Score 0

If subject answered 0, proceed to Inhalants

3. On what day did you last use hallucinogens (in the last month)?

4. How many tabs/pills/etc. did you have on that day?

5. On which day before that did you use hallucinogens?

6. And how many tabs/pills/etc. did you have on that day?

7. And when was the day before that?

8. Would this be a typical pattern of hallucinogen use?
   1=Yes
   2=No, more than usual
   3=No, less than usual

9. What would be a typical pattern of hallucinogen use?

10. $t_1 = 3 - 5$

11. $t_2 = 5 - 7$

12. $q_1 = 4$

13. $q_2 =$

14. $Q = \frac{q_1 + q_2}{t_1 + t_2}$
SECTION P: Drug Use - Inhalants

1. When was the last time you used inhalants (amyl/rush, glue, laughing gas, aerosols, petrol)?
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days

If subject answered 1 2 or 3, proceed to Tobacco

2. During the past month, how often did you use inhalants?
   - Between 6-7 days each week – Score 28
   - Between 4-5 days each week – Score 20
   - Between 2-3 days each week – Score 12
   - One day each week – Score 4
   - One day each fortnight – Score 2
   - One day each month – Score 1
   - Not in the last month – Score 0

If subject answered 0, proceed to Tobacco

3. On what day did you last use inhalants (in the last month)?

4. How many sniffs did you have on that day?

5. On which day before that did you use inhalants?

6. And how many sniffs did you have on that day?

7. And when was the day before that?

8. Would this be a typical pattern of inhalant use?
   1=Yes
   2=No, more than usual
   3=No, less than usual

9. What would be a typical pattern of inhalant use?

10. \[ t_1 = 3 - 5 \]

11. \[ t_2 = 5 - 7 \]

12. \[ q_1 = 4 \]

13. \[ q_2 = 6 \]

14. \[ Q = \frac{q_1 + q_2}{t_1 + t_2} \]
**SECTION Q: Drug Use - Tobacco**

1. When was the last time you smoked cigarettes? *(Including with cannabis mix)*
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days

If subject answered 1 2 or 3, proceed to Next Section

2. During the past month, how often did you smoke cigarettes?
   - Between 6-7 days each week – Score 28
   - Between 4-5 days each week – Score 20
   - Between 2-3 days each week – Score 12
   - One day each week – Score 4
   - One day each fortnight – Score 2
   - One day each month – Score 1
   - Not in the last month – Score 0

If subject answered 0, proceed to Next Section

Please note the strength of the cigarettes in milligrams for each occasion of use

3. On what day did you last use tobacco (cigarettes)? ..............................................

4. How many cigarettes did you have on that day? ..................................................

5. On which day before that did you smoke cigarettes? ...........................................

6. And how many cigarettes did you have on that day? ...........................................

7. And when was the day before that? .................................................................

8. Would this be a typical pattern of smoking? .....................................................
   1=Yes
   2=No, more than usual
   3=No, less than usual

9. What would be a typical pattern of smoking?

10. $t_1 = W_3 - W_5$ ............................................................

11. $t_2 = W_5 - W_7$ ............................................................

12. $q_1 = W_4$ .................................................................

13. $q_2 = W_6$ .................................................................

14. $Q = \frac{q_1 + q_2}{t_1 + t_2}$ ............................................................
POLY-DRUG USE

Tick the relevant boxes for substances used in the past month. Add up the total number of boxes ticked to get the poly-drug use score.

<table>
<thead>
<tr>
<th>Alcohol (M14)</th>
<th>Tranquilisers (S14)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannabis (N14)</td>
<td>Barbiturates (T14)</td>
</tr>
<tr>
<td>Heroin (O14)</td>
<td>Hallucinogens (U14)</td>
</tr>
<tr>
<td>Other Opiates (P14)</td>
<td>Inhalants (V14)</td>
</tr>
<tr>
<td>Amphetamines (Q14)</td>
<td>Tobacco (W14)</td>
</tr>
<tr>
<td>Cocaine (R14)</td>
<td></td>
</tr>
</tbody>
</table>

**Poly-Drug Use Score:**

\[ P = L14 + M14 + N14 + O14 + P14 + Q14 + R14 + S14 + T14 + U14 + V14 \]

**SCID POLY-DRUG USE QUESTION:**

If at least 3 drug groups used (as indicated by drug screen) and period of indiscriminant use seems likely, ask the following:

<table>
<thead>
<tr>
<th>You've told me that you’ve used (Drugs). Was there a period where you were using a lot of different drugs at the same time?</th>
<th>1-6 months</th>
<th>7-12 months</th>
<th>Ever</th>
</tr>
</thead>
</table>

What I would like to do now is to write down all your drinking over the past two weeks. I want to get an idea of how much alcohol you had on each day during this time. The idea is to write down then number of drinks you had each day (on the calendar). On days when you did not drink any alcohol, you write "0". For days when you had something drink, use the table below to calculate the number of standard drinks you had, and write that on the calendar.

Make sure that something is written in for each day on the calendar. If something happens every week, e.g. you go to the pub every Friday night or you go to watch a game every Saturday, then use that to help you remember. If you can't remember exactly what happened then GIVE IT YOUR BEST GUESS. Start with what you had yesterday and then fill out any other days that you can remember easily, then try to fill out the rest.

Use the following as a guide to the number of standard drinks consumed - Ask about all categories.

<table>
<thead>
<tr>
<th>Wine</th>
<th>Spirits</th>
<th>Full Strength Beer</th>
<th>Light Beer</th>
<th>Fortified Wine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glass (100mL) [1]</td>
<td>30ml nips [1]</td>
<td>Middy (10oz/285mL) [1]</td>
<td>Middy (10oz/285mL) [0.5]</td>
<td>Port Glass (60mL) [1]</td>
</tr>
<tr>
<td>750ml bottles [7.5]</td>
<td>750ml bottles [25]</td>
<td>Schooner (15oz/425mL) [1.5]</td>
<td>Schooner (15oz/425mL) [0.75]</td>
<td>750ml bottles [10]</td>
</tr>
<tr>
<td>casks [10 per litre]</td>
<td>750ml bottles (longneck) [2.5]</td>
<td>Stubby [1.3]</td>
<td>Stubby [0.7]</td>
<td></td>
</tr>
</tbody>
</table>

N.B. Figures in square brackets are numbers of standard drinks in one unit.

---

Enter the days/dates of the fortnight prior to assessment

<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
<th>What Happened that Day?</th>
<th>How Many Standard Drinks Were Consumed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunday</td>
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<tr>
<td>Monday</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SECTION S: AUDIT

Please circle the answer that is correct for you for the last 6 months.

1. How often do you have a drink containing alcohol?
   Specify exact frequency: ________________________________

   Then, code according to following:
   0 = never
   1 = monthly or less
   2 = 2-4 times a month
   3 = 2-3 times a week
   4 = 4 or more times a week

2. How many drinks containing alcohol do you have on a typical day when you are drinking?
   Specify exact number of standard drinks: ________________________________

   Then, code according to following:
   0 = 1 to 2
   1 = 3 to 4
   2 = 5 to 6
   3 = 7 to 9
   4 = 10 or more

3. How often do you have six or more drinks on one occasion?
   Specify exact frequency: ________________________________

   Then, code according to following:
   0 = never
   1 = less than monthly
   2 = monthly
   3 = weekly
   4 = daily or almost daily

4. How often during the last 6 months have you found that you were not able to stop drinking once you had started?
   0 = never
   1 = less than monthly
   2 = monthly
   3 = weekly
   4 = daily or almost daily

5. How often during the last 6 months have you failed to do what was normally expected from you because of drinking?
   0 = never
   1 = less than monthly
   2 = monthly
   3 = weekly
   4 = daily or almost daily
6. How often during the last 6 months have you needed a first drink in the morning to get yourself going after a heavy drinking session?
   0 = never
   1 = less than monthly
   2 = monthly
   3 = weekly
   4 = daily or almost daily

7. How often during the last 6 months have you had a feeling of guilt or remorse after drinking?
   0 = never
   1 = less than monthly
   2 = monthly
   3 = weekly
   4 = daily or almost daily

8. How often during the last 6 months have you been unable to remember what happened the night before because you had been drinking?
   0 = never
   1 = less than monthly
   2 = monthly
   3 = weekly
   4 = daily or almost daily

9. Have you or someone else been injured as a result of your drinking?
   0 = no
   2 = yes, but not in the last 6 months
   4 = yes, during the last 6 months

10. Has a relative or friend or a doctor or other health worker, been concerned about your drinking or suggested you cut down?
    0 = no
    2 = yes, but not in the last 6 months
    4 = yes, during the last 6 months

AUDIT TOTAL =
First of all, we would like you to recall a month within the past six months when you were drinking heavily in a way which, for you, was fairly typical of a heavy drinking period. Please fill in the month and the year.

MONTH ................................................. YEAR ......................

We would like to know more about your drinking during this time and during other periods when your drinking was similar. We want to know how often you experienced certain feelings. Please reply to each statement by putting a circle round ALMOST NEVER or SOMETIMES or OFTEN or NEARLY ALWAYS after each question.

First we want to know about the physical symptoms that you have experienced first thing in the morning during these typical periods of heavy drinking.

PLEASE ANSWER EVERY QUESTION

1. During a heavy drinking period, I wake up feeling sweaty.
   ALMOST NEVER  SOMETIMES  OFTEN  NEARLY ALWAYS

2. During a heavy drinking period, my hands shake first thing in the morning.
   ALMOST NEVER  SOMETIMES  OFTEN  NEARLY ALWAYS

3. During a heavy drinking period, my whole body shakes violently first thing in the morning if I don't have a drink.
   ALMOST NEVER  SOMETIMES  OFTEN  NEARLY ALWAYS

4. During a heavy drinking period, I wake up absolutely drenched in sweat.
   ALMOST NEVER  SOMETIMES  OFTEN  NEARLY ALWAYS

The following statements refer to moods and states of mind you may have experienced first thing in the morning during these periods of heavy drinking.

5. When I'm drinking heavily, I dread waking up in the morning.
   ALMOST NEVER  SOMETIMES  OFTEN  NEARLY ALWAYS

6. During a heavy drinking period, I am frightened of meeting people first thing in the morning.
   ALMOST NEVER  SOMETIMES  OFTEN  NEARLY ALWAYS

7. During a heavy drinking period, I feel at the edge of despair when I awake.
   ALMOST NEVER  SOMETIMES  OFTEN  NEARLY ALWAYS

8. During a heavy drinking period, I feel very frightened when I awake.
   ALMOST NEVER  SOMETIMES  OFTEN  NEARLY ALWAYS
The following statements also refer to the recent period **when your drinking was heavy**, and to periods like it.

9. During a heavy drinking period, I like to have a morning drink.
   - ALMOST NEVER
   - SOMETIMES
   - OFTEN
   - NEARLY ALWAYS

10. During a heavy drinking period, I always gulp my first few morning drinks down as quickly as possible.
    - ALMOST NEVER
    - SOMETIMES
    - OFTEN
    - NEARLY ALWAYS

11. During a heavy drinking period, I drink in the morning to get rid of the shakes.
    - ALMOST NEVER
    - SOMETIMES
    - OFTEN
    - NEARLY ALWAYS

12. During a heavy drinking period, I have a very strong craving for a drink when I awake.
    - ALMOST NEVER
    - SOMETIMES
    - OFTEN
    - NEARLY ALWAYS

Again the following statements refer to the recent period **of heavy drinking** and the periods like it.

13. During a heavy drinking period, I drink more than a quarter of a bottle of spirits per day (or 4 doubles or 1 bottle of wine or 5 schooners of beer).
    - ALMOST NEVER
    - SOMETIMES
    - OFTEN
    - NEARLY ALWAYS

14. During a heavy drinking period, I drink more than half a bottle of spirits per day (or 2 bottles of wine or 10 schooners of beer).
    - ALMOST NEVER
    - SOMETIMES
    - OFTEN
    - NEARLY ALWAYS

15. During a heavy drinking period, I drink more than one bottle of spirits per day (or 4 bottles of wine or 20 schooners of beer).
    - ALMOST NEVER
    - SOMETIMES
    - OFTEN
    - NEARLY ALWAYS

16. During a heavy drinking period, I drink more than two bottles of spirits per day (or 8 bottles of wine or 40 schooners of beer).
    - ALMOST NEVER
    - SOMETIMES
    - OFTEN
    - NEARLY ALWAYS

**IMAGINE THE FOLLOWING SITUATION:**
(1) You have been COMPLETELY off drink for a FEW WEEKS
(2) You then drink VERY HEAVILY for TWO DAYS,

**HOW WOULD YOU FEEL THE MORNING AFTER THOSE TWO DAYS OF HEAVY DRINKING?**

17. I would start to sweat.
    - NOT AT ALL
    - SLIGHTLY
    - MODERATELY
    - QUITE A LOT

18. My hands would shake.
    - NOT AT ALL
    - SLIGHTLY
    - MODERATELY
    - QUITE A LOT

19. My body would shake.
    - NOT AT ALL
    - SLIGHTLY
    - MODERATELY
    - QUITE A LOT

20. I would be craving for a drink.
    - NOT AT ALL
    - SLIGHTLY
    - MODERATELY
    - QUITE A LOT
This questionnaire consists of a list of 20 statements. Please read each statement carefully one by one.

If the statement describes your attitude for the past week, including today, circle TRUE. If the statement is false for you, circle FALSE. Please read each sentence.

1. I look forward to the future with hope and enthusiasm. ....................................................... True False
2. I might as well give up because there's nothing I can do about making things better for myself. ................................................................................................. True False
3. When things are going badly, I am helped by knowing that they can't stay that way forever. .................................................................................................................. True False
4. I can't imagine what my life would be like in ten years. ......................................................... True False
5. I have enough time to accomplish the things I most want to do. ........................................... True False
6. In the future I expect to succeed in what concerns me most. ................................................ True False
7. The future looks dark to me. ........................................................................................................ True False
8. I happen to be particularly lucky and I expect to get more of the good things in life than the average person............................................................. True False
9. I just don't get the breaks, and there's no reason to believe that I will in the future........... True False
10. My past experiences have prepared me well for my future.................................................... True False
11. All I can see ahead of me is unpleasantness rather than pleasantness.................................. True False
12. I don't expect to get what I really want.................................................................................. True False
13. When I look ahead to the future I expect I will be happier than I am now............................. True False
14. Things just won't work out the way I want them too............................................................... True False
15. I have great faith in the future................................................................................................. True False
16. I never get what I want so it's foolish to want anything......................................................... True False
17. It is very unlikely that I will get any real satisfaction in the future........................................ True False
18. The future seems vague and uncertain to me......................................................................... True False
19. I can look forward to more good times than bad times......................................................... True False
20. There's no use in really trying to get something I want because I probably won't get it. ............................. True False
SELF ADMINISTERED
This assessment asks how you feel about your quality of life, health and other areas of your life. Please answer all the questions. If unsure about which response to give to a question, please choose the one that appears most appropriate.

Please read each question and assess your feelings, for the last two weeks and circle the number on the scale for each question that gives the best answer for you.

1. How would you rate your quality of life?

<table>
<thead>
<tr>
<th>Very Poor</th>
<th>Poor</th>
<th>Neither Poor nor Good</th>
<th>Good</th>
<th>Very Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

2. How satisfied are you with your health?

<table>
<thead>
<tr>
<th>Very Dissatisfied</th>
<th>Fairly Dissatisfied</th>
<th>Neither Satisfied nor dissatisfied</th>
<th>Fairly Satisfied</th>
<th>Very Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

The following questions ask about how much you have experienced certain things in the last two weeks.

<table>
<thead>
<tr>
<th>3. To what extent do you feel that physical pain prevents you from doing what you need to do?</th>
<th>Not at all</th>
<th>A small amount</th>
<th>A moderate amount</th>
<th>A great deal</th>
<th>An extreme amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

4. How much do you need any medical treatment to function in your daily life?

| 1 | 2 | 3 | 4 | 5 |

<table>
<thead>
<tr>
<th>5. How much do you enjoy life?</th>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>Very</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. To what extent do you feel your life to be meaningful?</th>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>Very</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. How well are you able to concentrate?</th>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>Very</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. How safe do you feel in your daily life?</th>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>To a great extent</th>
<th>Completely</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. How healthy is your physical environment?</th>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>To a great extent</th>
<th>Completely</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. Do you have enough energy for everyday life?</th>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>To a great extent</th>
<th>Completely</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. Are you able to accept your bodily appearance?</th>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>To a great extent</th>
<th>Completely</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Question</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Have you enough money to meet your needs?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>How available to you is the information you need in your daily life?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>To what extent do you have the opportunity for leisure activities?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>How well are you able to get around physically?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

The following questions ask you to say how good or satisfied you have felt about various aspects of your life over the **last two weeks**.

<table>
<thead>
<tr>
<th>Question</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>How satisfied are you with your sleep?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>How satisfied are you with your ability to perform your daily living activities?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>How satisfied are you with your capacity for work?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>How satisfied are you with yourself?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>How satisfied are you with your personal relationships?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>How satisfied are you with your sex life?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>How satisfied are you with the support you get from your friends?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>How satisfied are you with the conditions of your living place?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>How satisfied are you with your access to health services?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>How satisfied are you with your transport?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

26. How often do you have negative feelings such as blue mood, despair, anxiety, depression? | 1 | 2 | 3 | 4 | 5 |
# Section W: SCID (Alcohol Use)

## Coding for This Section...

- ? = Inadequate information
- 1 = Absent or false
- 2 = Subthreshold
- 3 = Threshold or true

### Alcohol Abuse Criteria

A maladaptive pattern substance use leading to clinically significant impairment or distress, as manifested by 1 or more of the following occurring within a 12 month period:

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

   - Have you ever missed work or school because you were intoxicated, high or very hung over? (How often? What about doing a bad job at work or failing courses at school because of your drinking?)
   - If **NO**: What about not keeping your house clean or not taking proper care for your children because of your drinking? (How often?)
   - If **YES** to either of above: How often? (Over what period of time?)

2. Recurrent alcohol use in situations in which it is physically hazardous (e.g. driving a car, operating a machine when impaired by alcohol)

   - Did you ever drink in a situation in which it might have been dangerous to drink at all? (Did you ever drive while you were really too drunk to drive?)
   - If **YES** and **UNKNOWN**: How many times?

3. Recurrent alcohol-related legal problems (e.g. arrests for alcohol-related disorderly conduct)

   - Has your drinking gotten you into trouble with the law?
   - If **YES** and **UNKNOWN**: How often? (Over what period of time?)
(4) 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)

<table>
<thead>
<tr>
<th>If not already known: Has your drinking caused problems with other people, such as with family members, friends or people at work? (Have you ever gotten into physical fights when you were drinking? What about having bad arguments about your drinking?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-6 months</td>
</tr>
</tbody>
</table>

If YES: Did you keep on drinking anyway? (Over what period of time?)

Alcohol Abuse Present?

1 = Absent or False
2 = Subthreshold
3 = Threshold or True

<table>
<thead>
<tr>
<th>1-6 months</th>
<th>7-12 months</th>
<th>Ever</th>
</tr>
</thead>
</table>
Alcohol Dependence Criteria
A maladaptive pattern of alcohol use, leading to clinically significant impairment or distress, as manifested by 3 or more of the following occurring at any time in the same 12 month period:

1. Alcohol is often taken in larger amounts OR over a longer period than was intended

| Have you often found that when you started drinking you ended up drinking much more than you were planning to? |
|--------------------------------------------------|---------------------------------|
| If NO: What about drinking for a much longer period of time than you were planning to? |

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

| Have you tried to cut down or stop drinking alcohol? |
|--------------------------------------------------|---------------------------------|
| If YES: Did you ever actually stop drinking altogether? (How many times did you try to cut down or stop drinking altogether?) |
| If NO: Did you want to stop or cut down? (Is this something you kept worrying about?) |

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

| Have you spent a lot of time drinking, being high, or hung over? |
|--------------------------------------------------|---------------------------------|

4. Important social, occupational, or recreational activities given up or reduced because of alcohol use

| Have you had times when you would drink so often that you started to drink instead of working or spending time with your family or friends or engaging in other important activities, such as sports, gardening, or playing music? |
|--------------------------------------------------|---------------------------------|

5. 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)

| If no already known: Has your drinking ever caused any psychological problems like making you depressed or anxious, making it difficult to sleep, or causing “blackouts”? |
|--------------------------------------------------|---------------------------------|
| If not already known: Has your drinking ever caused significant physical problems or made a physical problem worse? |
| If YES to either of above: Did you keep on drinking anyway? |
(6) 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.

<table>
<thead>
<tr>
<th>Have you found that you needed to drink a lot more in order to get the feeling you wanted than you did when you first started drinking?</th>
<th>1-6 months</th>
<th>7-12 months</th>
<th>Ever</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>If YES:</strong> How much more?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>If NO:</strong> What about finding that when you drank the same amount, it had much less effect than before?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(7) Withdrawal, as manifested by either (a) or (b):
(a) at least 2 of the following: automatic hyperactivity (e.g. sweating or pulse rate greater than 100); increased hand tremor; insomnia; nausea or vomiting; psychomotor agitation; anxiety; grand mal seizures; transient visual, tactile or auditory hallucinations or illusions
(b) Alcohol (or a substance from the sedative/hypnotic/antipsychotic class) taken to relieve or avoid withdrawal symptoms

<table>
<thead>
<tr>
<th>Have you ever had any withdrawal symptoms when you cut down or stopped drinking like....</th>
<th>1-6 months</th>
<th>7-12 months</th>
<th>Ever</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sweating or racing heart?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand shakes?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trouble sleeping?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling nauseated or vomiting?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling agitated?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling anxious?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How about a seizure or seeing, feeling, or hearing things that weren't really there?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>If NO:</strong> 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?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Alcohol abuse with physiological dependence present?
At least three dependence items coded “3” and items occurred within the same 12 month period

1 = Absent or False
2 = Subthreshold
3 = Threshold or True

<table>
<thead>
<tr>
<th>1-6 months</th>
<th>7-12 months</th>
<th>Ever</th>
</tr>
</thead>
</table>

**NOTE:** If No, diagnose Alcohol Abuse without physiological dependence
SECTION X: Posttraumatic Stress Diagnostic Scale (PDS)

PART 1

Many people have lived through or witnessed a very stressful and traumatic event at some point in their lives. Indicate whether or not you have experienced or witnessed each traumatic event listed below by circling that item.

1. Serious accident, fire, or explosion (for example, an industrial, farm, car, plane, or boating accident)
2. Natural disaster (for example, tornado, hurricane, flood, or major earthquake)
3. Non-sexual assault by a family member or someone you know (for example, being mugged, physically attacked, shot, stabbed, or held at gunpoint)
4. Non-sexual assault by a stranger (for example, being mugged, physically attacked, shot, stabbed, or held at gunpoint)
5. Sexual assault by a family member or someone you know (for example, rape or attempted rape)
6. Sexual assault by a stranger (for example, rape or attempted rape)
7. Military combat or a war zone
8. Sexual contact when you were younger than 18 with someone who was 5 or more years older than you (for example, contact with genitals, breasts)
9. Imprisonment (for example, prison inmate, prisoner of war, hostage)
10. Torture
11. Life-threatening illness
12. Other traumatic event
13. If you answered Yes to Item 12, specify the traumatic event on the answer sheet:

IF YOU MARKED YES TO ANY OF THE ITEMS ABOVE CONTINUE. IF NOT, STOP HERE.

PART 2

14. If you marked Yes for more than one traumatic event in Part 1, indicate which one bothers you the most. If you marked Yes for only one traumatic event in Part 1, circle the same item below.

1. Accident
2. Disaster
3. Non-sexual assault/someone you know
4. Non-sexual assault/stranger
5. Sexual assault/someone you know
6. Sexual assault/stranger
7. Combat
8. Sexual contact under 18 with someone 5 or more years older than you
9. Imprisonment
10. Torture
11. Life-threatening illness
12. Other traumatic event

Briefly describe the traumatic event you marked above.
Below are several questions about the traumatic event you marked in Item 14.

15. How long ago did the traumatic event happen? (circle ONE of the items below)
   1. Less than 1 month
   2. 1 to 3 months
   3. 3 to 6 months
   4. 6 months to 3 years
   5. 3 to 5 years
   6. More than 5 years

For the following questions, circle Y for Yes or N for No.
During the traumatic event:

16. Were you physically injured? Y N
17. Was someone else physically injured? Y N
18. Did you think that your life was in danger? Y N
19. Did you think that someone else's life was in danger? Y N
20. Did you feel helpless? Y N
21. Did you feel terrified? Y N

PART 3

Below is a list of problems that people sometimes have after experiencing a traumatic event. Read each one carefully and choose the answer (0-3) that best describes how often that problem has bothered you IN THE PAST MONTH. Rate each problem with respect to the traumatic event you marked in Item 14.

0 = Not at all or only one time
1 = Once a week or less/once in a while
2 = 2 to 4 times a week/half the time
3 = 5 or more times a week/almost always

22. Having upsetting thoughts or images about the traumatic event that came into your head when you didn't want them to
    0  1  2  3

23. Having bad dreams or nightmares about the traumatic event
    0  1  2  3

24. Reliving the traumatic event, acting or feeling as if it was happening again
    0  1  2  3

25. Feeling emotionally upset when you were reminded of the traumatic event (for example, feeling scared, angry, sad, guilty, etc.)
    0  1  2  3
26. Experiencing physical reactions when you were reminded of the traumatic event (for example, breaking out in a sweat, heart beating fast)
   0  1  2  3

27. Trying not to think about, talk about, or have feelings about the traumatic event
   0  1  2  3

28. Trying to avoid activities, people, or places that remind you of the traumatic event
   0  1  2  3

29. Not being able to remember an important part of the traumatic event
   0  1  2  3

30. Having much less interest or participating much less often in important activities
   0  1  2  3

31. Feeling distant or cut off from people around you
   0  1  2  3

32. Feeling emotionally numb (for example, being unable to cry or unable to have love feelings)
   0  1  2  3

33. Feeling as if your future plans or hopes will not come true (for example, you will not have a career, marriage, children, or a long life)
   0  1  2  3

34. Having trouble falling or staying asleep
   0  1  2  3

35. Feeling irritable or having fits of anger
   0  1  2  3

36. Having trouble concentrating (for example, drifting in and out of conversations, losing track of a story on television, forgetting what you read)
   0  1  2  3
37. Being overly alert (for example, checking to see who is around you, being uncomfortable with your back to a door, etc.)

0 1 2 3

38. Being jumpy or easily startled (for example, when someone walks up behind you)

0 1 2 3

39. How long have you experienced the problems that you reported above? (Circle only ONE of the items below.)

1. Less than 1 month
2. 1 to 3 months
3. More than 3 months

40. How long after the traumatic event did these problems begin? (Circle only ONE of the items below.)

1. Less than 6 months
2. 6 or more months

PART 4

Indicate if the problems you rated in Part 3 have interfered with any of the following areas of your life DURING THE PAST MONTH. Mark Y for Yes or N for No.

41. Work
42. Household chores
43. Relationships with friends
44. Fun and leisure activities
45. Schoolwork
46. Relationships with your family
47. Sex life
48. General satisfaction with life
49. Overall level of functioning in all areas of your life
SECTION Y: Posttraumatic Cognitions Inventory (PTCI)

We are interested in the kind of thoughts which you may have had after a traumatic experience. Below are a number of statements that may or may not be representative of your thinking. Please read each statement carefully and tell us how much you Agree or Disagree with each statement. Rate each statement with respect to the traumatic event that has caused you the most distress. People react to traumatic events in many different ways. There are no right or wrong answers to these statements.

1. Totally disagree
2. Disagree very much
3. Disagree slightly
4. Neutral
5. Agree slightly
6. Agree very much
7. Totally agree

1) 1 2 3 4 5 6 7 The event happened because of the way I acted.
2) 1 2 3 4 5 6 7 I can't trust that I will do the right thing.
3) 1 2 3 4 5 6 7 I am a weak person.
4) 1 2 3 4 5 6 7 I will not be able to control my anger and will do something terrible.
5) 1 2 3 4 5 6 7 I can't deal with even the slightest upset.
6) 1 2 3 4 5 6 7 I used to be a happy person but now I am always miserable.
7) 1 2 3 4 5 6 7 People can't be trusted.
8) 1 2 3 4 5 6 7 I have to be on guard all the time.
9) 1 2 3 4 5 6 7 I feel dead inside.
10) 1 2 3 4 5 6 7 You can never know who will harm you.
11) 1 2 3 4 5 6 7 I have to be especially careful because you never know what can happen next.
12) 1 2 3 4 5 6 7 I am inadequate.
13) 1 2 3 4 5 6 7 I will not be able to control my emotions, and something terrible will happen.
14) 1 2 3 4 5 6 7 If I think about the event, I will not be able to handle it.
15) 1 2 3 4 5 6 7 The event happened to me because of the sort of person I am.
16) 1 2 3 4 5 6 7 My reactions since the event mean that I am going crazy.
17) 1 2 3 4 5 6 7 I will never be able to feel normal emotions again.
18) 1 2 3 4 5 6 7 The world is a dangerous place.
19) 1 2 3 4 5 6 7 Somebody else would have stopped the event from happening.
1. Totally disagree
2. Disagree very much
3. Disagree slightly
4. Neutral
5. Agree slightly
6. Agree very much
7. Totally agree

20) 1 2 3 4 5 6 7  I have permanently changed for the worse
21) 1 2 3 4 5 6 7  I feel like an object, not like a person.
22) 1 2 3 4 5 6 7  Somebody else would not have gotten into this situation.
23) 1 2 3 4 5 6 7  I can't relay on other people.
24) 1 2 3 4 5 6 7  I feel isolated and set apart from others.
25) 1 2 3 4 5 6 7  I have no future.
26) 1 2 3 4 5 6 7  I can't stop bad things from happening to me.
27) 1 2 3 4 5 6 7  People are not what they seem.
28) 1 2 3 4 5 6 7  My life had been destroyed by the trauma.
29) 1 2 3 4 5 6 7  There is something wrong with me as a person.
30) 1 2 3 4 5 6 7  My reactions since the event show that I am a lousy coper.
31) 1 2 3 4 5 6 7  There is something about me that made the event happen.
32) 1 2 3 4 5 6 7  I will not be able to tolerate my thoughts about the event, and I will fall apart.
33) 1 2 3 4 5 6 7  I feel like I don't know myself anymore.
34) 1 2 3 4 5 6 7  You never know when something terrible will happen.
35) 1 2 3 4 5 6 7  I can't rely on myself.
36) 1 2 3 4 5 6 7  Nothing good can happen to me anymore
SECTION Z: Global Assessment of Functioning (GAF)

Consider psychological, social and occupational functioning on a hypothetical continuum of mental health illness. Do not include impairment in functioning due to physical (or environmental) limitations.

100 Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities.

91 No Symptoms.

90 Absent or minimal symptoms (e.g. mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than 81 everyday problems or concerns (e.g. an occasional argument with family members).

80 If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g. difficulty concentrating after family argument); no more than slight impairment in social, occupational, or school functioning (e.g. temporarily falling behind in school work).

70 Some mild symptoms (e.g. depressed mood and mild insomnia) OR some difficulty in social, occupational or school functioning (e.g. occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.

60 Moderate symptoms (e.g. flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (e.g. few friends, conflicts with peers and co-workers).

50 Serious symptoms (e.g. suicidal ideation, severe obsessional rituals, frequent shoplifting) OR serious impairment in social, occupational or school functioning (e.g. no friends, unable to keep a job).

40 Some impairments in reality testing or communication (e.g. speech is at time illogical, obscure or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgement, thinking or mood (e.g. depressed man avoids friends, neglects family, and is unable to keep a job).

30 Behavior is considerably influenced by delusions OR hallucinations OR serious impairment in communication or judgement (e.g. sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e.g. stays in bed all day; no job, home, or friends).

20 Some danger of hurting self or others (e.g. suicide attempts without clear expectations of death; frequently violent; manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g. smears faeces) OR gross impairment in communication (e.g. largely incoherent or mute).

10 Persistent danger of severely hurting self or others (e.g. recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.

0 Inadequate information
Neuropsychological Assessments

Participant Number:       

Date Completed:          
Date of Birth:           
Gender: M / F

Date of Last Drink:                  
Number of standard drinks consumed on that occasion: _____

Other substances used in the past week

Substance ___________ Date ___________ Quantity ___________
Substance ___________ Date ___________ Quantity ___________
Substance ___________ Date ___________ Quantity ___________
Substance ___________ Date ___________ Quantity ___________

Is the participant colour blind?: ___________________
Instructions

List A Trial 1

For Trial 1, say,

I am going to read a list of words. Listen carefully, for when I stop you are to repeat back as many words as you can remember. It doesn’t matter in what order you repeat them. Just try to remember as many as you can.

Read List A words, with a 1-second interval between each of the 15 words. Check off the words recalled using numbers to keep track of the examinee’s pattern of recall. No feedback should be given regarding the number of correct responses, repetitions or errors.

When the examinee indicates that he or she can recall no more words, the examiner re-reads the list following a second set of instructions.

List A Trial 2

Say,

Now I am going to read the same words again, and once again when I stop I want you to tell me as many words as you can remember, including words you said the first time. It doesn’t matter in what order you say them. Just say as many words as you can remember whether or not you said them before.

List A Trials 3-5

The list is re-read for Trials 3 through 5 using Trial 2 instructions each time. The examiner may praise the examinee as he or she recalls more words; the examiner may tell the examinee the number of words already recalled, particularly if the examinee is able to use the information for reassurance or as a challenge.

List B

After Trial 5, the examiner reads List B with instructions to perform as on the first list trial. Say,

Now I’m going to read a second list of words. Listen carefully, for when I stop you are to repeat back as many words as you can remember. It doesn’t matter in what order you repeat them. Just try to remember as many as you can.

Immediately after the List B trial, the examiner asks the patient to recall as many words from the first list (List A) as he or she can (List A Trial 6) without further presentation of those words.

List A Trial 6

Say,

Now tell me all the words that you can remember from the first list.
## Rey Auditory Verbal Learning Test (RAVLT) Scoring Sheet

Note: Do not re-read List A for Recall Trial A6.

<table>
<thead>
<tr>
<th>List A</th>
<th>Recall Trials</th>
<th>List B</th>
<th>Recall Trials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A1</td>
<td>A2</td>
<td>A3</td>
</tr>
<tr>
<td>drum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>curtain</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>bell</td>
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<tr>
<td>coffee</td>
<td></td>
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<td>school</td>
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<td></td>
<td></td>
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<td>parent</td>
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<td></td>
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<tr>
<td>moon</td>
<td></td>
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<td></td>
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<tr>
<td>garden</td>
<td></td>
<td></td>
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<td>hat</td>
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</tr>
<tr>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>nose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>turkey</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>colour</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>house</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>river</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

# correct

# confabulations

# repetitions

Total Correct A1 + A2 + A3 + A4 + A5 = ________

Total Correct A6-A5 = ________

Total Confabulations A1 + A2 + A3 + A4 + A5 + B1 + A6 = ________

Total Repetitions A1 + A2 + A3 + A4 + A5 + B1 + A6 = ________
Discontinue
After score of 0 on both trials of any item. For both Digits Forward & Backward, administer both trials of each item even if Trial 1 is passed. Administer Digits Backward even if examinee scores 0 on Digits Forward.

Scoring
Each trial: 0 or 1 for each response
Item score = Trial 1 + Trial 2

Instructions
Digits Forward
Before administering Trial 1 of Item 1, say,

I am going to say some numbers. Listen carefully, and when I am through, I want you to say them right after me. Just say what I say.

Digits Backward
Say,

Now I am going to say some more numbers. But this time when I stop, I want you to say them backward. For example, if I say 7-1-9, what would you say?

If the examinee responds correctly (9-1-7), say,

That’s right.

Proceed to Trial 1 of Item 1. However, if the examinee responds incorrectly provide the correct response and say,

No, you would say 9-1-7. I said 7-1-9, so to say it backwards, you would say 9-1-7. Now try these numbers. Remember, you are to say them backwards: 3-4-8.

Do not provide any assistance on this example or any of the items. Whether or not the examinee responds correctly (i.e., 8-4-3), proceed to Trial 1 of Item 1.

<table>
<thead>
<tr>
<th>Digits Forward</th>
<th>Digits Backward</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Trial Item/Response</strong></td>
<td><strong>Score</strong></td>
</tr>
<tr>
<td>1.</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>8-4-3</td>
<td>9</td>
</tr>
<tr>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>1</td>
<td>5</td>
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<td>2</td>
<td>4</td>
</tr>
<tr>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>7-1-3-9-4-2-5-6-8</td>
</tr>
</tbody>
</table>

Digits Forward Total Score (Maximum = 16)

Digits Backward Total Score (Maximum = 14)

\[ \text{Forward} + \text{Backward} = \text{Max=30} \]

WAIS Scaled Score =
Matrix Reasoning is a series of 35 incomplete gridded patterns that the examinee completes by pointing to or stating the number of the correct response from five possible choices. Matrix Reasoning is a measure of nonverbal fluid reasoning and general intellectual ability.

**Start Point**
Administer Sample Items A and B first.
- **Ages 12-44:** Item 7
- **Ages 45-79:** Item 5
- **Ages 80-89:** Item 1

**Stop Point**
- **Ages 12-44:** No stop point
- **Ages 45-79:** After Item 32
- **Ages 80-89:** After Item 28

**Reverse Rule**
Ages 12-44: Administer Items 1-6 in reverse sequence if score of 0 on Item 7 or 8.

**Discontinue Rule**
After 4 consecutive scores of 0 or after 4 scores of 0 on 5 consecutive items.

**Scoring Rule**
Items 1-35: 0 or 1

<table>
<thead>
<tr>
<th>Item</th>
<th>Response Options (Circle One)</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>Response Options (Circle One)</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>25.</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>26.</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>27.</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>28.</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>29.</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>30.</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>31.</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>32.</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>33.</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>34.</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>35.</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>Response Options (Circle One)</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Raw Score**

**WASI T-score**
NYD: Verbal Fluency Test

Materials
Record Form, Stimulus Sheets, Stopwatch

Discontinue
Do not discontinue the test. Administer all trials of all three conditions in order to derive all of the primary and optional measures. For each trial, discontinue after 60 seconds.

Instructions
Condition 1: Letter Fluency

Use the following prompts during the Letter Fluency condition:

- If the examinee fails to make a response after any 15-second interval, say, Keep going. Provide this prompt only once per trial.
- The first time an examinee generates three consecutive words that do not start with the designate letter, say, The letter we are using now is ___. Provide this prompt only once per trial.

Keep the stopwatch running while providing prompts.

Say,
I’m going to say a letter of the alphabet. When I say begin, I want you to tell me as many words as you can that begin with that letter. You will have 60 seconds before I tell you to stop. None of the words can be names of people, or places, or numbers. For example, if I gave you the letter T, you could say take, toy, tooth and so forth, but you should not say Tom because that is a person’s name, you should not say Texas because that is the name of a place, and you should not say twelve because that is a number. Also, do not give me the same word with different endings. For example, if you say take, you should not also say takes and taking. Do you have any questions?

Place the sheet with the summarised instructions on the table for the examinee to see.

Say,
Here is a page that will help you remember the rules.

Review the instructions with the examinee, pointing to the four rules in turn. Leave the summarised instructions in the examinee’s view throughout the administration of the Letter Fluency condition.

Trial 1

Say,
The first letter is F. Ready? Begin.

Start timing. On the record form, write the examinee’s responses verbatim in the column labeled “F”. Record responses that the examinee generates during the first 15 seconds in the first box (labeled “1-15 Seconds”), record responses given in the second 15 seconds in the second box (labeled “16-30 Seconds”) and so forth. After 60 seconds, say,

Stop.

Trial 2

Introduce the next letter by saying,
The next letter is A. Ready? Begin.

Start timing. Record the examinee’s responses as described for Trial 1. After 60 seconds, say,

Stop.

Trial 3

Introduce the next letter by saying,
The next letter is S. Ready? Begin.

Start timing. Record the examinee’s responses as described for Trial 1. After 60 seconds, say,

Stop.

DAISI 2005 - Initial assessment (last modified 26-Jun-2006)
Condition 1: Letter Fluency

F

First Interval: 1-15 Seconds

1-15" Correct Responses

1-15" F+A+S

Second Interval: 16-30 Seconds

16-30" Correct Responses

16-30" F+A+S

Third Interval: 31-45 Seconds

31-45" Correct Responses

31-45" F+A+S

Fourth Interval: 46-60 Seconds

46-60" Correct Responses

46-60" F+A+S

Letter Fluency: Total Responses (Correct + Incorrect)

DAISI 2005 - Initial assessment (last modified 26-Jun-2006)
Condition 2: Category Fluency

Use the following prompts during the Category Fluency condition:

- If the examinee fails to make a response after any 15-second interval, say, Keep going. Provide this prompt only once per trial.
- The first time an examinee generates three consecutive words that do not fit the category, say, The category we are using now is ____. Provide this prompt only once per trial.

Keep the stopwatch running while providing prompts.

Trial 1

Say,

Now we are going to do something a little different. This time, I want you to tell me as many animals as you can. It doesn’t matter what letter they start with. You will have 60 seconds before I tell you to stop. Do you have any questions? Ready? Begin.

Start timing. On the record form, write the examinee’s responses verbatim in the column labeled “Animals”. As before, write the examinee’s responses in the appropriate 15-second interval sections. At the end of 60 seconds, say,

Stop.

Trial 2

Introduce the category by saying,

Now tell me as many boys’ names as you can. You will have 60 seconds before I tell you to stop. Ready? Begin.

Start timing. Record the examinee’s responses as described for Trial 1. After 60 seconds, say,

Stop.
Condition 2: Category Fluency

**Animals**

First Interval: 1-15 Seconds

Second Interval: 16-30 Seconds

Third Interval: 31-45 Seconds

Fourth Interval: 46-60 Seconds

**Boys’ Names**

First Interval: 1-15 Seconds

Second Interval: 16-30 Seconds

Third Interval: 31-45 Seconds

Fourth Interval: 46-60 Seconds

Animals

- Total Correct Responses
- Total Set-Loss Errors
- Total Repetition Errors

Boys’ Names

- Total Correct Responses
- Total Set-Loss Errors
- Total Repetition Errors

Category Fluency: Total Responses (Correct + Incorrect)
Condition 3: Category Switching

Use the following prompts during the Category Switching condition:

- If the examinee fails to make a response after any 15-second interval, say, Keep going. Provide this prompt only once for the Switching condition.

- The first time an examinee generates three consecutive words that are not members of one of the two designated categories, say, The categories you are to switch between are ___ and ___. Provide this prompt only once for the Switching condition.

Keep the stopwatch running while providing prompts.

Trial 1

Say,

Now we are going to do something a little different. I want you to switch back and forth between saying as many fruits and as many pieces of furniture as you can. It doesn't matter what letter they start with. You will have 60 seconds before I tell you to stop. So you would say a fruit, then a piece of furniture, and so on. You can start with either a fruit or a piece of furniture. Do you have any questions? Ready? Begin.

Start timing. As before, record the examinee's responses in the appropriate 15-second interval sections. At the end of 60 seconds, say,

Stop.
Condition 3: Category Switching

Fruits / Furniture

First Interval: 1-15 Seconds

1"-15"

Fruits
+
Furniture
Correct Responses

Second Interval: 16-30 Seconds

16"-30"

Fruits
+
Furniture Correct Responses

Third Interval: 31-45 Seconds

31"-45"

Fruits
+
Furniture Correct Responses

Fourth Interval: 46-50 Seconds

46"-60"

Fruits
+
Furniture Correct Responses

1"-60"

Category Switching: Total Switching Accuracy

Fruits Total Correct Responses

Furniture Total Correct Responses

Category Switching: Total Correct Raw Score

Total Set-Loss Errors

Total Repetition Errors

DAJ020  - Initial assessment (last modified 26-Jun-20xx)
Verbal Fluency: Summary of Scores

**Condition 1**
Letter Fluency
Total Correct

**Condition 2**
Category Fluency
Total Correct

**Condition 3**
Category Switching
Total Correct Responses

**Condition 3**
Category Switching
Total Switching
Accuracy

RAW TEXT END
**Instructions**

**List A Long Delay**

After 20 minutes filled with other activity, ask the subject to recall the words from List A. Say,

*A while ago, I read a list of words to you several times, and you had to repeat back the words. Tell me the words from that list.*

<table>
<thead>
<tr>
<th>List A</th>
<th>Recall Trials</th>
</tr>
</thead>
<tbody>
<tr>
<td>drum</td>
<td>A7</td>
</tr>
<tr>
<td>curtain</td>
<td></td>
</tr>
<tr>
<td>bell</td>
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<tr>
<td>house</td>
<td></td>
</tr>
<tr>
<td>river</td>
<td></td>
</tr>
</tbody>
</table>

# correct
# confabulations
# repetitions
List A Recognition

On completion of the delay trial, the recognition test should be given. The recognition task requires the examinee to identify as many of the list words as he or she can and, if possible, the specific list of origin. Say,

I will say some words that were on the word lists that I read to you, and some other words that were not on those lists. Tell me each time I say a word that was read to you. If you can remember that the word was from the word lists, tell me if the word was from the first or second list.

bell    home    towel    boat    glasses
window  fish     curtain  hot     stocking
hat     moon     flower   parent  shoe
barn    tree     colour   water   teacher
ranger  balloon  desk     farmer  stove
nose    bird     gun      rose    nest
weather mountain crayon  cloud  children
school  coffee   church  house   drum
hand    mouse    turkey   stranger  toffee
pencil  river    fountain  garden  lamb

Recognition
# List A correctly identified ________
# List B correctly identified ________
# targets correctly identified = List A + List B = ________
# distractors correctly identified ________
**NYE: Block Design**

**Start Point**
Design 3

**Reverse Rule**
Administer items 1-2 in reverse sequence if score of 0 on item 3 or 4.

**Discontinue Rule**
After 3 consecutive scores of 0.

**Scoring Rule**
Items 1-4:  
- 2 for a correct design on Trial 1  
- 1 for a correct design on Trial 2  
- 0 for incorrect designs on Trials 1 & 2  
Items 5-13: 0-7

<table>
<thead>
<tr>
<th>Design</th>
<th>Time Limit</th>
<th>Incorrect Design</th>
<th>Completion Time in Seconds</th>
<th>Correct Design</th>
<th>Score (Circle the appropriate score for each design.)</th>
</tr>
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<tbody>
<tr>
<td>1.</td>
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<td>Y N</td>
<td></td>
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<td></td>
<td></td>
<td>0 1 2</td>
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<td>4.</td>
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<tr>
<td>5.</td>
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<td></td>
<td>Y N</td>
<td></td>
<td>21°-60° 15°-20° 11°-15° 1°-10° 0 4 5 6 7</td>
</tr>
<tr>
<td>6.</td>
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<td>Y N</td>
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<td>21°-60° 15°-20° 11°-15° 1°-10° 0 4 5 6 7</td>
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<tr>
<td>7.</td>
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<td>Y N</td>
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<td>21°-60° 15°-20° 11°-15° 1°-10° 0 4 5 6 7</td>
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<td>4</td>
<td>5</td>
<td>6</td>
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<td></td>
<td>66°-120° 46°-65° 31°-45° 1°-30°</td>
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<td>0</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
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<td></td>
<td>76°-120° 56°-75° 41°-55° 1°-40°</td>
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<td>4</td>
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<td>6</td>
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<tr>
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<td></td>
<td>0</td>
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<td>6</td>
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</table>

Total Score = [Blank]

WASI T-score = [Blank]
**Start Point**
Item 7

**Reverse Rule**
Administer Items 5&6 in reverse sequence if score of 0 or 1 on Item 7 or 8.

**Discontinue Rule**
After 4 consecutive scores of 0.

**Scoring Rule**
Items 1-4: 0 or 1
Items 5-28: 0, 1, or 2

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<thead>
<tr>
<th>Item</th>
<th>Response</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Four-Wheeled</td>
<td>Ship, BUS, Bike, Train</td>
<td>(0 or 1)</td>
</tr>
<tr>
<td>2. Dining Items</td>
<td>SPOON, Pan, Bowl, Can Opener</td>
<td></td>
</tr>
<tr>
<td>3. Clothing</td>
<td>Jump Rope, Ball, SHOES, Crayons</td>
<td></td>
</tr>
<tr>
<td>4. Fruits</td>
<td>BANANA, Bean, Pumpkin, Potato</td>
<td>(0, 1 or 2)</td>
</tr>
<tr>
<td>5. Red-Blue</td>
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<td></td>
</tr>
<tr>
<td>6. Circle-Square</td>
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<td></td>
</tr>
<tr>
<td>7. Grapes-Strawberries</td>
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</tr>
<tr>
<td>8. Cow-Bear</td>
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<td></td>
</tr>
<tr>
<td>9. Plane-Bus</td>
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<td></td>
</tr>
<tr>
<td>10. Shirt-Jacket</td>
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<td></td>
</tr>
<tr>
<td>11. Pen-Pencil</td>
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<td></td>
</tr>
<tr>
<td>12. Bowl-Plate</td>
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<tr>
<td>13. Love-Hate</td>
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</tr>
<tr>
<td>14. TV-Newspaper</td>
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</tr>
<tr>
<td>15. Smoth-Rough</td>
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<td></td>
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<tr>
<td>16. Shoulder-Ankle</td>
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<td></td>
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<tr>
<td>17. Sit-Run</td>
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*DAISI 2005 - Initial assessment (last modified 26-Jun-2006)*
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<td>18. Child-Adult</td>
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<td>19. Steam-Cloud</td>
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<td>20. Bird-Flower</td>
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<td>21. More-Less</td>
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</tr>
<tr>
<td>22. Photograph-Song</td>
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<tr>
<td>23. Peace-War</td>
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<td>24. Capitalism-Socialism</td>
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</tr>
<tr>
<td>25. Tradition-Habit</td>
<td></td>
</tr>
<tr>
<td>26. Freedom-Law</td>
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</table>

**Total**

**Raw Score**

**WASI T-score**
**Start Point**
Item 9

**Reverse Rule**
Administer Items 5-8 in reverse sequence if score of 0 or 1 on Item 7 or 8.
Administer Items 1-4 in reverse sequence if score of 0 or 1 on Item 5 or 6.

**Discontinue Rule**
After 5 consecutive scores of 0.

**Scoring Rule**
Items 1-4: 0 or 1
Items 5-42: 0, 1, or 2

<table>
<thead>
<tr>
<th>Item</th>
<th>Response</th>
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<tbody>
<tr>
<td>1. Fish</td>
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<td>(0 or 1)</td>
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<tr>
<td>2. Shovel</td>
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<td>3. Map</td>
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</tr>
<tr>
<td>4. Shell</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Shirt</td>
<td></td>
<td>(0, 1 or 2)</td>
</tr>
<tr>
<td>6. Shoe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Flashlight</td>
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<td></td>
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<td>8. Car</td>
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<td></td>
</tr>
<tr>
<td>9. Bird</td>
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</tr>
<tr>
<td>10. Calendar</td>
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<tr>
<td>11. Number</td>
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<tr>
<td>12. Bell</td>
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<tr>
<td>13. Lunch</td>
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<td></td>
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<tr>
<td>14. Police</td>
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<td></td>
</tr>
<tr>
<td>15. Vacation</td>
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<td></td>
</tr>
<tr>
<td>16. Pet</td>
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</tr>
<tr>
<td>17. Balloon</td>
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</tr>
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<td>18. Transform</td>
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<td>19. Alligator</td>
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*DAISI 2005 - Initial assessment (last modified 26-Jun-2006)*
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<tr>
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<td>20. Cart</td>
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<tr>
<td>21. Blame</td>
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</tr>
<tr>
<td>22. Dance</td>
<td></td>
</tr>
<tr>
<td>23. Purpose</td>
<td></td>
</tr>
<tr>
<td>24. Entertain</td>
<td></td>
</tr>
<tr>
<td>25. Famous</td>
<td></td>
</tr>
<tr>
<td>26. Reveal</td>
<td></td>
</tr>
<tr>
<td>27. Decade</td>
<td></td>
</tr>
<tr>
<td>28. Tradition</td>
<td></td>
</tr>
<tr>
<td>29. Rejoice</td>
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</tr>
<tr>
<td>30. Enthusiastic</td>
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</tr>
<tr>
<td>31. Improvise</td>
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</tr>
<tr>
<td>32. Impulse</td>
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</tr>
<tr>
<td>33. Haste</td>
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<tr>
<td>34. Trend</td>
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</tr>
<tr>
<td>35. Intermittent</td>
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</tr>
<tr>
<td>36. Devout</td>
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</tr>
<tr>
<td>37. Impertinent</td>
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</tr>
<tr>
<td>38. Niche</td>
<td></td>
</tr>
<tr>
<td>39. Presumptuous</td>
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</tr>
<tr>
<td>40. Formidable</td>
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</tr>
<tr>
<td>41. Ruminate</td>
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<tr>
<td>42. Panacea</td>
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</table>

<table>
<thead>
<tr>
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</tr>
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<td>WASI T-score</td>
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</tbody>
</table>

*DAISI 2005 - Initial assessment (last modified 26-Jun-2006)*
NYI: Colour-Word Interference

Materials
Record Form, Stimulus Sheets, Stopwatch

Condition 1: Colour Naming
Discontinue
Discontinue if the examinee has marked difficulty or makes four uncorrected errors on the practice lines. Otherwise, discontinue the scored task after 90 seconds.

Administration & Recording
Place the stimulus page flat on the table in the landscape position directly in front of the examinee so that the two practice lines of Condition 1 are positioned at the top of the page from the examinee’s perspective. Say,

This page has patches of color on it. I’d like you to say the colors as quickly as you can without skipping any or making mistakes. When you finish this line (sweep across the first practice line of five squares with your finger), go on to the one (point to the first square of the second row). Now try these first two lines for practice.

If the examinee is able to complete the two practice lines, say,

Good. Now, when I say begin, I want you to say the rest of the colors. Begin here (point to the first square on the first line of 10 squares below the practice lines) and say each color, one after the other, without skipping any. When you finish this line (sweep across the first row with your finger), go on to this one (point to the first square on the second row).
Keep saying the colors until you reach the end of the last line (point). Say the colors as quickly as you can without making mistakes. Ready? Begin.

Start timing. Follow the examinee’s progress item by item on the record form. Record errors by writing the first letter of the incorrect color name beneath the correct response and record any nonsense words (e.g., “bleen”) verbatim. Indicate self-corrections by drawing a slash through the letter or word. Record total completion time in seconds.

Allow the examinee to use a finger to maintain his or her place on the stimulus page. If the examinee skips a line accidentally, point out the error immediately and redirect the examinee to the correct line. Keep to stopwatch running while pointing out line-skipping errors.

If the examinee does not complete the task at the end of 90 seconds, say, Stop. Indicate on the record form the last item attempted and record 90 seconds as the total completion time. Items to which the examinee did not respond because the time limit was reached are not counted as errors.

Turn the page in the stimulus booklet to Condition 2: Word Reading.

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<td>blue</td>
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</tr>
</tbody>
</table>

Total Uncorrected Errors
Total Self-Corrected Errors
Total Time to Complete

DAISI 2005 - Initial assessment (last modified 26-Jun-2006)
**Condition 2: Word Reading**

**Discontinue**

Discontinue if the examinee has marked difficulty or makes four uncorrected errors on the practice lines. Otherwise, discontinue the scored task after 90 seconds.

**Administration & Recording**

Place the stimulus page flat on the table in the landscape position directly in front of the examinee, with the rows of words printed in black ink facing the examinee. Say,

> Now look at this page with words printed on it. I'd like you to read the words aloud as quickly as you can without skipping any or making mistakes. When you finish this line (sweep across the first practice line of five words with your finger), go on to this line (point to the first word of the second row). Now try reading these first two lines for practice.

If the examinee is able to complete the two practice lines, say,

> Good. Now, when I say begin, I want you to read the rest of the words. Begin here (point to the first word on the first line of 10 words below the practice lines) and read each word, one after the other, without skipping any. Keep reading the words until you reach the end (point to the last word on the last line). Read the words as quickly as you can without making mistakes. Ready? Begin.

Start timing. Follow the examinee's progress item by item on the record form. Record errors by writing the first letter of the incorrect word beneath the correct response and record any nonsense words (e.g., "bleen") verbatim. Indicate self-corrections by drawing a slash through the letter or word. Record total completion time in seconds.

Allow the examinee to use a finger to maintain his or her place on the stimulus page. If the examinee skips a line accidentally, point out the error immediately and redirect the examinee to the correct line. Keep the stopwatch running while pointing out line-skipping errors.

If the examinee does not complete the task at the end of 90 seconds, say, Stop. Indicate on the record form the last item attempted and record 90 seconds as the total completion time. Items to which the examinee did not respond because the time limit was reached are not counted as errors. Turn the page in the stimulus booklet to Condition 3: Inhibition.
Condition 3: Inhibition

**Discontinue**
Discontinue if the examinee has marked difficulty or makes four uncorrected errors on the practice lines. Otherwise, discontinue the scored task after 180 seconds.

**Administration & Recording**
Place the stimulus page flat on the table in the landscape position directly in front of the examinee, with the rows of words printed in dissonant ink colours facing the examinee. Say,

**Now look at this page. It's going to be a little harder than the other pages because the color names are printed in a different-colored ink. For example (point to the first word on the first practice line of five words), do you see how the word red is printed in green ink here? This time, you are to name the color of the ink that the letters are printed in and not read the word. So, what would you say for this one? (Point again to the first word on the first practice line and allow the examinee to respond. Correct any errors.) Good. And this one? (Point at the next two practice items. Correct any errors.) Good. Now try these first two lines for practice.**

If the examinee has difficulty understanding the task, you may demonstrate it by naming the ink colors on the first practice line, then inviting the examinee to respond to the second line. If the examinee requires four corrections on the two practice lines, discontinue this condition and do not administer Condition 4: Inhibition/Switching. On the record form, record your observations as to why the examinee might have struggled with this task.

If the examinee is able to complete the two practice lines, say,

**Good. Now, when I say begin, I want you to do the same thing for the rest of them. Say the color of the ink the letters are printed in; do not read the words. Begin here (point to the first word on the first line of 10 words below the practice lines) and say each ink color, one after the other, without skipping any. Keep saying the ink colors until you reach the end (point to the last word of the last line). Say the ink colors as quickly as you can without making mistakes. Ready? Begin.**

Start timing. Follow the examinee's progress item by item on the record form. On the record form, the single letter (r for red, b for blue, g for green) printed in parentheses next to each correct response represents the error response if the examinee reads the word rather than naming the ink color. Record errors by circling the letter or by writing the initial letter of other incorrect colors beneath the correct response. Also record any nonsense words (e.g., "bleen") verbatim. Indicate self-correction by drawing a slash through the letter or word. Record total completion time in seconds.

Allow the examinee to use a finger to maintain his or her place on the stimulus page. If the examinee skips a line accidentally, point out the error immediately and redirect the examinee to the correct line. Keep the stopwatch running while pointing out line-skipping errors.

If the examinee makes three consecutive errors of reading the words, prompt him or her to name the ink color. Provide this prompt only once during this condition and keep the stopwatch running.

If the examinee does not complete the task at the end of 180 seconds, say, **Stop.** Indicate on the record form the last item attempted and record 180 seconds as the total completion time. Items to which the examinee did not respond because the time limit was reached are not counted as errors.

Turn the page in the stimulus booklet to Condition 4: Inhibition/Switching.
Condition 4: Inhibition/Switching

Discontinue
Do not administer Condition 4 if the examinee had marked difficulty or did not finish before the time limit was reached on Condition 3: Inhibition. Discontinue if the examinee has marked difficulty or makes four uncorrected errors on the practice lines of Condition 4. Otherwise, discontinue the scored task after 180 seconds.

Administration & Recording
Place the stimulus page flat on the table in the landscape position directly in front of the examinee, with the rows of words printed in dissonant ink colours, half of which are contained in rectangles facing the examinee. Say,

This is the fourth and last page. This time, for many of the words, you are to do the same thing you just did: Name the color of the ink and do not read the words. But if a word is inside a little box, you should read the word not name the ink color. (Point to the first three items in the first practice line of five words.) For example, what would you say for these first three words? (Allow the examinee to respond and provide corrections if necessary.) Good. Now try these first two lines for practice.

If the examinee has difficulty understanding the task, you may demonstrate it by responding to the items on the first practice line, then inviting the examinee to respond to the second line. If the examinee requires four corrections on the two practice lines, discontinue this condition.

If the examinee is able to complete the practice lines, say,

Very good. Now when I say begin, I want you to do the same thing for the rest of them. Say the color of the ink the letters are printed in or read the word if it is in a box. Begin here (point to the first word on the first line of 10 words below the practice lines) and keep going until you reach the end (point to the last word of the last line). Say the ink colors or words as quickly as you can without making mistakes. Ready? Begin.

Start timing. Follow the examinee's progress item by item on the record form. On the record form, the single letter (r for red, b for blue, g for green) printed in parentheses next to each correct response represents the error response if the examinee either (a) reads the word rather than naming the ink color for an item not contained in a rectangle or (b) names the ink color rather than reading the word for an item contained in a rectangle. Record errors by circling the letter or by writing the initial letter of other incorrect colors beneath the correct response. Also record any nonsense words (e.g., "bleen") verbatim. Indicate self-corrections by drawing a slash through the letter or word. Record total completion time in seconds.

Allow the examinee to use a finger to maintain his or her place on the stimulus page. If the examinee skips a line accidentally, point out the error immediately and redirect the examinee to the correct line. Keep the stopwatch running while pointing out line-skipping errors.

If the examinee makes three consecutive errors, prompt him or her either to name the ink color or to reach the word in the rectangle. Provide this prompt only once during this condition and keep the stop-watch running.

If the examinee does not complete the task at the end of 180 seconds, say, Stop. Indicate on the record form the last item attempted and record 180 seconds as the total completion time. Items to which the examinee did not respond because the time limit was reached are not counted as errors.

<table>
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<td>green(b)</td>
<td>blue(r)</td>
<td>green(b)</td>
<td>red(g)</td>
<td>green(r)</td>
</tr>
<tr>
<td>red(b)</td>
<td>green(b)</td>
<td>red(b)</td>
<td>green(b)</td>
<td>red(g)</td>
</tr>
<tr>
<td>green(r)</td>
<td>red(g)</td>
<td>blue(r)</td>
<td>red(b)</td>
<td>blue(r)</td>
</tr>
</tbody>
</table>

Total Uncorrected Errors
Total Self-Corrected Errors
Total Time to Complete

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STROOP: Summary of Scores

**Completion Times**

- **Condition 1**: Colour Naming
  - Raw Score → Scaled Score
- **Condition 2**: Word Reading
  - Raw Score → Scaled Score
- **Condition 3**: Inhibition
  - Raw Score → Scaled Score
- **Condition 4**: Inhibition/Switching
  - Raw Score → Scaled Score

**Primary Combined Measure: Completion Times**

Combined Naming + Reading

\[
\text{Scaled Score}_{\text{Colour Naming}} + \text{Scaled Score}_{\text{Word Reading}} = \text{Composite Scaled Score}
\]

**Primary Contrast Measures: Completion Times**

- Inhibition vs. Colour Naming
  \[
  \text{Scaled Score}_{\text{Inhibition}} - \text{Scaled Score}_{\text{Colour Naming}} = \text{Contrast Scaled Score}
  \]

- Inhibition/Switching vs. Combined Naming + Reading
  \[
  \text{Inhibition/Switching} - \text{Combined Naming + Reading} = \text{Composite Scaled Inhibition}
  \]

- Inhibition/Switching vs. Inhibition
  \[
  \text{Inhibition/Switching} - \text{Inhibition} = \text{Composite Scaled Inhibition}
  \]

DAISI 2005 - Initial assessment (last modified 26-Jun-2006)
Self Report Assessments

These questionnaires ask questions about your use of alcohol, symptoms of mental illness, your relationships with other people, and your personality style.

You may choose to take them home to complete over the next week and bring to your next appointment, or if you prefer, you can complete them while at the Centre either during this visit or at another convenient time. Whether you take them home or complete them at the Centre, your therapist can help you if you have difficulty answering any of the questions.

Participant Number: □□□□□□
Date Completed: □□/□□/□□□□□□
# SR1: Readiness to Change

## ALCOHOL

The following questions are designed to identify how you personally feel about your drinking right now. Please think about how your current situation and drinking habits, even if you have given up drinking completely. Read each question below carefully, and then decide whether you agree or disagree with the statements.

*Administer questionnaire if used alcohol in the past 6 months*

<table>
<thead>
<tr>
<th>Number</th>
<th>Question</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Unsure</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>It’s a waste of time thinking about my drinking because I do not have a problem</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>I enjoy my drinking but sometimes I drink too much</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>I am trying to stop drinking or drink less than I used to</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>There is nothing seriously wrong with my drinking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Sometimes I think I should quit or cut down on my drinking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Anyone can talk about wanting to do something about their drinking, but I'm actually doing something about it</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>I am a fairly normal drinker</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>My drinking is a problem sometimes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>I am actually changing my drinking habits right now (either cutting down or quitting)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Giving up or drinking less alcohol would be pointless for me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>I am weighing up the advantages and disadvantages of my present drinking habits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>I have started to carry out a plan to cut down or quit drinking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>There is nothing I really need to change about my drinking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Sometimes I wonder if my drinking is out of control</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>I am actively working on my drinking problem</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
THE BRIEF SYMPTOM INVENTORY (BSI)

INSTRUCTIONS: Below are a list of problems people sometimes have. Please read each one carefully, and tick the circle that best describes HOW MUCH THAT PROBLEM HAS DISTRESSED OR BOTHERED YOU DURING THE PAST 7 DAYS INCLUDING TODAY USING THE SCALE PROVIDED. Please note that
0 = Not at all, 1 = A little bit, 2 = Moderately, 3 = Quite a bit, 4 =Extremely

<table>
<thead>
<tr>
<th>HOW MUCH WERE YOU DISTRESSED BY...?</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Nervousness or shakiness inside</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2. Faintness or dizziness</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>7. Pains in the heart or chest</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>8. Feeling afraid in open spaces or on the streets</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>12. Suddenly scared for no reason</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>19. Feeling fearful</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>23. Nausea or upset stomach</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>28. Feeling afraid to travel on buses, subways or trains</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>29. Trouble getting your breath</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>30. Hot or cold spells</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>31. Having to avoid certain things/activities/places because they frighten you</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>33. Numbness or tingling in parts of your body</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>37. Feeling weak in parts of your body</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>38. Feeling tense or keyed up</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>43. Feeling uneasy in crowds, such as shopping or at a movie</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>45. Spells of terror or panic</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>47. Feeling nervous when you are left alone</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>49. Feeling so restless you couldn’t sit still</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
The following questions ask about your upbringing, and how you believe your mother and father related to you.

Please indicate how true the following statements are as a description of your MOTHER's behaviour towards you in your first 16 years of life:

<table>
<thead>
<tr>
<th>My Mother was:</th>
<th>Extremely True</th>
<th>Moderately True</th>
<th>Slightly True</th>
<th>Not True</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overprotective of me</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Verbally abusive of me</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Over-controlling of me</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Sought to make me feel guilty</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Ignored me</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Critical of me</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Unpredictable towards me</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Uncaring of me</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Physically abusive or violent towards me</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Rejecting of me</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Left me on my own a lot</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Would forget about me</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Was uninterested in me</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Made me feel in danger</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Made me feel unsafe</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
Please indicate how true the following statements are as a description of your FATHER's behaviour towards you in your first 16 years of life:

<table>
<thead>
<tr>
<th>My Father was:</th>
<th>Extremely True</th>
<th>Moderately True</th>
<th>Slightly True</th>
<th>Not True</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overprotective of me</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Verbally abusive of me</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Over-controlling of me</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Sought to make me feel guilty</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Ignored me</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Critical of me</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Unpredictable towards me</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Uncaring of me</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Physically abusive or violent towards me</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Rejecting of me</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Left me on my own a lot</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Would forget about me</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Was uninterested in me</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Made me feel in danger</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Made me feel unsafe</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
ALCOHOL

A list of reasons people give for using alcohol is provided below. Using the scale below, indicate how often you use alcohol for each of the following reasons.

1  2  3  4  5
Almost Never  Never  Sometimes  Often  Almost Always

Administer questionnaire if used alcohol in the past 6 months

Reasons for Drug Use

1. As a way to celebrate
2. To relax
3. Because you like the feeling
4. To forget your worries
5. Because it’s exciting
6. Because it’s what most of your friends do when you get together
7. Because you feel more self-confident or sure of yourself
8. To be sociable
9. To get high
10. Because it helps you when you feel depressed or nervous
11. Because it is customary on special occasions
12. Because it’s fun
13. To cheer up when you’re in a bad mood
14. Because it makes a social gathering more enjoyable
15. Because it makes you feel good
16. Because it helps reduce the symptoms associated with your mental illness
17. Because it helps reduce the side effects from your medication
18. Are there any other reasons why you use? (Please specify):

19. (If more than one reason mentioned) You mentioned ___________________________
______________________________, _________________________________________ as reasons for your using. Of these, which is the most important? ____________________________
SR5: OC Drinking Scale

The questions below ask you about your drinking alcohol and your attempts to control your drinking. Please enter the number of the statement that best applies to you in the space provided:

1. How much of your time when you’re not drinking is occupied by ideas, thoughts, impulses, or images related to drinking?
   0 = none
   1 = less than 1 hour a day
   2 = 1-3 hours a day
   3 = 4-8 hours a day
   4 = Greater than 8 hours a day

2. How frequently do these thoughts occur?
   0 = never
   1 = No more than 8 times a day
   2 = More than 8 times a day, but most hours of the day are free of those thoughts
   3 = More than 8 times a day, and during most hours of the day
   4 = Thoughts are too numerous to count, and an hour rarely passes without several such thoughts

INSERT THE HIGHER SCORE OF QUESTIONS 1 AND 2 HERE: ________________________________

3. How much do these ideas, thoughts, impulses or images related to drinking interfere with your social or work (or role) functioning? Is there anything you don’t or can’t do because of them? (if you are not currently working, how much of your performance would be affected if you were working?)
   0 = Thoughts of drinking never interfere – I can function normally
   1 = Thoughts of drinking slightly interfere with my social or occupational activities, but my overall performance is not impaired
   2 = Thoughts of drinking definitely interfere with my social or occupational performance, but I can still manage
   3 = Thoughts of drinking cause substantial impairment in my social or occupational performance
   4 = Thoughts of drinking interfere completely with my social or work performance

4. How much distress or disturbance do these ideas, thoughts, impulses or images related to drinking cause you when you are not drinking?
   0 = none
   1 = Mild, infrequent, and not too disturbing
   2 = Moderate, frequent, and disturbing, but still manageable
   3 = Severe, very frequent, and very disturbing
   4 = Extreme, nearly constant, and disabling distress

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5. How much of an effort do you make to resist these thoughts or try to disregard or turn your attention away from these thoughts as they enter your mind when you are not drinking? [rate your efforts made to resist these thoughts, not your success or failure in actually controlling them]
   0=My thoughts are so minimal, I don't need to actively resist. If I have thoughts, I make an effort to always resist
   1=I try to resist most of the time
   2=I make some effort to resist
   3=I give in to all such thoughts without attempting to control them, but I do so with some reluctance
   4=I completely and willingly give in to such thoughts

6. How successful are you in stopping or diverting these thoughts when you are not drinking?
   0=I am completely successful in stopping or diverting such thoughts
   1=I am usually able to stop or divert such thoughts with some effort and concentration
   2=I am sometimes able to stop or divert such thoughts
   3=I am rarely successful in stopping such thoughts and can only divert such thoughts with difficulty
   4=I am rarely able to divert such thoughts even momentarily

7. How many drinks do you drink each day?
   0=none
   1=less than 1 drink per day
   2=1-2 drinks per day
   3=3-7 drinks per day
   4=8 or more drinks per day

8. How many days each week do you drink?
   0=none
   1=No more than 1 day per week
   2=2-3 days per week
   3=4-6 days per week
   4=6-7 days per week

INSERT THE HIGHER SCORE OF QUESTIONS 7 and 8 HERE: ____________________________
SR6: DAS

This inventory lists different attitudes or beliefs that people sometimes hold. Read each statement carefully and decide how much you agree or disagree with it. For each statement, mark your answer using the number code given below that best describes how you think. To decide whether a given attitude is typical of your views, keep in mind how you think most of the time.

1. People will probably think less of me if I make a mistake
2. I must be a useful, productive, creative person or life has no purpose
3. I can find greater enjoyment if I do things because I want to, rather than in order to please other people
4. By controlling the way I interpret situations, I can control my emotions
5. If you cannot do something well, there is little point in doing it at all
6. What other people think about me is very important
7. People should prepare for the worst or they will be disappointed
8. I should be able to please everybody
9. Even though a person may not be able to control what happens to him, he can control how he thinks
10. It is shameful for a person to display his weaknesses
11. If a person has to be alone for a long period of time, it follows that he has to be lonely
12. A person should try to be the best at everything he undertakes
13. If a person is not a success, then his life is meaningless
14. It is not necessary for a person to become frustrated if he finds obstacles to getting what he wants
15. If I make a foolish statement, it means I am a foolish person
16. I should always have complete control over my feelings
17. I can enjoy myself even when others do not like me
18. If I do not set the highest standards for myself, I am likely to end up a second-rate person
19. If I do not do well all the time, people will not respect me
20. One should look for a practical solution to problems rather than a perfect solution
21. My value as a person depends greatly on what others think of me
22. A person should do well at everything he undertakes
23. If someone disagrees with me, it probably means he does not like me

DAISI 2005 - Initial assessment (last modified 26-Jun-2006)
<table>
<thead>
<tr>
<th></th>
<th>Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>24</td>
<td>I cannot be happy unless most people I know admire me</td>
</tr>
<tr>
<td>25</td>
<td>My own opinions of myself are more important than others' opinions of me</td>
</tr>
<tr>
<td>26</td>
<td>If I do not treat people kindly, fairly and considerately, I am a rotten person</td>
</tr>
<tr>
<td>27</td>
<td>It is awful to be disapproved of by people important to you</td>
</tr>
<tr>
<td>28</td>
<td>If you do not have other people to lean on, you are bound to be sad</td>
</tr>
<tr>
<td>29</td>
<td>People will like me even if I am not successful</td>
</tr>
<tr>
<td>30</td>
<td>If other people know what you are really like, they will think less of you</td>
</tr>
<tr>
<td>31</td>
<td>Whenever I take a chance or risk I am only looking for trouble</td>
</tr>
<tr>
<td>32</td>
<td>If a person avoids problems, the problems go away</td>
</tr>
<tr>
<td>33</td>
<td>No one can hurt me with words. I hurt myself by the way I choose to react to people's words</td>
</tr>
<tr>
<td>34</td>
<td>Others can care for me even if they know all my weaknesses</td>
</tr>
<tr>
<td>35</td>
<td>If I fail partly, it is as bad as being a complete failure</td>
</tr>
<tr>
<td>36</td>
<td>People will reject you if they know all your weaknesses</td>
</tr>
<tr>
<td>37</td>
<td>I can reach important goals without slave-driving myself</td>
</tr>
<tr>
<td>38</td>
<td>My happiness depends more on other people than it does on me</td>
</tr>
<tr>
<td>39</td>
<td>If a person I love does not love me, it means I am unlovable</td>
</tr>
<tr>
<td>40</td>
<td>I ought to be able to solve my problems quickly and without a great deal of effort</td>
</tr>
</tbody>
</table>
Think about the next 6 months: imagine you are in the following situations. How confident are you that you will not drink heavily (e.g. more than 6 standard drinks) in each situation?

Circle your answers below.

**OVER THE NEXT 6 MONTH, CAN YOU STOP YOURSELF FROM DRINKING HEAVILY IF YOU ARE:**

<table>
<thead>
<tr>
<th></th>
<th>Can't do it</th>
<th>Moderately Sure</th>
<th>Certain I can</th>
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<tbody>
<tr>
<td>1. Angry</td>
<td>0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%</td>
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<tr>
<td>1. Depressed</td>
<td>0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%</td>
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<td>2. Physically tired</td>
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<td>3. At a party with friends</td>
<td>0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%</td>
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<td>4. Drinking before/with a meal</td>
<td>0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%</td>
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<td>5. Bored</td>
<td>0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%</td>
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<tr>
<td>6. Irritated</td>
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<td>7. Not relaxed in a social situation</td>
<td>0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%</td>
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<td>8. Watching TV (e.g. sports, movies)</td>
<td>0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%</td>
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<td>9. Worried</td>
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10. In a “shout” with friends

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11. Happy

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12. Want to feel more confident

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<th>Certain I can</th>
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13. Stressed

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14. Someone offers to buy you free drinks

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OVER THE NEXT 6 MONTHS

15. Can you make sure that you do not have more than 3 drinks on any time that you have a drink?

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16. Can you make sure that you do not have more than 1 drink on any time that you have a drink?

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17. Can you stop yourself from drinking alcohol at least 1 day a week?

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18. Can you stop yourself from drinking alcohol at least 2 days a week?

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19. Can you stop yourself from drinking alcohol at least 3 days a week?

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<th>Can't do it</th>
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<th>Certain I can</th>
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The purpose of this questionnaire is to learn what type of person you have been during the past 5 years. If you are unsure of an item, select the one more likely to be correct.

1. I usually get fun and enjoyment out of life T F
2. I don’t react well when someone offends me T F
3. I’m not fussy about little details T F
4. I can’t decide what kind of person I want to be T F
5. I show my feelings for everyone to see T F
6. I let others make my big decisions for me T F
7. I usually feel tense or nervous T F
8. I almost never get angry about anything T F
9. I go to extremes to try to keep people from leaving me T F
10. I’m a very cautious person T F
11. I’ve never been arrested T F
12. People think I’m cold and detached T F
13. I get into very intense relationships that don’t last T F
14. Most people are fair and honest with me T F
15. I find it hard to disagree with people if I depend on them a lot T F
16. I feel awkward or out of place in social situations T F
17. I’m too easily influenced by what goes on around me T F
18. I usually feel bad when I hurt or mistreat someone T F
19. I argue or fight when people try to stop me from doing what I want T F
20. At times I’ve refused to hold a job, when I was expected to T F
21. When I’m praised or criticised I don’t show others my reaction T F
22. I’ve held grudges against people for years T F
23. I spend too much time trying to do things perfectly T F
24. People often make fun of me behind my back T F
25. I’ve never threatened suicide or injured myself on purpose T F
26. My feelings are like the weather; they’re always changing T F
27. I fight for my rights even when it annoys people T F
28. I like to dress so I stand out in a crowd T F
29. I will lie or con someone if it serves my purpose T F
30. I don’t stick with a plan if I don’t get results right away T F
31. I have little or no desire to have sex with anyone T F
32. People think I’m too strict about rules and regulations T F
33. I usually feel uncomfortable or helpless when I’m alone T F
34. I won’t get involved with people until I’m certain they like me T F
35. I would rather not be the centre of attention T F
36. I think my spouse (or partner) may be unfaithful to me T F
37. Sometimes I get so angry I break or smash things T F
38. I’ve had close friendships that lasted a long time T F
39. I worry a lot that people won’t like me T F
40. I often feel “empty” inside T F
41. I work so hard I don’t have time left for anything else T F
42. I worry about being left alone and having to care for myself T F
43. A lot of things seem dangerous to me that don’t bother most people T F
44. I have a reputation for being a flirt T F
45. I don’t ask for favours from people I depend on a lot T F
46. I prefer activities that I can do by myself T F
47. I lose my temper and get into physical fights T F
48. People think I’m too stiff or formal T F
49. I often seek advice or reassurance about everyday decisions T F
50. I keep to myself even when there are other people around T F
51. It’s hard for me to stay out of trouble T F
52. I’m convinced there’s a conspiracy behind many things in the world T F
53. I’m very moody T F
54. It’s hard for me to get used to a new way of doing things T F
55. Most people think I’m a strange person T F
56. I take chances and do reckless things T F
57. Everyone needs a friend or two to be happy T F
58. I’m more interested in my own thoughts than what goes on around me T F
59. I usually try to get people to do things my way T F

DAISI 2005 - Initial assessment (last modified 26-Jun-2006)
APPENDIX E: 3 MONTH FOLLOW-UP ASSESSMENT
15-WEEK FOLLOW-UP

KEEP THIS PAGE SEPARATE FROM THE PERSON'S COMPLETED ASSESSMENT

Client's Name: ____________________________________________________________

Client's Address: _________________________________________________________

Client's Phone: ___________________________ Mobile: __________________________

Client's Email: ___________________________________________________________

Do you intend to move away from Newcastle or interstate in the next 12 months?
If yes, give details: _________________________________________________________

Participant Number: □□□□□

Date Completed: □□□□/□□/□□□□

Interviewer: □□

Location: _________________________________________________________________
(service + suburb)

Please nominate at least one person who does not live with you.
Alternative Contact person 1: _________________________________________________

Alternative Contact Address: _________________________________________________

Alternative Contact Phone (H/M): _____________________________________________

Relationship to client: _____________________________________________________

Alternative Contact person 2: _________________________________________________

Alternative Contact Address: _________________________________________________

Alternative Contact Phone (H/M): _____________________________________________

Relationship to client: _____________________________________________________

General Practitioner

Psychiatrist

Case Manager

Community Health Centre

Do you give us permission to contact the alternative contact and health professionals you have nominated above, if we are unable to contact you at the next follow-up assessment?

Yes □ No □

COLLATERAL INFORMATION:
Please provide the name and contact details of a partner/friend/relative we can contact at this assessment for information about your current levels of alcohol use

Name of partner/friend/relative: ____________________________

Address of partner/friend/relative: ____________________________

Phone Number of partner/friend/relative (H/M): ____________________________

Relationship to client: ____________________________
Interview: 15-Weeks Post Treatment
(Revised Version – 22-Nov-2005)

Participant Number: □□□□

Date Completed: □□/□□/□□□□

Date of Birth: □□/□□/□□□□

Interview conducted:
0=Face to face
1=Phone
88=NK
99=NA

The following statement should be discussed with the participant prior to starting this assessment:
"Thank you so much for agreeing to complete this assessment for the DAISI project. With your permission, I'd like to ask you some questions about your mood, how you have been feeling and the different things you have been doing recently. You may remember some of these questions from previous assessments that you have already completed as part of this project. As this is a research project, I'd just like to stress that it is really important that I do not know which treatment you participated in at the start of your involvement with DAISI. I might ask some general questions about the different treatments you may have participated in over the last few months, but this will only be in general terms. Please do not talk about your DAISI treatment with me here today. Thanks...shall we get started..."

Did you discuss this information with the participants before commencing the assessment?
□ Yes
□ No. Please specify why this was omitted: ____________________________________________
<table>
<thead>
<tr>
<th>Section</th>
<th>Instrument</th>
<th>Administration</th>
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<tbody>
<tr>
<td>A</td>
<td>Beck Depression Inventory II</td>
<td>Self Administered</td>
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<tr>
<td>B</td>
<td>Beck Hopelessness Scale</td>
<td>Self Administered</td>
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<tr>
<td>C</td>
<td>OTI Drug Use – Alcohol</td>
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<td>D</td>
<td>OTI Drug Use – Cannabis</td>
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<td>E</td>
<td>OTI Drug Use – Heroin</td>
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<td>F</td>
<td>OTI Drug Use – Other Opiates</td>
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Section W: Collateral Interview
Section A: Beck Depression Inventory II

This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the one statement in each group that best describes the way you have been feeling during the past two weeks, including today. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group.

1. **Sadness**
   0 I do not feel sad
   1 I feel sad much of the time
   2 I am sad all the time
   3 I am so sad or unhappy that I can't stand it

2. **Pessimism**
   0 I am not discouraged about my future
   1 I feel more discouraged about my future than I used to be
   2 I do not expect things to work out for me
   3 I feel my future is hopeless and will only get worse

3. **Past Failure**
   0 I do not feel like a failure
   1 I have failed more than I should have
   2 As I look back, I see a lot of failures
   3 I feel I am a total failure as a person

4. **Loss of Pleasure**
   0 I get as much pleasure as I ever did from the things I enjoy
   1 I don't enjoy things as much as I used to
   2 I get very little pleasure from the things I used to enjoy
   3 I can't get any pleasure from the things I used to enjoy

5. **Guilty Feelings**
   0 I don't feel particularly guilty
   1 I feel guilty over many things I have done or should have done
   2 I feel quite guilty most of the time
   3 I feel guilty all of the time

6. **Punishment Feelings**
   0 I don't feel I am being punished
   1 I feel I may be punished
   2 I expect to be punished
   3 I feel I am being punished

7. **Self – Dislike**
   0 I feel the same about myself as ever
   1 I have lost confidence in myself
   2 I am disappointed in myself
   3 I dislike myself

8. **Self Criticalness**
   0 I don't criticise or blame myself more than usual
   1 I am more critical of myself than I used to be
   2 I criticise myself for all of my faults
   3 I blame myself for everything bad that happens

9. **Suicidal Thoughts or Wishes**
   0 I don't have any thoughts of killing myself
   1 I have thoughts of killing myself, but I would not carry them out
   2 I would like to kill myself
   3 I would like to kill myself if I had the chance
10. Crying
   0 I don't cry anymore than I used to
   1 I cry more than I used to
   2 I cry over every little thing
   3 I feel like crying, but I can't

11. Agitation
   0 I am no more restless or wound up than usual
   1 I feel more restless or wound up than usual
   2 I am so restless or agitated that it's hard to stay still
   3 I am so restless or agitated that I have to keep moving or doing something

12. Loss of Interest
   0 I have not lost interest in other people or activities
   1 I am less interested in other people or things than before
   2 I have lost most of my interest in other people or things
   3 It's hard to get interested in anything

13. Indecisiveness
   0 I make decisions about as well as ever
   1 I find it more difficult to make decisions than usual
   2 I have much greater difficulty in making decisions than I used to
   3 I have trouble making any decisions

14. Worthlessness
   0 I do not feel I am worthless
   1 I don't consider myself as worthwhile and useful as I used to
   2 I feel more worthless as compared to other people
   3 I feel utterly worthless

15. Loss of Energy
   0 I have as much energy as ever
   1 I have less energy than I used to have
   2 I don't have enough energy to do very much
   3 I don't have enough energy to do anything

16. Changes in Sleep Pattern
   0 I have not experienced any change in my sleeping pattern
   1a I sleep somewhat more than usual
   1b I sleep somewhat less than usual
   2a I sleep a lot more than usual
   2b I sleep a lot less than usual
   3a I sleep most of the day
   3b I wake up 1-2 hours early and can't get back to sleep

17. Irritability
   0 I am no more irritable than usual
   1 I am more irritable than usual
   2 I am much more irritable than usual
   3 I am irritable all the time
18. Changes in Appetite
   0  I have not experienced any change in my appetite
   1a My appetite is somewhat less than usual
   1b my appetite is somewhat greater than usual
   2a my appetite is much less than before
   2b my appetite is much greater than usual
   3a I have no appetite at all
   3b I crave food all the time

19. Concentration Difficulty
   0  I can concentrate as well as ever
   1  I can't concentrate as well as usual
   2  It's hard to keep my mind on anything for very long
   3  I find I can't concentrate on anything

20. Tiredness or Fatigue
   0  I am no more tired or fatigued than usual
   1  I get more tired or fatigued more easily than usual
   2  I am too tired or fatigued to do a lot of the things I used to do
   3  I am too tired or fatigued to do most of the things I used to do

21. Loss of Interest in Sex
   0  I have not noticed any recent change in my interest in sex
   1  I am less interested in sex than I used to be
   2  I am much less interest in sex now
   3  I have lost interest in sex completely

BDI Total Score
Section B: Beck Hopelessness Scale

This questionnaire consists of a list of 20 statements. Please read each statement carefully one by one.

If the statement describes your attitude for the past week, including today, circle TRUE. If the statement is false for you, circle FALSE. Please read each sentence.

1. I look forward to the future with hope and enthusiasm........................................... True False
2. I might as well give up because there's nothing I can do about making things better for myself................................................................. True False
3. When things are going badly, I am helped by knowing that they can't stay that way forever................................................................. True False
4. I can't imagine what my life would be like in ten years............................................ True False
5. I have enough time to accomplish the things I most want to do............................... True False
6. In the future I expect to succeed in what concerns me most........................................ True False
7. The future looks dark to me.................................................................................. True False
8. I happen to be particularly lucky and I expect to get more of the good things in life than the average person........................................... True False
9. I just don't get the breaks, and there's no reason to believe that I will in the future...... True False
10. My past experiences have prepared me well for my future...................................... True False
11. All I can see ahead of me is unpleasantness rather than pleasantness..................... True False
12. I don't expect to get what I really want.................................................................. True False
13. When I look ahead to the future I expect I will be happier than I am now............... True False
14. Things just won't work out the way I want them too............................................. True False
15. I have great faith in the future.............................................................................. True False
16. I never get what I want so it's foolish to want anything........................................... True False
17. It is very unlikely that I will get any real satisfaction in the future.......................... True False
18. The future seems vague and uncertain to me...................................................... True False
19. I can look forward to more good times than bad times........................................... True False
20. There's no use in really trying to get something I want because I probably won't get it. True False
**Section C: OTI - Alcohol**

1. When was the last time you drank alcohol?
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days

If subject answers 1, 2 or 3, proceed to Cannabis

2. During the past month, how often did you drink alcohol?
   - Between 6-7 days each week – Score 28
   - Between 4-5 days each week – Score 20
   - Between 2-3 days each week – Score 12
   - One day each week – Score 8
   - One day each fortnight – Score 2
   - One day each month – Score 1
   - Not in the last month – Score 0

If subject answers 0, proceed to Cannabis

3. On what day did you last drink alcohol (in the past month)?

4. How much alcohol did you drink on that day?
   (Ask about all categories. Figures in square brackets are numbers of standard drinks in one unit)

<table>
<thead>
<tr>
<th>Wine</th>
<th>Spirits</th>
<th>Full Strength Beer</th>
<th>Light Beer</th>
<th>Fortified Wine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glass (100mL)</td>
<td>30ml nips</td>
<td>Middy (10oz/285mL)</td>
<td>Middy (10oz/285mL)</td>
<td></td>
</tr>
<tr>
<td>[1]</td>
<td>[1]</td>
<td>[1]</td>
<td>[0.5]</td>
<td></td>
</tr>
<tr>
<td>750ml bottles</td>
<td>750ml bottles</td>
<td>Can</td>
<td>Can</td>
<td>750ml bottles</td>
</tr>
<tr>
<td>[7.5]</td>
<td>[25]</td>
<td>[1.3]</td>
<td>[0.7]</td>
<td>[10]</td>
</tr>
<tr>
<td>Flagon (2 Litres)</td>
<td>UDL (cans)</td>
<td>Stubby</td>
<td>Stubby</td>
<td>2 lt. flagons</td>
</tr>
<tr>
<td>[20]</td>
<td>[1.3]</td>
<td>[1.3]</td>
<td>[0.7]</td>
<td>[32]</td>
</tr>
<tr>
<td>Lt. casks</td>
<td></td>
<td>750ml bottles (longneck)</td>
<td>750ml bottles (longneck)</td>
<td></td>
</tr>
<tr>
<td>[10 per litre]</td>
<td></td>
<td>[2.5]</td>
<td>[2]</td>
<td></td>
</tr>
</tbody>
</table>

No. of standard drinks

TOTAL NUMBER OF STANDARD DRINKS =

5. On which day before that did you drink alcohol?

6. And how much alcohol did you drink on that day?
   (Ask about all categories. Figures in square brackets are numbers of standard drinks in one unit)

<table>
<thead>
<tr>
<th>Wine</th>
<th>Spirits</th>
<th>Full Strength Beer</th>
<th>Light Beer</th>
<th>Fortified Wine</th>
</tr>
</thead>
<tbody>
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<td>Middy (10oz/285mL)</td>
<td></td>
</tr>
<tr>
<td>[1]</td>
<td>[1]</td>
<td>[1]</td>
<td>[0.5]</td>
<td></td>
</tr>
<tr>
<td>750ml bottles</td>
<td>750ml bottles</td>
<td>Can</td>
<td>Can</td>
<td>750ml bottles</td>
</tr>
<tr>
<td>[7.5]</td>
<td>[25]</td>
<td>[1.3]</td>
<td>[0.7]</td>
<td>[10]</td>
</tr>
<tr>
<td>Flagon (2 Litres)</td>
<td>UDL (cans)</td>
<td>Stubby</td>
<td>Stubby</td>
<td>2 lt. flagons</td>
</tr>
<tr>
<td>[20]</td>
<td>[1.3]</td>
<td>[1.3]</td>
<td>[0.7]</td>
<td>[32]</td>
</tr>
<tr>
<td>Lt. casks</td>
<td></td>
<td>750ml bottles (longneck)</td>
<td>750ml bottles (longneck)</td>
<td></td>
</tr>
<tr>
<td>[10 per litre]</td>
<td></td>
<td>[2.5]</td>
<td>[2]</td>
<td></td>
</tr>
</tbody>
</table>

No. of standard drinks

TOTAL NUMBER OF STANDARD DRINKS =

7. And when was the day before that?
8. Would this be a typical pattern of drinking?
   1=Yes
   2=No, more than usual
   3=No, less than usual

9. If NO, What would be a typical pattern of drinking?


10. \( t_1 = 3 - 5 \) .................................................................

11. \( t_2 = 5 - 7 \) .................................................................

12. \( q_1 = 4 \) .................................................................

13. \( q_2 = 6 \) .................................................................

14. \[ Q = \frac{q_1 + q_2}{t_1 + t_2} \] .................................................................
Section D: OTI - Cannabis

1. When was the last time you used cannabis (marijuana, dope, grass, hash, pot)?
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days

If subject answered 1, 2 or 3, proceed to Heroin

2. During the past month, how often did you use cannabis?
   - Between 6-7 days each week – Score 28
   - Between 4-5 days each week – Score 20
   - Between 2-3 days each week – Score 12
   - One day each week – Score 4
   - One day each fortnight – Score 2
   - One day each month – Score 1
   - Not in the last month – Score 0

If subject answered 0, proceed to Heroin

3. On what day did you last use cannabis (in the past month)?

4. How many joints/bongs/etc. did you have on that day?

5. On which day before that did you use cannabis?

6. And how many joints/bongs/etc. did you have on that day?

7. And when was the day before that?

8. Would this be a typical pattern of cannabis use?
   1=Yes
   2=No, more than usual
   3=No, less than usual

9. What would be a typical pattern of using?

10. \( t_1 = 3 - 5 \)

11. \( t_2 = 5 - 7 \)

12. \( q_1 = 4 \)

13. \( q_2 = 6 \)

14. \( Q = \frac{q_1 + q_2}{t_1 + t_2} \)
Section E: Drug Use - Heroin

1. When was the last time you used heroin?
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days

   If subject answered 1, 2 or 3, proceed to Other Opiates

2. During the past month, how often did you use heroin?
   Between 6-7 days each week – Score 28
   Between 4-5 days each week – Score 20
   Between 2-3 days each week – Score 12
   One day each week – Score 4
   One day each fortnight – Score 2
   One day each month – Score 1
   Not in the last month – Score 0

   If subject answered 0, proceed to Other Opiates

3. On what day did you last use heroin (in the past month)? ..............................................................

4. How many hits/smokes/snorts/pills/doses/etc. did you have on that day? ........................................

5. On which day before that did you use heroin? ....................................................................................

6. And how many hits/smokes/snorts/etc. did you have on that day? ...................................................

7. And when was the day before that? ....................................................................................................

8. Would this be a typical pattern of heroin use?
   1=Yes
   2=No, more than usual
   3=No, less than usual

9. What would be a typical pattern of heroin use?

10. \( t_1 = 3 - 5 \) .................................................................

11. \( t_2 = 5 - 7 \) .................................................................

12. \( q_1 = 4 \) ........................................................................

13. \( q_2 = 6 \) ........................................................................

14. \[ Q = \frac{q_1 + q_1}{t_1 + t_2} \]
Section F: Drug Use – Other Opiates

1. When was the last time you used other opiates?
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days

If subject answered 1 2 or 3, proceed to Amphetamines

2. During the past month, how often did you use other opiates?
   Between 6-7 days each week – Score 28
   Between 4-5 days each week – Score 20
   Between 2-3 days each week – Score 12
   One day each week – Score 4
   One day each fortnight – Score 2
   One day each month – Score 1
   Not in the last month – Score 0

If subject answered 0, proceed to Amphetamines

3. On what day did you last use opiates (in the past month)?

4. How many hits/smokes/etc. did you have on that day (record use occasions)?

5. On which day before that did you use opiates?

6. And how many hits/smokes/etc. did you have on that day (record use occasions)?

7. And when was the day before that?

8. Would this be a typical pattern of opiate use?
   1=Yes
   2=No, more than usual
   3=No, less than usual

9. What would be a typical pattern of opiate use?

10. \( t1 = 3 - 5 \)

11. \( t2 = 5 - 7 \)

12. \( q1 = 4 \)

13. \( q2 = 6 \)

14. \( Q = \frac{q1 + q2}{t1 + t2} \)
Section G: Drug Use - Amphetamines

1. When was the last time you used amphetamines (speed)?
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days

   If subject answered 1, 2 or 3, proceed to Cocaine

2. During the past month, how often did you use amphetamines?
   Between 6-7 days each week – Score 28
   Between 4-5 days each week – Score 20
   Between 2-3 days each week – Score 12
   One day each week – Score 4
   One day each fortnight – Score 2
   One day each month – Score 1
   Not in the last month – Score 0

   If subject answered 0, proceed to Cocaine

3. On what day did you last use amphetamines (in the past month)? ……………………………………………………………

4. How many tablets/snorts/hits/etc. did you have on that day? ………………………………………………………………………

5. On which day before that did you use amphetamines? ………………………………………………………………………………

6. And how many tablets/snorts/hits/etc. did you have on that day? ………………………………………………………………………

7. And when was the day before that? ………………………………………………………………………………………………………

8. Would this be a typical pattern of amphetamine use?
   1=Yes
   2=No, more than usual
   3=No, less than usual

9. What would be a typical pattern of amphetamine use? …………………………………………………………………………………

10. t1 = 3 – 5 …………………………………………………………………………………………………………………………………………

Q11. t2 = 5 – 7 ………………………………………………………………………………………………………………………………………

12. q1 = 4 ……………………………………………………………………………………………………………………………………………

13. q2 = 6 ……………………………………………………………………………………………………………………………………………

14. Q = \[
    \frac{q1 + q2}{t1 + t2}
\] …………………………………………………………………………………………………………………………………………………
Section H: Drug Use - Cocaine

1. When was the last time you used cocaine (coke, snow, crack)?
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days

If subject answered 1 2 or 3, proceed to Tranquilizers

2. During the past month, how often did you use cocaine?
   - Between 6-7 days each week – Score 28
   - Between 4-5 days each week – Score 20
   - Between 2-3 days each week – Score 12
   - One day each week – Score 4
   - One day each fortnight – Score 2
   - One day each month – Score 1
   - Not in the last month – Score 0

If subject answered 0, proceed to Tranquilizers

3. On what day did you last use cocaine (in the past month)?

4. How many hits/smokes/snorts/etc. did you have on that day?

5. On which day before that did you use cocaine?

6. And how many hits/smokes/snorts/etc. did you have on that day?

7. And when was the day before that?

8. Would this be a typical pattern of cocaine use?
   1=Yes
   2=No, more than usual
   3=No, less than usual

9. What would be a typical pattern of cocaine use?

10. \( t_1 = 3 - 5 \)

11. \( t_2 = 5 - 7 \)

12. \( q_1 = 4 \)

13. \( q_2 = 6 \)

14. \( Q = \frac{q_1 + q_2}{t_1 + t_2} \)
# Section I: Drug Use - Tranquilisers

1. **When was the last time you used Tranquilisers (benzos, serexet, rohypnol, mogadon, valium)?**
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days

   If subject answered 1, 2 or 3, proceed to *Barbiturates*

2. **During the past month, how often did you use tranquilisers?**
   - Between 6-7 days each week – Score 28
   - Between 4-5 days each week – Score 20
   - Between 2-3 days each week – Score 12
   - One day each week – Score 4
   - One day each fortnight – Score 2
   - One day each month – Score 1
   - Not in the last month – Score 0

   If subject answered 0, proceed to *Barbiturates*

3. **On what day did you last use tranquilisers (in the past month)?**

4. **How many pills did you have on that day?**

5. **On which day before that did you use tranquilisers?**

6. **And how many pills did you have on that day?**

7. **And when was the day before that?**

8. **Would this be a typical pattern of tranquiliser use?**
   - 1=Yes
   - 2=No, more than usual
   - 3=No, less than usual

9. **What would be a typical pattern of tranquiliser use?**

10. **t1 = S3 – S5**

11. **t2 = S5 – S7**

12. **q1 = S4**

13. **q2 = S6**

14. **Q = \frac{q1 + q2}{t1 + t2}**

*DAISI 2005 - 15-Week Assessment (last modified 22-Nov-2005)*
### Section J: Drug Use - Barbiturates

1. When was the last time you used barbiturates (nembutal, seconal)?
   - 1. Never
   - 2. More than 6 months ago
   - 3. In the past 6 months
   - 4. In the past month
   - 5. In the past week
   - 6. In the past few days

   If subject answered 1 2 or 3, proceed to *Hallucinogens*

2. During the past month, how often did you use barbiturates?
   - Between 6-7 days each week – Score 28
   - Between 4-5 days each week – Score 20
   - Between 2-3 days each week – Score 12
   - One day each week – Score 4
   - One day each fortnight – Score 2
   - One day each month – Score 1
   - Not in the last month – Score 0

   If subject answered 0, proceed to *Hallucinogens*

3. On what day did you last use barbiturates (in the last month)?

4. How many pills did you have on that day?

5. On which day before that did you use barbiturates?

6. And how many pills did you have on that day?

7. And when was the day before that?

8. Would this be a typical pattern of barbiturates use?
   - 1=Yes
   - 2=No, more than usual
   - 3=No, less than usual

9. What would be a typical pattern of barbiturates use?

10. \( t_1 = 3 - 5 \)  

11. \( t_2 = 5 - 7 \)  

12. \( q_1 = 4 \)  

13. \( q_2 = 6 \)  

14. \[ Q = \frac{q_1 + q_2}{t_1 + t_2} \]
### Section K: Drug Use - Hallucinogens

1. **When was the last time you used hallucinogens (LSD/ Acid, ecstasy, magic mushrooms)?**
   1. **Never**
   2. More than 6 months ago
   3. In the past 6 months

2. **During the past month, how often did you use hallucinogens?**
   - Between 6-7 days each week – Score 28
   - Between 4-5 days each week – Score 20
   - Between 2-3 days each week – Score 12
   - One day each week – Score 4
   - One day each fortnight – Score 2
   - One day each month – Score 1
   - Not in the last month – Score 0

3. **On what day did you last use hallucinogens (in the last month)?**

4. **How many tabs/pills/etc. did you have on that day?**

5. **On which day before that did you use hallucinogens?**

6. **And how many tabs/pills/etc. did you have on that day?**

7. **And when was the day before that?**

8. **Would this be a typical pattern of hallucinogen use?**
   - 1=Yes
   - 2=No, more than usual
   - 3=No, less than usual

9. **What would be a typical pattern of hallucinogen use?**

10. **t1 = 3 – 5**

11. **t2 = 5 – 7**

12. **q1 = 4**

13. **q2 =**

14. **Q = \( \frac{q1 + q2}{t1 + t2} \)**
Section L: Drug Use - Inhalants

1. When was the last time you used inhalants (Amyl/rush, glue, laughing gas, aerosols, petrol)?
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days

If subject answered 1 2 or 3, proceed to Tobacco

2. During the past month, how often did you use inhalants?
   Between 6-7 days each week – Score 28
   Between 4-5 days each week – Score 20
   Between 2-3 days each week – Score 12
   One day each week – Score 4

   One day each fortnight – Score 2
   One day each month – Score 1
   Not in the last month – Score 0

If subject answered 0, proceed to Tobacco

3. On what day did you last use inhalants (in the last month)? .........................................................

4. How many sniffs did you have on that day? ..................................................................................

5. On which day before that did you use inhalants? ...........................................................................

6. And how many sniffs did you have on that day? ............................................................................

7. And when was the day before that? .................................................................................................

8. Would this be a typical pattern of inhalant use?
   1=Yes
   2=No, more than usual
   3=No, less than usual

9. What would be a typical pattern of inhalant use?
   .................................................................................................................................................

10. \( t_1 = \frac{3 - 5}{1} \) ................................................................................................................................

11. \( t_2 = \frac{5 - 7}{1} \) ................................................................................................................................

12. \( q_1 = 4 \) ....................................................................................................................................

13. \( q_2 = 6 \) ....................................................................................................................................

14. \[ Q = \frac{q_1 + q_2}{t_1 + t_2} \]
Section M: Drug Use - Tobacco

1. When was the last time you smoked cigarettes? *(Including with cannabis mix)*

   1. Never
   2. More than 6 months ago
   3. In the past 6 months

   4. In the past month
   5. In the past week
   6. In the past few days

2. During the past month, how often did you smoke cigarettes?

   - Between 6-7 days each week – Score 28
   - Between 4-5 days each week – Score 20
   - Between 2-3 days each week – Score 12
   - One day each week – Score 4
   - One day each month – Score 1
   - Not in the last month – Score 0

   If subject answered 0, proceed to Next Section

Please note the strength of the cigarettes in milligrams for each occasion of use

3. On what day did you last use tobacco (cigarettes)? ..............................................................

4. How many cigarettes did you have on that day? .................................................................

5. On which day before that did you smoke cigarettes? ..........................................................

6. And how many cigarettes did you have on that day? ..........................................................

7. And when was the day before that? ....................................................................................

8. Would this be a typical pattern of smoking?

   1=Yes
   2=No, more than usual
   3=No, less than usual

9. What would be a typical pattern of smoking?

   ........................................................................................................................................

10. t1 = W3 – W5 ...................................................................................................................

11. t2 = W5 – W7 ...................................................................................................................

12. q1 = W4 ...........................................................................................................................

13. q2 = W6 ...........................................................................................................................

14. Q = \( \frac{q1 + q2}{t1 + t2} \) ..............................................................................................................
## POLY-DRUG USE

<table>
<thead>
<tr>
<th>Alcohol (M14)</th>
<th>Tranquilisers (S14)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannabis (N14)</td>
<td>Barbiturates (T14)</td>
</tr>
<tr>
<td>Heroin (O14)</td>
<td>Hallucinogens (U14)</td>
</tr>
<tr>
<td>Other Opiates (P14)</td>
<td>Inhalants (V14)</td>
</tr>
<tr>
<td>Amphetamines (Q14)</td>
<td>Tobacco (W14)</td>
</tr>
<tr>
<td>Cocaine (R14)</td>
<td></td>
</tr>
</tbody>
</table>

**Poly-Drug Use Score:**

\[
P = L14 + M14 + N14 + O14 + P14 + Q14 + R14 + S14 + T14 + U14 + V14
\]

= 

---

*DAISI 2005 - 15-Week Assessment (last modified 22-Nov-2005)*
What I would like to do now is to write down all your drinking over the past two weeks. I want to get an idea of how much alcohol you had on each day during this time. The idea is to write down then number of drinks you had each day (on the calendar). On days when you did not drink any alcohol, you write "0". For days when you had something drink, use the table below to calculate the number of standard drinks you had, and write that on the calendar.

Make sure that something is written in for each day on the calendar. If something happens every week, e.g. you go to the pub every Friday night or you go to watch a game every Saturday, then use that to help you remember. If you can’t remember exactly what happened then GIVE IT YOUR BEST GUESS. Start with what you had yesterday and then fill in any other days that you can remember easily, then try to fill out the rest.

Use the following as a guide to the number of standard drinks consumed - Ask about all categories.

<table>
<thead>
<tr>
<th>Wine</th>
<th>Spirits</th>
<th>Full Strength Beer</th>
<th>Light Beer</th>
<th>Fortified Wine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glass (100mL) [1]</td>
<td>30ml nips [1]</td>
<td>Schooner (15oz/425mL) [1.5]</td>
<td>Schooner (15oz/425mL) [0.75]</td>
<td>Port Glass (60mL) [1]</td>
</tr>
<tr>
<td>Flagon (2 Litres) [20]</td>
<td>UDL (cans) [1.3]</td>
<td>Stubby [1.3]</td>
<td>Stubby [0.7]</td>
<td>2 lt. flagons [32]</td>
</tr>
<tr>
<td>12 x cases [10 per litre]</td>
<td>750ml bottles (longneck) [2.5]</td>
<td>750ml bottles (longneck) [2]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

No. of standard drinks

N.B. Figures in square brackets are numbers of standard drinks in one unit.

---

**Enter the days/dates of the fortnight prior to assessment**

<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td></td>
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<tr>
<td>Saturday</td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td></td>
</tr>
</tbody>
</table>

**What Happened that Day?**

**How Many Standard Drinks Were Consumed?**
The questions below ask you about your drinking alcohol and your attempts to control your drinking. Please enter the number of the statement that best applies to you in the space provided:

1. How much of your time when you're not drinking is occupied by ideas, thoughts, impulses, or images related to drinking?
   - 0 = none
   - 1 = less than 1 hour a day
   - 2 = 1-3 hours a day
   - 3 = 4=8 hours a day
   - 4 = Greater than 8 hours a day

2. How frequently do these thoughts occur?
   - 0 = never
   - 1 = No more than 8 times a day
   - 2 = More than 8 times a day, but most hours of the day are free of those thoughts
   - 3 = More than 8 times a day, and during most hours of the day
   - 4 = Thoughts are too numerous to count, and an hour rarely passes without several such thoughts

INSERT THE HIGHER SCORE OF QUESTIONS 1 and 2 HERE: ____________________

3. How much do these ideas, thoughts, impulses or images related to drinking interfere with your social or work (or role) functioning? Is there anything you don't or can't do because of them? [If you are not currently working, how much of your performance would be affected if you were working?]
   - 0 = Thoughts of drinking never interfere – I can function normally
   - 1 = Thoughts of drinking slightly interfere with my social or occupational activities, but my overall performance is not impaired
   - 2 = Thoughts of drinking definitely interfere with my social or occupational performance, but I can still manage
   - 3 = Thoughts of drinking cause substantial impairment in my social or occupational performance
   - 4 = Thoughts of drinking interfere completely with my social or work performance

4. How much distress or disturbance do these ideas, thoughts, impulses or images related to drinking cause you when you are not drinking?
   - 0 = none
   - 1 = Mild, infrequent, and not too disturbing
   - 2 = Moderate, frequent, and disturbing, but still manageable
   - 3 = Severe, very frequent, and very disturbing
   - 4 = Extreme, nearly constant, and disabling distress
5. How much of an effort do you make to resist these thoughts or try to disregard or turn your attention away from these thoughts as they enter your mind when you are not drinking? [rate your efforts made to resist these thoughts, not your success or failure in actually controlling them]
   
   0=My thoughts are so minimal, I don’t need to actively resist. If I have thoughts, I make an effort to always resist
   
   1=I try to resist most of the time
   
   2=I make some effort to resist
   
   3=I give in to all such thoughts without attempting to control them, but I do so with some reluctance
   
   4=I completely and willingly give in to such thoughts

6. How successful are you in stopping or diverting these thoughts when you are not drinking?
   
   0=I am completely successful in stopping or diverting such thoughts
   
   1=I am usually able to stop or divert such thoughts with some effort and concentration
   
   2=I am sometimes able to stop or divert such thoughts
   
   3=I am rarely successful in stopping such thoughts and can only divert such thoughts with difficulty
   
   4=I am rarely able to divert such thoughts even momentarily

7. How many drinks do you drink each day?
   
   0=none
   
   1=less than 1 drink per day
   
   2=1-2 drinks per day
   
   3=3-7 drinks per day
   
   4=8 or more drinks per day

8. How many days each week do you drink?
   
   0=none
   
   1=No more than 1 day per week
   
   2=2-3 days per week
   
   3=4-5 days per week
   
   4=6-7 days per week

INSERT THE HIGHER SCORE OF QUESTIONS 7 and 8 HERE: __________________________
**SELF ADMINISTERED**

This assessment asks how you feel about your quality of life, health and other areas of your life. Please answer all the questions. If unsure about which response to give to a question, please choose the one that appears most appropriate.

Please read each question and assess your feelings, for the last two weeks and circle the number on the scale for each question that gives the best answer for you.

1. How would you rate your quality of life?

<table>
<thead>
<tr>
<th>Very Poor</th>
<th>Poor</th>
<th>Neither Poor nor Good</th>
<th>Good</th>
<th>Very Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

2. How satisfied are you with your health?

<table>
<thead>
<tr>
<th>Very Dissatisfied</th>
<th>Fairly Dissatisfied</th>
<th>Neither Satisfied nor Dissatisfied</th>
<th>Fairly Satisfied</th>
<th>Very Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

The following questions ask about how much you have experienced certain things in the last two weeks.

3. To what extent do you feel that physical pain prevents you from doing what you need to do?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>A small amount</th>
<th>A moderate amount</th>
<th>A great deal</th>
<th>An extreme amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

4. How much do you need any medical treatment to function in your daily life?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>Very</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

5. How much do you enjoy life?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>Very</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

6. To what extent do you feel your life to be meaningful?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>Very</th>
<th>Completely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

7. How well are you able to concentrate?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>Very</th>
<th>Completely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

8. How safe do you feel in your daily life?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>Very</th>
<th>Completely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

9. How healthy is your physical environment?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>To a great extent</th>
<th>Completely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

10. Do you have enough energy for everyday life?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>To a great extent</th>
<th>Completely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

11. Are you able to accept your bodily appearance?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>To a great extent</th>
<th>Completely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Question</td>
<td>Scale</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Have you enough money to meet your needs?</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. How available to you is the information you need in your daily life?</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. To what extent do you have the opportunity for leisure activities?</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. How well are you able to get around physically?</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following questions ask you to say how good or satisfied you have felt about various aspects of your life over the last two weeks.

<table>
<thead>
<tr>
<th>Question</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. How satisfied are you with your sleep?</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>17. How satisfied are you with your ability to perform your daily living activities?</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>18. How satisfied are you with your capacity for work?</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>19. How satisfied are you with yourself?</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>20. How satisfied are you with your personal relationships?</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>21. How satisfied are you with your sex life?</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>22. How satisfied are you with the support You get from your friends?</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>23. How satisfied are you with the conditions of your living place?</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>24. How satisfied are you with your access To health services?</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>25. How satisfied are you with your transport?</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>26. How often do you have negative feelings</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Such as blue mood, despair, anxiety, depression?</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

PART 1

Many people have lived through or witnessed a very stressful and traumatic event at some point in their lives. Indicate whether or not you have experienced or witnessed each traumatic event listed below by circling that item.

1. Serious accident, fire, or explosion (for example, an industrial, farm, car, plane, or boating accident)
2. Natural disaster (for example, tornado, hurricane, flood, or major earthquake)
3. Non-sexual assault by a family member or someone you know (for example, being mugged, physically attacked, shot, stabbed, or held at gunpoint)
4. Non-sexual assault by a stranger (for example, being mugged, physically attacked, shot, stabbed, or held at gunpoint)
5. Sexual assault by a family member or someone you know (for example, rape or attempted rape)
6. Sexual assault by a stranger (for example, rape or attempted rape)
7. Military combat or a war zone
8. Sexual contact when you were younger than 18 with someone who was 5 or more years older than you (for example, contact with genitals, breasts)
9. Imprisonment (for example, prison inmate, prisoner of war, hostage)
10. Torture
11. Life-threatening illness
12. Other traumatic event
13. If you answered Yes to Item 12, specify the traumatic event on the answer sheet:

IF YOU MARKED YES TO ANY OF THE ITEMS ABOVE CONTINUE. IF NOT, STOP HERE.

PART 2

14. If you marked Yes for more than one traumatic event in Part 1, indicate which one bothers you the most. If you marked Yes for only one traumatic event in Part 1, circle the same item below.

1. Accident
2. Disaster
3. Non-sexual assault/someone you know
4. Non-sexual assault/stranger
5. Sexual assault/someone you know
6. Sexual assault/stranger
7. Combat
8. Sexual contact under 18 with someone 5 or more years older than you
9. Imprisonment
10. Torture
11. Life-threatening illness
12. Other traumatic event
Briefly describe the traumatic event you marked above.

________________________________________________________

Below are several questions about the traumatic event you marked in Item 14.

15. How long ago did the traumatic event happen? (circle ONE of the items below)
   1. Less than 1 month
   2. 1 to 3 months
   3. 3 to 6 months
   4. 6 months to 3 years
   5. 3 to 5 years
   6. More than 5 years

For the following questions, circle Y for Yes or N for No.
During the traumatic event:

16. Were you physically injured? Y N
17. Was someone else physically injured? Y N
18. Did you think that your life was in danger? Y N
19. Did you think that someone else's life was in danger? Y N
20. Did you feel helpless? Y N
21. Did you feel terrified? Y N

PART 3

Below is a list of problems that people sometimes have after experiencing a traumatic event. Read each one carefully and choose the answer (0-3) that best describes how often that problem has bothered you IN THE PAST MONTH. Rate each problem with respect to the traumatic event you marked in Item 14.

0 = Not at all or only one time
1 = Once a week or less/once in a while
2 = 2 to 4 times a week/half the time
3 = 5 or more times a week/almost always

22. Having upsetting thoughts or images about the traumatic event that came into your head when you didn't want them to
   0  1  2  3

23. Having bad dreams or nightmares about the traumatic event
   0  1  2  3

24. Reliving the traumatic event, acting or feeling as if was happening again
   0  1  2  3
25. Feeling emotionally upset when you were reminded of the traumatic event (for example, feeling scared, angry, sad, guilty, etc.)

0 1 2 3

26. Experiencing physical reactions when you were reminded of the traumatic event (for example, breaking out in a sweat, heart beating fast)

0 1 2 3

27. Trying not to think about, talk about, or have feelings about the traumatic event

0 1 2 3

28. Trying to avoid activities, people, or places that remind you of the traumatic event

0 1 2 3

29. Not being able to remember an important part of the traumatic event

0 1 2 3

30. Having much less interest or participating much less often in important activities

0 1 2 3

31. Feeling distant or cut off from people around you

0 1 2 3

32. Feeling emotionally numb (for example, being unable to cry or unable to have love feelings)

0 1 2 3

33. Feeling as if your future plans or hopes will not come true (for example, you will not have a career, marriage, children, or a long life)

0 1 2 3

34. Having trouble falling or staying asleep

0 1 2 3

35. Feeling irritable or having fits of anger

0 1 2 3

36. Having trouble concentrating (for example, drifting in and out of conversations, losing track of a story on television, forgetting what you read)

0 1 2 3

0 = Not at all or only one time
1 = Once a week or less/once in a while
2 = 2 to 4 times a week/half the time
3 = 5 or more times a week/almost always

37. Being overly alert (for example, checking to see who is around you, being uncomfortable with your back to a door, etc.)
   
   0  1  2  3

38. Being jumpy or easily startled (for example, when someone walks up behind you)
   
   0  1  2  3

39. How long have you experienced the problems that you reported above? (Circle only ONE of the items below.)
   1. Less than 1 month
   2. 1 to 3 months
   3. More than 3 months

40. How long after the traumatic event did these problems begin? (Circle only ONE of the items below.)
   1. Less than 6 months
   2. 6 or more months

PART 4

Indicate if the problems you rated in Part 3 have interfered with any of the following areas of your life DURING THE PAST MONTH. Mark Y for Yes or N for No.

41. Work
42. Household chores
43. Relationships with friends

44. Fun and leisure activities
45. Schoolwork
46. Relationships with your family

47. Sex life
48. General satisfaction with life
49. Overall level of functioning in all areas of your life
Section R: Posttraumatic Cognitions Inventory (PTCI)

We are interested in the kind of thoughts which you may have had after a traumatic experience. Below are a number of statements that may or may not be representative of your thinking. Please read each statement carefully and tell us how much you Agree or Disagree with each statement. Rate each statement with respect to the traumatic event that has caused you the most distress. People react to traumatic events in many different ways. There are no right or wrong answers to these statements.

1. Totally disagree
2. Disagree very much
3. Disagree slightly
4. Neutral
5. Agree slightly
6. Agree very much
7. Totally agree

1) 1 2 3 4 5 6 7 The event happened because of the way I acted.
2) 1 2 3 4 5 6 7 I can’t trust that I will do the right thing.
3) 1 2 3 4 5 6 7 I am a weak person.
4) 1 2 3 4 5 6 7 I will not be able to control my anger and will do something terrible.
5) 1 2 3 4 5 6 7 I can’t deal with even the slightest upset.
6) 1 2 3 4 5 6 7 I used to be a happy person but now I am always miserable.
7) 1 2 3 4 5 6 7 People can’t be trusted.
8) 1 2 3 4 5 6 7 I have to be on guard all the time.
9) 1 2 3 4 5 6 7 I feel dead inside.
10) 1 2 3 4 5 6 7 You can never know who will harm you.
11) 1 2 3 4 5 6 7 I have to be especially careful because you never know what can happen next.
12) 1 2 3 4 5 6 7 I am inadequate.
13) 1 2 3 4 5 6 7 I will not be able to control my emotions, and something terrible will happen.
14) 1 2 3 4 5 6 7 If I think about the event, I will not be able to handle it.
15) 1 2 3 4 5 6 7 The event happened to me because of the sort of person I am.
16) 1 2 3 4 5 6 7 My reactions since the event mean that I am going crazy.
17) 1 2 3 4 5 6 7 I will never be able to feel normal emotions again.
18) 1 2 3 4 5 6 7 The world is a dangerous place.
19) 1 2 3 4 5 6 7 Somebody else would have stopped the event from happening.
20) 1 2 3 4 5 6 7 I have permanently changed for the worse
1. Totally disagree
2. Disagree very much
3. Disagree slightly
4. Neutral
5. Agree slightly
6. Agree very much
7. Totally agree

21) 1 2 3 4 5 6 7 I feel like an object, not like a person.
22) 1 2 3 4 5 6 7 Somebody else would not have gotten into this situation.
23) 1 2 3 4 5 6 7 I can’t rely on other people.
24) 1 2 3 4 5 6 7 I feel isolated and set apart from others.
25) 1 2 3 4 5 6 7 I have no future.
26) 1 2 3 4 5 6 7 I can’t stop bad things from happening to me.
27) 1 2 3 4 5 6 7 People are not what they seem.
28) 1 2 3 4 5 6 7 My life had been destroyed by the trauma.
29) 1 2 3 4 5 6 7 There is something wrong with me as a person.
30) 1 2 3 4 5 6 7 My reactions since the event show that I am a lousy coper.
31) 1 2 3 4 5 6 7 There is something about me that made the event happen.
32) 1 2 3 4 5 6 7 I will not be able to tolerate my thoughts about the event, and I will fall apart.
33) 1 2 3 4 5 6 7 I feel like I don’t know myself anymore.
34) 1 2 3 4 5 6 7 You never know when something terrible will happen.
35) 1 2 3 4 5 6 7 I can’t rely on myself.
36) 1 2 3 4 5 6 7 Nothing good can happen to me anymore
# Section S: Readiness to Change

**ALCOHOL**

The following questions are designed to identify how you personally feel about your drinking right now. Please think about how your current situation and drinking habits, even if you have given up drinking completely. Read each question below carefully, and then decide whether you agree or disagree with the statements.

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Unsure</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. It's a waste of time thinking about my drinking because I do not have a problem</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. I enjoy my drinking but sometimes I drink too much</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. I am trying to stop drinking or drink less than I used to</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. There is nothing seriously wrong with my drinking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Sometimes I think I should quit or cut down on my drinking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Anyone can talk about wanting to do something about their drinking, but I'm actually doing something about it</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. I am a fairly normal drinker</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. My drinking is a problem sometimes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. I am actually changing my drinking habits right now (either cutting down or quitting)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Giving up or drinking less alcohol would be pointless for me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. I am weighing up the advantages and disadvantages of my present drinking habits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. I have started to carry out a plan to cut down or quit drinking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. There is nothing I really need to change about my drinking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Sometimes I wonder if my drinking is out of control</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. I am actively working on my drinking problem</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Your answers are completely private and confidential*
**Section T: Brief Symptom Inventory**

**THE BRIEF SYMPTOM INVENTORY (BSI)**

INSTRUCTIONS: Below are a list of problems people sometimes have. Please read each one carefully, and tick the circle that best describes **HOW MUCH THAT PROBLEM HAS DISTRESSED OR BOTHERED YOU DURING THE PAST 7 DAYS INCLUDING TODAY USING THE SCALE PROVIDED. Please note that**

0 = Not at all, 1 = A little bit, 2 = Moderately, 3 = Quite a bit, 4 = Extremely

<table>
<thead>
<tr>
<th>HOW MUCH WERE YOU DISTRESSED BY...?</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Nervousness or shakiness inside</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>2. Faintness or dizziness</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>7. Pains in the heart or chest</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>8. Feeling afraid in open spaces or on the streets</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>12. Suddenly scared for no reason</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>19. Feeling fearful</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>23. Nausea or upset stomach</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>28. Feeling afraid to travel on buses, subways or trains</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>29. Trouble getting your breath</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>30. Hot or cold spells</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>31. Having to avoid certain things/activities/places because they frighten you</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>33. Numbness or tingling in parts of your body</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>37. Feeling weak in parts of your body</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>38. Feeling tense or keyed up</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>43. Feeling uneasy in crowds, such as shopping or at a movie</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>45. Spells of terror or panic</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>47. Feeling nervous when you are left alone</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>49. Feeling so restless you couldn’t sit still</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>
This inventory lists different attitudes or beliefs that people sometimes hold. Read each statement carefully and decide how much you agree or disagree with it. For each statement, mark your answer using the number code given below that best describes how you think most of the time. To decide whether a given attitude is typical of your views, keep in mind how you think most of the time.

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Disagree totally</td>
<td>Disagree very much</td>
<td>Disagree slightly</td>
<td>Neutral</td>
<td>Agree slightly</td>
<td>Agree very much</td>
<td>Agree totally</td>
</tr>
</tbody>
</table>

1. People will probably think less of me if I make a mistake
2. I must be a useful, productive, creative person or life has no purpose
3. I can find greater enjoyment if I do things because I want to, rather than in order to please other people
4. By controlling the way I interpret situations, I can control my emotions
5. If you cannot do something well, there is little point in doing it at all
6. What other people think about me is very important
7. People should prepare for the worst or they will be disappointed
8. I should be able to please everybody
9. Even though a person may not be able to control what happens to him, he can control how he thinks
10. It is shameful for a person to display his weaknesses
11. If a person has to be alone for a long period of time, it follows that he has to be lonely
12. A person should try to be the best at everything he undertakes
13. If a person is not a success, then his life is meaningless
14. It is not necessary for a person to become frustrated if he finds obstacles to getting what he wants
15. If I make a foolish statement, it means I am a foolish person
16. I should always have complete control over my feelings
17. I can enjoy myself even when others do not like me
18. If I do not set the highest standards for myself, I am likely to end up a second-rate person
19. If I do not do well all the time, people will not respect me
20. One should look for a practical solution to problems rather than a perfect solution
21. My value as a person depends greatly on what others think of me
22. A person should do well at everything he undertakes
23. If someone disagrees with me, it probably means he does not like me
<table>
<thead>
<tr>
<th></th>
<th>Disagree totally</th>
<th>Disagree very much</th>
<th>Disagree slightly</th>
<th>Neutral</th>
<th>Agree slightly</th>
<th>Agree very much</th>
<th>Agree totally</th>
</tr>
</thead>
<tbody>
<tr>
<td>24</td>
<td>I cannot be happy unless most people I know admire me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>My own opinions of myself are more important than others' opinions of me</td>
<td></td>
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<tr>
<td>26</td>
<td>If I do not treat people kindly, fairly and considerately, I am a rotten person</td>
<td></td>
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<tr>
<td>27</td>
<td>It is awful to be disapproved of by people important to you</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>28</td>
<td>If you do not have other people to lean on, you are bound to be sad</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>People will like me even if I am not successful</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>If other people know what you are really like, they will think less of you</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>31</td>
<td>Whenever I take a chance or risk I am only looking for trouble</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>If a person avoids problems, the problems go away</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>33</td>
<td>No one can hurt me with words. I hurt myself by the way I choose to react to people's words</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>Others can care for me even if they know all my weaknesses</td>
<td></td>
<td></td>
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<tr>
<td>35</td>
<td>If I fail partly, it is as bad as being a complete failure</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>People will reject you if they know all your weaknesses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>I can reach important goals without slave-driving myself</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>My happiness depends more on other people than it does on me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>If a person I love does not love me, it means I am unlovable</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>I ought to be able to solve my problems quickly and without a great deal of effort</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Section V: Global Assessment of Functioning (GAF)

Consider psychological, social and occupational functioning on a hypothetical continuum of mental health—illness. Do not include impairment in functioning due to physical (or environmental) limitations.

100 Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities.
91 No Symptoms.

90 Absent or minimal symptoms (e.g. mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g. an occasional argument with family members).

80 If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g. difficulty concentrating after family argument); no more than slight impairment in social, occupational, or school functioning (e.g. temporarily falling behind in school work).

70 Some mild symptoms (e.g. depressed mood and mild insomnia) OR some difficulty in social, occupational or school functioning (e.g. occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.

60 Moderate symptoms (e.g. flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (e.g. few friends, conflicts with peers and co-workers).

50 Serious symptoms (e.g. suicidal ideation, severe obsessional rituals, frequent shoplifting) OR serious impairment in social, occupational or school functioning (e.g. no friends, unable to keep a job).

40 Some impairments in reality testing or communication (e.g. speech is at time illogical, obscure or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgement, thinking or mood (e.g. depressed man avoids friends, neglects family, and is unable to keep a job).

30 Behavior is considerably influenced by delusions OR hallucinations OR serious impairment in communication or judgement (e.g. sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e.g. stays in bed all day; no job, home, or friends).

20 Some danger of hurting self or others (e.g. suicide attempts without clear expectations of death; frequently violent; manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g. smears faeces)
11 OR gross impairment in commination (e.g. largely incoherent or mute).

10 Persistent danger of severely hurting self or others (e.g. recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.

0 Inadequate information
Assessment Protocol for Partners/Relative/Friends of DAISI Participants

Date of Interview: _____________________________________________

Relationship of Collateral to DAISI participant:

☐ Partner
☐ Relative
☐ Friend
☐ Other: _____________________________________________________

ID of DAISI participant: _______________________________________

Recently, your partner/friend/relative completed an interview with us as part of their involvement in the DAISI project. At that time, they gave permission for us to contact you to ask some questions about their current level of alcohol use. We are only asking you these questions in order to see how reliable our own questionnaires are in being able to accurately detect levels of alcohol use among our DAISI research participants. The information you provide will not be used to harm your partner/friend/relative in any way.

All information you provide to us is completely private and confidential. It will not be given back to your partner/friend/relative, or reported in any way that can identify you.

You may not know the exact answers to the questions I ask about your partner/friend/relative’s alcohol use, however I would just like you to provide your best estimate.

1. Are you willing to complete this assessment with me?

☐ Yes ☐ No

2. How often does your partner/friend/relative have a drink containing alcohol?

Specify frequency: ____________________________________________

Then, code according to following:
0 = never
1 = monthly or less
2 = 2-4 times a month
3 = 2-3 times a week
4 = 4 or more times a week
3. How many drinks containing alcohol would your partner/friend/relative have on a typical day when you they drinking?

Specify number of standard drinks: ____________________________

Then, code according to following:
0 = 1 to 2
1 = 3 to 4
2 = 5 to 6
3 = 7 to 9
4 = 10 or more

4. How often does your partner/friend/relative have six or more drinks on one occasion?

Specify frequency: ____________________________

Then, code according to following:
0 = never
1 = monthly or less
2 = monthly
3 = weekly
4 = daily or almost daily

5. Have you or someone else been injured as a result of your partner/friend/relative’s drinking?

0 = no
2 = yes, but not in the last 6 months
4 = yes, during the last 6 months

6. Has a relative or friend or a doctor or other health worker been concerned about your partner/friend/relative’s drinking or suggested they cut down?

0 = no
2 = yes, but not in the last 6 months
4 = yes, during the last 6 months
APPENDIX F: 6 MONTH FOLLOW-UP ASSESSMENT
6 MONTHS FOLLOW-UP

KEEP THIS PAGE SEPARATE FROM THE PERSON’S COMPLETED ASSESSMENT

Client’s Name: ____________________________

Client’s Address: __________________________

Client’s Phone: _______________ Mobile: _______________

Client’s Email: ____________________________

Do you intend to move away from Newcastle or interstate in the next 12 months?  
If yes, give details: ____________________________

Participant Number: □□□□□

Date Completed: ____________________________

Interviewer: ____________________________

Location: 
(service + suburb)

Please nominate at least one person who does not live with you.  
Alternative Contact person 1: ____________________________

Alternative Contact Address: ____________________________

Alternative Contact Phone (H/M): ____________________________

Relationship to client: ____________________________

Alternative Contact person 2: ____________________________

Alternative Contact Address: ____________________________

Alternative Contact Phone (H/M): ____________________________

DAISI 2006 - 6 Month Follow-Up Assessment (last modified 29-May-2006)
Relationship to client:

General Practitioner

Psychiatrist

Case Manager

Community Health Centre

Do you give us permission to contact the alternative contact and health professionals you have nominated above, if we are unable to contact you at the next follow-up assessment?

Yes [ ] No [ ]

COLLATERAL INFORMATION:
Please provide the name and contact details of a partner/friend/relative we can contact at this assessment for information about your current levels of alcohol use

Name of partner/friend/relative: ________________________________

Address of partner/friend/relative: ________________________________

Phone Number of partner/friend/relative (H/M): ________________________________

Relationship to client: ____________________________________________

DAISI 2006 - 6 Month Follow-Up Assessment (last modified 29-May-2006)
Interview: 6 Months Follow-up
(Revised Version – 29-May-2006)

Participant Number: [Redacted]

Date Completed: [Redacted]

Date of Birth: [Redacted]

Interview conducted:
0=Face to face
1=Phone
88=NK
99=NA

The following statement should be discussed with the participant prior to starting this assessment:
"Thank you so much for agreeing to complete this assessment for the DAISI project. With your permission, I'd like to ask you some questions about your mood, how you have been feeling and the different things you have been doing recently. You may remember some of these questions from previous assessments that you have already completed as part of this project. As this is a research project, I'd just like to stress that it is really important that I do not know which treatment you participated in at the start of your involvement with DAISI. I might ask some general questions about the different treatments you may have participated in over the last few months, but this will only be in general terms. Please do not talk about your DAISI treatment with me here today. Thanks...shall we get started?"

Did you discuss this information with the participants before commencing the assessment?
☐ Yes
☐ No. Please specify why this was omitted: ________________________________
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**Interview 1**

<table>
<thead>
<tr>
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<th>SCID (Depression) &amp; Medication/Hospital admissions, duration and course (DIP)</th>
</tr>
</thead>
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<td>Section B:</td>
<td>Beck Depression Inventory II</td>
</tr>
<tr>
<td>Section C:</td>
<td>Beck Hopelessness Scale</td>
</tr>
<tr>
<td>Section D:</td>
<td>Drug Use History</td>
</tr>
<tr>
<td>Section E:</td>
<td>OTI Drug Use – Alcohol</td>
</tr>
<tr>
<td>Section F:</td>
<td>OTI Drug Use – Cannabis</td>
</tr>
<tr>
<td>Section G:</td>
<td>OTI Drug Use – Heroin</td>
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<tr>
<td>Section H:</td>
<td>OTI Drug Use – Other Opiates</td>
</tr>
<tr>
<td>Section I:</td>
<td>OTI Drug Use – Amphetamines</td>
</tr>
<tr>
<td>Section J:</td>
<td>OTI Drug Use – Cocaine</td>
</tr>
<tr>
<td>Section K:</td>
<td>OTI Drug Use – Tranquilisers</td>
</tr>
<tr>
<td>Section L:</td>
<td>OTI Drug Use – Barbiturates</td>
</tr>
<tr>
<td>Section M:</td>
<td>OTI Drug Use – Hallucinogens</td>
</tr>
<tr>
<td>Section N:</td>
<td>OTI Drug Use – Inhalants</td>
</tr>
<tr>
<td>Section O:</td>
<td>OTI Drug Use – Tobacco</td>
</tr>
<tr>
<td>Section P:</td>
<td>Timeline Follow Back</td>
</tr>
<tr>
<td>Section Q:</td>
<td>AUDIT Drug Use – Alcohol</td>
</tr>
<tr>
<td>Section R:</td>
<td>SCID (Alcohol Use)</td>
</tr>
<tr>
<td>Section S:</td>
<td>SADQ</td>
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<tr>
<td>Section T:</td>
<td>OC Drinking Scale</td>
</tr>
<tr>
<td>Section U:</td>
<td>Readiness to Change – Alcohol</td>
</tr>
<tr>
<td>Section V:</td>
<td>WHO Quality of Life Scale (Brief)</td>
</tr>
<tr>
<td>Section W:</td>
<td>Brief Symptom Inventory</td>
</tr>
<tr>
<td>Section X:</td>
<td>DAS</td>
</tr>
<tr>
<td>Section AA:</td>
<td>Global Assessment of Functioning Scale (GAF)</td>
</tr>
<tr>
<td>Section AB:</td>
<td></td>
</tr>
<tr>
<td>Section AC:</td>
<td>Collateral Interview</td>
</tr>
</tbody>
</table>

*Self Administered*
### DEPRESSIVE DISORDERS

**CODES:**
- \( ? \) = unclear or inadequate information
- \( 1 \) = absent or false (symptom did not occur)
- \( 2 \) = subthreshold (e.g. symptom did occur but not for a 2-week period)
- \( 3 \) = threshold or true (symptom did occur)

A. Five or more of the following symptoms have been present during the same 2-week period and represent a change from previous functioning. At least one of these symptoms is (1) depressed mood or (2) loss of interest or pleasure.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>1-3 months</th>
<th>4-6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(1) Depressed mood</strong></td>
<td></td>
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</tr>
<tr>
<td>Has there been a period of time when you were feeling depressed or down most of the day, nearly every day? What was that like?</td>
<td></td>
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</tr>
<tr>
<td>If YES, How long did it last (as long as 2 weeks)?</td>
<td></td>
<td></td>
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<tr>
<td><strong>(2) Loss of interest or pleasure</strong></td>
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<td></td>
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<tr>
<td>What about losing interest or pleasure in things you usually enjoyed?</td>
<td></td>
<td></td>
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<tr>
<td>If YES, was it nearly every day? How long did it last (as long as 2 weeks)?</td>
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<td></td>
</tr>
</tbody>
</table>

If neither (1) nor (2) above is coded 3 for any time period, go on to D1 (Duration of illness - pp19)

<table>
<thead>
<tr>
<th>Symptom</th>
<th>1-3 months</th>
<th>4-6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(3) Significant change of more than 5% in weight or change in appetite</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>During the time when you felt depressed, did you lose or gain any weight? How much? Were you trying to lose weight?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If NO, How was your appetite during this time? What about compared to your usual appetite? Did you have to force yourself to eat (more or less than usual)? Was that nearly every day?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>(4) Insomnia or hypersomnia</strong></td>
<td></td>
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</tr>
<tr>
<td>How were you sleeping during this time? Did you have trouble falling asleep, waking frequently, trouble staying asleep, waking too early, OR sleeping too much during this time? How many hours a night compared to usual? Was that nearly every night?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>(5) Psychomotor agitation or retardation</strong></td>
<td></td>
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</tr>
<tr>
<td>Were you so fidgety or restless during this time that you were unable to sit still? Was it so bad that other people noticed it? What did they notice? Was that nearly every day?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If NO, what about the opposite...talking or moving more slowly than is normal for you? Was that so bad that other people noticed? What did they notice?</td>
<td></td>
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<tr>
<td>(6) Fatigue or loss of energy</td>
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<td>------------------------------</td>
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<tr>
<td>During this time, what was your energy like?</td>
<td></td>
<td></td>
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<tr>
<td>Were you tired all the time? Was this nearly every day?</td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>(7) Feelings of worthlessness or excessive, inappropriate guilt</th>
</tr>
</thead>
<tbody>
<tr>
<td>During this time, how did you feel about yourself?</td>
</tr>
<tr>
<td>Worthless?</td>
</tr>
<tr>
<td>Was this nearly every day?</td>
</tr>
</tbody>
</table>

If NO, what about feeling guilty about things you had done or not done? Was this nearly every day?

NOTE: only code "1" or "2" for low self-esteem

<table>
<thead>
<tr>
<th>(8) Diminished ability to concentrate or make decisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>During this time, did you have trouble thinking or concentrating?</td>
</tr>
<tr>
<td>What kinds of things did it interfere with?</td>
</tr>
<tr>
<td>Was this nearly every day?</td>
</tr>
</tbody>
</table>

If NO, was it hard to make decisions about everyday things? Was this nearly every day?

<table>
<thead>
<tr>
<th>(9) Recurrent thoughts of death</th>
</tr>
</thead>
<tbody>
<tr>
<td>During this time, were things so bad that you were thinking about death or that you would be better off dead?</td>
</tr>
<tr>
<td>What about thinking of hurting yourself?</td>
</tr>
</tbody>
</table>

If YES, did you do anything to hurt yourself?

---

**Criteria met for A?**

1=absent or false (no)  
2=subthreshold  
3=threshold or true (criteria met for A)

Score "3" for each time period where at least 5 of the above 9 criteria are coded "3", and at least one of these is item (1) or (2).

**NOTE – Criterion B has been omitted from the SCID**

C. Symptoms cause clinically significant distress or impairment in social, occupational or other important areas of functioning.

When you were feeling depressed, did it make it hard for you to do your work, take care of things at home or get along with other people?
D. Symptoms are not due to the direct physiological effects of a substance (e.g. drug abuse or medication).

**NOTE:** a score of 3 in this section indicates that symptoms are not due to physiological effects

<table>
<thead>
<tr>
<th>Question</th>
<th>1-3 months</th>
<th>4-6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Just before you began to feel depressed, were you physically ill?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If YES, what did the doctor say?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If NO, just before this began, were you using any medications?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had you made any changes in the amount you were taking?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If STILL NO, what about drinking or using any street drugs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has your depression occurred at time when you weren't using these substances?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NOTE:</strong> only score 1 if the symptoms are related to physiological effects</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

E. Symptoms are not better accounted for by bereavement.

**NOTE:** a score of 3 in this section indicates that symptoms are not due to bereavement

<table>
<thead>
<tr>
<th>Question</th>
<th>1-3 months</th>
<th>4-6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did all this begin soon after someone close to you died?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NOTE:</strong> only score 1 if the symptoms are related to bereavement issues</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### SCID Criteria met for Major Depressive Episode?

1=absent or false (no major depressive episode)

2=subthreshold

3=threshold or true (criteria met for major depressive episode)

**Major Depressive Episode Criteria:**
Criteria A, C, D, and E are coded 3

<table>
<thead>
<tr>
<th>Major Depressive Episode Criteria:</th>
<th>1-3 months</th>
<th>4-6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criteria A, C, D, and E are coded &quot;3&quot;</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A1. **Duration of Illness in Weeks (since first episode till now)**

Max=99

<table>
<thead>
<tr>
<th>Duration of Illness in Weeks (since first episode till now)</th>
<th></th>
<th></th>
</tr>
</thead>
</table>

A2. **Impairment/Incapacity During Disorder**

Rate of the basis of worst episode

0=No impairment

1=SUBJECTIVE impairment only (at work, school or in social functioning)

2= Evidence of OBJECTIVE impairment in major life role with definite reduction in productivity and/or criticism has been received

3=INPATIENT treatment (any duration) has been received or no function at all in major life role for more than 2 days.

<table>
<thead>
<tr>
<th>Impairment/Incapacity During Disorder</th>
<th></th>
<th></th>
</tr>
</thead>
</table>

A3. **Current medication**

*DAISI 2006 - 6 Month Follow-Up Assessment (last modified 29-May-2006)*
In the past month, have you been taking any medication or injection that had been prescribed by a doctor for your mental health or nerves or alcohol/other drug use?
0=No
1=Yes

In the past month, have you been taking any non-prescription medication or supplements for your mental health or nerves or alcohol/other drug use?(e.g. St John’s Wort, vitamins etc.)
0=No
1=Yes

Skip to QUESTION D10 if 0

A4. What medication are you currently taking?

Show person the CHART. If person is unable to identify drug(s) on the chart, read out the names of the drugs. Write drug code R (from chart) into the boxes provided below. If only "red pills" identified, code 88=NK. Code up to 5 drugs. Code only if person has been on a given drug for >1 month. (77=drug code if not on list)

Drug Name (specify drug name, and dose)  Drug Code

Drug #1: ________________________________

Drug #2: ________________________________

Drug #3: ________________________________

Drug #4: ________________________________

Drug #5: ________________________________

A5. Perceived benefits

Would you say that [quote each drug identified and coded below] was helpful?

What would happen if you stopped [quote 'helpful' drug]?

0=Not helpful at all
1=Helpful
2=Very helpful
88=Impossible to assess
99=NA

Drug Name (specify)  Benefit

Drug #1

Drug #2

Drug #3

Drug #4

Drug #5
List of Medication

Antipsychotic Drugs (oral)

01 Chlorpromazine
02 Clozapine
03 Fluphenixol
04 Fluphenazine Hydrochloride
05 Haloperidol
06 Olanzapine
07 Perphenazine
08 Perpipazine
09 Pimozide
10 Risperdone
11 Seroquel
12 Sulpiride
13 Thioridazine
14 Thiothixene
15 Trifluoperazine

Depot Injectable Antipsychotic Drugs

16 Flupenthixol Decanote
17 Fluphenazine Decanote
18 Haloperidol Decanote
19 Zuclopenthixol Decanote

Antidepressants and Mood Stabilisers

20 Amitriptyline
21 Carbamazepine
22 Clomipramine
23 Desipramine
24 Dothiepin
25 Doxepin
26 Fluoxetine
27 Lithium Carbonate
28 Imipramine
29 Mianserin
30 Moclobemide
31 Nefazodone
32 Nortriptyline
33 Paroxetine
34 Sertraline
35 Tranylcypromine
36 Trimipramine
37 Valporate
38 Venlafaxine
39 Citalopram
40 Fluvoxetine
41 Escitalopram Oxalate
42 Mirtazapine
43 Reboxetine Mesylate

Anxiolytic Drug

39 Alprazolam
40 Buspirone
41 Ciorazepate
42 Diazepam
43 Lorazepam
44 Oxazepam

Anticraving Drug

45 Antabuse
46 Zyban
47 Campral
48 Naltrexone

DAISI 2006 - 6 Month Follow-Up Assessment (last modified 29-May-2006)
A6. Time on each medication
How long have you been taking your current medication?

<table>
<thead>
<tr>
<th>Drug Name (specify)</th>
<th>Number of weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug #1</td>
<td></td>
</tr>
<tr>
<td>Drug #2:</td>
<td></td>
</tr>
<tr>
<td>Drug #3:</td>
<td></td>
</tr>
<tr>
<td>Drug #4:</td>
<td></td>
</tr>
<tr>
<td>Drug #5:</td>
<td></td>
</tr>
</tbody>
</table>

A7. Did any of these medications have effects that you did not like?
I will now read out some complaints that people sometimes attribute to medication. Have you experienced any of these in the past month?
Read out items below as a checklist.
0 = side effect has not occurred  
88 = NK  
1 = side effect has occurred  
99 = NA

- Muscles feeling stiff or tensed up
- Inability to relax
- Hand, arms or legs shaking or trembling
- Feeling of inner restlessness
- Inability to stand still; desire to move the legs; pacing up and down
- Drowsiness or sleepiness during the day
- Trouble with eyesight (blurred vision)
- Dry mouth or mouth more watery than normal
- Tongue moving without you wanting it
- Difficulty swallowing
- Difficulty starting walking
- Slowing down of movements
- Shuffling along
- Unsteadiness when standing or walking
- Nausea (feeling sick, sometimes being sick)
- Weight gain or loss
- Headache
- Sexual dysfunction (finding it hard to have an orgasm; no desire for sex)
- Insomnia (not being able to get to asleep)
- Sweating
- Constipation

DAISI 2006 - 6 Month Follow-Up Assessment (last modified 29-May-2006)
A8. Impairment in daily life attributed to side effects of medication

How much is your everyday life affected by the problems related to medication that you just mentioned to me? Would you say that the side effects of medication are affecting your everyday life severely, moderately, mildly or not at all?

0=Not at all  
1=Mildly  
2=Moderately  
3=Severely

A9. Do you take your medication as prescribed?

1=Yes  
2=No  
3=Mostly

<table>
<thead>
<tr>
<th>Drug Name (specify)</th>
<th>Level of compliance(1, 2, or 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug #1</td>
<td></td>
</tr>
<tr>
<td>Drug #2:</td>
<td></td>
</tr>
<tr>
<td>Drug #3:</td>
<td></td>
</tr>
<tr>
<td>Drug #4:</td>
<td></td>
</tr>
<tr>
<td>Drug #5:</td>
<td></td>
</tr>
</tbody>
</table>

A10. Total number of inpatient admissions in past 6 months

Have you been admitted (for at least an overnight stay) to any hospital or inpatient unit in the past 6 months? How many times in total?

Skip to A13. if 00, 00=no admissions

A11. Number of admissions in past 6 months by type of hospital

What sort of hospital was that? How many times were you admitted to ________? Identify and code up to 5 types of hospital. Read out items below as a checklist. List hospitals in a chronological order of admissions during the past 6 months. For each type of hospital ask about approximate length of stay in weeks. If multiple admissions to same type of hospital, count total number of weeks in last 6 months. Code type of hospital and length of stay in the boxes provided. Code both 11 and 12 in the boxes provided below.

<table>
<thead>
<tr>
<th>Type of hospital #1</th>
<th>Length</th>
<th>Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of hospital #2</td>
<td>Length</td>
<td>Weeks</td>
</tr>
<tr>
<td>Type of hospital #3</td>
<td>Length</td>
<td>Weeks</td>
</tr>
<tr>
<td>Type of hospital #4</td>
<td>Length</td>
<td>Weeks</td>
</tr>
<tr>
<td>Type of hospital #5</td>
<td>Length</td>
<td>Week</td>
</tr>
</tbody>
</table>

1=Public psychiatric hospital  
2=Public psychiatric unit in a public hospital  
3=Private psychiatric hospital  
4=Public drug and alcohol unit  
5=Private drug and alcohol unit  
6=Public general medical hospital  
7=Private general medical hospital  
8=Other (specify)  
99=NA
A12. Length of stay by type of hospital

How many weeks altogether did you stay in ________________?
(Range =0-26) Code in boxes provided above.
99=NA

A13. Health professionals seen elsewhere (not in mental health clinic) in past 6 months

In the past 6 months when you were not in hospital or at the mental health clinic, how many times have you seen any of the following health professionals?

- Community Mental Health Team
- General practitioner
- Medical or surgical specialist
- Private psychiatrist
- Private psychologist
- Other, please specify

Other, please specify

Other, please specify

Other, please specify
Section B: Beck Depression Inventory II

This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the one statement in each group that best describes the way you have been feeling during the past two weeks, including today. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group.

1. Sadness
   0 I do not feel sad
   1 I feel sad much of the time
   2 I am sad all the time
   3 I am so sad or unhappy that I can't stand it

2. Pessimism
   0 I am not discouraged about my future
   1 I feel more discouraged about my future than I used to be
   2 I do not expect things to work out for me
   3 I feel my future is hopeless and will only get worse

3. Past Failure
   0 I do not feel like a failure
   1 I have failed more than I should have
   2 As I look back, I see a lot of failures
   3 I feel I am a total failure as a person

4. Loss of Pleasure
   0 I get as much pleasure as I ever did from the things I enjoy
   1 I don't enjoy things as much as I used to
   2 I get very little pleasure from the things I used to enjoy
   3 I can't get any pleasure from the things I used to enjoy

5. Guilty Feelings
   0 I don't feel particularly guilty
   1 I feel guilty over many things I have done or should have done
   2 I feel quite guilty most of the time
   3 I feel guilty all of the time

6. Punishment Feelings
   0 I don't feel I am being punished
   1 I feel I may be punished
   2 I expect to be punished
   3 I feel I am being punished

7. Self - Dislike
   0 I feel the same about myself as ever
   1 I have lost confidence in myself
   2 I am disappointed in myself
   3 I dislike myself

8. Self Criticalness
   0 I don't criticise or blame myself more than usual
   1 I am more critical of myself than I used to be
   2 I criticise myself for all of my faults
   3 I blame myself for everything bad that happens

9. Suicidal Thoughts or Wishes
   0 I don't have any thoughts of killing myself
   1 I have thoughts of killing myself, but I would not carry them out
   2 I would like to kill myself
   3 I would like to kill myself if I had the chance
10. Crying
   0  I don't cry anymore than I used to
   1  I cry more than I used to
   2  I cry over every little thing
   3  I feel like crying, but I can't

11. Agitation
   0  I am no more restless or wound up than usual
   1  I feel more restless or wound up than usual
   2  I am so restless or agitated that it's hard to stay still
   3  I am so restless or agitated that I have to keep moving or doing something

12. Loss of Interest
   0  I have not lost interest in other people or activities
   1  I am less interested in other people or things than before
   2  I have lost most of my interest in other people or things
   3  It's hard to get interested in anything

13. Indecisiveness
   0  I make decisions about as well as ever
   1  I find it more difficult to make decisions than usual
   2  I have much greater difficulty in making decisions than I used to
   3  I have trouble making any decisions

14. Worthlessness
   0  I do not feel I am worthless
   1  I don't consider myself as worthwhile and useful as I used to
   2  I feel more worthless as compared to other people
   3  I feel utterly worthless

15. Loss of Energy
   0  I have as much energy as ever
   1  I have less energy than I used to have
   2  I don't have enough energy to do very much
   3  I don't have enough energy to do anything

16. Changes in Sleep Pattern
   0  I have not experienced any change in my sleeping pattern

   1a I sleep somewhat more than usual
   1b I sleep somewhat less than usual

   2a I sleep a lot more than usual
   2b I sleep a lot less than usual

   3a I sleep most of the day
   3b I wake up 1-2 hours early and can't get back to sleep

17. Irritability
   0  I am no more irritable than usual
   1  I am more irritable than usual
   2  I am much more irritable than usual
   3  I am irritable all the time
18. Changes in Appetite
   0 I have not experienced any change in my appetite
   1a My appetite is somewhat less than usual
   1b My appetite is somewhat greater than usual
   2a My appetite is much less than before
   2b My appetite is much greater than usual
   3a I have no appetite at all
   3b I crave food all the time

19. Concentration Difficulty
   0 I can concentrate as well as ever
   1 I can't concentrate as well as usual
   2 It's hard to keep my mind on anything for very long
   3 I find I can't concentrate on anything

20. Tiredness or Fatigue
   0 I am no more tired or fatigued than usual
   1 I get more tired or fatigued more easily than usual
   2 I am too tired or fatigued to do a lot of the things I used to do
   3 I am too tired or fatigued to do most of the things I used to do

21. Loss of Interest in Sex
   0 I have not noticed any recent change in my interest in sex
   1 I am less interested in sex than I used to be
   2 I am much less interest in sex now
   3 I have lost interest in sex completely

BDI Total Score
This questionnaire consists of a list of 20 statements. Please read each statement carefully one by one.

If the statement describes your attitude for the past week, including today, circle TRUE. If the statement is false for you, circle FALSE. Please read each sentence.

1. I look forward to the future with hope and enthusiasm................................. True False
2. I might as well give up because there's nothing I can do about making things better for myself................................................................. True False
3. When things are going badly, I am helped by knowing that they can't stay that way forever................................................................. True False
4. I can't imagine what my life would be like in ten years........................................ True False
5. I have enough time to accomplish the things I most want to do................................. True False
6. In the future I expect to succeed in what concerns me most........................................... True False
7. The future looks dark to me........................................................................... True False
8. I happen to be particularly lucky and I expect to get more of the good things in life than the average person................................................................. True False
9. I just don't get the breaks, and there's no reason to believe that I will in the future............. True False
10. My past experiences have prepared me well for my future................................................. True False
11. All I can see ahead of me is unpleasantness rather than pleasantness............................ True False
12. I don't expect to get what I really want............................................................................ True False
13. When I look ahead to the future I expect I will be happier than I am now......................... True False
14. Things just won't work out the way I want them too....................................................... True False
15. I have great faith in the future................................................................................. True False
16. I never get what I want so it's foolish to want anything.................................................... True False
17. It is very unlikely that I will get any real satisfaction in the future.................................... True False
18. The future seems vague and uncertain to me................................................................. True False
19. I can look forward to more good times than bad times.................................................... True False
20. There's no use in really trying to get something I want because I probably won't get it. True False
I'm now going to ask you about your use of alcohol and other drugs in the past, and at the moment. I just want to remind you that you are under no obligation to answer these questions. Of course, the more questions you answer honestly, the more useful the information is to me and the project, but you do not have to answer them all. The information you give me is completely confidential, except as required by law.

<table>
<thead>
<tr>
<th>Drug Class</th>
<th>Ever Used</th>
<th>Age 1st Used</th>
<th>Age regularly started using</th>
<th>When was the last time you used?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td></td>
<td></td>
<td></td>
<td>1=Never</td>
</tr>
<tr>
<td>Cannabis</td>
<td></td>
<td></td>
<td></td>
<td>2=More than 6 months ago</td>
</tr>
<tr>
<td>Heroin</td>
<td></td>
<td></td>
<td></td>
<td>3=In the past 6 months</td>
</tr>
<tr>
<td>Other Opiates</td>
<td></td>
<td></td>
<td></td>
<td>4=In the past month</td>
</tr>
<tr>
<td>Amphetamines</td>
<td></td>
<td></td>
<td></td>
<td>5=In the past week</td>
</tr>
<tr>
<td>Cocaine</td>
<td></td>
<td></td>
<td></td>
<td>6=In the past few days</td>
</tr>
<tr>
<td>Tranquilisers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Barbiturates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hallucinogens</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inhalants</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caffeine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

D1. Are you currently in drug or other treatment or have you been in the last 6 months?  

(If NO, go to question D4.)

<table>
<thead>
<tr>
<th></th>
<th>NO........0</th>
<th>YES.........1</th>
</tr>
</thead>
<tbody>
<tr>
<td>D2. What sort of treatment are you in (Y/N)? Current</td>
<td>6 months</td>
<td></td>
</tr>
<tr>
<td>Methadone</td>
<td>□ □ Dosage□</td>
<td>□ □ Dosage□</td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>□ □ Dosage□</td>
<td>□ □ Dosage□</td>
</tr>
<tr>
<td>Other AOD medication</td>
<td>□ □ Dosage□</td>
<td>□ □ Dosage□</td>
</tr>
<tr>
<td>Detoxification</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Drug free Counselling</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Therapeutic Community</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Narcotics Anonymous</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Alcoholics Anonymous</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Other (specify__________)</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
D3. How long have you been in these treatments in total over the past 6 months?

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Weeks</th>
<th>Times/week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not in treatment</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Methadone</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Other AOD medication</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Detoxification</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Drug free Counselling</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Therapeutic Community</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Narcotics Anonymous</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Alcoholics Anonymous</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Other (specify_________________)</td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>

D4. How many cups of tea/coffee/cola do you drink a day?

<table>
<thead>
<tr>
<th>Drink</th>
<th>Cups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tea</td>
<td></td>
</tr>
<tr>
<td>Coffee</td>
<td></td>
</tr>
<tr>
<td>Cola</td>
<td></td>
</tr>
</tbody>
</table>
1. When was the last time you drank alcohol?
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days

If subject answers 1, 2 or 3, proceed to Cannabis

2. During the past month, how often did you drink alcohol?
   Between 6-7 days each week – Score 28
   Between 4-5 days each week – Score 20
   Between 2-3 days each week – Score 12
   One day each week – Score 4
   One day each fortnight – Score 2
   One day each month – Score 1
   Not in the last month – Score 0

If subject answers 0, proceed to Cannabis

3. On what day did you last drink alcohol (in the past month)? __________________________

4. How much alcohol did you drink on that day?
   (Ask about all categories. Figures in square brackets are numbers of standard drinks in one unit)

<table>
<thead>
<tr>
<th>Wine</th>
<th>Spirits</th>
<th>Full Strength Beer</th>
<th>Light Beer</th>
<th>Fortified Wine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glass (100mL)</td>
<td>30ml nips [1]</td>
<td>Schooner (150mL) [1.5]</td>
<td>Middy (1oz/285mL) [1]</td>
<td></td>
</tr>
<tr>
<td>750ml bottles</td>
<td>750ml bottles [25]</td>
<td>Can [1.3]</td>
<td>Schooner (15oz/425mL) [0.79]</td>
<td></td>
</tr>
<tr>
<td>Flagon (2 Litres)</td>
<td>UDL (cans) [1.3]</td>
<td>Stubby [1.3]</td>
<td>Can [0.7]</td>
<td></td>
</tr>
<tr>
<td>lt. casks [10 per litre]</td>
<td>750ml bottles (longneck) [2.5]</td>
<td>750ml bottles (longneck) [2]</td>
<td>Port Glass (60mL) [1]</td>
<td></td>
</tr>
</tbody>
</table>

No. of standard drinks

TOTAL NUMBER OF STANDARD DRINKS = _______________________

5. On which day before that did you drink alcohol? __________________________

6. And how much alcohol did you drink on that day?
   (Ask about all categories. Figures in square brackets are numbers of standard drinks in one unit)

<table>
<thead>
<tr>
<th>Wine</th>
<th>Spirits</th>
<th>Full Strength Beer</th>
<th>Light Beer</th>
<th>Fortified Wine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glass (100mL)</td>
<td>30ml nips [1]</td>
<td>Schooner (150mL) [1.5]</td>
<td>Middy (1oz/285mL) [1]</td>
<td></td>
</tr>
<tr>
<td>750ml bottles</td>
<td>750ml bottles [7.5]</td>
<td>Can [1.3]</td>
<td>Schooner (15oz/425mL) [0.75]</td>
<td></td>
</tr>
<tr>
<td>Flagon (2 Litres)</td>
<td>UDL (cans) [1.3]</td>
<td>Stubby [1.3]</td>
<td>Can [0.7]</td>
<td></td>
</tr>
<tr>
<td>lt. casks [10 per litre]</td>
<td>750ml bottles (longneck) [2.5]</td>
<td>750ml bottles (longneck) [2]</td>
<td>Port Glass (60mL) [1]</td>
<td></td>
</tr>
</tbody>
</table>

No. of standard drinks

TOTAL NUMBER OF STANDARD DRINKS = _______________________

7. And when was the day before that? __________________________

DAISI 2006 - 6 Month Follow-Up Assessment (last modified 29-May-2006)
8. Would this be a typical pattern of drinking?
   1=Yes
   2=No, more than usual
   3=No, less than usual

9. If NO, What would be a typical pattern of drinking?

   

10. $t_1 = 3 - 5$ .................................................................

11. $t_2 = 5 - 7$ .................................................................

12. $q_1 = 4$ .................................................................

13. $q_2 = 6$ .................................................................

14. $Q = \frac{q_1 + q_2}{t_1 + t_2}$
**Section F: OTI - Cannabis**

1. When was the last time you used cannabis (marijuana, dope, grass, hash, pot)?
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days

**If subject answered 1, 2 or 3, proceed to Heroin**

2. During the past month, how often did you use cannabis?
   - Between 6-7 days each week – Score 28
   - Between 4-5 days each week – Score 20
   - Between 2-3 days each week – Score 12
   - One day each week – Score 4
   - One day each fortnight – Score 2
   - One day each month – Score 1
   - Not in the last month – Score 0

**If subject answered 0, proceed to Heroin**

3. On what day did you last use cannabis (in the past month)?

4. How many joints/bongs/etc. did you have on that day?

5. On which day before that did you use cannabis?

6. And how many joints/bongs/etc. did you have on that day?

7. And when was the day before that?

8. Would this be a typical pattern of cannabis use?
   1=Yes
   2=No, more than usual
   3=No, less than usual

9. What would be a typical pattern of using?

10. \( t_1 = 3 - 5 \)

11. \( t_2 = 5 - 7 \)

12. \( q_1 = 4 \)

13. \( q_2 = 6 \)

14. \[ Q = \frac{q_1 + q_2}{t_1 + t_2} \]
Section G: Drug Use - Heroin

1. When was the last time you used heroin?
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days

If subject answered 1, 2 or 3, proceed to Other Opiates

2. During the past month, how often did you use heroin?
   Between 6-7 days each week – Score 28
   Between 4-5 days each week – Score 20
   Between 2-3 days each week – Score 12
   One day each week – Score 4
   One day each fortnight – Score 2
   One day each month – Score 1
   Not in the last month – Score 0

If subject answered 0, proceed to Other Opiates

3. On what day did you last use heroin (in the past month)?

4. How many hits/smokes/snorts/pills/doses/etc. did you have on that day?

5. On which day before that did you use heroin?

6. And how many hits/smokes/snorts/etc. did you have on that day?

7. And when was the day before that?

8. Would this be a typical pattern of heroin use?
   1=Yes
   2=No, more than usual
   3=No, less than usual

9. What would be a typical pattern of heroin use?

10. \( t_1 = 3 - 5 \)

11. \( t_2 = 5 - 7 \)

12. \( q_1 = 4 \)

13. \( q_2 = 6 \)

14. \( Q = \frac{q_1 + q_1}{t_1 + t_2} \)
Section H: Drug Use – Other Opiates

1. When was the last time you used other opiates?
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days

If subject answered 1 2 or 3, proceed to Amphetamines

2. During the past month, how often did you use other opiates?
   Between 6-7 days each week – Score 28
   Between 4-5 days each week – Score 20
   Between 2-3 days each week – Score 12
   One day each week – Score 4
   One day each fortnight – Score 2
   One day each month – Score 1
   Not in the last month – Score 0

If subject answered 0, proceed to Amphetamines

3. On what day did you last use opiates (in the past month)?

4. How many hits/smokes/etc.. did you have on that day (record use occasions)?

5. On which day before that did you use opiates?

6. And how many hits/smokes/etc. did you have on that day (record use occasions)?

7. And when was the day before that?

8. Would this be a typical pattern of opiate use?
   1=Yes
   2=No, more than usual
   3=No, less than usual

9. What would be a typical pattern of opiate use?

10. \( t_1 = 3 - 5 \)

11. \( t_2 = 5 - 7 \)

12. \( q_1 = 4 \)

13. \( q_2 = 6 \)

14. \( Q = \frac{q_1 + q_2}{t_1 + t_2} \)
Section I: Drug Use - Amphetamines

1. When was the last time you used amphetamines (speed)?
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days

   If subject answered 1, 2 or 3, proceed to Cocaine

2. During the past month, how often did you use amphetamines?
   Between 6-7 days each week – Score 28
   Between 4-5 days each week – Score 20
   Between 2-3 days each week – Score 12
   One day each week – Score 4
   One day each fortnight – Score 2
   One day each month – Score 1
   Not in the last month – Score 0

   If subject answered 0, proceed to Cocaine

3. On what day did you last use amphetamines (in the past month)? ..........................................

4. How many tablets/snorts/hits/etc. did you have on that day? ..................................................

5. On which day before that did you use amphetamines? ..............................................................

6. And how many tablets/snorts/hits/etc. did you have on that day? ...........................................

7. And when was the day before that? ..............................................................................................

8. Would this be a typical pattern of amphetamine use?
   1=Yes
   2=No, more than usual
   3=No, less than usual

9. What would be a typical pattern of amphetamine use?

10. \( t_1 = 3 - 5 \) .........................................................................................................................

11. \( t_2 = 5 - 7 \) ..........................................................................................................................

12. \( q_1 = 4 \) .................................................................................................................................

13. \( q_2 = 6 \) .................................................................................................................................

14. \( Q = \frac{q_1 + q_2}{t_1 + t_2} \) ..............................................................................................................
### Section J: Drug Use - Cocaine

1. **When was the last time you used cocaine (coke, snow, crack)?**
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days

<table>
<thead>
<tr>
<th>If subject answered 1 2 or 3, proceed to Tranquillisers</th>
</tr>
</thead>
</table>

2. **During the past month, how often did you use cocaine?**
   - Between 6-7 days each week – Score 28
   - Between 4-5 days each week – Score 20
   - Between 2-3 days each week – Score 12
   - One day each week – Score 4
   - One day each fortnight – Score 2
   - One day each month – Score 1
   - Not in the last month – Score 0

<table>
<thead>
<tr>
<th>If subject answered 0, proceed to Tranquillisers</th>
</tr>
</thead>
</table>

3. **On what day did you last use cocaine (in the past month)?**

4. **How many hits/smokes/snorts/etc. did you have on that day?**

5. **On which day before that did you use cocaine?**

6. **And how many hits/smokes/snorts/etc. did you have on that day?**

7. **And when was the day before that?**

8. **Would this be a typical pattern of cocaine use?**
   - 1=Yes
   - 2=No, more than usual
   - 3=No, less than usual

9. **What would be a typical pattern of cocaine use?**

<table>
<thead>
<tr>
<th>10. [ t_1 = 3 - 5 ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. [ t_2 = 5 - 7 ]</td>
</tr>
<tr>
<td>12. [ q_1 = 4 ]</td>
</tr>
<tr>
<td>13. [ q_2 = 6 ]</td>
</tr>
<tr>
<td>14. [ Q = \frac{q_1 + q_2}{t_1 + t_2} ]</td>
</tr>
</tbody>
</table>
Section K: Drug Use - Tranquilisers

1. When was the last time you used Tranquilisers (benzos, serepax, rohypnol, mogadon, valium)?
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days

   If subject answered 1, 2 or 3, proceed to Barbiturates

2. During the past month, how often did you use tranquilisers?
   - Between 6-7 days each week – Score 28
   - Between 4-5 days each week – Score 20
   - Between 2-3 days each week – Score 12
   - One day each week – Score 4
   - One day each fortnight – Score 2
   - One day each month – Score 1
   - Not in the last month – Score 0

   If subject answered 0, proceed to Barbiturates

3. On what day did you last use tranquilisers (in the past month)?

4. How many pills did you have on that day?

5. On which day before that did you use tranquilisers?

6. And how many pills did you have on that day?

7. And when was the day before that?

8. Would this be a typical pattern of tranquiliser use?
   1=Yes
   2=No, more than usual
   3=No, less than usual

9. What would be a typical pattern of tranquiliser use?

10. t1 = S3 – S5

11. t2 = S5 – S7

12. q1 = S4

13. q2 = S6

14. \[ Q = \frac{q1 + q2}{t1 + t2} \]
Section L: Drug Use - Barbiturates

1. When was the last time you used barbiturates (nembutal, seconal)?
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days

   If subject answered 1 2 or 3, proceed to Hallucinogens

2. During the past month, how often did you use barbiturates?
   - Between 6-7 days each week – Score 28
   - Between 4-5 days each week – Score 20
   - Between 2-3 days each week – Score 12
   - One day each week – Score 4
   - One day each fortnight – Score 2
   - Not in the last month – Score 0

   If subject answered 0, proceed to Hallucinogens

3. On what day did you last use barbiturates (in the last month)?

4. How many pills did you have on that day?

5. On which day before that did you use barbiturates?

6. And how many pills did you have on that day?

7. And when was the day before that?

8. Would this be a typical pattern of barbiturates use?
   1=Yes
   2=No, more than usual
   3=No, less than usual

9. What would be a typical pattern of barbiturates use?

10. t1 = 3 – 5

11. t2 = 5 – 7

12. q1 = 4

13. q2 = 6

14. \[ Q = \frac{q1 + q2}{t1 + t2} \]
Section M: Drug Use - Hallucinogens

1. When was the last time you used hallucinogens (LSD/ Acid, ecstasy, magic mushrooms)?
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days

   If subject answered 1, 2 or 3, proceed to Inhalants

2. During the past month, how often did you use hallucinogens?
   Between 6-7 days each week – Score 28
   Between 4-5 days each week – Score 20
   Between 2-3 days each week – Score 12
   One day each week – Score 4
   One day each fortnight – Score 2
   One day each month – Score 1
   Not in the last month – Score 0

   If subject answered 0, proceed to Inhalants

3. On what day did you last use hallucinogens (in the last month)? ...........................................

4. How many tabs/pills/etc. did you have on that day? .................................................................

5. On which day before that did you use hallucinogens? ..............................................................

6. And how many tabs/pills/etc. did you have on that day? ..........................................................

7. And when was the day before that? ..............................................................................................

8. Would this be a typical pattern of hallucinogen use?
   1=Yes
   2=No, more than usual
   3=No, less than usual

9. What would be a typical pattern of hallucinogen use?
   ..............................................................................................................................................

10. \( t1 = 3 - 5 \) ............................................................................................................................

11. \( t2 = 5 - 7 \) ............................................................................................................................

12. \( q1 = 4 \) ..................................................................................................................................

13. \( q2 = \) ......................................................................................................................................

14. \[ Q = \frac{q1 + q2}{t1 + t2} \] ....................................................................................................................
Section N: Drug Use - Inhalants

1. When was the last time you used inhalants (amyl/rush, glue, laughing gas, aerosols, petrol)?
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days

If subject answered 1 2 or 3, proceed to Tobacco

2. During the past month, how often did you use inhalants?
   Between 6-7 days each week – Score 28
   Between 4-6 days each week – Score 20
   Between 2-3 days each week – Score 12
   One day each week – Score 4
   One day each fortnight – Score 2
   One day each month – Score 1
   Not in the last month – Score 0

If subject answered 0; proceed to Tobacco

3. On what day did you last use inhalants (in the last month)?

4. How many sniffs did you have on that day?

5. On which day before that did you use inhalants?

6. And how many sniffs did you have on that day?

7. And when was the day before that?

8. Would this be a typical pattern of inhalant use?
   1=Yes
   2=No, more than usual
   3=No, less than usual

9. What would be a typical pattern of inhalant use?

10. $t_1 = 3 - 5$

11. $t_2 = 5 - 7$

12. $q_1 = 4$

13. $q_2 = 6$

14. $Q = \frac{q_1 + q_2}{t_1 + t_2}$
Section O: Drug Use - Tobacco

1. When was the last time you smoked cigarettes? (*Including with cannabis mix*)
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days

If subject answered 1 2 or 3, proceed to Next Section

2. During the past month, how often did you smoke cigarettes?
   Between 6-7 days each week – Score 28
   Between 4-5 days each week – Score 20
   Between 2-3 days each week – Score 12
   One day each week – Score 4
   One day each fortnight – Score 2
   One day each month – Score 1
   Not in the last month – Score 0

If subject answered 0, proceed to Next Section

Please note the strength of the cigarettes in milligrams for each occasion of use

3. On what day did you last use tobacco (cigarettes)? .....................................................

4. How many cigarettes did you have on that day? ............................................................

5. On which day before that did you smoke cigarettes? .....................................................

6. And how many cigarettes did you have on that day? .....................................................

7. And when was the day before that? ..................................................................................

8. Would this be a typical pattern of smoking?
   1=Yes
   2=No, more than usual
   3=No, less than usual

9. What would be a typical pattern of smoking?

10. \[ t_1 = W_3 - W_5 \] .......................................................... ..................................................

11. \[ t_2 = W_5 - W_7 \] .......................................................... ..................................................

12. \[ q_1 = W_4 \] .......................................................... ..................................................

13. \[ q_2 = W_6 \] .......................................................... ..................................................

14. \[ Q = \frac{q_1 + q_2}{t_1 + t_2} \] .......................................................... .............................................
## POLY-DRUG USE

<table>
<thead>
<tr>
<th>Alcohol (M14)</th>
<th>Tranquilisers (S14)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannabis (N14)</td>
<td>Barbiturates (T14)</td>
</tr>
<tr>
<td>Heroin (O14)</td>
<td>Hallucinogens (U14)</td>
</tr>
<tr>
<td>Other Opiates (P14)</td>
<td>Inhalants (V14)</td>
</tr>
<tr>
<td>Amphetamines (Q14)</td>
<td>Tobacco (W14)</td>
</tr>
<tr>
<td>Cocaine (R14)</td>
<td></td>
</tr>
</tbody>
</table>

### Poly-Drug Use Score:

\[
P = L14 + M14 + N14 + O14 + P14 + Q14 + R14 + S14 + T14 + U14 + V14
\]

\[= \]
Section P: TLFB (Time Line Follow Back)

What I would like to do now is to write down all your drinking over the past two weeks. I want to get an idea of how much alcohol you had on each day during this time. The idea is to write down then number of drinks you had each day (on the calendar). On days when you did not drink any alcohol, you write "0". For days when you had something drink, use the table below to calculate the number of standard drinks you had, and write that on the calendar.

Make sure that something is written in for each day on the calendar. If something happens every week, e.g. you go to the pub every Friday night or you go to watch a game every Saturday, then use that to help you remember. If you can't remember exactly what happened then GIVE IT YOUR BEST GUESS. Start with what you had yesterday and then fill out any other days that you can remember easily, then try to fill out the rest.

Use the following as a guide to the number of standard drinks consumed - Ask about all categories.

<table>
<thead>
<tr>
<th>Wine</th>
<th>Spirits</th>
<th>Full Strength Beer</th>
<th>Light Beer</th>
<th>Fortified Wine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glass (100mL)</td>
<td>[ 1 ]</td>
<td>Middy (10oz/285mL) [ 1 ]</td>
<td>Middy (10oz/285mL) [ 0.5]</td>
<td>Port Glass (60mL) [ 1 ]</td>
</tr>
<tr>
<td>750mL bottles</td>
<td>[ 7.5 ]</td>
<td>Schooner (15oz/425mL) [ 1.5]</td>
<td>Schooner (15oz/425mL) [ 0.75]</td>
<td>750mL bottles [ 10 ]</td>
</tr>
<tr>
<td>Flagon (2 Litres)</td>
<td>[ 20 ]</td>
<td>Can [ 1.3]</td>
<td>Can [ 0.7]</td>
<td>2 lt. flagons [ 32 ]</td>
</tr>
<tr>
<td>5lt casks [ 10 per litre ]</td>
<td></td>
<td>UDL (cans) [ 1.3]</td>
<td>Stubby [ 0.7]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>750ml bottles (longneck) [ 2.5]</td>
<td>750ml bottles (longneck) [ 2]</td>
<td></td>
</tr>
</tbody>
</table>

No. of standard drinks

N.B. Figures in square brackets are numbers of standard drinks in one unit

Enter the days/dates of the fortnight prior to assessment

<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
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<tr>
<td>Wednesday</td>
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<tr>
<td>Saturday</td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td></td>
</tr>
</tbody>
</table>

What Happened that Day?

How Many Standard Drinks Were Consumed?
SECTION Q: AUDIT

ADMINISTER TO ALL PARTICIPANTS

Please circle the answer that is correct for you for the last 6 months.

1. How often do you have a drink containing alcohol?
   Specify exact frequency: ________________________________

   Then, code according to following:
   0 = never
   1 = monthly or less
   2 = 2-4 times a month
   3 = 2-3 times a week
   4 = 4 or more times a week

2. How many drinks containing alcohol do you have on a typical day when you are drinking?
   Specify exact number of standard drinks: ________________________________

   Then, code according to following:
   0 = 1 to 2
   1 = 3 to 4
   2 = 5 to 6
   3 = 7 to 9
   4 = 10 or more

3. How often do you have six or more drinks on one occasion?
   Specify exact frequency: ________________________________

   Then, code according to following:
   0 = never
   1 = less than monthly
   2 = monthly
   3 = weekly
   4 = daily or almost daily

4. How often during the last 6 months have you found that you were not able to stop drinking once you had started?
   0 = never
   1 = less than monthly
   2 = monthly
   3 = weekly
   4 = daily or almost daily

5. How often during the last 6 months have you failed to do what was normally expected from you because of drinking?
   0 = never
   1 = less than monthly
   2 = monthly
   3 = weekly
   4 = daily or almost daily
6. How often during the last 6 months have you needed a first drink in the morning to get yourself going after a heavy drinking session?
   0 = never
   1 = less than monthly
   2 = monthly
   3 = weekly
   4 = daily or almost daily

7. How often during the last 6 months have you had a feeling of guilt or remorse after drinking?
   0 = never
   1 = less than monthly
   2 = monthly
   3 = weekly
   4 = daily or almost daily

8. How often during the last 6 months have you been unable to remember what happened the night before because you had been drinking?
   0 = never
   1 = less than monthly
   2 = monthly
   3 = weekly
   4 = daily or almost daily

9. Have you or someone else been injured as a result of your drinking?
   0 = no
   2 = yes, but not in the last 6 months
   4 = yes, during the last 6 months

10. Has a relative or friend or a doctor or other health worker, been concerned about your drinking or suggested you cut down?
    0 = no
    2 = yes, but not in the last 6 months
    4 = yes, during the last 6 months

AUDIT TOTAL =
**CODING FOR THIS SECTION...**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>?</td>
<td>Inadequate information</td>
</tr>
<tr>
<td>1</td>
<td>Absent or false</td>
</tr>
<tr>
<td>2</td>
<td>Subthreshold</td>
</tr>
<tr>
<td>3</td>
<td>Threshold or true</td>
</tr>
</tbody>
</table>

**Alcohol Abuse Criteria**

A maladaptive pattern substance use leading to clinically significant impairment or distress, as manifested by 1 or more of the following occurring within a 6 month period:

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

Have you ever missed work or school because you were intoxicated, high or very hung over? (How often? What about doing a bad job at work or failing courses at school because of your drinking?)

<table>
<thead>
<tr>
<th>1-3 months</th>
<th>4-6 months</th>
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</thead>
</table>

If NO: What about not keeping your house clean or not taking proper care for your children because of your drinking? (How often?)

If YES to either of above: How often? (Over what period of time?)

2) Recurrent alcohol use in situations in which it is physically hazardous (e.g. driving a car, operating a machine when impaired by alcohol)

Did you ever drink in a situation in which it might have been dangerous to drink at all? (Did you ever drive while you were really too drunk to drive?)

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<tr>
<th>1-3 months</th>
<th>4-6 months</th>
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</table>

If YES and UNKNOWN: How many times?

3) Recurrent alcohol-related legal problems (e.g. arrests for alcohol-related disorderly conduct)

Has your drinking gotten you into trouble with the law?

<table>
<thead>
<tr>
<th>1-3 months</th>
<th>4-6 months</th>
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</thead>
</table>

If YES and UNKNOWN: How often? (Over what period of time?)
(4) 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)

<table>
<thead>
<tr>
<th>If not already known: Has your drinking caused problems with other people, such as with family members, friends or people at work? (Have you ever gotten into physical fights when you were drinking? What about having bad arguments about your drinking?)</th>
<th>1-3 months</th>
<th>4-6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>If YES: Did you keep on drinking anyway? (Over what period of time?)</td>
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</table>

Alcohol Abuse Present?
1 = Absent or False
2 = Subthreshold
3 = Threshold or True

<table>
<thead>
<tr>
<th>1-3 months</th>
<th>4-6 months</th>
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</table>
Alcohol Dependence Criteria
A maladaptive pattern of alcohol use, leading to clinically significant impairment or distress, as manifested by 3 or more of the following occurring at any time in the same 6 month period:

(1) Alcohol is often taken in larger amounts OR over a longer period than was intended

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<tr>
<th></th>
<th>1-3 months</th>
<th>4-6 months</th>
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</thead>
<tbody>
<tr>
<td>Have you often found that when you started drinking you ended up drinking much more than you were planning to?</td>
<td></td>
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<tr>
<td><strong>If NO:</strong> What about drinking for a much longer period of time than you were planning to?</td>
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</tbody>
</table>

(2) There is a persistent desire OR unsuccessful efforts to cut down or control substance use

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<thead>
<tr>
<th></th>
<th>1-3 months</th>
<th>4-6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you tried to cut down or stop drinking alcohol?</td>
<td></td>
<td></td>
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<tr>
<td><strong>If YES:</strong> Did you ever actually stop drinking altogether? (How many times did you try to cut down or stop drinking altogether?)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>If NO:</strong> Did you want to stop or cut down? (Is this something you kept worrying about?)</td>
<td></td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>1-3 months</th>
<th>4-6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you spent a lot of time drinking, being high, or hung over?</td>
<td></td>
<td></td>
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</tbody>
</table>

(4) Important social, occupational, or recreational activities given up or reduced because of alcohol use

<table>
<thead>
<tr>
<th></th>
<th>1-3 months</th>
<th>4-6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you had times when you would drink so often that you started to drink instead of working or spending time with your family or friends or engaging in other important activities, such as sports, gardening, or playing music?</td>
<td></td>
<td></td>
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</tbody>
</table>

(5) 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)

<table>
<thead>
<tr>
<th></th>
<th>1-3 months</th>
<th>4-6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>If no already known:</strong> Has your drinking ever caused any psychological problems like making you depressed or anxious, making it difficult to sleep, or causing “blackouts”?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>If not already known:</strong> Has your drinking ever caused significant physical problems or made a physical problem worse?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>If YES to either of above:</strong> Did you keep on drinking anyway?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

"DAISI 2006 - 6 Month Follow-Up Assessment (last modified 29-May-2006)"
(6) 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.

<table>
<thead>
<tr>
<th>1-3 months</th>
<th>4-6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you found that you needed to drink a lot more in order to get the feeling you wanted than you did when you first started drinking?</td>
<td></td>
</tr>
<tr>
<td>If YES: How much more?</td>
<td></td>
</tr>
<tr>
<td>If NO: What about finding that when you drank the same amount, it had much less effect than before?</td>
<td></td>
</tr>
</tbody>
</table>

(7) Withdrawal, as manifested by either (a) or (b):
   (a) at least 2 of the following: automatic hyperactivity (e.g. sweating or pulse rate greater than 100); increased hand tremor; insomnia; nausea or vomiting; psychomotor agitation; anxiety; grand mal seizures; transient visual, tactile or auditory hallucinations or illusions)
   (b) Alcohol (or a substance from the sedative/hypnotic/anxiolytic class) taken to relieve or avoid withdrawal symptoms

<table>
<thead>
<tr>
<th>1-3 months</th>
<th>4-6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever had any withdrawal symptoms when you cut down or stopped drinking like.... Sweating or racing heart?</td>
<td></td>
</tr>
<tr>
<td>Hand shakes?</td>
<td></td>
</tr>
<tr>
<td>Trouble sleeping?</td>
<td></td>
</tr>
<tr>
<td>Feeling nauseated or vomiting?</td>
<td></td>
</tr>
<tr>
<td>Feeling agitated?</td>
<td></td>
</tr>
<tr>
<td>Feeling anxious?</td>
<td></td>
</tr>
<tr>
<td>How about a seizure or seeing, feeling, or hearing things that weren't really there?</td>
<td></td>
</tr>
<tr>
<td>If NO: 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?</td>
<td></td>
</tr>
</tbody>
</table>

Alcohol abuse with physiological dependence present?
At least three dependence items coded “3” and items occurred within the same 6 month period

1 = Absent or False
2 = Subthreshold
3 = Threshold or True

<table>
<thead>
<tr>
<th>1-3 months</th>
<th>4-6 months</th>
</tr>
</thead>
</table>

NOTE: If No, diagnose Alcohol Abuse without physiological dependence

DAISI 2006 - 6 Month Follow-Up Assessment (last modified 29-May-2006)
First of all, we would like you to recall a month within the past six months when you were drinking heavily in a way which, for you, was fairly typical of a heavy drinking period. Please fill in the month and the year.

MONTH .............................................. YEAR ............... 

We would like to know more about your drinking during this time and during other periods when your drinking was similar. We want to know how often you experienced certain feelings. Please reply to each statement by putting a circle round ALMOST NEVER or SOMETIMES or OFTEN or NEARLY ALWAYS after each question.

First we want to know about the physical symptoms that you have experienced first thing in the morning during these typical periods of heavy drinking.

PLEASE ANSWER EVERY QUESTION

1. During a heavy drinking period, I wake up feeling sweaty.
   ALMOST NEVER  SOMETIMES  OFTEN  NEARLY ALWAYS

2. During a heavy drinking period, my hands shake first thing in the morning.
   ALMOST NEVER  SOMETIMES  OFTEN  NEARLY ALWAYS

3. During a heavy drinking period, my whole body shakes violently first thing in the morning if I don't have a drink.
   ALMOST NEVER  SOMETIMES  OFTEN  NEARLY ALWAYS

4. During a heavy drinking period, I wake up absolutely drenched in sweat.
   ALMOST NEVER  SOMETIMES  OFTEN  NEARLY ALWAYS

The following statements refer to moods and states of mind you may have experienced first thing in the morning during these periods of heavy drinking.

5. When I’m drinking heavily, I dread waking up in the morning.
   ALMOST NEVER  SOMETIMES  OFTEN  NEARLY ALWAYS

6. During a heavy drinking period, I am frightened of meeting people first thing in the morning.
   ALMOST NEVER  SOMETIMES  OFTEN  NEARLY ALWAYS

7. During a heavy drinking period, I feel at the edge of despair when I awake.
   ALMOST NEVER  SOMETIMES  OFTEN  NEARLY ALWAYS

8. During a heavy drinking period, I feel very frightened when I awake.
   ALMOST NEVER  SOMETIMES  OFTEN  NEARLY ALWAYS

DAISI 2006 - 6 Month Follow-Up Assessment (last modified 29-May-2006)
The following statements also refer to the recent period **when your drinking was heavy**, and to periods like it.

9. During a heavy drinking period, I like to have a morning drink.
   
   ALMOST NEVER  SOMETIMES  OFTEN  NEARLY ALWAYS

10. During a heavy drinking period, I **always** gulp my first few morning drinks down as quickly as possible.
    
   ALMOST NEVER  SOMETIMES  OFTEN  NEARLY ALWAYS

11. During a heavy drinking period, I drink in the morning to get rid of the shakes.
    
   ALMOST NEVER  SOMETIMES  OFTEN  NEARLY ALWAYS

12. During a heavy drinking period, I have a very strong craving for a drink when I awake.
    
   ALMOST NEVER  SOMETIMES  OFTEN  NEARLY ALWAYS

Again the following statements refer to the **recent period of heavy drinking** and the periods like it.

13. During a heavy drinking period, I drink more than a quarter of a bottle of spirits per day (or 4 doubles or 1 bottle of wine or 5 schooners of beer).
    
   ALMOST NEVER  SOMETIMES  OFTEN  NEARLY ALWAYS

14. During a heavy drinking period, I drink more than half a bottle of spirits per day (or 2 bottles of wine or 10 schooners of beer).
    
   ALMOST NEVER  SOMETIMES  OFTEN  NEARLY ALWAYS

15. During a heavy drinking period, I drink more than one bottle of spirits per day (or 4 bottles of wine or 20 schooners of beer).
    
   ALMOST NEVER  SOMETIMES  OFTEN  NEARLY ALWAYS

16. During a heavy drinking period, I drink more than two bottles of spirits per day (or 8 bottles of wine or 40 schooners of beer).
    
   ALMOST NEVER  SOMETIMES  OFTEN  NEARLY ALWAYS

**IMAGINE THE FOLLOWING SITUATION:**

(1) You have been COMPLETELY off drink for a FEW WEEKS
(2) You then drink VERY HEAVILY for TWO DAYS,

**HOW WOULD YOU FEEL THE MORNING AFTER THOSE TWO DAYS OF HEAVY DRINKING?**

17. I would start to sweat.
    
   NOT AT ALL  SLIGHTLY  MODERATELY  QUITE A LOT

18. My hands would shake.
    
   NOT AT ALL  SLIGHTLY  MODERATELY  QUITE A LOT

19. My body would shake.
    
   NOT AT ALL  SLIGHTLY  MODERATELY  QUITE A LOT

20. I would be craving for a drink.
    
   NOT AT ALL  SLIGHTLY  MODERATELY  QUITE A LOT
Section T: OC Drinking Scale

The questions below ask you about your drinking alcohol and your attempts to control your drinking. Please enter the number of the statement that best applies to you in the space provided:

1. How much of your time when you're not drinking is occupied by ideas, thoughts, impulses, or images related to drinking?
   0 = none
   1 = less than 1 hour a day
   2 = 1-3 hours a day
   3 = 4-8 hours a day
   4 = Greater than 8 hours a day

2. How frequently do these thoughts occur?
   0 = never
   1 = No more than 8 times a day
   2 = More than 8 times a day, but most hours of the day are free of those thoughts
   3 = More than 8 times a day, and during most hours of the day
   4 = Thoughts are too numerous to count, and an hour rarely passes without several such thoughts

INSERT THE HIGHER SCORE OF QUESTIONS 1 and 2 HERE:

3. How much do these ideas, thoughts, impulses or images related to drinking interfere with your social or work (or role) functioning? Is there anything you don't or can't do because of them? [If you are not currently working, how much of your performance would be affected if you were working?]
   0 = Thoughts of drinking never interfere – I can function normally
   1 = Thoughts of drinking slightly interfere with my social or occupational activities, but my overall performance is not impaired
   2 = Thoughts of drinking definitely interfere with my social or occupational performance, but I can still manage
   3 = Thoughts of drinking cause substantial impairment in my social or occupational performance
   4 = Thoughts of drinking interfere completely with my social or work performance

4. How much distress or disturbance do these ideas, thoughts, impulses or images related to drinking cause you when you are not drinking?
   0 = none
   1 = Mild, infrequent, and not too disturbing
   2 = Moderate, frequent, and disturbing, but still manageable
   3 = Severe, very frequent, and very disturbing
   4 = Extreme, nearly constant, and disabling distress
5. How much of an effort do you make to resist these thoughts or try to disregard or turn your attention away from these thoughts as they enter your mind when you are not drinking? [Rate your efforts made to resist these thoughts, not your success or failure in actually controlling them]

- 0: My thoughts are so minimal, I don't need to actively resist. If I have thoughts, I make an effort to always resist
- 1: I try to resist most of the time
- 2: I make some effort to resist
- 3: I give in to all such thoughts without attempting to control them, but I do so with some reluctance
- 4: I completely and willingly give in to such thoughts

6. How successful are you in stopping or diverting these thoughts when you are not drinking?

- 0: I am completely successful in stopping or diverting such thoughts
- 1: I am usually able to stop or divert such thoughts with some effort and concentration
- 2: I am sometimes able to stop or divert such thoughts
- 3: I am rarely successful in stopping such thoughts and can only divert such thoughts with difficulty
- 4: I am rarely able to divert such thoughts even momentarily

7. How many drinks do you drink each day?

- 0: None
- 1: Less than 1 drink per day
- 2: 1-2 drinks per day
- 3: 3-7 drinks per day
- 4: 8 or more drinks per day

8. How many days each week do you drink?

- 0: None
- 1: No more than 1 day per week
- 2: 2-3 days per week
- 3: 4-5 days per week
- 4: 6-7 days per week

INSERT THE HIGHER SCORE OF QUESTIONS 7 AND 8 HERE: ____________________________
Section U: Readiness to Change

ALCOHOL

Administer to all participants

The following questions are designed to identify how you personally feel about your drinking right now. Please think about how your current situation and drinking habits, even if you have given up drinking completely. Read each question below carefully, and then decide whether you agree or disagree with the statements.

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Unsure</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. It's a waste of time thinking about my drinking because I do not have a problem</td>
<td></td>
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<tr>
<td>2. I enjoy my drinking but sometimes I drink too much</td>
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<tr>
<td>3. I am trying to stop drinking or drink less than I used to</td>
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<tr>
<td>4. There is nothing seriously wrong with my drinking</td>
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<tr>
<td>5. Sometimes I think I should quit or cut down on my drinking</td>
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<tr>
<td>6. Anyone can talk about wanting to do something about their drinking, but I'm actually doing something about it</td>
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<td>7. I am a fairly normal drinker</td>
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<td>8. My drinking is a problem sometimes</td>
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<tr>
<td>9. I am actually changing my drinking habits right now (either cutting down or quitting)</td>
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<tr>
<td>10. Giving up or drinking less alcohol would be pointless for me</td>
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<tr>
<td>11. I am weighing up the advantages and disadvantages of my present drinking habits</td>
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<tr>
<td>12. I have started to carry out a plan to cut down or quit drinking</td>
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<tr>
<td>13. There is nothing I really need to change about my drinking</td>
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<tr>
<td>14. Sometimes I wonder if my drinking is out of control</td>
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<tr>
<td>15. I am actively working on my drinking problem</td>
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</table>
Section V: WHO QOL (Brief)

SELF ADMINISTERED
This assessment asks how you feel about your quality of life, health and other areas of your life. Please answer all the questions. If unsure about which response to give to a question, please choose the one that appears most appropriate.

Please read each question and assess your feelings, for the **last two weeks** and circle the number on the scale for each question that gives the best answer for you.

1. How would you rate your quality of life?
   - Very Poor
   - Poor
   - Neither Poor nor Good
   - Good
   - Very Good

2. How satisfied are you with your health?
   - Very Dissatisfied
   - Fairly Dissatisfied
   - Neither Satisfied nor dissatisfied
   - Fairly Satisfied
   - Very Satisfied

The following questions ask about how much you have experienced certain things in the **last two weeks**.

3. To what extent do you feel that physical pain prevents you from doing what you need to do?
   - Not at all
   - A small amount
   - A moderate amount
   - A great deal
   - An extreme amount

4. How much do you need any medical treatment to function in your daily life?
   - Not at all
   - Slightly
   - Moderately
   - Very
   - Extremely

5. How much do you enjoy life?
   - Not at all
   - Slightly
   - Moderately
   - Very
   - Completely

6. To what extent do you feel your life to be meaningful?
   - Not at all
   - Slightly
   - Moderately
   - Very
   - Completely

7. How well are you able to concentrate?
   - Not at all
   - Slightly
   - Moderately
   - Very
   - Completely

8. How safe do you feel in your daily life?
   - Not at all
   - Slightly
   - Moderately
   - Very
   - Completely

9. How healthy is your physical environment?
   - Not at all
   - Slightly
   - Moderately
   - To a great extent
   - Completely

10. Do you have enough energy for everyday life?
    - Not at all
    - Slightly
    - Moderately
    - To a great extent
    - Completely

11. Are you able to accept your bodily appearance?
    - Not at all
    - Slightly
    - Moderately
    - To a great extent
    - Completely
<table>
<thead>
<tr>
<th>Question</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Have you enough money to meet your needs?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>13. How available to you is the information you need in your daily life?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>14. To what extent do you have the opportunity for leisure activities?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>15. How well are you able to get around physically?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

The following questions ask you to say how good or satisfied you have felt about various aspects of your life over the **last two weeks.**

<table>
<thead>
<tr>
<th>Question</th>
<th>Very Dissatisfied</th>
<th>Fairly Dissatisfied</th>
<th>Neither Satisfied nor dissatisfied</th>
<th>Fairly Satisfied</th>
<th>Very Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. How satisfied are you with your sleep?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>17. How satisfied are you with your ability to perform your daily living activities?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>18. How satisfied are you with your capacity for work?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>19. How satisfied are you with yourself?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>20. How satisfied are you with your personal relationships?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>21. How satisfied are you with your sex life?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>22. How satisfied are you with the support You get from your friends?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>23. How satisfied are you with the conditions of your living place?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>24. How satisfied are you with your access To health services?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>25. How satisfied are you with your transport?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Infrequently</th>
<th>Sometimes</th>
<th>Frequently</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>26. How often do you have negative feelings Such as blue mood, despair, anxiety, depression?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

*DAISI 2006 - 6 Month Follow-Up Assessment (last modified 29-May-2006)*
### Section W: THE BRIEF SYMPTOM INVENTORY (BSI)

INSTRUCTIONS: Below are a list of problems people sometimes have. Please read each one carefully, and tick the circle that best describes **HOW MUCH THAT PROBLEM HAS DISTRESSED OR BOTHERED YOU DURING THE PAST 7 DAYS INCLUDING TODAY USING THE SCALE PROVIDED.** Please note that:

- **0 = Not at all**, 1 = A little bit, 2 = Moderately, 3 = Quite a bit, 4 = Extremely

<table>
<thead>
<tr>
<th>HOW MUCH WERE YOU DISTRESSED BY...?</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Nervousness or shakiness inside</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>2. Faintness or dizziness</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>7. Pains in the heart or chest</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>8. Feeling afraid in open spaces or on the streets</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>12. Suddenly scared for no reason</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>19. Feeling fearful</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>23. Nausea or upset stomach</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>28. Feeling afraid to travel on buses, subways or trains</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>29. Trouble getting your breath</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>30. Hot or cold spells</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>31. Having to avoid certain things/activities/places because they frighten you</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>33. Numbness or tingling in parts of your body</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>37. Feeling weak in parts of your body</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>38. Feeling tense or keyed up</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>43. Feeling uneasy in crowds, such as shopping or at a movie</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>45. Spells of terror or panic</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>47. Feeling nervous when you are left alone</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>49. Feeling so restless you couldn't sit still</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>
Section X: DAS

This inventory lists different attitudes or beliefs that people sometimes hold. Read each statement carefully and decide how much you agree or disagree with it. For each statement, mark your answer using the number code given below that best describes how you think. To decide whether a given attitude is typical of your views, keep in mind how you think most of the time.

<table>
<thead>
<tr>
<th></th>
<th>Disagree totally</th>
<th>Disagree very much</th>
<th>Disagree slightly</th>
<th>Neutral</th>
<th>Agree slightly</th>
<th>Agree very much</th>
<th>Agree totally</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>People will probably think less of me if I make a mistake</td>
<td></td>
<td></td>
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<tr>
<td>2</td>
<td>I must be a useful, productive, creative person or life has no purpose</td>
<td></td>
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<tr>
<td>3</td>
<td>I can find greater enjoyment if I do things because I want to, rather than in order to please other people</td>
<td></td>
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<tr>
<td>4</td>
<td>By controlling the way I interpret situations, I can control my emotions</td>
<td></td>
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<tr>
<td>5</td>
<td>If you cannot do something well, there is little point in doing it at all</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>6</td>
<td>What other people think about me is very important</td>
<td></td>
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</tr>
<tr>
<td>7</td>
<td>People should prepare for the worst or they will be disappointed</td>
<td></td>
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</tr>
<tr>
<td>8</td>
<td>I should be able to please everybody</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>9</td>
<td>Even though a person may not be able to control what happens to him, he can control how he thinks</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>10</td>
<td>It is shameful for a person to display his weaknesses</td>
<td></td>
<td></td>
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<tr>
<td>11</td>
<td>If a person has to be alone for a long period of time, it follows that he has to be lonely</td>
<td></td>
<td></td>
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<tr>
<td>12</td>
<td>A person should try to be the best at everything he undertakes</td>
<td></td>
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<tr>
<td>13</td>
<td>If a person is not a success, then his life is meaningless</td>
<td></td>
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<tr>
<td>14</td>
<td>It is not necessary for a person to become frustrated if he finds obstacles to getting what he wants</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>15</td>
<td>If I make a foolish statement, it means I am a foolish person</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>16</td>
<td>I should always have complete control over my feelings</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>17</td>
<td>I can enjoy myself even when others do not like me</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>18</td>
<td>If I do not set the highest standards for myself, I am likely to end up a second-rate person</td>
<td></td>
<td></td>
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<tr>
<td>19</td>
<td>If I do not do well all the time, people will not respect me</td>
<td></td>
<td></td>
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<tr>
<td>20</td>
<td>One should look for a practical solution to problems rather than a perfect solution</td>
<td></td>
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</tr>
<tr>
<td>21</td>
<td>My value as a person depends greatly on what others think of me</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>22</td>
<td>A person should do well at everything he undertakes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>If someone disagrees with me, it probably means he does not like me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Disagree totally</td>
<td>Disagree very much</td>
<td>Disagree slightly</td>
<td>Neutral</td>
<td>Agree slightly</td>
<td>Agree very much</td>
<td>Agree totally</td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td>24</td>
<td>I cannot be happy unless most people I know admire me</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>25</td>
<td>My own opinions of myself are more important than others' opinions of me</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>26</td>
<td>If I do not treat people kindly, fairly and considerately, I am a rotten person</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>27</td>
<td>It is awful to be disapproved of by people important to you</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>28</td>
<td>If you do not have other people to lean on, you are bound to be sad</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>People will like me even if I am not successful</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>If other people know what you are really like, they will think less of you</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Whenever I take a chance or risk I am only looking for trouble</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>If a person avoids problems, the problems go away</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>33</td>
<td>No one can hurt me with words. I hurt myself by the way I choose to react to people’s words</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>Others can care for me even if they know all my weaknesses</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>35</td>
<td>If I fail partly, it is as bad as being a complete failure</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>36</td>
<td>People will reject you if they know all your weaknesses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>I can reach important goals without slave-driving myself</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>My happiness depends more on other people than it does on me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>If a person I love does not love me, it means I am unlovable</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>40</td>
<td>I ought to be able to solve my problems quickly and without a great deal of effort</td>
<td></td>
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</tr>
</tbody>
</table>
Section AA: Global Assessment of Functioning (GAF)

Consider psychological, social and occupational functioning on a hypothetical continuum of mental health — illness. Do not include impairment on functioning due to physical (or environmental) limitations.

100 Superior functioning in a wide range of activities, life’s problems never seem to get out of hand, is sought out by others because of his or her many positive qualities.

91 No Symptoms.

90 Absent or minimal symptoms (e.g. mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than

81 everyday problems or concerns (e.g. an occasional argument with family members).

80 If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g. difficulty concentrating after family argument); no more than slight impairment

71 in social, occupational, or school functioning (e.g. temporarily falling behind in school work).

70 Some mild symptoms (e.g. depressed mood and mild insomnia) OR some difficulty in social, occupational or school functioning (e.g. occasional truancy, or theft within the household), but

61 generally functioning pretty well, has some meaningful interpersonal relationships.

60 Moderate symptoms (e.g. flat affect and circumstantial speech, occasional panic attacks) OR moderate
difficulty in social, occupational, or school functioning (e.g. few friends, conflicts

51 with peers and co-workers).

50 Serious symptoms (e.g. suicidal ideation, severe obsessional rituals, frequent shoplifting) OR serious
impairment in social, occupational or school functioning (e.g. no friends, unable to

41 keep a job).

40 Some impairments in reality testing or communication (e.g. speech is at time illogical, obscure or
irrelevant) OR major impairment in several areas, such as work or school, family relations,
judgement, thinking or

31 mood (e.g. depressed man avoids friends, neglects family, and is unable to keep a job).

30 Behavior is considerably influenced by delusions OR hallucinations OR serious impairment in
communication or judgement (e.g. sometimes incoherent, acts grossly inappropriately, suicidal
preoccupation)

21 OR inability to function in almost all areas (e.g. stays in bed all day; no job, home, or friends).

20 Some danger of hurting self or others (e.g. suicide attempts without clear expectations of death;
frequently violent; manic excitement) OR occasionally fails to maintain minimal personal hygiene ( e.g. smears faeces

11 OR gross impairment in commination (e.g. largely incoherent or mute).

10 Persistent danger of severely hurting self or others (e.g. recurrent violence) OR persistent
inability to maintain minimal personal hygiene OR serious suicidal act with clear

1 expectation of death.

0 Inadequate information

DAISI 2006 - 6 Month Follow-Up Assessment (last modified 29-May-2006)
Assessment Protocol for Partners/Relative/Friends of DAISI Participants

6 MONTHS FOLLOW-UP

Date of Interview: ________________________________

Relationship of Collateral to DAISI participant:

☐ Partner
☐ Relative
☐ Friend
☐ Other: _______________________________________

ID of DAISI participant: ____________________________

Recently, your partner/friend/relative completed an interview with us as part of their involvement in the DAISI project. At that time, they gave permission for us to contact you to ask some questions about their current level of alcohol use. We are only asking you these questions in order to see how reliable our own questionnaires are in being able to accurately detect levels of alcohol use among our DAISI research participants. The information you provide will not be used to harm your partner/friend/relative in any way.

All information you provide to us is completely private and confidential. It will not be given back to your partner/friend/relative, or reported in any way that can identify you.

You may not know the exact answers to the questions I ask about your partner/friend/relative's alcohol use, however I would just like you to provide your best estimate.

1. Are you willing to complete this assessment with me?
   ☐ Yes ☐ No

2. How often does your partner/friend/relative have a drink containing alcohol?

   Specify frequency: _______________________________________

   Then, code according to following:
   0 = never
   1 = monthly or less
   2 = 2-4 times a month
   3 = 2-3 times a week
   4 = 4 or more times a week

DAISI 2006 - 6 Month Follow-Up Assessment (last modified 29-May-2006)
3. How many drinks containing alcohol would your partner/friend/relative have on a typical day when they are drinking?

Specify number of standard drinks: ________________________________

Then, code according to following:
0 = 1 to 2
1 = 3 to 4
2 = 5 to 6
3 = 7 to 9
4 = 10 or more

4. How often does your partner/friend/relative have six or more drinks on one occasion?

Specify frequency: ________________________________

Then, code according to following:
0 = never
1 = monthly or less
2 = monthly
3 = weekly
4 = daily or almost daily

5. Have you or someone else been injured as a result of your partner/friend/relative’s drinking?

0 = no
2 = yes, but not in the last 6 months
4 = yes, during the last 6 months

6. Has a relative or friend or a doctor or other health worker been concerned about your partner/friend/relative’s drinking or suggested they cut down?

0 = no
2 = yes, but not in the last 6 months
4 = yes, during the last 6 months
APPENDIX G: 12 MONTH FOLLOW-UP
ASSESSMENT (CLINICIAN ADMINISTERED AND SELF-REPORTS)
12 MONTH FOLLOW-UP

KEEP THIS PAGE SEPARATE FROM THE PERSON'S COMPLETED ASSESSMENT

Client's Name:

Client's Address:

Client's Phone: Mobile:

Client's Email:

As part of the DAISI project we would like to follow you up again 12 and 24 months from now. Do you intend to move away from Newcastle or interstate in the next 12 months?

If yes, give details:

Participant Number:

Date Completed:

Interviewer:

Location: (service + suburb)

Please nominate at least one person who does not live with you.
Alternative Contact person1:

Alternative Contact Address

Alternative Contact Phone (H/M):

Relationship to client:

Alternative Contact person 2:

DAISI 2007 - 12-Month Assessment (last modified 14-March-2007)
Alternative Contact Address: ________________________________

Alternative Contact Phone (H/M): ________________________________

Relationship to client: _______________________________________

General Practitioner __________________________________________

Psychiatrist ___________________________________________________

Case Manager _________________________________________________

Community Health Centre ______________________________________

Do you give us permission to contact the alternative contact and health professionals you have nominated above, if we are unable to contact you at the next follow-up assessment?

Yes [ ] No [ ]

COLLATERAL INFORMATION: (Please check that consent was given during initial assessment)

Please provide the name and contact details of a partner/friend/relative we can contact at this assessment for information about your current levels of alcohol use

Name of partner/friend/relative: _________________________________

Address of partner/friend/relative: _______________________________

Phone Number of partner/friend/relative (H/M): ____________________

Relationship to client: _________________________________________
Interview: 12 Month Follow-up  
(Revised Version – 14-March-2007)

Participant Number:   

Date Completed:   

Date of Birth:   

Interview conducted:   
0=Face to face  
1=Phone  
88=NK  
99=NA

The following statement should be discussed with the participant prior to starting this assessment:  
"Thank you so much for agreeing to complete this assessment for the DAISI project. With your permission, I'd like to ask you some questions about your mood, how you have been feeling and the different things you have been doing recently. You may remember some of these questions from previous assessments that you have already completed as part of this project. As this is a research project, I'd just like to stress that it is really important that I do not know which treatment you participated in at the start of your involvement with DAISI. I might ask some general questions about the different treatments you may have participated in over the last few months, but this will only be in general terms. Please do not talk about your DAISI treatment with me here today. Thanks...shall we get started?"

Did you discuss this information with the participants before commencing the assessment?   
☐ Yes   
☐ No. Please specify why this was omitted:  

---

DAISI 2007 - 12-Month Assessment (last modified 14-March-2007)
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Interview 1
Section A: Demographics & treatment history
Section B: Lifetime timeline
Section C: SCID (Depression) & Medication/Hospital admissions, duration and course (DIP)
Section D: Beck Depression Inventory II
Section E: Drug Use History
Section F: Opi Drug Use – Alcohol
Section G: Opi Drug Use – Cannabis
Section H: Opi Drug Use – Heroin
Section I: Opi Drug Use – Other Opiates
Section J: Opi Drug Use – Amphetamines
Section K: Opi Drug Use – Cocaine
Section L: Opi Drug Use – Tranquilizers
Section M: Opi Drug Use – Barbiturates
Section N: Opi Drug Use – Hallucinogens
Section O: Opi Drug Use – Inhalants
Section P: Opi Drug Use – Tobacco
Section Q: Timeline Follow Back
Section R: AUDIT Drug Use – Alcohol
Section S: Beck Hopelessness Scale
Section T: SCID (Alcohol and Substances Use)
Section U: Global Assessment of Functioning Scale (GAF)

Neuropsychological Assessment
Neuropsych A: RVL
Neuropsych B: Digit Span (WAIS-III)
Neuropsych C: Matrix Reasoning (WAIS)
Neuropsych D: Verbal Fluency (D-KEFS)
Neuropsych E: Block Design (WAIS)
Neuropsych F: RVL long delay recall
Neuropsych G: Similarities (WAIS)
Neuropsych H: Vocabulary (WAIS)
Neuropsych I: Colour-Word Interference Test (D-KEFS)

Self Report
Brief Symptom Inventory
OC Drinking Scale
DAS
CDSE
SAD-Q
WHO Quality of Life Scale (Brief)

DAISI 2007 - 12-Month Assessment (last modified 14-March-2007)
### SECTION A: DEMOGRAPHICS

#### A7. Present Marital Status

**What is your marital status? Have you been living with a partner for 6 months or more?**

- 0=Single, never married
- 1=Married
- 2=Defacto
- 3=Separated
- 4=Divorced
- 5=Widowed
- 88=NK

#### A12. Accommodation during last month

**Where have you been living during the last month?**

**How long have you lived there/been homeless?**

Code up to 3 types of accommodation in past month, if applicable.

Code number of weeks in each accommodation in last month (01=<1 week)

<table>
<thead>
<tr>
<th>Accommodation #1</th>
<th>N. Wks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodation #2</td>
<td>N. Wks</td>
</tr>
<tr>
<td>Accommodation #3</td>
<td>N. Wks</td>
</tr>
</tbody>
</table>

- 01= Homeless / NFA
- 02= Crisis shelter or rooming house
- 03= Hostel
- 04= Institution: hospital
- 05= Institution: nursing home, lodge
- 06= Group home
- 07= Supported housing
- 08= Hotel/rented room
- 09= Renting (public - e.g. public housing)
- 10= Renting (private)
- 11= Own home
- 12= Family home
- 88= Other (Specify _____)
- 99= NA

#### A13. Accommodation during the last 12 months (excluding the past one month already rated)

**Where have you lived for more than a week during the last 12 months?**

**How long have you lived there/been homeless?**

Code up to 3 types of accommodation longest held (if applicable).

Code number of weeks in each type of accommodation during the previous 12 months (01=<1 week)

<table>
<thead>
<tr>
<th>Accommodation #1</th>
<th>N. Wks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodation #2</td>
<td>N. Wks</td>
</tr>
<tr>
<td>Accommodation #3</td>
<td>N. Wks</td>
</tr>
</tbody>
</table>

- 01= Homeless/NFA
- 02= Crisis shelter/rooming house
- 03= Hostel
- 04= Institution: hospital
- 05= Institution: nursing home, lodge
- 06= Group home
- 07= Supported housing
- 08= Hotel/rented room
- 09= Renting (public - e.g. public housing)
- 10= Renting (private)
- 11= Own home
- 12= Family home
- 88= Other (Specify _____)
**A17. During the past month, how frequently have you been taking part in any of the following jobs around the home? Would you say frequently, occasionally or not at all? If living alone adopt questions to own activity, i.e. cooking for self.**

- 0 = Not at all
- 1 = Occasionally
- 2 = Frequently
- 88 = NK
- 99 = Not Applicable

<table>
<thead>
<tr>
<th>Activity</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>88</th>
<th>99</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cooking for others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleaning or washing up</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gardening</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shopping for household</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Having meals together</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Watching TV program together</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Playing games</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Chores/Errands</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**A25. Currently Employed**

- **Do you have a job at present?**
  - 0 = No job at present
  - 1 = Employment outside the home (full time job)
  - 2 = Employment outside the home (part time job)
  - 3 = Household
  - 4 = Studying
  - 5 = Retired
  - 8 = Volunteer
  - 88 = NK
  - 99 = NA

**A26. If Unemployed, looking for work (past month)**

- At any time in the last 4 weeks have you been looking for full time or part time work?
  - 0 = No
  - 1 = Yes; looking for a full time job
  - 2 = Yes; looking for a part time job
  - 88 = NK
  - 99 = NA

**A27. Participation in rehabilitation or day programme in last 12 months**

- When you were not in a psychiatric hospital, have you been involved in a rehabilitation or day program?(not including AOD)
  - 0 = No
  - 1 = Yes
  - 88 = NK
  - 99 = NA

**A28. Number of weeks in rehabilitation or day program in last 12 months**

- How many weeks did you attend rehab/day program at ___________?
  - Range=0-52
  - 88 = NK
  - 99 = NA

**A29. Frequency of attendance of rehab/day program**

- How many days per week did you attend the rehab/day program at ________?
A30. Current Source of Income
What are your main sources of income in the past month? Code up to 3 sources.

1. Wage/salary from employer
2. Own business
3. Family/spouse payment
4. Government pension/cash benefit
5. Maintenance/child support
6. Superannuation/annuity
7. Workers compensation/accident or sickness insurance
8. Other income (specify ___________)
99. NA

A31. Pension/other benefits
Have you received any of the following pensions or benefits in the past month?
Read out the items below as a checklist. Code up to 3 types of benefit.
Present=past month

1. Age pension
2. Service pension
3. Disability support/invalid pension
4. Widow's pension or wife's pension
5. Carer's pension
6. Sole parent's pension
7. Sickness allowance/benefit
8. New start/job
9. Unemployed benefit
10. Special benefit
11. Other (specify ___________)
88. NK
99. NA
SECTION B: Timeline of Depression and Substance Use over Lifespan

HISTORY OF DEPRESSION
B1. How many previous episodes of depression have you had? □ episodes

MOST RECENT EPISODE
I'd now like to focus on your most recent episode of depression and most recent period of using alcohol regularly.

B15. How long ago did your most recent episode of depression start? □ months

B16. What was going on in your life when your most recent episode of depression started?
Was there a lot of stress in your life at that time? Can you tell me what sorts of things were going on then?
Describe life event/psychosocial stressor (if applicable):

B17. Clinician to code life event/psychosocial stressor (indicate type of stressful life event)
Yes No
□ □ Problems with primary support group (death, health problem, disruption of family)
□ □ Educational (problems at school, discord with teachers/classmates)
□ □ Social environment (loss of friend, breakup of important relationship, discrimination)
□ □ Occupational (unemployed or threat of job loss, stressful job change, discord at work)
□ □ Housing (homeless, unsafe neighborhood, discord with neighbors/landlord)
□ □ Economic (extreme poverty, insufficient welfare support, heavy indebtedness)
□ □ Legal (arrest, litigation, victim of crime)
□ □ Abuse (physical, emotional, sexual)
□ □ Health (pain, injury, illness)
□ □ Other (disaster, war, catastrophic stress eg. witness a gruesome scene)

B18. Clinician to code onset of most recent episode of depression according to following:
Could life event/psychosocial stressor related to onset of depression be considered a significant life event that is more than likely to bring about serious depressed feelings in an average person?
0=no life event/psychosocial stressor related to onset of depression
1=life event/psychosocial stressor of borderline significance associated with onset of depression
2=life event/psychosocial stressor of significance associated with onset of depression

B19. The recommended levels for non-hazardous use are no more than 2 standard drinks for women and 4 for men per day, with at least 2 alcohol free days each week. How long ago did your most recent period of drinking alcohol in excess of recommended levels more than once a fortnight begin?
Code 99 if never used alcohol in excess of recommended levels
□ □ months

B20. How much were you drinking when your most recent episode of depression occurred?
0=Abstinent (N.B. abstinence means a period of at least 2 weeks alcohol free)
1=Within recommended levels
2=Above recommended levels

B21. Clinician to code whether most recent episode of depression is considered independent of alcohol use
0= substance-induced depressive condition (i.e. regular alcohol use preceded initial onset of depression or depressive symptoms have not occurred during times of abstinence)
1= independent depressive condition (i.e. depression occurred prior to onset of regular use or has occurred at times when abstinent)
2= difficult to determine (i.e. no periods of abstinence, or both regular alcohol use and depression commenced at same time point)

DAISI 2007 - 12-Month Assessment (last modified 14-March-2007)
**SECTION C: SCID (Depression) + Medication/Hospital admissions, duration and course (DIP)**

**DEPRESSIVE DISORDERS**

CODES:

- ? = unclear or inadequate information
- 1 = absent or false (symptom did not occur)
- 2 = subthreshold (e.g., symptom did occur but not for a 2-week period)
- 3 = threshold or true (symptom did occur)

A. Five or more of the following symptoms have been present during the same 2-week period and represent a change from previous functioning. At least one of these symptoms is (1) depressed mood or (2) loss of interest or pleasure.

<table>
<thead>
<tr>
<th>Question</th>
<th>1-6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Depressed mood</td>
<td>Has there been a period of time when you were feeling depressed or down most of the day, nearly every day? What was that like? If YES, How long did it last (as long as 2 weeks)?</td>
</tr>
<tr>
<td>(2) Loss of interest or pleasure</td>
<td>What about losing interest or pleasure in things you usually enjoyed? If YES, was it nearly every day? How long did it last (as long as 2 weeks)?</td>
</tr>
</tbody>
</table>

If neither (1) nor (2) above is coded 3 for any time period, go on to D1 (Duration of illness - pp19)

<table>
<thead>
<tr>
<th>Question</th>
<th>1-6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>(3) Significant change of more than 5% in weight or change in appetite</td>
<td>During the time when you felt depressed, did you lose or gain any weight? How much? Were you trying to lose weight? If NO, How was your appetite during this time? What about compared to your usual appetite? Did you have to force yourself to eat (more or less than usual)? Was that nearly every day?</td>
</tr>
<tr>
<td>(4) Insomnia or hypersomnia</td>
<td>How were you sleeping during this time? Did you have trouble falling asleep, waking frequently, trouble staying asleep, waking too early, OR sleeping too much during this time? How many hours a night compared to usual?</td>
</tr>
<tr>
<td>(5) Psychomotor agitation or retardation</td>
<td>Were you so fidgety or restless during this time that you were unable to sit still? Was it so bad that other people noticed it? What did they notice? Was that nearly every day? If NO, what about the opposite...talking or moving more slowly than is normal for you? Was that so bad that other people noticed? What did they notice?</td>
</tr>
<tr>
<td>Criteria met for A?</td>
<td></td>
</tr>
<tr>
<td>---------------------</td>
<td></td>
</tr>
</tbody>
</table>

1. Fatigue or loss of energy
   - During this time, what was your energy like?
   - Were you tired all the time? Was this nearly every day?

2. Feelings of hopelessness or excessive, inappropriate guilt
   - During this time, how did you feel about yourself?
   - Guilt?
   - Was this nearly every day?
   - If NO, what about feeling guilty about things you had done or not done?
   - Was this nearly every day?

   NOTE: only code "1" or "2" for low self-esteem.

3. Diminished ability to concentrate or make decisions
   - During this time, did you have trouble thinking or concentrating?
   - What kinds of things did it interfere with?
   - Was this nearly every day?
   - If NO, was it hard to make decisions about everyday things?
   - Was this nearly every day?

4. Recurrent thoughts of death
   - During this time, were things so bad that you were thinking about death or that you would be better off dead?
   - What about thinking of hurting yourself?
   - If YES, did you do anything to hurt yourself?

Score "3" for each time period where at least 5 of the above 8 criteria are coded "3", and at least one of these is item (1) or (2).

NOTE - Criterion B has been omitted from the SCID.

C. Symptoms cause clinically significant distress or impairment in social, occupational or other important areas of functioning.

1-6 months

When you were feeling depressed, did it make it hard for you to do your work, take care of things at home or get along with other people?
D. Symptoms are not due to the direct physiological effects of a substance (e.g. drug abuse or medication).

NOTE: a score of 3 in this section indicates that symptoms are not due to physiological effects.

<table>
<thead>
<tr>
<th>1-6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Just before you began to feel depressed, were you physically ill?</td>
</tr>
<tr>
<td>If YES, what did the doctor say?</td>
</tr>
<tr>
<td>If NO, just before this began, were you using any medications? Had you made any changes in the amount you were taking?</td>
</tr>
<tr>
<td>If STILL NO, what about drinking or using any street drugs? Has your depression occurred at time when you weren't using these substances?</td>
</tr>
<tr>
<td>NOTE: only score 1 if the symptoms are related to physiological effects</td>
</tr>
</tbody>
</table>

E. Symptoms are not better accounted for by bereavement.

NOTE: a score of 3 in this section indicates that symptoms are not due to bereavement.

<table>
<thead>
<tr>
<th>1-6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did all this begin soon after someone close to you died?</td>
</tr>
<tr>
<td>NOTE: only score 1 if the symptoms are related to bereavement issues</td>
</tr>
</tbody>
</table>

SCID Criteria met for Major Depressive Episode?

1=absent or false (no major depressive episode)
2=subthreshold
3=threshold or true (criteria met for major depressive episode)

Major Depressive Episode Criteria:
Criteria A, C, D, and E are coded “3”

<table>
<thead>
<tr>
<th>1-6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1. Duration of Illness in Weeks (since first episode till now) Max=52</td>
</tr>
<tr>
<td>D2. Impairment/Incacity During Disorder Rate of the basis of worst episode</td>
</tr>
</tbody>
</table>

1=SUBJECTIVE Impairment only (at work, school or in social functioning)
2= Evidence of OBJECTIVE impairment in major life role with definite reduction in productivity and/or criticism has been received
3=INPATIENT treatment (any duration) has been received or no function at all in major life role for more than 2 days.

DAISI 2007 - 12-Month Assessment (last modified 14-March-2007)
D3. Current medication
In the past month, have you been taking any medication or injection that had been prescribed by a doctor for your mental health or nerves or alcohol/other drug use?

0=No
1=Yes

In the past month, have you been taking any non-prescription medication or supplements for your mental health or nerves or alcohol/other drug use? (e.g. St John’s Wort, vitamins etc.)

0=No
1=Yes

D4. What medication are you currently taking?
Show person the CHART. If person is unable to identify drug(s) on the chart, read out the names of the drugs. Write drug code R (from chart) into the boxes provided below. If only "red pills" identified, code 88=NA. Code up to 5 drugs. Code only if person has been on a given drug for >1 month. (77=drug code if not on list)

Drug Name (specify drug name, and dose) Drug Code

Drug #1: 

Drug #2: 

Drug #3: 

Drug #4: 

Drug #5: 

D5. Perceived benefits
Would you say that [quote each drug identified and coded below] was helpful?
What would happen if you stopped [quote "helpful" drug]?

0=Not helpful at all
1=Helpful
2=Very helpful
88=Impossible to assess
99=NA

Drug Name (specify) Benefit

Drug #1: 

Drug #2: 

Drug #3: 

Drug #4: 

Drug #5: 

DAIST 2007 - 12-Month Assessment (last modified 14-March-2007)
## List of Medication

### Antipsychotic Drugs (oral)

<table>
<thead>
<tr>
<th></th>
<th>Drug</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Chlorpromazine</td>
</tr>
<tr>
<td>02</td>
<td>Clozapine</td>
</tr>
<tr>
<td>03</td>
<td>Fluphenazine</td>
</tr>
<tr>
<td>04</td>
<td>Fluphenazine Hydrochloride</td>
</tr>
<tr>
<td>05</td>
<td>Haloperidol</td>
</tr>
<tr>
<td>06</td>
<td>Melperone</td>
</tr>
<tr>
<td>07</td>
<td>Perphenazine</td>
</tr>
<tr>
<td>08</td>
<td>Perphenazine</td>
</tr>
<tr>
<td>09</td>
<td>Pimozide</td>
</tr>
<tr>
<td>10</td>
<td>Risperidone</td>
</tr>
<tr>
<td>11</td>
<td>Seroquel</td>
</tr>
<tr>
<td>12</td>
<td>Sulpiride</td>
</tr>
<tr>
<td>13</td>
<td>Thioridazine</td>
</tr>
<tr>
<td>14</td>
<td>Thiothixene</td>
</tr>
<tr>
<td>15</td>
<td>Trifluoperazine</td>
</tr>
</tbody>
</table>

### depot injectable Antipsychotic Drugs

<table>
<thead>
<tr>
<th></th>
<th>Drug</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>Fluapenthixol Decanote</td>
</tr>
<tr>
<td>17</td>
<td>Fluphenazine Decanote</td>
</tr>
<tr>
<td>18</td>
<td>Haloperidol Decanote</td>
</tr>
<tr>
<td>19</td>
<td>Zuclopenthixol Decanote</td>
</tr>
</tbody>
</table>

### Antidepressants and Mood Stabilizers

<table>
<thead>
<tr>
<th></th>
<th>Drug</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>Amitriptyline</td>
</tr>
<tr>
<td>21</td>
<td>Carbamazepine</td>
</tr>
<tr>
<td>22</td>
<td>Clomipramine</td>
</tr>
<tr>
<td>23</td>
<td>Desipramine</td>
</tr>
<tr>
<td>24</td>
<td>Dothiepin</td>
</tr>
<tr>
<td>25</td>
<td>Doxepin</td>
</tr>
<tr>
<td>26</td>
<td>Fluoxetine</td>
</tr>
<tr>
<td>27</td>
<td>Lithium Carbonate</td>
</tr>
<tr>
<td>28</td>
<td>Imipramine</td>
</tr>
<tr>
<td>29</td>
<td>Manserin</td>
</tr>
<tr>
<td>30</td>
<td>Moclobemide</td>
</tr>
<tr>
<td>31</td>
<td>Nefazodone</td>
</tr>
<tr>
<td>32</td>
<td>Nortriptyline</td>
</tr>
<tr>
<td>33</td>
<td>Paroxetine</td>
</tr>
<tr>
<td>34</td>
<td>Sertaline</td>
</tr>
<tr>
<td>35</td>
<td>Trimipramine</td>
</tr>
<tr>
<td>36</td>
<td>Valproate</td>
</tr>
<tr>
<td>37</td>
<td>Venlafaxine</td>
</tr>
<tr>
<td>38</td>
<td>Citalopram</td>
</tr>
<tr>
<td>39</td>
<td>Fluoxetine oxalate</td>
</tr>
<tr>
<td>40</td>
<td>Mirtazapine</td>
</tr>
<tr>
<td>41</td>
<td>Reboxetine mesylate</td>
</tr>
</tbody>
</table>

### Antiepileptic Drug

<table>
<thead>
<tr>
<th></th>
<th>Drug</th>
</tr>
</thead>
<tbody>
<tr>
<td>39</td>
<td>Alprazolam</td>
</tr>
<tr>
<td>40</td>
<td>Buspirone</td>
</tr>
<tr>
<td>41</td>
<td>Clobazemate</td>
</tr>
<tr>
<td>42</td>
<td>Diazepam</td>
</tr>
<tr>
<td>43</td>
<td>Lorazepam</td>
</tr>
<tr>
<td>44</td>
<td>Oxazepam</td>
</tr>
</tbody>
</table>

### Anticonvulsant Drug

<table>
<thead>
<tr>
<th></th>
<th>Drug</th>
</tr>
</thead>
<tbody>
<tr>
<td>45</td>
<td>Antabuse</td>
</tr>
<tr>
<td>46</td>
<td>Zypen</td>
</tr>
<tr>
<td>47</td>
<td>Campral</td>
</tr>
<tr>
<td>48</td>
<td>Neurontin</td>
</tr>
</tbody>
</table>

---

`DAISI 2007 - 12-Month Assessment (last modified 14-March-2007)`
D6  Time on each medication
How long have you been taking your current medication?

<table>
<thead>
<tr>
<th>Drug Name (specify)</th>
<th>Number of weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug #1</td>
<td></td>
</tr>
<tr>
<td>Drug #2</td>
<td></td>
</tr>
<tr>
<td>Drug #3</td>
<td></td>
</tr>
<tr>
<td>Drug #4</td>
<td></td>
</tr>
<tr>
<td>Drug #5</td>
<td></td>
</tr>
</tbody>
</table>

D7. Did any of these medications have effects that you did not like?
I will now read out some complaints that people sometimes attribute to medication. Have you experienced any of these in the past month?
Read out items below as a checklist.

- 1=side effect has occurred  
- 88=NK
- 99=NA

- Muscles feeling stiff or tensed up
- Inability to relax
- Hand, arms or legs shaking or trembling
- Feeling of inner restlessness
- Inability to stand still; desire to move the legs; pacing up and down
- Drowsiness or sleepiness during the day
- Trouble with eyesight (blurred vision)
- Dry mouth or mouth more watery than normal
- Tongue moving without you wanting it
- Difficulty swallowing
- Difficulty starting walking
- Slowing down of movements
- Shuffling along
- Unsteadiness when standing or walking
- Nausea (feeling sick, sometimes being sick)
- Weight gain or loss
- Headache
- Sexual dysfunction (finding it hard to have an orgasm; no desire for sex)
- Insomnia (not being able to get to asleep)
- Sweating
- Constipation

DAISI 2007 - 12-Month Assessment (last modified 14-March-2007)
D8. Impairment in daily life attributed to side effects of medication
How much is your everyday life affected by the problems related to medication that you just mentioned to me? Would you say that the side effects of medication are affecting your everyday life severely, moderately, mildly or not at all?
0=Not at all 3=Severely
1=Mildly 66=NA
2=Moderately 99=NA

D9. Do you take your medication as prescribed?
1=Yes
2=No
3=Mostly

Drug Name (specify) Level of compliance (1, 2, or 3)

Drug #1

Drug #2

Drug #3

Drug #4

Drug #5

D10. Do you currently have private health insurance?
0=No
1=Yes
88=NA
99=NA

D11. Total number of inpatient admissions in past 6 months
Have you been admitted (for at least an overnight stay) to any hospital or inpatient unit in the past 6 months? How many times in total?

Skip to D14 if 00, 00= no admissions

D12. Number of admissions in past 6 months by type of hospital
What sort of hospital was that? How many times were you admitted to ________?
Identify and code up to 5 types of hospital. Read out items below as a checklist. List hospitals in a chronological order of admissions during the past 6 months. For each type of hospital ask about approximate length of stay in weeks. If multiple admissions to same type of hospital, count total number of weeks in last 6 months. Code type of hospital and length of stay in the boxes provided. Code both 12 and 13 in the boxes provided below.

Type of hospital #1 Length Weeks
Type of hospital #2 Length Weeks
Type of hospital #3 Length Weeks
Type of hospital #4 Length Weeks
Type of hospital #5 Length Weeks

1=Public psychiatric hospital
2=Public psychiatric unit in a public hospital
3=Private psychiatric hospital
4=Public drug and alcohol unit
5=Private drug and alcohol unit
6=Public general medical hospital
7=Private general medical hospital
8=Other (specify)
99=NA
D13. Length of stay by type of hospital
How many weeks altogether did you stay in ________________? (Range =0-52) Code in boxes provided above.
59=NA

D14. Health professionals seen elsewhere (not in mental health clinic) in past 6 months
In the past 6 months when you were not in hospital or at the mental health clinic, how many times have you seen any of the following health professionals?

Community Mental Health Team ____________ Times
General practitioner ____________ Times
Medical or surgical specialist ____________ Times
Private psychiatrist ____________ Times
Private psychologist ____________ Times
Other, please specify ____________ Times

Other, please specify ____________ Times

Other, please specify ____________ Times

D15. Are you currently in treatment for your mental health, nerves or depression or have you been in treatment in the last 12 months?

NO.........0 YES.........1

(If NO, go to question D16)

D16. What sort of treatment are you in (Y/N)? Current

<table>
<thead>
<tr>
<th>Antidepressants</th>
<th>Current</th>
<th>12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Dosage</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dosage</td>
</tr>
<tr>
<td>CBT-group</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>CBT- individual</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>DBT</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Other cognitive therapy</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Mindfulness</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Supportive Counselling</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>Other (specify___________)</td>
<td>13</td>
<td>14</td>
</tr>
</tbody>
</table>

DAISI 2007 - 12-Month Assessment (last modified 14-March-2007)
3. How long have you been in these treatments in total over the past 12 months?

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Weeks</th>
<th>Times/week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not in treatment</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Antidepressants</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>CBT-group</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>CBT-individual</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DBT</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Other cognitive therapy</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Mindfulness</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Supportive Counselling</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Other (specify__________)</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

4. How many times have you previously been in treatment? Max = 99

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>No previous treatment</td>
<td>0</td>
</tr>
<tr>
<td>Antidepressants</td>
<td>1</td>
</tr>
<tr>
<td>CBT-group</td>
<td>2</td>
</tr>
<tr>
<td>CBT-individual</td>
<td>3</td>
</tr>
<tr>
<td>DBT</td>
<td>4</td>
</tr>
<tr>
<td>Other cognitive therapy</td>
<td>5</td>
</tr>
<tr>
<td>Mindfulness</td>
<td>6</td>
</tr>
<tr>
<td>Supportive Counselling</td>
<td>7</td>
</tr>
<tr>
<td>Other (specify__________)</td>
<td>8</td>
</tr>
</tbody>
</table>
SECTION D: Beck Depression Inventory II

This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the one statement in each group that best describes the way you have been feeling during the past two weeks, including today. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group.

1. **Sadness**
   0 I do not feel sad
   1 I feel sad much of the time
   2 I am sad all the time
   3 I am so sad or unhappy that I can't stand it

2. **Pessimism**
   0 I am not discouraged about my future
   1 I feel more discouraged about my future than I used to be
   2 I do not expect things to work out for me
   3 I feel my future is hopeless and will only get worse

3. **Past Failure**
   0 I do not feel like a failure
   1 I have failed more than I should have
   2 As I look back, I see a lot of failures
   3 I feel I am a total failure as a person

4. **Loss of Pleasure**
   0 I get as much pleasure as I ever did from the things I enjoy
   1 I don't enjoy things as much as I used to
   2 I get very little pleasure from the things I used to enjoy
   3 I can't get any pleasure from the things I used to enjoy

5. **Guilty Feelings**
   0 I don't feel particularly guilty
   1 I feel guilty over many things I have done or should have done
   2 I feel quite guilty most of the time
   3 I feel guilty all of the time

6. **Punishment Feelings**
   0 I don't feel I am being punished
   1 I feel I may be punished
   2 I expect to be punished
   3 I feel I am being punished

7. **Self – Dislike**
   0 I feel the same about myself as ever
   1 I have lost confidence in myself
   2 I am disappointed in myself
   3 I dislike myself

8. **Self Criticalness**
   0 I don't criticise or blame myself more than usual
   1 I am more critical of myself than I used to be
   2 I criticise myself for all of my faults
   3 I blame myself for everything bad that happens

9. **Suicidal Thoughts or Wishes**
   0 I don't have any thoughts of killing myself
   1 I have thoughts of killing myself, but I would not carry them out
   2 I would like to kill myself
   3 I would like to kill myself if I had the chance

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10. Crying
0 I don't cry anymore than I used to
1 I cry more than I used to
2 I cry over every little thing
3 I feel like crying, but I can't

11. Agitation
0 I am no more restless or wound up than usual
1 I feel more restless or wound up than usual
2 I am so restless or agitated that it's hard to stay still
3 I am so restless or agitated that I have to keep moving or doing something

12. Loss of Interest
0 I have not lost interest in other people or activities
1 I am less interested in other people or things than before
2 I have lost most of my interest in other people or things
3 It's hard to get interested in anything

13. Indecisiveness
0 I make decisions about as well as ever
1 I find it more difficult to make decisions than usual
2 I have much greater difficulty in making decisions than I used to
3 I have trouble making any decisions

14. Worthlessness
0 I do not feel I am worthless
1 I don't consider myself as worthwhile and useful as I used to
2 I feel more worthless as compared to other people
3 I feel utterly worthless

15. Loss of Energy
0 I have as much energy as ever
1 I have less energy than I used to have
2 I don't have enough energy to do very much
3 I don't have enough energy to do anything

16. Changes in Sleep Pattern
0 I have not experienced any change in my sleeping pattern

   1a I sleep somewhat more than usual
   1b I sleep somewhat less than usual

   2a I sleep a lot more than usual
   2b I sleep a lot less than usual

   3a I sleep most of the day
   3b I wake up 1-2 hours early and can't get back to sleep

17. Irritability
0 I am no more irritable than usual
1 I am more irritable than usual
2 I am much more irritable than usual
3 I am irritable all the time
18. Changes in Appetite
   0  I have not experienced any change in my appetite
   1a My appetite is somewhat less than usual
   1b My appetite is somewhat greater than usual
   2a My appetite is much less than before
   2b My appetite is much greater than usual
   3a I have no appetite at all
   3b I crave food all the time

19. Concentration Difficulty
   0  I can concentrate as well as ever
   1  I can't concentrate as well as usual
   2  It's hard to keep my mind on anything for very long
   3  I find I can't concentrate on anything

20. Tiredness or Fatigue
   0  I am no more tired or fatigued than usual
   1  I get more tired or fatigued more easily than usual
   2  I am too tired or fatigued to do a lot of the things I used to do
   3  I am too tired or fatigued to do most of the things I used to do

21. Loss of Interest in Sex
   0  I have not noticed any recent change in my interest in sex
   1  I am less interested in sex than I used to be
   2  I am much less interested in sex now
   3  I have lost interest in sex completely

BDI Total Score
SECTION E: Drug Use History

I'm now going to ask you about your use of alcohol and other drugs in the past, and at the moment. I just want to remind you that you are under no obligation to answer these questions. Of course, the more questions you answer honestly, the more useful the information is to me and the project, but you do not have to answer them all. The information you give me is completely confidential, except as required by law.

<table>
<thead>
<tr>
<th>Drug Class</th>
<th>When was the last time you used?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1=Never</td>
</tr>
<tr>
<td></td>
<td>2=More than 6 months ago</td>
</tr>
<tr>
<td></td>
<td>3=In the past 6 months</td>
</tr>
<tr>
<td></td>
<td>4=In the past month</td>
</tr>
<tr>
<td></td>
<td>5=In the past week</td>
</tr>
<tr>
<td></td>
<td>6=In the past few days</td>
</tr>
<tr>
<td>Alcohol</td>
<td></td>
</tr>
<tr>
<td>Cannabis</td>
<td></td>
</tr>
<tr>
<td>Heroin</td>
<td></td>
</tr>
<tr>
<td>Other Opiates</td>
<td></td>
</tr>
<tr>
<td>Amphetamines</td>
<td></td>
</tr>
<tr>
<td>Cocaine</td>
<td></td>
</tr>
<tr>
<td>Tranquilizers</td>
<td></td>
</tr>
<tr>
<td>Barbiturates</td>
<td></td>
</tr>
<tr>
<td>Hallucinogens</td>
<td></td>
</tr>
<tr>
<td>Inhalants</td>
<td></td>
</tr>
<tr>
<td>Tobacco</td>
<td></td>
</tr>
<tr>
<td>Caffeine</td>
<td></td>
</tr>
</tbody>
</table>

1. Are you currently in drug or other treatment or have you been in the last 6 months?
   NO...........0   YES...........1

   (If NO, go to question 4)

2. What sort of treatment are you in (Y/N)? Current 6 months
   Methadone 1  Dosage______  NO  Dosage______
   Buprenorphine 2  Dosage______  NO  Dosage______
   Other AOD medication 3  Dosage______  NO  Dosage______
   Detoxification 4  NO
   Drug free Counselling 5  NO
   Therapeutic Community 6  NO
   Narcotics Anonymous 7  NO
   Alcoholics Anonymous 8  NO
   Other (specify________) 9  NO

DAISI 2007 - 12-Month Assessment (last modified 14-March-2007)
3. How long have you been in these treatments in total over the past 6 months?

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Weeks</th>
<th>Times/week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not in treatment</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Methadone</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Other AOD medication</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Detoxification</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Drug free Counselling</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Therapeutic Community</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Narcotics Anonymous</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Alcoholic Anonymous</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>

6. How many cups of tea/coffee/cola do you drink a day?

<table>
<thead>
<tr>
<th>Beverage</th>
<th>Cups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tea</td>
<td></td>
</tr>
<tr>
<td>Coffee</td>
<td></td>
</tr>
<tr>
<td>Cola</td>
<td></td>
</tr>
</tbody>
</table>
# SECTON F: OTI - Alcohol

1. **When was the last time you drank alcohol?**
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days

   If subject answers 1, 2 or 3, proceed to *Cannabis*

2. **During the past month, how often did you drink alcohol?**
   - Between 6-7 days each week – Score 28
   - Between 4-5 days each week – Score 20
   - Between 2-3 days each week – Score 12
   - Between 1-2 days each week – Score 4
   - One day each week – Score 2
   - One day each month – Score 1
   - Not in the last month – Score 0

   If subject answers 0, proceed to *Cannabis*

3. **On what day did you last drink alcohol (in the past month)?**

4. **How much alcohol did you drink on that day?**

   (Ask about all categories. Figures in square brackets are numbers of standard drinks in one unit)

<table>
<thead>
<tr>
<th>Wine</th>
<th>Spirits</th>
<th>Full Strength Beer</th>
<th>Light Beer</th>
<th>Fortified Wine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glass (100mL)</td>
<td>[1]</td>
<td>30mL nip</td>
<td>Schooner (150mL)</td>
<td>[1.5]</td>
</tr>
<tr>
<td>750mL bottles</td>
<td>[7.5]</td>
<td>750mL bottles</td>
<td>Can</td>
<td>Can</td>
</tr>
<tr>
<td>11.2 casks</td>
<td>[10 per litre]</td>
<td>750mL bottles (longneck)</td>
<td>[2.5]</td>
<td>750mL bottles (longneck)</td>
</tr>
</tbody>
</table>

   **TOTAL NUMBER OF STANDARD DRINKS =**

5. **On which day before that did you drink alcohol?**

6. **And how much alcohol did you drink on that day?**

   (Ask about all categories. Figures in square brackets are numbers of standard drinks in one unit)

<table>
<thead>
<tr>
<th>Wine</th>
<th>Spirits</th>
<th>Full Strength Beer</th>
<th>Light Beer</th>
<th>Fortified Wine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glass (100mL)</td>
<td>[1]</td>
<td>30mL nip</td>
<td>Schooner (150mL)</td>
<td>[1.5]</td>
</tr>
<tr>
<td>750mL bottles</td>
<td>[7.5]</td>
<td>750mL bottles</td>
<td>Can</td>
<td>Can</td>
</tr>
<tr>
<td>11.2 casks</td>
<td>[10 per litre]</td>
<td>750mL bottles (longneck)</td>
<td>[2.5]</td>
<td>750mL bottles (longneck)</td>
</tr>
</tbody>
</table>

   **TOTAL NUMBER OF STANDARD DRINKS =**

7. **And when was the day before that?**

---

*DAISI 2007 - 12-Month Assessment (last modified 14-March-2007)*
8. Would this be a typical pattern of drinking?
   1=Yes
   2=No, more than usual
   3=No, less than usual

9. If NO, What would be a typical pattern of drinking?

10. $t_1 = 3 - 5$

11. $t_2 = 5 - 7$

12. $q_1 = 4$

13. $q_2 = 6$

14. $Q = \frac{q_1 + q_2}{t_1 + t_2}$
### SECTION G: OTI - Cannabis

1. When was the last time you used cannabis (marijuana, dope, grass, hash, pot)?
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days

   If subject answered 1, 2 or 3, proceed to Heroin

2. During the past month, how often did you use cannabis?
   - Between 6-7 days each week – Score 28
   - Between 4-5 days each week – Score 20
   - Between 2-3 days each week – Score 12
   - One day each week – Score 4
   - One day each fortnight – Score 2
   - One day each month – Score 1
   - Not in the last month – Score 0

   If subject answered 0, proceed to Heroin

3. On what day did you last use cannabis (in the past month)?

4. How many joints/bongs/etc. did you have on that day?

5. On which day before that did you use cannabis?

6. And how many joints/bongs/etc. did you have on that day?

7. And when was the day before that?

8. Would this be a typical pattern of cannabis use?
   1=Yes
   2=No, more than usual
   3=No, less than usual

9. What would be a typical pattern of using?

10. \( t_1 = 3 - 5 \)

11. \( t_2 = 5 - 7 \)

12. \( q_1 = 4 \)

13. \( q_2 = 6 \)

14. \( Q = \frac{q_1 + q_2}{t_1 + t_2} \)
**SECTION H: Drug Use - Heroin**

1. When was the last time you used heroin?
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days

If subject answered 1, 2 or 3, proceed to Other Opiates

2. During the past month, how often did you use heroin?
   - Between 6-7 days each week – Score 28
   - Between 4-5 days each week – Score 20
   - Between 2-3 days each week – Score 12
   - One day each week – Score 4
   - One day each fortnight – Score 2
   - One day each month – Score 1
   - Not in the last month – Score 0

If subject answered 0, proceed to Other Opiates

3. On what day did you last use heroin (in the past month)?

4. How many hits/smokes/snorts/pills/doses/etc. did you use on that day?

5. On which day before that did you use heroin?

6. And how many hits/smokes/snorts/etc. did you use on that day?

7. And when was the day before that?

8. Would this be a typical pattern of heroin use?
   1=Yes
   2=No, more than usual
   3=No, less than usual

9. What would be a typical pattern of heroin use?

10. $t_1 = 3 - 5$

11. $t_2 = 5 - 7$

12. $q_1 = 4$

13. $q_2 = 6$

14. $Q = \frac{q_1 + q_1}{t_1 + t_2}$

*DAISI 2007 - 12-Month Assessment (last modified 14-March-2007)*
## SECTION I: Drug Use – Other Opiates

1. When was the last time you used other opiates?
   1. Never
   2. More than 6 months ago
   3. In the past 5 months
   4. In the past month
   5. In the past week
   6. In the past few days

If subject answered 1 2 or 3, proceed to Amphetamines

2. During the past month, how often did you use other opiates?
   - Between 6-7 days each week – Score 28
   - Between 4-5 days each week – Score 20
   - Between 2-3 days each week – Score 12
   - One day each week – Score 4
   - One day each fortnight – Score 2
   - One day each month – Score 1
   - Not in the last month – Score 0

If subject answered 0, proceed to Amphetamines

3. On what day did you last use opiates (in the past month)?

4. How many hits/smokes/etc. did you have on that day (record use occasions)?

5. On which day before that did you use opiates?

6. And how many hits/smokes/etc. did you have on that day (record use occasions)?

7. And when was the day before that?

8. Would this be a typical pattern of opiate use?
   1=Yes
   2=No, more than usual
   3=No, less than usual

9. What would be a typical pattern of opiate use?

   \[ Q = \frac{q_1 + q_2}{t_1 + t_2} \]
SECTION J: Drug Use - Amphetamines

1. When was the last time you used amphetamines (speed)?
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days

If subject answered 1, 2 or 3, proceed to Cocaine

2. During the past month, how often did you use amphetamines?
   Between 6-7 days each week – Score 28
   Between 4-5 days each week – Score 20
   Between 2-3 days each week – Score 12
   One day each week – Score 4
   One day each fortnight – Score 2
   One day each month – Score 1
   Not in the last month – Score 0

If subject answered 0, proceed to Cocaine

3. On what day did you last use amphetamines (in the past month)?

4. How many tablets/snorts/hits/etc. did you have on that day?

5. On which day before that did you use amphetamines?

6. And how many tablets/snorts/hits/etc. did you have on that day?

7. And when was the day before that?

8. Would this be a typical pattern of amphetamine use?
   1=Yes
   2=No, more than usual
   3=No, less than usual

9. What would be a typical pattern of amphetamine use?

10. \[ t_1 = 3 - 5 \] ..............................................

11. \[ t_2 = 5 - 7 \] ..............................................

12. \[ q_1 = 4 \] ..............................................

13. \[ q_2 = 6 \] ..............................................

14. \[ Q = \frac{q_1 + q_2}{t_1 + t_2} \] ..............................................

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SECTION K: Drug Use - Cocaine

1. When was the last time you used cocaine (coke, snow, crack)?
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days

If subject answered 1 2 or 3, proceed to Tranquilisers

2. During the past month, how often did you use cocaine?
   - Between 6-7 days each week – Score 28
   - Between 4-5 days each week – Score 20
   - Between 2-3 days each week – Score 12
   - One day each week – Score 4
   - One day each month – Score 1
   - One day each fortnight – Score 2
   - Not in the last month – Score 0

If subject answered 6, proceed to Tranquilisers

3. On what day did you last use cocaine (in the past month)?

4. How many hits/snorts/etc. did you have on that day?

5. On which day before that did you use cocaine?

6. And how many hits/snorts/etc. did you have on that day?

7. And when was the day before that?

8. Would this be a typical pattern of cocaine use?
   1=Yes
   2=No, more than usual
   3=No, less than usual

9. What would be a typical pattern of cocaine use?

10. \[ t_1 = 3 - 5 \]

11. \[ t_2 = 5 - 7 \]

12. \[ q_1 = 4 \]

13. \[ q_2 = 5 \]

14. \[ Q = \frac{q_1 + q_2}{t_1 + t_2} \]
SECTION L: Drug Use - Tranquillisers

1. When was the last time you used Tranquillisers (benzos, serepax, rohyprol, mogadon, valium)?
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past week
   5. In the past month
   6. In the past few days

If subject answered 1, 2 or 3, proceed to Barbiturates

2. During the past month, how often did you use tranquilisers?
   Between 6-7 days each week – Score 28
   Between 4-5 days each week – Score 20
   Between 2-3 days each week – Score 12
   One day each week – Score 4
   One day each fortnight – Score 2
   One day each month – Score 1
   Not in the last month – Score 0

If subject answered 0, proceed to Barbiturates

3. On what day did you last use tranquilisers (in the past month)? ...........................................

4. How many pills did you have on that day? ...........................................................................

5. On which day before that did you use tranquilisers? ...........................................................

6. And how many pills did you have on that day? ....................................................................

7. And when was the day before that? ....................................................................................

8. Would this be a typical pattern of tranquiliser use?
   1=Yes
   2=No, more than usual
   3=No, less than usual

9. What would be a typical pattern of tranquiliser use?

......................................................................................................................................................

10. t1 = 3 –5 .................................................................

11. t2 =5–7 ....................................................................

12. q1 = 4 ......................................................................

13. q2 = 6 ......................................................................

14. Q = q1 + q2
    t1 + t2

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SECTION M: Drug Use - Barbiturates

1. When was the last time you used barbiturates (nembutal, seconal)?
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days

   If subject answered 1 2 or 3, proceed to Hallucinogens

2. During the past month, how often did you use barbiturates?
   - Between 6-7 days each week – Score 28
   - Between 4-5 days each week – Score 20
   - Between 2-3 days each week – Score 12
   - One day each week – Score 4
   - One day each month – Score 3
   - Not in the last month – Score 0

   If subject answered 0, proceed to Hallucinogens

3. On what day did you last use barbiturates (in the last month)? ..................................................

4. How many pills did you have on that day? ..................................................................................

5. On which day before that did you use barbiturates? ..................................................................

6. And how many pills did you have on that day? ...........................................................................

7. And when was the day before that? .............................................................................................

8. Would this be a typical pattern of barbiturates use?
   1=Yes
   2=No, more than usual
   3=No, less than usual

9. What would be a typical pattern of barbiturates use?

10. \( t_1 = 3 - 5 \) .........................................................................................................................

11. \( t_2 = 5 - 7 \) ............................................................................................................................

12. \( q_1 = 4 \) ....................................................................................................................................

13. \( q_2 = 6 \) ....................................................................................................................................

14. \( Q = \frac{q_1 + q_2}{t_1 + t_2} \) .............................................................................................................
**SECTION N: Drug Use - Hallucinogens**

1. When was the last time you used hallucinogens (LSD, Acid, ecstasy, magic mushrooms)?
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days

   **If subject answered 1, 2 or 3, proceed to Inhalants**

2. During the past month, how often did you use hallucinogens?
   - Between 6-7 days each week – Score 28
   - Between 4-5 days each week – Score 20
   - Between 2-3 days each week – Score 12
   - One day each week – Score 4
   - One day each fortnight – Score 2
   - One day each month – Score 1
   - Not in the last month – Score 0

   **If subject answered 0, proceed to Inhalants**

3. On what day did you last use hallucinogens (in the last month)?

4. How many tabs/pills/etc. did you have on that day?

5. On which day before that did you use hallucinogens?

6. And how many tabs/pills/etc. did you have on that day?

7. And when was the day before that?

8. Would this be a typical pattern of hallucinogen use?
   1=Yes
   2=No, more than usual
   3=No, less than usual

9. What would be a typical pattern of hallucinogen use?

10. \( t_1 = 3 - 5 \)

11. \( t_2 = 5 - 7 \)

12. \( q_1 = 4 \)

13. \( q_2 = \)

14. \( Q = \frac{q_1 + q_2}{t_1 + t_2} \)
SECTION C: Drug Use - Inhalants

1. When was the last time you used inhalants (amyl/nethyl, glue, laughing gas, aerosols, petrol)?
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days

If subject answered 1 or 2, proceed to Tobacco

2. During the past month, how often did you use inhalants?
   - Between 6-7 days each week – Score 28
   - Between 4-5 days each week – Score 20
   - Between 2-3 days each week – Score 12
   - One day each week – Score 4
   - One day each fortnight – Score 2
   - One day each month – Score 1
   - Not in the last month – Score 0

If subject answered 0, proceed to Tobacco

3. On what day did you last use inhalants (in the last month)?

4. How many sniffs did you have on that day?

5. On which day before that did you use inhalants?

6. And how many sniffs did you have on that day?

7. And when was the day before that?

8. Would this be a typical pattern of inhalant use?
   1=Yes
   2=No, more than usual
   3=No, less than usual

9. What would be a typical pattern of inhalant use?

10. \( t1 = 3 - 5 \)

11. \( t2 = 5 - 7 \)

12. \( q1 = 4 \)

13. \( q2 = 5 \)

14. \( Q = \frac{q1 + q2}{t1 + t2} \)
**SECTION P: Drug Use - Tobacco**

1. When was the last time you smoked cigarettes? *(Including with cannabis mix)*
   
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days

   **If subject answered 1 2 or 3, proceed to Next Section**

2. During the past month, how often did you smoke cigarettes?
   
<table>
<thead>
<tr>
<th>Score 26</th>
<th>One day each fortnight - Score 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score 20</td>
<td>One day each month - Score 1</td>
</tr>
<tr>
<td>Score 12</td>
<td>Not in the last month - Score 0</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   **If subject answered 0, proceed to Next Section**

3. On what day did you last use tobacco (cigarettes)? ...........................................

4. How many cigarettes did you have on that day? ..................................................

5. On which day before that did you smoke cigarettes? ...........................................

6. And how many cigarettes did you have on that day? ...........................................

7. And when was the day before that? .................................................................

8. Would this be a typical pattern of smoking?
   
   1=Yes
   2=No, more than usual
   3=No, less than usual

9. What would be a typical pattern of smoking?

   ________________________________

10. \( t_1 = 3 - 5 \) ....................................................................................... 

11. \( t_2 = 5 - 7 \) ....................................................................................... 

12. \( q_1 = 4 \) ................................................................................................. 

13. \( q_2 = 6 \) ................................................................................................. 

14. \( Q = \frac{q_1 + q_2}{t_1 + t_2} \) ........................................................................... 

_DAISI 2007 - 12-Month Assessment (last modified 14-March-2007)_
POLY-DRUG USE

Tick the relevant boxes for substances used in the past month. Add up the total number of boxes ticked to get the poly-drug use score.

<table>
<thead>
<tr>
<th>Alcohol (F14)</th>
<th>Tranquilisers (L14)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannabis (G14)</td>
<td>Barbiturates (M14)</td>
</tr>
<tr>
<td>Heroin (H14)</td>
<td>Hallucinogens (N14)</td>
</tr>
<tr>
<td>Other Opiates (I14)</td>
<td>Inhalants (O14)</td>
</tr>
<tr>
<td>Amphetamines (J14)</td>
<td>Tobacco (P14)</td>
</tr>
<tr>
<td>Cocaine (K14)</td>
<td></td>
</tr>
</tbody>
</table>

Poly-Drug Use Score:

\[ P = F14 + G14 + H14 + I14 + J14 + K14 + L14 + M14 + N14 + O14 + P14 \]

SCID POLY-DRUG USE QUESTION:
If at least 3 drug groups used (as indicated by drug screen) and period of indiscriminant use seems likely, ask the following:

<table>
<thead>
<tr>
<th>1-6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>You've told me that you've used (Drugs). Was there a period where you were using a lot of different drugs at the same time?</td>
</tr>
</tbody>
</table>
What I would like to do now is to write down all your drinking over the past two weeks. I want to get an idea of how much alcohol you had on each day during this time. The idea is to write down then number of drinks you had each day (on the calendar). On days when you did not drink any alcohol, you write "0". For days when you had something drink, use the table below to calculate the number of standard drinks you had, and write that on the calendar.

Make sure that something is written in for each day on the calendar. If something happens every week, e.g. you go to the pub every Friday night or you go to watch a game every Saturday, then use that to help you remember. If you can't remember exactly what happened then GIVE IT YOUR BEST GUESS. Start with what you had yesterday and then fill out any other days that you can remember easily, then try to fill out the rest.

Use the following as a guide to the number of standard drinks consumed - Ask about all categories.

<table>
<thead>
<tr>
<th>Wine</th>
<th>Spirits</th>
<th>Full Strength Beer</th>
<th>Light Beer</th>
<th>Fortified Wine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glass (100mL)</td>
<td>30ml nip (1)</td>
<td>Middy (10oz/295mL)</td>
<td>Middy (10oz/295mL)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>750ml bottle (1.5)</td>
<td>Schooner (10oz/295mL)</td>
<td>Schooner (10oz/295mL)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>750ml bottles (10)</td>
<td>Can (1.3)</td>
<td>Can (1.3)</td>
<td></td>
</tr>
<tr>
<td>Flagon (2 Litres)</td>
<td>1.3 L (can)</td>
<td>Shandy (0.7)</td>
<td>Shandy (0.7)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8 x cans (10 per can)</td>
<td>750ml bottles (longneck)</td>
<td>750ml bottles (longneck)</td>
<td></td>
</tr>
</tbody>
</table>

N.B. Figures in square brackets are numbers of standard drinks in one unit

Enter the days/dates of the fortnight prior to assessment
Day | Date | What Happened that Day? | How Many Standard Drinks Were Consumed?
---|------|-------------------------|---------------------------------|
Sunday |      |                         |                                 |
Saturday |     |                         |                                 |
Friday   |      |                         |                                 |
Thursday |     |                         |                                 |
Wednesday |    |                         |                                 |
Tuesday  |      |                         |                                 |
Monday   |      |                         |                                 |
Sunday   |      |                         |                                 |
Saturday |     |                         |                                 |
Friday   |      |                         |                                 |
Thursday |     |                         |                                 |
Wednesday |    |                         |                                 |
Tuesday  |      |                         |                                 |
Monday   |      |                         |                                 |

DAISI 2007 - 12-Month Assessment (last modified 14-March-2007)
SECTION R: AUDIT

Please circle the answer that is correct for you for the last 6 months.

1. How often do you have a drink containing alcohol?
   Specify exact frequency: ____________________________________________

   Then, code according to following:
   0 = never
   1 = monthly or less
   2 = 2-4 times a month
   3 = 2-3 times a week
   4 = 4 or more times a week

2. How many drinks containing alcohol do you have on a typical day when you are drinking?
   Specify exact number of standard drinks: ____________________________

   Then, code according to following:
   0 = 1 to 2
   1 = 3 to 4
   2 = 5 to 6
   3 = 7 to 9
   4 = 10 or more

3. How often do you have six or more drinks on one occasion?
   Specify exact frequency: ____________________________________________

   Then, code according to following:
   0 = never
   1 = less than monthly
   2 = monthly
   3 = weekly
   4 = daily or almost daily

4. How often during the last 6 months have you found that you were not able to stop drinking once you had started?
   0 = never
   1 = less than monthly
   2 = monthly
   3 = weekly
   4 = daily or almost daily

5. How often during the last 6 months have you failed to do what was normally expected from you because of drinking?
   0 = never
   1 = less than monthly
   2 = monthly
   3 = weekly
   4 = daily or almost daily
6. How often during the last 6 months have you needed a first drink in the morning to get yourself going after a heavy drinking session?
   0 = never
   1 = less than monthly
   2 = monthly
   3 = weekly
   4 = daily or almost daily

7. How often during the last 6 months have you had a feeling of guilt or remorse after drinking?
   0 = never
   1 = less than monthly
   2 = monthly
   3 = weekly
   4 = daily or almost daily

8. How often during the last 6 months have you been unable to remember what happened the night before because you had been drinking?
   0 = never
   1 = less than monthly
   2 = monthly
   3 = weekly
   4 = daily or almost daily

9. Have you or someone else been injured as a result of your drinking?
   0 = no
   2 = yes, but not in the last 6 months
   4 = yes, during the last 6 months

10. Has a relative or friend or a doctor or other health worker, been concerned about your drinking or suggested you cut down?
    0 = no
    2 = yes, but not in the last 6 months
    4 = yes, during the last 6 months

   AUDIT TOTAL =
**SECTION S: Beck Hopelessness Scale**

This questionnaire consists of a list of 20 statements. Please read each statement carefully one by one. If the statement describes your attitude for the past week, including today, circle TRUE. If the statement is false for you, circle FALSE. Please read each sentence.

<table>
<thead>
<tr>
<th>Statement</th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I look forward to the future with hope and enthusiasm.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. I might as well give up because there’s nothing I can do about making things better for myself.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. When things are going badly, I am helped by knowing that they can’t stay that way forever.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. I can’t imagine what my life would be like in ten years.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. I have enough time to accomplish the things I most want to do.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. In the future I expect to succeed in what concerns me most.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. The future looks dark to me.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. I happen to be particularly lucky and I expect to get more of the good things in life than the average person.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. I just don’t get the breaks, and there’s no reason to believe that I will in the future.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. My past experiences have prepared me well for my future.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. All I can see ahead of me is unpleasantness rather than pleasantness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. I don’t expect to get what I really want.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. When I look ahead to the future I expect I will be happier than I am now.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Things just won’t work out the way I want them too.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. I have great faith in the future.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. I never get what I want so it’s foolish to want anything.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. It is very unlikely that I will get any real satisfaction in the future.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. The future seems vague and uncertain to me.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. I can look forward to more good times than bad times.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. There’s no use in really trying to get something I want because I probably won’t get it.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Section T: SCID (Alcohol Use)

**CODING FOR THIS SECTION...**

- ? = Inadequate Information
- 1 = Absent or false
- 2 = Subthreshold
- 3 = Threshold or true

**Alcohol Abuse Criteria**

A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by 1 or more of the following occurring within a 12 month period:

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

<table>
<thead>
<tr>
<th>1-6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever missed work or school because you were intoxicated, high or very hung over? (How often? What about doing a bad job at work or failing courses at school because of your drinking?)</td>
</tr>
<tr>
<td>If NO: What about not keeping your house clean or not taking proper care for your children because of your drinking? (How often?)</td>
</tr>
<tr>
<td>If YES to either of above: How often? (Over what period of time?)</td>
</tr>
</tbody>
</table>

(2) Recurrent alcohol use in situations in which it is physically hazardous (e.g., driving a car, operating a machine when impaired by alcohol)

<table>
<thead>
<tr>
<th>1-6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you ever drink in a situation in which it might have been dangerous to drink at all? (Did you ever drive while you were really too drunk to drive?)</td>
</tr>
<tr>
<td>If YES and UNKNOWN: How many times?</td>
</tr>
</tbody>
</table>

(3) Recurrent alcohol-related legal problems (e.g., arrests for alcohol-related disorderly conduct)

<table>
<thead>
<tr>
<th>1-6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has your drinking gotten you into trouble with the law?</td>
</tr>
<tr>
<td>If YES and UNKNOWN: How often? (Over what period of time?)</td>
</tr>
</tbody>
</table>
(4) 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)

<table>
<thead>
<tr>
<th>1-6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>If not already known: Has your drinking caused problems with other people, such as with family members, friends or people at work? (Have you ever gotten into physical fights when you were drinking? What about having bad arguments about your drinking?)</td>
</tr>
<tr>
<td>If YES: Did you keep on drinking anyway? (Over what period of time?)</td>
</tr>
</tbody>
</table>

Alcohol Abuse Present?

1 = Absent or False
2 = Subthreshold
3 = Threshold or True

1-6 months
Alcohol Dependence Criteria
A maladaptive pattern of alcohol use, leading to clinically significant impairment or distress, as manifested by 3 or more of the following occurring at any time in the same 12 month period:

1. **Alcohol is often taken in larger amounts OR over a longer period than was intended**

   - Have you often found that when you started drinking you ended up drinking much more than you were planning to? **1-6 months**
   - If **NO**: What about drinking for a much longer period of time than you were planning to?

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

   - Have you tried to cut down or stop drinking alcohol? **1-6 months**
   - If **YES**: Did you ever actually stop drinking altogether? (How many times did you try to cut down or stop drinking altogether?)
   - If **NO**: Did you want to stop or cut down? (Is this something you kept worrying about?)

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

   - Have you spent a lot of time drinking, being high, or hung over? **1-6 months**

4. **Important social, occupational, or recreational activities given up or reduced because of alcohol use**

   - Have you had times when you would drink so often that you started to drink instead of working or spending time with your family or friends or engaging in other important activities, such as sports, gardening, or playing music? **1-6 months**

5. **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)**

   - If **no already known**: Has your drinking ever caused any psychological problems like making you depressed or anxious, making it difficult to sleep, or causing “blackouts”? **1-6 months**
   - If **not already known**: Has your drinking ever caused significant physical problems or made a physical problem worse?
   - If **YES to either of above**: Did you keep on drinking anyway?

*DAISI 2007 - 12-Month Assessment (last modified 14-March-2007)*
6) 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.

<table>
<thead>
<tr>
<th>1-6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you found that you needed to drink a lot more in order to get the feeling you wanted than you did when you first started drinking?</td>
</tr>
<tr>
<td>If YES: How much more?</td>
</tr>
<tr>
<td>If NO: What about finding that when you drank the same amount, it had much less effect than before?</td>
</tr>
</tbody>
</table>

7) Withdrawal, as manifested by either (a) or (b):
(a) at least 2 of the following: autonomic hyperactivity (e.g. sweating or pulse rate greater than 100); increased hand tremor; insomnia; nausea or vomiting; psychomotor agitation; anxiety; grand mal seizures; transient visual, tactile or auditory hallucinations or illusions;
(b) Alcohol (or a substance from the sedative/hypnotic/anxiolytic class) taken to relieve or avoid withdrawal symptoms

<table>
<thead>
<tr>
<th>1-6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever had any withdrawal symptoms when you cut down or stopped drinking like...</td>
</tr>
<tr>
<td>Sweating or racing heart?</td>
</tr>
<tr>
<td>Hand shakes?</td>
</tr>
<tr>
<td>Trouble sleeping?</td>
</tr>
<tr>
<td>Feeling nauseated or vomiting?</td>
</tr>
<tr>
<td>Feeling agitated?</td>
</tr>
<tr>
<td>Feeling anxious?</td>
</tr>
<tr>
<td>How about a seizure or seeing, feeling, or hearing things that weren't really there?</td>
</tr>
</tbody>
</table>

If NO:
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?

Alcohol abuse with physiological dependence present?
At least three dependence items coded “3” and items occurred within the same 12 month period

1 = Absent or False
2 = Subthreshold
3 = Threshold or True

1-6 months

NOTE: If NO, diagnose Alcohol Abuse without physiological dependence
**SECTION U: Global Assessment of Functioning (GAF)**

Consider psychological, social and occupational functioning on a hypothetical continuum of mental health — illness. Do not include impairment from functioning due to physical (or environmental) limitations.

100 Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities.

90 No Symptoms.

90 Absent or minimal symptoms (e.g. mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g. an occasional argument with family members).

80 If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g. difficulty concentrating after family argument); no more than slight impairment.

71 In social, occupational, or school functioning (e.g. temporarily falling behind in school work).

70 Some mild symptoms (e.g. depressed mood and mild insomnia) OR some difficulty in social, occupational or school functioning (e.g. occasional irascibility, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.

60 Moderate symptoms (e.g. flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (e.g. few friends, conflicts with peers and co-workers).

50 Serious symptoms (e.g. suicidal ideation, severe obsessional rituals, frequent shoplifting) OR serious impairment in social, occupational or school functioning (e.g. no friends, unable to keep a job).

40 Some impairments in reality testing or communication (e.g. speech is at time illogical, obscure or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgement, thinking or mood (e.g. depressed man avoids friends, neglects family, and is unable to keep a job).

30 Behavior is considerably influenced by delusions OR hallucinations OR serious impairment in communication or judgement (e.g. sometimes incoherent, acts grossly inappropriately, suicidal preoccupation).

21 OR inability to function in almost all areas (e.g. stays in bed all day, no job, home, or friends).

20 Some danger of hurting self or others (e.g. suicide attempts without clear expectations of death; frequently violent; manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g. smears faces).

11 OR gross impairment in communication (e.g. largely incoherent or mute).

10 Persistent danger of severely hurting self or others (e.g. recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.

0 Inadequate information

*DAISI 2007 - 12-Month Assessment (last modified 14-March-2007)*
Neuropsychological Assessments 12-month

Participant Number: [ ]
Date Completed: [ ]
Date of Birth: [ ]
Gender: M / F

Date of Last Drink: ____________________________
Number of standard drinks consumed on that occasion: _____

Other substances used in the past week

<table>
<thead>
<tr>
<th>Substance</th>
<th>Date</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Is the participant colour blind?: ____________________
**NYA: Rey Auditory Verbal Learning Test (RAVLT)**

**Instructions**

**List A Trial 1**

For Trial 1, say,

I am going to read a list of words. Listen carefully, for when I stop you are to repeat back as many words as you can remember. It doesn't matter in what order you repeat them. Just try to remember as many as you can.

Read List A words, with a 1-second interval between each of the 15 words. Check off the words recalled using numbers to keep track of the examinee's pattern of recall. No feedback should be given regarding the number of correct responses, repetitions or errors.

When the examinee indicates that he or she can recall no more words, the examiner re-reads the list following a second set of instructions.

**List A Trial 2**

Say,

Now I am going to read the same words again, and once again when I stop I want you to tell me as many words as you can remember, including words you said the first time. It doesn't matter in what order you say them. Just say as many words as you can remember whether or not you said them before.

**List A Trials 3-5**

The list is re-read for Trials 3 through 5 using Trial 2 instructions each time. The examiner may praise the examinee as he or she recalls more words; the examiner may tell the examinee the number of words already recalled, particularly if the examinee is able to use the information for reassurance or as a challenge.

**List B**

After Trial 5, the examiner reads List B with instructions to perform as on the first list trial. Say,

Now I'm going to read a second list of words. Listen carefully, for when I stop you are to repeat back as many words as you can remember. It doesn't matter in what order you repeat them. Just try to remember as many as you can.

Immediately after the List B trial, the examiner asks the patient to recall as many words from the first list (List A) as he or she can (List A Trial 6) without further presentation of those words.

**List A Trial 6**

Say,

Now tell me all the words that you can remember from the first list.
## Rey Auditory Verbal Learning Test (RAVLT) Scoring Sheet

Note: Do not re-read List A for Recall Trial A6.

<table>
<thead>
<tr>
<th>List A</th>
<th>A1</th>
<th>A2</th>
<th>A3</th>
<th>A4</th>
<th>A5</th>
<th>List B</th>
<th>B1</th>
<th>A6</th>
</tr>
</thead>
<tbody>
<tr>
<td>drum</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>desk</td>
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<td>garden</td>
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<td>lamb</td>
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<td>nose</td>
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<tr>
<td>turkey</td>
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<tr>
<td>colour</td>
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<td>pencil</td>
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<td>house</td>
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<td></td>
<td></td>
<td></td>
<td>fish</td>
<td></td>
<td>river</td>
</tr>
</tbody>
</table>

# correct
# confabulations
# repetitions

Total Correct A1 + A2 + A3 + A4 + A5 = 
Total Correct A6-A5 =
Total Confabulations A1 + A2 + A3 + A4 + A5 + B1 + A6 =
Total Repetitions A1 + A2 + A3 + A4 + A5 + B1 + A6 =
NYB: Digit Span

Discontinue
After score of 0 on both trials of any item, for both Digits Forward & Backward, administer both trials of each item even if Trial 1 is passed. Administer Digits Backward even if examinee scores 0 on Digits Forward.

Scoring
Each trial: 0 or 1 for each response
Item score = Trial 1 + Trial 2

Instructions

Digits Forward
Before administering Trial 1 of Item 1, say,

I am going to say some numbers. Listen carefully, and when I am through, I want you to say them right after me. Just say what I say.

Digits Backward
Say,

Now I am going to say some more numbers. But this time when I stop, I want you to say them backward. For example, if I say 7-1-9, what would you say?

if the examinee responds correctly (9-1-7), say,

That’s right.

Proceed to Trial 1 of Item 1. However, if the examinee responds incorrectly provide the correct response and say,

No, you would say 9-1-7. I said 7-1-9, so to say it backwards, you would say 9-1-7. Now try these numbers. Remember, you are to say them backwards: 3-4-8.

Do not provide any assistance on this example or any of the items. Whether or not the examinee responds correctly (i.e., 8-4-3), proceed to Trial 1 of Item 1.

<table>
<thead>
<tr>
<th>Digits Forward</th>
<th>Trial Score</th>
<th>Item Score (0, 1, or 2)</th>
<th>Digits Backward</th>
<th>Trial Score</th>
<th>Item Score (0, 1, or 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trial Item/Response</td>
<td>1 1-7</td>
<td>1 2-4</td>
<td>1.</td>
<td>1 2-4</td>
<td></td>
</tr>
<tr>
<td>2 6-3</td>
<td>2 5-7</td>
<td>2.</td>
<td>1 5-2-9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 6-9</td>
<td>2 4-1-5</td>
<td>3.</td>
<td>1 3-2-7-9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 7-2-8-6</td>
<td>2 4-9-6-8</td>
<td>4.</td>
<td>1 1-5-2-8-8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 7-5-9-3-6</td>
<td>2 8-1-8-4-3</td>
<td>5.</td>
<td>1 5-3-9-4-1-8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 3-9-2-5-8-7</td>
<td>2 7-2-4-8-3-6</td>
<td>6.</td>
<td>1 8-1-2-9-3-6-5</td>
<td></td>
<td></td>
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<tr>
<td>2 4-1-7-9-3-8-6</td>
<td>2 4-7-3-9-1-2-8</td>
<td>7.</td>
<td>1 9-4-3-7-6-2-5-8</td>
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<td></td>
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<tr>
<td>2 3-8-2-9-6-1-7-4</td>
<td>2 7-2-8-1-9-6-5-3</td>
<td>Digit Backward Total Score (Maximum = 14)</td>
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<td></td>
<td></td>
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<tr>
<td>Digits Forward Total Score (Maximum = 16)</td>
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</tbody>
</table>

DASIS 2007 - 12-Month Assessment (last modified 14-March-2007)
**NPR: Matrix Reasoning**

Matrix Reasoning is a series of 35 incomplete gridded patterns that the examinee completes by pointing to or stating the number of the correct response from five possible choices. Matrix Reasoning is a measure of nonverbal fluid reasoning and general intellectual ability.

**Start Point**
Administer Sample Items A and B first.
- Ages 12-44: Item 7
- Ages 45-79: Item 5
- Ages 80-89: Item 1

**Stop Point**
- Ages 12-44: No stop point
- Ages 45-79: After Item 32
- Ages 80-89: After Item 28

**Reverse Rule**
Ages 12-44: Administer Items 1-6 in reverse sequence if score of 0 on Item 7 or 8.

**Discontinue Rule**
After 4 consecutive scores of 0 or after 4 scores of 0 on 5 consecutive items.

**Scoring Rule**
Items 1-35: 0 or 1

<table>
<thead>
<tr>
<th>Item</th>
<th>Response Options (Circle One)</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>1 2 3 4 5 DK</td>
<td></td>
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<tr>
<td>8</td>
<td>1 2 3 4 5 DK</td>
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<tr>
<td>9</td>
<td>1 2 3 4 5 DK</td>
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<td>10</td>
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</tr>
<tr>
<td>17</td>
<td>1 2 3 4 5 DK</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>Response Options (Circle One)</th>
<th>Score</th>
</tr>
</thead>
<tbody>
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<td>18</td>
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<tr>
<td>19</td>
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<td>20</td>
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<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>1 2 3 4 5 DK</td>
<td></td>
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<tr>
<td>24</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>1 2 3 4 5 DK</td>
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<tr>
<td>26</td>
<td>1 2 3 4 5 DK</td>
<td></td>
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<tr>
<td>27</td>
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<tr>
<td>28</td>
<td>1 2 3 4 5 DK</td>
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<td>1 2 3 4 5 DK</td>
<td></td>
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<tr>
<td>30</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>32</td>
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<td></td>
</tr>
<tr>
<td>33</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>1 2 3 4 5 DK</td>
<td></td>
</tr>
</tbody>
</table>

**Total Raw Score**

**WASI T-score**
NYD: Verbal Fluency Test

Materials
Record Form, Stimulus Sheets, Stopwatch

Discontinue
Do not discontinue the test. Administer all trials of all three conditions in order to derive all of the primary and optional measures. For each trial, discontinue after 60 seconds.

Instructions
Condition 1: Letter Fluency

Use the following prompts during the Letter Fluency condition:

- If the examinee fails to make a response after any 15-second interval, say, Keep going. Provide this prompt only once per trial.
- The first time an examinee generates three consecutive words that do not start with the designate letter, say, The letter we are using now is ___, Provide this prompt only once per trial.

Keep the stopwatch running while providing prompts.

Say,
I'm going to say a letter of the alphabet. When I say begin, I want you to tell me as many words as you can that begin with that letter. You will have 60 seconds before I tell you to stop. None of the words can be names of people, or places, or numbers. For example, if I gave you the letter T, you could say take, toy, tooth and so forth, but you should not say Tom because that is a person's name, you should not say Texas because that is the name of a place, and you should not say twelve because that is a number. Also, do not give me the same word with different endings. For example, if you say take, you should not also say takes and taking. Do you have any questions?

Say,
Here is a page that will help you remember the rules.

Review the instructions with the examinee, pointing to the four rules in turn. Leave the summarised instructions in the examinee's view throughout the administration of the Letter Fluency condition.

Trial 1
Say,
The first letter is B. Ready? Begin.

Start timing. On the record form, write the examinee's responses verbatim in the column labeled "B". Record responses that the examinee generates during the first 15 seconds in the first box (labeled "1-15 Seconds"), record responses given in the second 15 seconds in the second box (labeled "16-30 Seconds") and so forth. After 60 seconds, say,
Stop.

Trial 2
Introduce the next letter by saying,
The next letter is H. Ready? Begin.

Start timing. Record the examinee's responses as described for Trial 1. After 60 seconds, say,
Stop.

Trial 3
Introduce the next letter by saying,
The next letter is R. Ready? Begin.

Start timing. Record the examinee's responses as described for Trial 1. After 60 seconds, say,
Stop.

DAISI 2007 - 12-Month Assessment (last modified 14-March-2007)
Condition 1: Letter Fluency

B

H

R

First Interval: 1-15 Seconds

Second Interval: 16-30 Seconds

Third Interval: 31-45 Seconds

Fourth Interval: 46-60 Seconds

1'-15'

B+H+R Correct Responses

16'-30'

31'-45'

46'-60'

B+H+R Correct Responses

B+H+R Correct Responses

B+H+R Correct Responses

Letter Fluency: Total Responses (Correct + Incorrect)

Letter Fluency: Total Responses (Correct + Incorrect)

Letter Fluency: Total Responses (Correct + Incorrect)

DAISI 2007 - 12-Month Assessment (last modified 14-March-2007)
Condition 2: Category Fluency

Use the following prompts during the Category Fluency condition:

- If the examinee fails to make a response after any 15-second interval, say, **Keep going.** Provide this prompt only once per trial.

- The first time an examinee generates three consecutive words that do not fit the category, say, **The category we are using now is ___**. Provide this prompt only once per trial.

Keep the stopwatch running while providing prompts.

**Trial 1**

Say,

Now we are going to do something a little different. This time, I want you to tell me as many items of clothing as you can. It doesn't matter what letter they start with. You will have 60 seconds before I tell you to stop. Do you have any questions? Ready? Begin.

Start timing. On the record form, write the examinee's responses verbatim in the column labeled "Clothing". As before, write the examinee's responses in the appropriate 15-second interval sections. At the end of 60 seconds, say,

Stop.

**Trial 2**

Introduce the category by saying,

Now tell me as many girls' names as you can. You will have 60 seconds before I tell you to stop. Ready? Begin.

Start timing. Record the examinee's responses as described for Trial 1. After 60 seconds, say,

Stop.
### Condition 2: Category Fluency

#### Clothing

<table>
<thead>
<tr>
<th>Interval</th>
<th>Response Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Interval:</td>
<td>1'-15&quot;</td>
</tr>
<tr>
<td>1-15 Seconds</td>
<td></td>
</tr>
<tr>
<td>Second Interval:</td>
<td>16'-30&quot;</td>
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<tr>
<td>16-30 Seconds</td>
<td></td>
</tr>
<tr>
<td>Third Interval:</td>
<td>31'-45&quot;</td>
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<tr>
<td>31-45 Seconds</td>
<td></td>
</tr>
<tr>
<td>Fourth Interval:</td>
<td>46'-60&quot;</td>
</tr>
<tr>
<td>46-60 Seconds</td>
<td></td>
</tr>
</tbody>
</table>

- Total Correct Responses
- Total Set-Loss Errors
- Total Repetition Errors

#### Girls' Names

<table>
<thead>
<tr>
<th>Interval</th>
<th>Response Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Interval:</td>
<td>1'-15&quot;</td>
</tr>
<tr>
<td>1-15 Seconds</td>
<td></td>
</tr>
<tr>
<td>Second Interval:</td>
<td>16'-30&quot;</td>
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<tr>
<td>16-30 Seconds</td>
<td></td>
</tr>
<tr>
<td>Third Interval:</td>
<td>31'-45&quot;</td>
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<tr>
<td>31-45 Seconds</td>
<td></td>
</tr>
<tr>
<td>Fourth Interval:</td>
<td>46'-60&quot;</td>
</tr>
<tr>
<td>46-60 Seconds</td>
<td></td>
</tr>
</tbody>
</table>

- Total Correct Responses
- Total Set-Loss Errors
- Total Repetition Errors

**Category Fluency:** Total Responses (Correct + Incorrect)
Condition 3: Category Switching

Use the following prompts during the Category Switching condition:

- If the examinee fails to make a response after any 15-second interval, say, **Keep going.** Provide this prompt only once for the Switching condition.
- The first time an examinee generates three consecutive words that are not members of one of the two designated categories, say, **The categories you are to switch between are ____ and ____**. Provide this prompt only once for the Switching condition.

Keep the stopwatch running while providing prompts.

**Trial 1**

Say,

Now we are going to do something a little different. I want you to switch back and forth between saying as many vegetables and as many musical instruments as you can. It doesn't matter what letter they start with. You will have 60 seconds before I tell you to stop. So you would say a vegetable, then a musical instrument, and so on. You can start with either a vegetable or a musical instrument. Do you have any questions? Ready? Begin.

Start timing. As before, record the examinee's responses in the appropriate 15-second interval sections. At the end of 60 seconds, say,

Stop.
Condition 3: Category Switching

Vegetables/ Instruments

1st-15s
Vegetables + Instruments
Correct Responses

16th-30s
Vegetables + Instruments
Correct Responses

31st-45s
Vegetables + Instruments
Correct Responses

46th-60s
Vegetables + Instruments
Correct Responses

Category Switching: Total Switching Accuracy
Vegetables Total Correct Responses
Instruments Total Correct Responses
Category Switching: Total Correct Raw Score
Total Set-Loss Errors
Total Repetition Errors

DAISI 2007 - 12-Month Assessment (last modified 14-March-2007)
Verbal Fluency: Summary of Scores

**Condition 1**
Letter Fluency
Total Correct

**Condition 2**
Category Fluency
Total Correct

**Condition 3**
Category Switching
Total Correct Responses

**Condition 3**
Category Switching
Total Switching
Accuracy

- Raw Score
- Scaled Score

**Letter Fluency vs. Category Fluency**

\[
\text{Scaled Score}_{\text{Letter Fluency}} - \text{Scaled Score}_{\text{Category Fluency}} = \text{Contrast Scaled Score}
\]

**Category Switching vs. Category Fluency**

\[
\text{Scaled Score}_{\text{Category Switching}} - \text{Scaled Score}_{\text{Category Fluency}} = \text{Contrast Scaled Score}
\]

DAISI 2007 - 12-Month Assessment (last modified 14-March-2007)
**NFF: Rey Auditory Verbal Learning Test – Long Delay**

**Instructions**

List A Long Delay

After 20 minutes filled with other activity, ask the subject to recall the words from List A. Say,

* A while ago, I read a list of words to you several times, and you had to repeat back the words. Tell me the words from that list.

<table>
<thead>
<tr>
<th>List A</th>
<th>Recall Trials</th>
</tr>
</thead>
<tbody>
<tr>
<td>drum</td>
<td></td>
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<tr>
<td>curtain</td>
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</tr>
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<td># repetitions</td>
<td></td>
</tr>
</tbody>
</table>
**NYF: Rey Auditory Verbal Learning Test – Recognition**

**List A Recognition**

On completion of the delay trial, the recognition test should be given. The recognition task requires the examinee to identify as many of the list words as he or she can and, if possible, the specific list of origin. Say,

I will say some words that were on the word lists that I read to you, and some other words that were not on those lists. Tell me each time I say a word that was read to you. If you can remember that the word was from the word lists, tell me if the word was from the first or second list.

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>bell</td>
<td>12 N</td>
<td>home</td>
<td>12 N</td>
<td>towel</td>
<td>12 N</td>
<td>boat</td>
</tr>
<tr>
<td>window</td>
<td>12 N</td>
<td>fish</td>
<td>12 N</td>
<td>curtain</td>
<td>12 N</td>
<td>hot</td>
</tr>
<tr>
<td>hat</td>
<td>12 N</td>
<td>moon</td>
<td>12 N</td>
<td>flower</td>
<td>12 N</td>
<td>parent</td>
</tr>
<tr>
<td>barn</td>
<td>12 N</td>
<td>tree</td>
<td>12 N</td>
<td>colour</td>
<td>12 N</td>
<td>water</td>
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<td>ranger</td>
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<td>balloon</td>
<td>12 N</td>
<td>desk</td>
<td>12 N</td>
<td>farmer</td>
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<tr>
<td>nose</td>
<td>12 N</td>
<td>bird</td>
<td>12 N</td>
<td>gun</td>
<td>12 N</td>
<td>rose</td>
</tr>
<tr>
<td>weather</td>
<td>12 N</td>
<td>mountain</td>
<td>12 N</td>
<td>crayon</td>
<td>12 N</td>
<td>cloud</td>
</tr>
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<td>school</td>
<td>12 N</td>
<td>coffee</td>
<td>12 N</td>
<td>church</td>
<td>12 N</td>
<td>house</td>
</tr>
<tr>
<td>hand</td>
<td>12 N</td>
<td>mouse</td>
<td>12 N</td>
<td>turkey</td>
<td>12 N</td>
<td>stranger</td>
</tr>
<tr>
<td>pencil</td>
<td>12 N</td>
<td>river</td>
<td>12 N</td>
<td>fountain</td>
<td>12 N</td>
<td>garden</td>
</tr>
</tbody>
</table>

**Recognition**

# List A correctly identified ________

# List B correctly identified ________

# targets correctly identified = List A + List B = ________

# distractors correctly identified ________

*DAISI 2007 - 12-Month Assessment (last modified 14-March-2007)*
**Start Point**
Design 3

**Reverse Rule**
Administer items 1-2 in reverse sequence if score of 0 on item 3 or 4.

**Discontinue Rule**
After 3 consecutive scores of 0.

**Scoring Rule**
- Items 1-4:
  - 2 for a correct design on Trial 1
  - 1 for a correct design on Trial 2
  - 0 for incorrect designs on Trials 1 & 2
- Items 5-13:
  - 0-7

<table>
<thead>
<tr>
<th>Design</th>
<th>Time Limit</th>
<th>Incorrect Design</th>
<th>Completion Time</th>
<th>Correct Design</th>
<th>Score (Circle the appropriate score for each design)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>30&quot;</td>
<td>Trial 1</td>
<td>Trial 2</td>
<td>Y N</td>
<td>0 1 2</td>
</tr>
<tr>
<td>2.</td>
<td>60&quot;</td>
<td>Trial 1</td>
<td>Trial 2</td>
<td>Y N</td>
<td>0 1 2</td>
</tr>
<tr>
<td>3.</td>
<td>60&quot;</td>
<td>Trial 1</td>
<td>Trial 2</td>
<td>Y N</td>
<td>0 1 2</td>
</tr>
<tr>
<td>4.</td>
<td>60&quot;</td>
<td>Trial 1</td>
<td>Trial 2</td>
<td>Y N</td>
<td>0 1 2</td>
</tr>
<tr>
<td>5.</td>
<td>60&quot;</td>
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<td></td>
<td>Y N</td>
<td>21-60 10-20 11-15 11-10 10-10 0 4 5 6 7</td>
</tr>
<tr>
<td>6.</td>
<td>60&quot;</td>
<td></td>
<td></td>
<td>Y N</td>
<td>21-60 10-20 11-15 11-10 10-10 0 4 5 6 7</td>
</tr>
<tr>
<td>7.</td>
<td>60&quot;</td>
<td></td>
<td></td>
<td>Y N</td>
<td>21-60 10-20 11-15 11-10 10-10 0 4 5 6 7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y N</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>8</td>
<td>60°</td>
<td><img src="image1" alt="Diagram" /></td>
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<tr>
<td>9</td>
<td>60°</td>
<td><img src="image2" alt="Diagram" /></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>120°</td>
<td><img src="image3" alt="Diagram" /></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>120°</td>
<td><img src="image4" alt="Diagram" /></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>120°</td>
<td><img src="image5" alt="Diagram" /></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>120°</td>
<td><img src="image6" alt="Diagram" /></td>
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<td></td>
</tr>
</tbody>
</table>

Total Score = ![Score](image7)

WASI T-score = ![Score](image8)
NYG: Similarities

Start Point
Item 7

Reverse Rule
Administer items 5&6 in reverse sequence if score of 0 or 1 on item 7 or 8.

Discontinue Rule
After 4 consecutive scores of 0.

Scoring Rule
Items 1-4: 0 or 1
Items 5-26: 0, 1, or 2

<table>
<thead>
<tr>
<th>Item</th>
<th>Response</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(0 or 1)</td>
</tr>
<tr>
<td>1. Four-Wheeled</td>
<td>Ship, BUS, Bike, Train</td>
<td></td>
</tr>
<tr>
<td>2. Dining Items</td>
<td>SPOON, Pan, Bowl, Can Opener</td>
<td></td>
</tr>
<tr>
<td>3. Clothing</td>
<td>Jump Rope, Ball, SHOES, Crayons</td>
<td></td>
</tr>
<tr>
<td>4. Fruits</td>
<td>BANANA, Bean, Pumpkin, Potato</td>
<td>(0, 1 or 2)</td>
</tr>
<tr>
<td>5. Red-Blue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Circle-Square</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Grapes-Strawberries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Cow-Bear</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Plane-Bus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Shirt-Jacket</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Pen-Pencil</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Bowl-Plate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Love-Hate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. TV-Newspaper</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Smoth-Rough</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Shoulder-Ankle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Sit-Run</td>
<td></td>
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<tr>
<td>---</td>
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<tr>
<td>18. Child-Adult</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Steam-Cloud</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Bird-Flower</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. More-Less</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Photograph-Song</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Peace-War</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Capitalism-Socialism</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Tradition-Habit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. Freedom-Law</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Score**

**Raw Score**

**WASI T-score**
# NYII: Vocabulary

**Start Point**
Item 9

**Reverse Rule**
Administer items 5-6 in reverse sequence if score of 0 or 1 on item 7 or 8.
Administer items 1-4 in reverse sequence if score of 0 or 1 on item 5 or 6.

**Discontinue Rule**
After 5 consecutive scores of 0.

**Scoring Rule**
- Items 1-4: 0 or 1
- Items 5-12: 0, 1, or 2

<table>
<thead>
<tr>
<th>Item</th>
<th>Response</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Fish</td>
<td></td>
<td>(0 or 1)</td>
</tr>
<tr>
<td>2. Shovel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Map</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Shell</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Shirt</td>
<td></td>
<td>(0, 1 or 2)</td>
</tr>
<tr>
<td>6. Shoe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Flashlight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Car</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Bird</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Calendar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Bell</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Lunch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Police</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Vacation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Pet</td>
<td></td>
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<td>17. Balloon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Transform</td>
<td></td>
<td></td>
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<tr>
<td>19. Alligator</td>
<td></td>
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<tr>
<td>---</td>
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</tr>
<tr>
<td>20.</td>
<td>Cart</td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>Blame</td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>Dance</td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>Purpose</td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td>Entertain</td>
<td></td>
</tr>
<tr>
<td>25.</td>
<td>Famous</td>
<td></td>
</tr>
<tr>
<td>26.</td>
<td>Reveal</td>
<td></td>
</tr>
<tr>
<td>27.</td>
<td>Decade</td>
<td></td>
</tr>
<tr>
<td>28.</td>
<td>Tradition</td>
<td></td>
</tr>
<tr>
<td>29.</td>
<td>Rejoice</td>
<td></td>
</tr>
<tr>
<td>30.</td>
<td>Enthusiastic</td>
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</tr>
<tr>
<td>31.</td>
<td>Improvise</td>
<td></td>
</tr>
<tr>
<td>32.</td>
<td>Impulse</td>
<td></td>
</tr>
<tr>
<td>33.</td>
<td>Hastie</td>
<td></td>
</tr>
<tr>
<td>34.</td>
<td>Trend</td>
<td></td>
</tr>
<tr>
<td>35.</td>
<td>Intermittent</td>
<td></td>
</tr>
<tr>
<td>36.</td>
<td>Devout</td>
<td></td>
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<tr>
<td>37.</td>
<td>Impertinent</td>
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</tr>
<tr>
<td>38.</td>
<td>Niche</td>
<td></td>
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<tr>
<td>39.</td>
<td>Presumptuous</td>
<td></td>
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<tr>
<td>40.</td>
<td>Formidable</td>
<td></td>
</tr>
<tr>
<td>41.</td>
<td>Ruminant</td>
<td></td>
</tr>
<tr>
<td>42.</td>
<td>Panacea</td>
<td></td>
</tr>
</tbody>
</table>

DAISI 2007 - 12-Month Assessment (last modified 14-March-2007)
NYI: Colour-Word Interference

Materials
Record Form, Stimulus Sheets, Stopwatch

Condition 1: Colour Naming
Discontinue
Discontinue if the examinee has marked difficulty or makes four uncorrected errors on the practice lines. Otherwise, discontinue the scored task after 90 seconds.

Administration & Recording
Place the stimulus page flat on the table in the landscape position directly in front of the examinee so that the two practice lines of Condition 1 are positioned at the top of the page from the examinee’s perspective. Say,
This page has patches of color on it. I’d like you to say the colors as quickly as you can without skipping any or making mistakes. When you finish this line (sweep across the first practice line of five squares with your finger), go on to the one (point to the first square of the second row). Now try these first two lines for practice.

If the examinee is able to complete the two practice lines, say,

Good. Now, when I say begin, I want you to say the rest of the colors. Begin here (point to the first square on the first line of 10 squares below the practice lines) and say each color, one after the other, without skipping any. When you finish this line (sweep across the first row with your finger), go on to this one (point to the first square on the second row). Keep saying the colors until you reach the end of the last line (point). Say the colors as quickly as you can without making mistakes. Ready? Begin.

Start timing. Follow the examinee’s progress item by item on the record form. Record errors by writing the first letter of the incorrect color name beneath the correct response and record any nonsense words (e.g., “bleen”) verbatim. Indicate self-corrections by drawing a slash through the letter or word. Record total completion time in seconds.

Allow the examinee to use a finger to maintain his or her place on the stimulus page. If the examinee skips a line accidentally, point out the error immediately and redirect the examinee to the correct line. Keep to stopwatch running while pointing out line-skipping errors.

If the examinee does not complete the task at the end of 90 seconds, say, Stop. Indicate on the record form the last item attempted and record 90 seconds as the total completion time. Items to which the examinee did not respond because the time limit was reached are not counted as errors.

Turn the page in the stimulus booklet to Condition 2: Word Reading.

green red blue green blue
red blue green blue green
red blue red green red blue green blue red green
blue green red green red green blue red blue green
red green blue red green red green blue green red
blue red green blue red green blue red blue green
red blue red green blue green red blue green

Total Uncorrected Errors
Total Self-Corrected Errors
Total Time to Complete

DAISI 2007 - 12-Month Assessment (last modified 14-March-2007) 65
Condition 2: Word Reading

Discontinue
Discontinue if the examinee has marked difficulty or makes four uncorrected errors on the practice line. Otherwise, discontinue the scored task after 90 seconds.

Administration & Recording
Place the stimulus page flat on the table in the landscape position directly in front of the examinee, with the rows of words printed in black ink facing the examinee. Say,

Now look at this page with words printed on it. I'd like you to read the words aloud as quickly as you can without skipping any or making mistakes. When you finish this line (sweep across the first practice line of five words with your finger), go on to this line (point to the first word of the second row). Now try reading these first two lines for practice.

If the examinee is able to complete the two practice lines, say,

Good. Now, when I say begin, I want you to read the rest of the words. Begin here (point to the first word on the first line of 10 words below the practice lines) and read each word, one after the other, without skipping any. Keep reading the words until you reach the end (point to the last word on the last line). Read the words as quickly as you can without making mistakes. Ready? Begin.

Start timing. Follow the examinee's progress item by item on the record form. Record errors by writing the first letter of the incorrect word beneath the correct response and record any nonsense words (e.g., "bleen") verbatim. Indicate self-corrections by drawing a slash through the letter or word. Record total completion time in seconds.

Allow the examinee to use a finger to maintain his or her place on the stimulus page. If the examinee skips a line accidentally, point out the error immediately and redirect the examinee to the correct line. Keep the stopwatch running while pointing out line-skipping errors.

If the examinee does not complete the task at the end of 90 seconds, say, Stop. Indicate on the record form the last item attempted and record 90 seconds as the total completion time. Items to which the examinee did not respond because the time limit was reached are not counted as errors.

Turn the page in the stimulus booklet to Condition 3: Inhibition.

<table>
<thead>
<tr>
<th>red</th>
<th>blue</th>
<th>green</th>
<th>red</th>
<th>blue</th>
</tr>
</thead>
<tbody>
<tr>
<td>green</td>
<td>blue</td>
<td>green</td>
<td>red</td>
<td>green</td>
</tr>
<tr>
<td>red</td>
<td>green</td>
<td>blue</td>
<td>green</td>
<td>red</td>
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<tr>
<td>red</td>
<td>green</td>
<td>blue</td>
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<td>red</td>
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<td>blue</td>
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<td>red</td>
<td>blue</td>
<td>green</td>
</tr>
<tr>
<td>green</td>
<td>red</td>
<td>blue</td>
<td>green</td>
<td>red</td>
</tr>
</tbody>
</table>

| Total Uncorrected Errors |
| Total Self-Corrected Errors |
| Total Time to Complete |

DAISI 2007 - 12-Month Assessment (last modified 14-March-2007)
Condition 3: Inhibition
Discontinue if the examinee has marked difficulty or makes four uncorrected errors on the practice lines. Otherwise, discontinue the scored task after 180 seconds.

Administration & Recording
Place the stimulus page flat on the table in the landscape position directly in front of the examinee, with the rows of words printed in dissonant ink colors facing the examinee. Say,

Now look at this page. It's going to be a little harder than the other pages because the color names are printed in a different-colored ink. For example (point to the first word on the first practice line of five words), do you see how the word red is printed in green ink here? This time, you are to name the color of the ink that the letters are printed in and not read the word. So, what would you say for this one? (Point again to the first word on the first practice line and allow the examinee to respond. Correct any errors.) Good. And this one? (Point at the next two practice items. Correct any errors.)
Good. Now try these first two lines for practice.

If the examinee has difficulty understanding the task, you may demonstrate it by naming the ink colors on the first practice line, then inviting the examinee to respond to the second line. If the examinee requires four corrections on the two practice lines, discontinue this condition and do not administer Condition 4: Inhibition/Switching. On the record form, record your observations as to why the examinee might have struggled with this task.

If the examinee is able to complete the two practice lines, say,

Good. Now, when I say begin, I want you to do the same thing for the rest of them. Say the color of the ink the letters are printed in; do not read the words. Begin here (point to the first word on the first line of 10 words below the practice lines) and say each ink color, one after the other, without skipping any. Keep saying the ink colors until you reach the end (point to the last word of the last line). Say the ink colors as quickly as you can without making mistakes. Ready? Begin.

Start timing. Follow the examinee's progress item by item on the record form. On the record form, the single letter (r for red, b for blue, g for green) printed in parentheses next to each correct response represents the correct response if the examinee reads the word rather than naming the ink color. Record errors by circling the letter or by writing the initial letter of other incorrect colors beneath the correct response. Also record any nonsense words (e.g., "bleen") verbatim. Indicate self-correction by drawing a slash through the letter or word. Record total completion time in seconds.

Allow the examinee to use a finger to maintain his or her place on the stimulus page. If the examinee skips a line accidentally, point out the error immediately and redirect the examinee to the correct line. Keep the stopwatch running while pointing out line-skipping errors.

If the examinee makes three consecutive errors of reading the words, prompt him or her to name the ink color. Give this prompt only once during this condition and keep the stopwatch running.

If the examinee does not complete the task at the end of 180 seconds, say, Stop. Indicate on the record form the last item attempted and record 180 seconds as the total completion time. Items to which the examinee did not respond because the time limit was reached are not counted as errors.

Turn the page in the stimulus booklet to Condition 4: Inhibition/Switching.

green(r) red(b) blue(g) green(b) red(g)
blue(r) red(b) green(r) red(g) green(r)
red(b) blue(g) red(b) green(r) red(g)
red(b) blue(g) green(b) blue(g) red(b) green(r) red(g)
green(r) blue(g) red(b) green(r) blue(g) red(b) green(r) red(g)
green(b) blue(g) red(b) green(r) blue(g) red(b) green(r) red(g)
blue(g) green(b) blue(r) red(b) blue(g) green(r) red(b)

<table>
<thead>
<tr>
<th>Total</th>
<th>Uncorrected Time to Complete</th>
<th>Total Self-Corrected Time to Complete</th>
</tr>
</thead>
</table>

DAIST 2007 - 12 Month Assessment (last modified March-2007)
Condition 4: Inhibition/Switching

Discontinue

Do not administer Condition 4 if the examinee had marked difficulty or did not finish before the time limit was reached on Condition 3: Inhibition. Discontinue if the examinee has marked difficulty or makes four uncorrected errors on the practice lines of Condition 4. Otherwise, discontinue the scored task after 180 seconds.

Administration & Recording

Place the stimulus page flat on the table in the landscape position directly in front of the examinee, with the rows of words printed in dissonant ink colours, half of which are contained in rectangles facing the examinee. Say,

This is the fourth and last page. This time, for many of the words, you are to do the same thing you just did: Name the color of the ink and do not read the words. But if a word is inside a little box, you should read the word not name the ink color. (Point to the first three items in the first practice line of five words.) For example, what would you say for these first three words? (Allow the examinee to respond and provide corrections if necessary.) Good. Now try these first two lines for practice.

If the examinee has difficulty understanding the task, you may demonstrate it by responding to the items on the first practice line, then inviting the examinee to respond to the second line. If the examinee requires four corrections on the two practice lines, discontinue this condition.

If the examinee is able to complete the practice lines, say,

Very good. Now when I say begin, I want you to do the same thing for the rest of them. Say the color of the ink the letters are printed in or read the word if it is in a box. Begin here (point to the first word on the first line of 10 words below the practice lines) and keep going until you reach the end (point to the last word of the last line). Say the ink colors or words as quickly as you can without making mistakes.

Ready? Begin.

Start timing. Follow the examinee's progress item by item on the record form. On the record form, the single letter (r for red, b for blue, g for green) printed in parentheses next to each correct response represents the true response if the examinee either (a) reads the word rather than naming the ink color for an item not contained in a rectangle or (b) names the ink color rather than reading the word for an item contained in a rectangle. Record errors by circling the letter or by writing the initial letter of other incorrect colors beneath the correct response. Also record any nonsense words (e.g., "kleen") verbatim. Indicate self-corrections by drawing a slash through the letter or word. Record total completion time in seconds.

Allow the examinee to use a finger to maintain his or her place on the stimulus page. If the examinee skips a line accidentally, point out the error immediately and redirect the examinee to the correct line. Keep the stopwatch running while pointing out line-skipping errors.

If the examinee makes three consecutive errors, prompt him or her either to name the ink color or to read the word in the rectangle. Provide this prompt only once during this condition and keep the stopwatch running.

If the examinee does not complete the task at the end of 180 seconds, say, Stop. Indicate on the record form the last item attempted and record 180 seconds as the total completion time. Items to which the examinee did not respond because the time limit was reached are not counted as errors.
STROOP: Summary of Scores

**Condition 1**
Colour Naming

**Condition 2**
Word Reading

**Condition 3**
Inhibition

**Condition 4**
Inhibition/Switching

Raw Score → Scaled Score → Raw Score → Scaled Score → Raw Score → Scaled Score

**Primary Combined Measure: Completion Times**

Combined Naming + Reading
Scaled Score + Scaled Score = Scaled Score → Composite Scaled Score

**Primary Contrast Measures: Completion Times**

Inhibition vs. Colour Naming
Scaled Score Inhibition - Scaled Score Colour Naming = Scaled Score Difference → Scaled Score

Inhibition/Switching vs. Combined Naming + Reading
Inhibition/Switching - Combined Naming + Reading = Scaled Score Difference → Scaled Score

Inhibition/Switching vs. Inhibition
Inhibition/Switching - Inhibition = Scaled Score Difference → Scaled Score

DAISI 2007 - 12-Month Assessment (last modified 14-March-2007)
Self Report Assessments
12-month

These questionnaires ask questions about your use of alcohol, symptoms of mental illness, your relationships with other people, and your personality style.

You may choose to take them home to complete over the next week and bring to your next appointment, or if you prefer, you can complete them while at the Centre either during this visit or at another convenient time. Whether you take them home or complete them at the Centre, your therapist can help you if you have difficulty answering any of the questions.

Participant Number: [Redacted]
Date Completed: [Redacted]
SR1: Brief Symptom Inventory

INSTRUCTIONS: Below are a list of problems people sometimes have. Please read each one carefully, and tick the circle that best describes HOW MUCH THAT PROBLEM HAS DISTRESSED OR BOTHERED YOU DURING THE PAST 7 DAYS INCLUDING TODAY USING THE SCALE PROVIDED. Please note that 0 = Not at all, 1 = A little bit, 2 = Moderately, 3 = Quite a bit, 4 = Extremely.

<table>
<thead>
<tr>
<th>HOW MUCH WERE YOU DISTRESSED BY...?</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Nervousness or shakiness inside</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>2. Faintness or dizziness</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>7. Pains in the heart or chest</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>8. Feeling afraid in open spaces or on the streets</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>12. Suddenly scared for no reason</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>19. Feeling fearful</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>23. Nausea or upset stomach</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>28. Feeling afraid to travel on buses, subways or trains</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>29. Trouble getting your breath</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>30. Hot or cold spells</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>31. Having to avoid certain things/activities/places because they frighten you</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>33. Numbness or tingling in parts of your body</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>37. Feeling weak in parts of your body</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>38. Feeling tense or keyed up</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>43. Feeling uneasy in crowds, such as shopping or at a movie</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>45. Spells of terror or panic</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>47. Feeling nervous when you are left alone</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>49. Feeling so restless you couldn't sit still</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>
SR2: OC Drinking Scale

The questions below ask you about your drinking alcohol and your attempts to control your drinking. Please enter the number of the statement that best applies to you in the space provided:

1. How much of your time when you're not drinking is occupied by ideas, thoughts, impulses, or images related to drinking?
   0 = none
   1 = less than 1 hour a day
   2 = 1-3 hours a day
   3 = 4-8 hours a day
   4 = Greater than 8 hours a day

2. How frequently do these thoughts occur?
   0 = never
   1 = No more than 8 times a day
   2 = More than 8 times a day, but most hours of the day are free of those thoughts
   3 = More than 8 times a day, and during most hours of the day
   4 = Thoughts are too numerous to count, and an hour rarely passes without several such thoughts

INSERT THE HIGHER SCORE OF QUESTIONS 1 AND 2 HERE: __________________________

3. How much do these ideas, thoughts, impulses or images related to drinking interfere with your social or work (or role) functioning? Is there anything you don't or can't do because of them? [If you are not currently working, how much of your performance would be affected if you were working?]
   0 = Thoughts of drinking never interfere — I can function normally
   1 = Thoughts of drinking slightly interfere with my social or occupational activities, but my overall performance is not impaired
   2 = Thoughts of drinking definitely interfere with my social or occupational performance, but I can still manage
   3 = Thoughts of drinking cause substantial impairment in my social or occupational performance
   4 = Thoughts of drinking interfere completely with my social or work performance

4. How much distress or disturbance do these ideas, thoughts, impulses or images related to drinking cause you when you are not drinking?
   0 = none
   1 = Mild, infrequent, and not too disturbing
   2 = Moderate, frequent, and disturbing, but still manageable
   3 = Severe, very frequent, and very disturbing
   4 = Extreme, nearly constant, and disabling distress
5. How much of an effort do you make to resist these thoughts or try to disregard or turn your attention away from these thoughts as they enter your mind when you are not drinking?
   [Rate your efforts made to resist these thoughts, not your success or failure in actually controlling them]
   0 = My thoughts are so minimal, I don't need to actively resist. If I have thoughts, I make an effort to always resist
   1 = I try to resist most of the time
   2 = I make some effort to resist
   3 = I give in to all such thoughts without attempting to control them, but I do so with some reluctance
   4 = I completely and willingly give in to such thoughts

6. How successful are you in stopping or diverting these thoughts when you are not drinking?
   0 = I am completely successful in stopping or diverting such thoughts
   1 = I am usually able to stop or divert such thoughts with some effort and concentration
   2 = I am sometimes able to stop or divert such thoughts
   3 = I am rarely successful in stopping such thoughts and can only divert such thoughts with difficulty
   4 = I am rarely able to divert such thoughts even momentarily

7. How many drinks do you drink each day?
   0 = None
   1 = Less than 1 drink per day
   2 = 1-2 drinks per day
   3 = 3-7 drinks per day
   4 = 8 or more drinks per day

8. How many days each week do you drink?
   0 = None
   1 = No more than 1 day per week
   2 = 2-3 days per week
   3 = 4-5 days per week
   4 = 6-7 days per week

INSERT THE HIGHER SCORE OF QUESTIONS 7 and 8 HERE:
SR3: DAS

This inventory lists different attitudes or beliefs that people sometimes hold. Read each statement carefully and decide how much you agree or disagree with it. For each statement, mark your answer using the number code given below that best describes how you think. To decide whether a given attitude is typical of your views, keep in mind how you think most of the time.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Disagree totally</td>
<td>Disagree very much</td>
<td>Disagree slightly</td>
<td>Neutral</td>
<td>Agree slightly</td>
<td>Agree very much</td>
<td>Agree totally</td>
</tr>
</tbody>
</table>

1. People will probably think less of me if I make a mistake
2. I must be a useful, productive, creative person or life has no purpose
3. I can find greater enjoyment if I do things because I want to, rather than in order to please other people
4. By controlling the way I interpret situations, I can control my emotions
5. If you cannot do something well, there is little point in doing it at all
6. What other people think about me is very important
7. People should prepare for the worst or they will be disappointed
8. I should be able to please everybody
9. Even though a person may not be able to control what happens to him, he can control how he thinks
10. It is shameful for a person to display his weaknesses
11. If a person has to be alone for a long period of time, it follows that he has to be lonely
12. A person should try to be the best at everything he undertakes
13. If a person is not a success, then his life is meaningless
14. It is not necessary for a person to become frustrated if he finds obstacles to getting what he wants
15. If I make a foolish statement, it means I am a foolish person
16. I should always have complete control over my feelings
17. I can enjoy myself even when others do not like me
18. If I do not set the highest standards for myself, I am likely to end up a second-rate person
19. If I do not do well all the time, people will not respect me
20. One should look for a practical solution to problems rather than a perfect solution
21. My value as a person depends greatly on what others think of me
22. A person should do well at everything he undertakes
23. If someone disagrees with me, it probably means he does not like me
<table>
<thead>
<tr>
<th></th>
<th>Agree totally</th>
<th>Agree very much</th>
<th>Agree slightly</th>
<th>Neutral</th>
<th>Disagree slightly</th>
<th>Disagree very much</th>
<th>Disagree totally</th>
</tr>
</thead>
<tbody>
<tr>
<td>24</td>
<td>I cannot be happy unless most people I know admire me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>My own opinions of myself are more important than others' opinions of me</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>If I do not treat people kindly, fairly and considerately, I am a rotten person</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>It is awful to be disapproved of by people important to you</td>
<td></td>
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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>28</td>
<td>If you do not have other people to lean on, you are bound to be sad</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>People will like me even if I am not successful</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>30</td>
<td>If other people know what you are really like, they will think less of you</td>
<td></td>
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</tr>
<tr>
<td>31</td>
<td>Whenever I take a chance or risk I am only looking for trouble</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>32</td>
<td>If a person avoids problems, the problems go away</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>33</td>
<td>No one can hurt me with words. I hurt myself by the way I choose to react to people's words</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>34</td>
<td>Others can care for me even if they know all my weaknesses</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>35</td>
<td>If I fail partly, it is as bad as being a complete failure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>People will reject you if they know all your weaknesses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>I can reach important goals without slave-driving myself</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>My happiness depends more on other people than it does on me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>If a person I love does not love me, it means I am unlovable</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>I ought to be able to solve my problems quickly and without a great deal of effort</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
SR4: CDSE

Think about the next 6 months: imagine you are in the following situations. How confident are you that you will not drink heavily (e.g. more than 6 standard drinks) in each situation?

Circle your answers below.

**OVER THE NEXT 6 MONTHS, CAN YOU STOP YOURSELF FROM DRINKING HEAVILY IF YOU ARE:**

<table>
<thead>
<tr>
<th></th>
<th>Can't do it</th>
<th>Moderately Sure</th>
<th>Certain I can</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Angry</strong></td>
<td>0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2. Depressed</strong></td>
<td>0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3. Physically tired</strong></td>
<td>0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4. At a party with friends</strong></td>
<td>0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5. Drinking before/with a meal</strong></td>
<td>0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6. Bored</strong></td>
<td>0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>7. Irritated</strong></td>
<td>0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8. Not relaxed in a social situation</strong></td>
<td>0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>9. Watching TV (e.g. sports, movies)</strong></td>
<td>0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>10. Worried</strong></td>
<td>0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*DAISI 2007 - 12-Month Assessment (last modified 14-March-2007)*
11. In a “shout” with friends

<table>
<thead>
<tr>
<th>Can't do it</th>
<th>Moderately Sure</th>
<th>Certain I can</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>10%</td>
<td>20%</td>
</tr>
<tr>
<td>30%</td>
<td>40%</td>
<td>50%</td>
</tr>
<tr>
<td>60%</td>
<td>70%</td>
<td>80%</td>
</tr>
<tr>
<td>90%</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

12. Happy

<table>
<thead>
<tr>
<th>Can't do it</th>
<th>Moderately Sure</th>
<th>Certain I can</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>10%</td>
<td>20%</td>
</tr>
<tr>
<td>30%</td>
<td>40%</td>
<td>50%</td>
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<tr>
<td>60%</td>
<td>70%</td>
<td>80%</td>
</tr>
<tr>
<td>90%</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

13. Want to feel more confident

<table>
<thead>
<tr>
<th>Can't do it</th>
<th>Moderately Sure</th>
<th>Certain I can</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>10%</td>
<td>20%</td>
</tr>
<tr>
<td>30%</td>
<td>40%</td>
<td>50%</td>
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<td>60%</td>
<td>70%</td>
<td>80%</td>
</tr>
<tr>
<td>90%</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

14. Stressed

<table>
<thead>
<tr>
<th>Can't do it</th>
<th>Moderately Sure</th>
<th>Certain I can</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>10%</td>
<td>20%</td>
</tr>
<tr>
<td>30%</td>
<td>40%</td>
<td>50%</td>
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<tr>
<td>60%</td>
<td>70%</td>
<td>80%</td>
</tr>
<tr>
<td>90%</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

15. Someone offers to buy you free drinks

<table>
<thead>
<tr>
<th>Can't do it</th>
<th>Moderately Sure</th>
<th>Certain I can</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>10%</td>
<td>20%</td>
</tr>
<tr>
<td>30%</td>
<td>40%</td>
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<td>60%</td>
<td>70%</td>
<td>80%</td>
</tr>
<tr>
<td>90%</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

OVER THE NEXT 6 MONTHS

16. Can you make sure that you do not have more than 3 drinks on any time that you have a drink?

<table>
<thead>
<tr>
<th>Can't do it</th>
<th>Moderately Sure</th>
<th>Certain I can</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>10%</td>
<td>20%</td>
</tr>
<tr>
<td>30%</td>
<td>40%</td>
<td>50%</td>
</tr>
<tr>
<td>60%</td>
<td>70%</td>
<td>80%</td>
</tr>
<tr>
<td>90%</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

17. Can you make sure that you do not have more than 1 drink on any time that you have a drink?

<table>
<thead>
<tr>
<th>Can't do it</th>
<th>Moderately Sure</th>
<th>Certain I can</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>10%</td>
<td>20%</td>
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<tr>
<td>30%</td>
<td>40%</td>
<td>50%</td>
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<td>60%</td>
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<tr>
<td>90%</td>
<td>100%</td>
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</tr>
</tbody>
</table>

18. Can you stop yourself from drinking alcohol at least 1 day a week?

<table>
<thead>
<tr>
<th>Can't do it</th>
<th>Moderately Sure</th>
<th>Certain I can</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>10%</td>
<td>20%</td>
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<td>30%</td>
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<tr>
<td>90%</td>
<td>100%</td>
<td></td>
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</tbody>
</table>

19. Can you stop yourself from drinking alcohol at least 2 days a week?

<table>
<thead>
<tr>
<th>Can't do it</th>
<th>Moderately Sure</th>
<th>Certain I can</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>10%</td>
<td>20%</td>
</tr>
<tr>
<td>30%</td>
<td>40%</td>
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<td>80%</td>
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<tr>
<td>90%</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

20. Can you stop yourself from drinking alcohol at least 3 days a week?

<table>
<thead>
<tr>
<th>Can't do it</th>
<th>Moderately Sure</th>
<th>Certain I can</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>10%</td>
<td>20%</td>
</tr>
<tr>
<td>30%</td>
<td>40%</td>
<td>50%</td>
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<td>60%</td>
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<td>80%</td>
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<tr>
<td>90%</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>
SRS: SAD-Q

First of all, we would like you to recall a month within the past six months when you were drinking heavily in a way which, for you, was fairly typical of a heavy drinking period. Please fill in the month and the year.

MONTH ........................................... YEAR .................

We would like to know more about your drinking during this time and during other periods when your drinking was similar. We want to know how often you experienced certain feelings. Please reply to each statement by putting a circle round ALMOST NEVER or SOMETIMES or OFTEN or NEARLY ALWAYS after each question.

First we want to know about the physical symptoms that you have experienced first thing in the morning during these typical periods of heavy drinking.

PLEASE ANSWER EVERY QUESTION

1. During a heavy drinking period, I wake up feeling sweaty.
   ALMOST NEVER   SOMETIMES   OFTEN   NEARLY ALWAYS

2. During a heavy drinking period, my hands shake first thing in the morning.
   ALMOST NEVER   SOMETIMES   OFTEN   NEARLY ALWAYS

3. During a heavy drinking period, my whole body shakes violently first thing in the morning if I don't have a drink.
   ALMOST NEVER   SOMETIMES   OFTEN   NEARLY ALWAYS

4. During a heavy drinking period, I wake up absolutely drenched in sweat.
   ALMOST NEVER   SOMETIMES   OFTEN   NEARLY ALWAYS

The following statements refer to moods and states of mind you may have experienced first thing in the morning during these periods of heavy drinking.

5. When I'm drinking heavily, I dread waking up in the morning.
   ALMOST NEVER   SOMETIMES   OFTEN   NEARLY ALWAYS

6. During a heavy drinking period, I am frightened of meeting people first thing in the morning.
   ALMOST NEVER   SOMETIMES   OFTEN   NEARLY ALWAYS

7. During a heavy drinking period, I feel at the edge of despair when I awake.
   ALMOST NEVER   SOMETIMES   OFTEN   NEARLY ALWAYS

8. During a heavy drinking period, I feel very frightened when I awake.
   ALMOST NEVER   SOMETIMES   OFTEN   NEARLY ALWAYS
The following statements also refer to the recent period when your drinking was heavy, and to periods like it.

9. During a heavy drinking period, I like to have a morning drink.
   ALMOST NEVER  SOMETIMES  OFTEN  NEARLY ALWAYS

10. During a heavy drinking period, I always gulp my first few morning drinks down as quickly as possible.
    ALMOST NEVER  SOMETIMES  OFTEN  NEARLY ALWAYS

11. During a heavy drinking period, I drink in the morning to get rid of the shakes.
    ALMOST NEVER  SOMETIMES  OFTEN  NEARLY ALWAYS

12. During a heavy drinking period, I have a very strong craving for a drink when I awake.
    ALMOST NEVER  SOMETIMES  OFTEN  NEARLY ALWAYS

Again the following statements refer to the recent period of heavy drinking and the periods like it.

13. During a heavy drinking period, I drink more than a quarter of a bottle of spirits per day (or 4 doubles or 1 bottle of wine or 5 schooners of beer).
    ALMOST NEVER  SOMETIMES  OFTEN  NEARLY ALWAYS

14. During a heavy drinking period, I drink more than half a bottle of spirits per day (or 2 bottles of wine or 10 schooners of beer).
    ALMOST NEVER  SOMETIMES  OFTEN  NEARLY ALWAYS

15. During a heavy drinking period, I drink more than one bottle of spirits per day (or 4 bottles of wine or 20 schooners of beer).
    ALMOST NEVER  SOMETIMES  OFTEN  NEARLY ALWAYS

16. During a heavy drinking period, I drink more than two bottles of spirits per day (or 8 bottles of wine or 40 schooners of beer).
    ALMOST NEVER  SOMETIMES  OFTEN  NEARLY ALWAYS

IMAGINE THE FOLLOWING SITUATION:
(1) You have been COMPLETELY off drink for a FEW WEEKS
(2) You then drink VERY HEAVILY for TWO DAYS,

HOW WOULD YOU FEEL THE MORNING AFTER THOSE TWO DAYS OF HEAVY DRINKING?

17. I would start to sweat.
    NOT AT ALL  SLIGHTLY  MODERATELY  QUITE A LOT

18. My hands would shake.
    NOT AT ALL  SLIGHTLY  MODERATELY  QUITE A LOT

19. My body would shake.
    NOT AT ALL  SLIGHTLY  MODERATELY  QUITE A LOT

20. I would be craving for a drink.
    NOT AT ALL  SLIGHTLY  MODERATELY  QUITE A LOT

DAISI 2007 - 12-Month Assessment (last modified 14-March-2007)
SR6: WHO QOL (Brief)

This assessment asks how you feel about your quality of life, health and other areas of your life. Please answer all the questions. If unsure about which response to give to a question, please choose the one that appears most appropriate.

Please read each question and assess your feelings, for the last two weeks, and circle the number on the scale for each question that gives the best answer for you.

1. How would you rate your quality of life?

<table>
<thead>
<tr>
<th>Very Poor</th>
<th>Poor</th>
<th>Neither Poor Nor Good</th>
<th>Good</th>
<th>Very Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

2. How satisfied are you with your health?

<table>
<thead>
<tr>
<th>Very Dissatisfied</th>
<th>Fairly Dissatisfied</th>
<th>Neither Satisfied nor Dissatisfied</th>
<th>Fairly Satisfied</th>
<th>Very Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

The following questions ask about how much you have experienced certain things in the last two weeks.

<table>
<thead>
<tr>
<th>Not at all</th>
<th>A small amount</th>
<th>A moderate amount</th>
<th>A great deal</th>
<th>An extreme amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

3. To what extent do you feel that physical pain prevents you from doing what you need to do?

4. How much do you need any medical treatment to function in your daily life?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>Very</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

5. How much do you enjoy life?

6. To what extent do you feel your life to be meaningful?

7. How well are you able to concentrate?

8. How safe do you feel in your daily life?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Slightly</th>
<th>Somewhat</th>
<th>To a great extent</th>
<th>Completely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

9. How healthy is your physical environment?

10. Do you have enough energy for everyday life?

11. Are you able to accept your bodily appearance?

DAISI 2007 - 12-Month Assessment (last modified 14-March-2007)
<table>
<thead>
<tr>
<th>Question</th>
<th>Not at all</th>
<th>Slightly</th>
<th>Somewhat</th>
<th>To a great extent</th>
<th>Completely</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Have you enough money to meet your needs?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>13. How available to you is the information you need in your daily life?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>14. To what extent do you have the opportunity for leisure activities?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>15. How well are you able to get around physically?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

The following questions ask you to say how good or satisfied you have felt about various aspects of your life over the last two weeks.

<table>
<thead>
<tr>
<th>Question</th>
<th>Very Unsatisfied</th>
<th>Fairly Dissatisfied</th>
<th>Neither Satisfied nor Dissatisfied</th>
<th>Fairly Satisfied</th>
<th>Very Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. How satisfied are you with your sleep?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>17. How satisfied are you with your ability to perform your daily living activities?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>18. How satisfied are you with your capacity for work?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>19. How satisfied are you with yourself?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>20. How satisfied are you with your personal relationships?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>21. How satisfied are you with your sex life?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>22. How satisfied are you with the support you get from your friends?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>23. How satisfied are you with the conditions of your living place?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>24. How satisfied are you with your access to health services?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>25. How satisfied are you with your transport?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Infrequently</th>
<th>Sometimes</th>
<th>Frequently</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>26. How often do you have negative feelings such as blue mood, despair, anxiety, depression?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

DAISI 2007 - 12-Month Assessment (last modified 14-March-2007)
Self Report Assessments
12-month

These questionnaires ask questions about your use of alcohol, symptoms of mental illness, your relationships with other people, and your personality style.

You may choose to take them home to complete over the next week and bring to your next appointment, or if you prefer, you can complete them while at the Centre either during this visit or at another convenient time. Whether you take them home or complete them at the Centre, your therapist can help you if you have difficulty answering any of the questions.

Participant Number:  

Date Completed:  

INSTRUCTIONS: Below are a list of problems people sometimes have. Please read each one carefully, and tick the circle that best describes **HOW MUCH THAT PROBLEM HAS DISTRESSED OR BOthered YOU DURING THE PAST 7 DAYS INCLUDING TODAY USING THE SCALE PROVIDED.** Please note that
0 = Not at all, 1 = A little bit, 2 = Moderately, 3 = Quite a bit, 4 = Extremely

<table>
<thead>
<tr>
<th>HOW MUCH WERE YOU DISTRESSED BY...?</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Nervousness or shakiness inside</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Faintness or dizziness</td>
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<tr>
<td>7. Pains in the heart or chest</td>
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<tr>
<td>8. Feeling afraid in open spaces or on the streets</td>
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<tr>
<td>12. Suddenly scared for no reason</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Feeling fearful</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>23. Nausea or upset stomach</td>
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<tr>
<td>28. Feeling afraid to travel on buses, subways or trains</td>
<td></td>
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<td></td>
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<tr>
<td>29. Trouble getting your breath</td>
<td></td>
<td></td>
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<tr>
<td>30. Hot or cold spells</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31. Having to avoid certain things/activities/places because they frighten you</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33. Numbness or tingling in parts of your body</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37. Feeling weak in parts of your body</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>38. Feeling tense or keyed up</td>
<td></td>
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<td></td>
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<tr>
<td>43. Feeling uneasy in crowds, such as shopping or at a movie</td>
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<tr>
<td>45. Spells of terror or panic</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>47. Feeling nervous when you are left alone</td>
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<td></td>
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<tr>
<td>49. Feeling so restless you couldn't sit still</td>
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</tbody>
</table>
SR2: OC Drinking Scale

The questions below ask you about your drinking alcohol and your attempts to control your drinking. Please enter the number of the statement that best applies to you in the space provided:

1. How much of your time when you're not drinking is occupied by ideas, thoughts, impulses, or images related to drinking?
   0=none
   1=less than 1 hour a day
   2=1-3 hours a day
   3=4-8 hours a day
   4=Greater than 8 hours a day

2. How frequently do these thoughts occur?
   0=never
   1=No more than 8 times a day
   2=More than 8 times a day, but most hours of the day are free of those thoughts
   3=More than 8 times a day, and during most hours of the day
   4=Thoughts are too numerous to count, and an hour rarely passes without several such thoughts

INSERT THE HIGHER SCORE OF QUESTIONS 1 and 2 HERE: ______________________

3. How much do these ideas, thoughts, impulses or images related to drinking interfere with your social or work (or role) functioning? Is there anything you don't or can't do because of them? [if you are not currently working, how much of your performance would be affected if you were working?]
   0=Thoughts of drinking never interfere – I can function normally
   1=Thoughts of drinking slightly interfere with my social or occupational activities, but my overall performance is not impaired
   2=Thoughts of drinking definitely interfere with my social or occupational performance, but I can still manage
   3=Thoughts of drinking cause substantial impairment in my social or occupational performance
   4=Thoughts of drinking interfere completely with my social or work performance

4. How much distress or disturbance do these ideas, thoughts, impulses or images related to drinking cause you when you are not drinking?
   0=none
   1=Mild, infrequent, and not too disturbing
   2=Moderate, frequent, and disturbing, but still manageable
   3=Severe, very frequent, and very disturbing
   4=Extreme, nearly constant, and disabling distress
5. How much of an effort do you make to resist these thoughts or try to disregard or turn your attention away from these thoughts as they enter your mind when you are not drinking? [rate your efforts made to resist these thoughts, not your success or failure in actually controlling them]
   0=My thoughts are so minimal, I don’t need to actively resist. If I have thoughts, I make an effort to always resist
   1=I try to resist most of the time
   2=I make some effort to resist
   3=I give in to all such thoughts without attempting to control them, but I do so with some reluctance
   4=I completely and willingly give in to such thoughts

6. How successful are you in stopping or diverting these thoughts when you are not drinking?
   0=I am completely successful in stopping or diverting such thoughts
   1=I am usually able to stop or divert such thoughts with some effort and concentration
   2=I am sometimes able to stop or divert such thoughts
   3=I am rarely successful in stopping such thoughts and can only divert such thoughts with difficulty
   4=I am rarely able to divert such thoughts even momentarily

7. How many drinks do you drink each day?
   0=none
   1=less than 1 drink per day
   2=1-2 drinks per day
   3=3-7 drinks per day
   4=8 or more drinks per day

8. How many days each week do you drink?
   0=none
   1=No more than 1 day per week
   2=2-3 days per week
   3=4-5 days per week
   4=6-7 days per week

INSERT THE HIGHER SCORE OF QUESTIONS 7 AND 8 HERE: ________________________________
**SR3: DAS**

This inventory lists different attitudes or beliefs that people sometimes hold. Read each statement carefully and decide how much you agree or disagree with it. For each statement, mark your answer using the number code given below that best describes how you think you most of the time. To decide whether a given attitude is typical of your views, keep in mind how you think most of the time.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Disagree totally</td>
<td>Disagree very much</td>
<td>Disagree slightly</td>
<td>Neutral</td>
<td>Agree slightly</td>
<td>Agree very much</td>
<td>Agree totally</td>
</tr>
</tbody>
</table>

1. People will probably think less of me if I make a mistake
2. I must be a useful, productive, creative person or life has no purpose
3. I can find greater enjoyment if I do things because I want to, rather than in order to please other people
4. By controlling the way I interpret situations, I can control my emotions
5. If you cannot do something well, there is little point in doing it at all
6. What other people think about me is very important
7. People should prepare for the worst or they will be disappointed
8. I should be able to please everybody
9. Even though a person may not be able to control what happens to him, he can control how he thinks
10. It is shameful for a person to display his weaknesses
11. If a person has to be alone for a long period of time, it follows that he has to be lonely
12. A person should try to be the best at everything he undertakes
13. If a person is not a success, then his life is meaningless
14. It is not necessary for a person to become frustrated if he finds obstacles to getting what he wants
15. If I make a foolish statement, it means I am a foolish person
16. I should always have complete control over my feelings
17. I can enjoy myself even when others do not like me
18. If I do not set the highest standards for myself, I am likely to end up a second-rate person
19. If I do not do well all the time, people will not respect me
20. One should look for a practical solution to problems rather than a perfect solution
21. My value as a person depends greatly on what others think of me
22. A person should do well at everything he undertakes
23. If someone disagrees with me, it probably means he does not like me
<table>
<thead>
<tr>
<th></th>
<th>Disagree totally</th>
<th>Disagree very much</th>
<th>Disagree slightly</th>
<th>Neutral</th>
<th>Agree slightly</th>
<th>Agree very much</th>
<th>Agree totally</th>
</tr>
</thead>
<tbody>
<tr>
<td>24</td>
<td>I cannot be happy unless most people I know admire me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>My own opinions of myself are more important than others' opinions of me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>26</td>
<td>If I do not treat people kindly, fairly and considerately, I am a rotten person</td>
<td></td>
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<tr>
<td>27</td>
<td>It is awful to be disapproved of by people important to you</td>
<td></td>
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</tr>
<tr>
<td>28</td>
<td>If you do not have other people to lean on, you are bound to be sad</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>29</td>
<td>People will like me even if I am not successful</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>30</td>
<td>If other people know what you are really like, they will think less of you</td>
<td></td>
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</tr>
<tr>
<td>31</td>
<td>Whenever I take a chance or risk I am only looking for trouble</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>32</td>
<td>If a person avoids problems, the problems go away</td>
<td></td>
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<tr>
<td>33</td>
<td>No one can hurt me with words. I hurt myself by the way I choose to react to people's words</td>
<td></td>
<td></td>
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<tr>
<td>34</td>
<td>Others can care for me even if they know all my weaknesses</td>
<td></td>
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<tr>
<td>35</td>
<td>If I fail partly, it is as bad as being a complete failure</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>36</td>
<td>People will reject you if they know all your weaknesses</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>37</td>
<td>I can reach important goals without slave-driving myself</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>38</td>
<td>My happiness depends more on other people than it does on me</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>39</td>
<td>If a person I love does not love me, it means I am unlovable</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>40</td>
<td>I ought to be able to solve my problems quickly and without a great deal of effort</td>
<td></td>
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</tr>
</tbody>
</table>
Think about the next 6 months: imagine you are in the following situations. How confident are you that you will not drink heavily (e.g. more than 6 standard drinks) in each situation?

Circle your answers below.

**OVER THE NEXT 6 MONTHS, CAN YOU STOP YOURSELF FROM DRINKING HEAVILY IF YOU ARE:**

1. **Angry**
   - Can't do it
   - Moderately Sure
   - Certain I can
   - 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

2. **Depressed**
   - Can't do it
   - Moderately Sure
   - Certain I can
   - 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

3. **Physically tired**
   - Can't do it
   - Moderately Sure
   - Certain I can
   - 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

4. **At a party with friends**
   - Can't do it
   - Moderately Sure
   - Certain I can
   - 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

5. **Drinking before/with a meal**
   - Can't do it
   - Moderately Sure
   - Certain I can
   - 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

6. **Bored**
   - Can't do it
   - Moderately Sure
   - Certain I can
   - 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

7. **Irritated**
   - Can't do it
   - Moderately Sure
   - Certain I can
   - 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

8. **Not relaxed in a social situation**
   - Can't do it
   - Moderately Sure
   - Certain I can
   - 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

9. **Watching TV (e.g. sports, movies)**
   - Can't do it
   - Moderately Sure
   - Certain I can
   - 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

10. **Worried**
    - Can't do it
    - Moderately Sure
    - Certain I can
    - 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
11. In a “shout” with friends

<table>
<thead>
<tr>
<th>Can’t do it</th>
<th>Moderately Sure</th>
<th>Certain I can</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>10%</td>
<td>20%</td>
</tr>
</tbody>
</table>

12. Happy

<table>
<thead>
<tr>
<th>Can’t do it</th>
<th>Moderately Sure</th>
<th>Certain I can</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>10%</td>
<td>20%</td>
</tr>
</tbody>
</table>

13. Want to feel more confident

<table>
<thead>
<tr>
<th>Can’t do it</th>
<th>Moderately Sure</th>
<th>Certain I can</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>10%</td>
<td>20%</td>
</tr>
</tbody>
</table>

14. Stressed

<table>
<thead>
<tr>
<th>Can’t do it</th>
<th>Moderately Sure</th>
<th>Certain I can</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>10%</td>
<td>20%</td>
</tr>
</tbody>
</table>

15. Someone offers to buy you free drinks

<table>
<thead>
<tr>
<th>Can’t do it</th>
<th>Moderately Sure</th>
<th>Certain I can</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>10%</td>
<td>20%</td>
</tr>
</tbody>
</table>

OVER THE NEXT 6 MONTHS

16. Can you make sure that you do not have more than 3 drinks on any time that you have a drink?

<table>
<thead>
<tr>
<th>Can’t do it</th>
<th>Moderately Sure</th>
<th>Certain I can</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>10%</td>
<td>20%</td>
</tr>
</tbody>
</table>

17. Can you make sure that you do not have more than 1 drink on any time that you have a drink?

<table>
<thead>
<tr>
<th>Can’t do it</th>
<th>Moderately Sure</th>
<th>Certain I can</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>10%</td>
<td>20%</td>
</tr>
</tbody>
</table>

18. Can you stop yourself from drinking alcohol at least 1 day a week?

<table>
<thead>
<tr>
<th>Can’t do it</th>
<th>Moderately Sure</th>
<th>Certain I can</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>10%</td>
<td>20%</td>
</tr>
</tbody>
</table>

19. Can you stop yourself from drinking alcohol at least 2 days a week?

<table>
<thead>
<tr>
<th>Can’t do it</th>
<th>Moderately Sure</th>
<th>Certain I can</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>10%</td>
<td>20%</td>
</tr>
</tbody>
</table>

20. Can you stop yourself from drinking alcohol at least 3 days a week?

<table>
<thead>
<tr>
<th>Can’t do it</th>
<th>Moderately Sure</th>
<th>Certain I can</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>10%</td>
<td>20%</td>
</tr>
</tbody>
</table>
First of all, we would like you to recall a month within the past six months when you were drinking heavily in a way which, for you, was fairly typical of a heavy drinking period. Please fill in the month and the year.

MONTH .......................................................... YEAR ............................

We would like to know more about your drinking during this time and during other periods when your drinking was similar. We want to know how often you experienced certain feelings. Please reply to each statement by putting a circle round ALMOST NEVER or SOMETIMES or OFTEN or NEARLY ALWAYS after each question.

First we want to know about the physical symptoms that you have experienced first thing in the morning during these typical periods of heavy drinking.

**PLEASE ANSWER EVERY QUESTION**

1. During a heavy drinking period, I wake up feeling sweaty.
   ALMOST NEVER  SOMETIMES  OFTEN  NEARLY ALWAYS

2. During a heavy drinking period, my hands shake first thing in the morning.
   ALMOST NEVER  SOMETIMES  OFTEN  NEARLY ALWAYS

3. During a heavy drinking period, my whole body shakes violently first thing in the morning if I don't have a drink.
   ALMOST NEVER  SOMETIMES  OFTEN  NEARLY ALWAYS

4. During a heavy drinking period, I wake up absolutely drenched in sweat.
   ALMOST NEVER  SOMETIMES  OFTEN  NEARLY ALWAYS

The following statements refer to moods and states of mind you may have experienced first thing in the morning during these periods of heavy drinking.

5. When I'm drinking heavily, I dread waking up in the morning.
   ALMOST NEVER  SOMETIMES  OFTEN  NEARLY ALWAYS

6. During a heavy drinking period, I am frightened of meeting people first thing in the morning.
   ALMOST NEVER  SOMETIMES  OFTEN  NEARLY ALWAYS

7. During a heavy drinking period, I feel at the edge of despair when I awake.
   ALMOST NEVER  SOMETIMES  OFTEN  NEARLY ALWAYS

8. During a heavy drinking period, I feel very frightened when I awake.
   ALMOST NEVER  SOMETIMES  OFTEN  NEARLY ALWAYS
The following statements also refer to the recent period when your drinking was heavy, and to periods like it.

9. During a heavy drinking period, I like to have a morning drink.
   ALMOST NEVER  SOMETIMES  OFTEN  NEARLY ALWAYS

10. During a heavy drinking period, I always gulp my first few morning drinks down as quickly as possible.
    ALMOST NEVER  SOMETIMES  OFTEN  NEARLY ALWAYS

11. During a heavy drinking period, I drink in the morning to get rid of the shakes.
    ALMOST NEVER  SOMETIMES  OFTEN  NEARLY ALWAYS

12. During a heavy drinking period, I have a very strong craving for a drink when I awake.
    ALMOST NEVER  SOMETIMES  OFTEN  NEARLY ALWAYS

Again the following statements refer to the recent period of heavy drinking and the periods like it.

13. During a heavy drinking period, I drink more than a quarter of a bottle of spirits per day (or 4 doubles or 1 bottle of wine or 5 schooners of beer).
    ALMOST NEVER  SOMETIMES  OFTEN  NEARLY ALWAYS

14. During a heavy drinking period, I drink more than half a bottle of spirits per day (or 2 bottles of wine or 10 schooners of beer).
    ALMOST NEVER  SOMETIMES  OFTEN  NEARLY ALWAYS

15. During a heavy drinking period, I drink more than one bottle of spirits per day (or 4 bottles of wine or 20 schooners of beer).
    ALMOST NEVER  SOMETIMES  OFTEN  NEARLY ALWAYS

16. During a heavy drinking period, I drink more than two bottles of spirits per day (or 8 bottles of wine or 40 schooners of beer).
    ALMOST NEVER  SOMETIMES  OFTEN  NEARLY ALWAYS

IMAGINE THE FOLLOWING SITUATION:
   (1) You have been COMPLETELY off drink for a FEW WEEKS
   (2) You then drink VERY HEAVILY for TWO DAYS,

HOW WOULD YOU FEEL THE MORNING AFTER THOSE TWO DAYS OF HEAVY DRINKING?

17. I would start to sweat.
    NOT AT ALL  SLIGHTLY  MODERATELY  QUITE A LOT

18. My hands would shake.
    NOT AT ALL  SLIGHTLY  MODERATELY  QUITE A LOT

19. My body would shake.
    NOT AT ALL  SLIGHTLY  MODERATELY  QUITE A LOT

20. I would be craving for a drink.
    NOT AT ALL  SLIGHTLY  MODERATELY  QUITE A LOT
SR6: WHO QOL (Brief)

This assessment asks how you feel about your quality of life, health and other areas of your life. Please answer all the questions. If unsure about which response to give to a question, please choose the one that appears most appropriate.

Please read each question and assess your feelings, for the **last two weeks** and circle the number on the scale for each question that gives the best answer for you.

1. How would you rate your quality of life?  
<table>
<thead>
<tr>
<th>Very Poor</th>
<th>Poor</th>
<th>Neither Poor nor Good</th>
<th>Good</th>
<th>Very Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</table>

2. How satisfied are you with your health?  
<table>
<thead>
<tr>
<th>Very Dissatisfied</th>
<th>Fairly Dissatisfied</th>
<th>Neither Satisfied nor dissatisfied</th>
<th>Fairly Satisfied</th>
<th>Very Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</tbody>
</table>

The following questions ask about how much you have experienced certain things in the **last two weeks**.

<table>
<thead>
<tr>
<th>Question</th>
<th>Not at all</th>
<th>A small amount</th>
<th>A moderate amount</th>
<th>A great deal</th>
<th>An extreme amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. To what extent do you feel that physical pain prevents you from doing what you need to do?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. How much do you need any medical treatment to function in your daily life?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>Very</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. How much do you enjoy life?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. To what extent do you feel your life to be meaningful?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. How well are you able to concentrate?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. How safe do you feel in your daily life?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Not at all</th>
<th>Slightly</th>
<th>Somewhat</th>
<th>To a great extent</th>
<th>Completely</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. How healthy is your physical environment?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. Do you have enough energy for everyday life?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11. Are you able to accept your bodily appearance?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Not at all</td>
<td>Slightly</td>
<td>Somewhat</td>
<td>To a great extent</td>
<td>Completely</td>
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<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12. Have you enough money to meet your needs?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>13. How available to you is the information you need in your daily life?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>14. To what extent do you have the opportunity for leisure activities?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>15. How well are you able to get around physically?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

The following questions ask you to say how good or satisfied you have felt about various aspects of your life over the **last two weeks**.

<table>
<thead>
<tr>
<th></th>
<th>Very Dissatisfied</th>
<th>Fairly Dissatisfied</th>
<th>Neither Satisfied nor dissatisfied</th>
<th>Fairly Satisfied</th>
<th>Very Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>16. How satisfied are you with your sleep?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>17. How satisfied are you with your ability to perform your daily living activities?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>18. How satisfied are you with your capacity for work?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>19. How satisfied are you with yourself?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>20. How satisfied are you with your personal relationships?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>21. How satisfied are you with your sex life?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>22. How satisfied are you with the support You get from your friends?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>23. How satisfied are you with the conditions of your living place?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>24. How satisfied are you with your access To health services?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>25. How satisfied are you with your transport?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Infrequently</th>
<th>Sometimes</th>
<th>Frequently</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>26. How often do you have negative feelings Such as blue mood, despair, anxiety, depression?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
APPENDIX H: 24 AND 36 MONTH FOLLOW-UP ASSESSMENT
24 & 36 MONTH FOLLOW-UP

KEEP THIS PAGE SEPARATE FROM THE PERSON'S COMPLETED ASSESSMENT

Client's Name: ____________________________

Client's Address: ____________________________

Client's Phone: ____________________________ Mobile: ____________________________

Client's Email: ____________________________

As part of the DAISI project we would like to follow you up again 12 months from now. Do you intend to move away from Newcastle or interstate in the next 12 months?

If yes, give details: ____________________________

Participant Number: □□□□

Date Completed: □□/□□/□□□□

Interviewer: □□

Location: ____________________________
(service + suburb)

Please nominate at least one person who does not live with you.
Alternative Contact person1: ____________________________

Alternative Contact Address ____________________________

Alternative Contact Phone (H/M): ____________________________

Relationship to client: ____________________________
Alternative Contact person 2: ____________________________

Alternative Contact Address: ____________________________

Alternative Contact Phone (H/M): _________________________

Relationship to client: ____________________________

General Practitioner ____________________________

Psychiatrist ____________________________

Case Manager ____________________________

Community Health Centre ____________________________

Do you give us permission to contact the alternative contact and health professionals you have nominated above, if we are unable to contact you at the next follow-up assessment?

Yes [ ] No [ ]

COLLATERAL INFORMATION: (Please check that consent was given during initial assessment)
Please provide the name and contact details of a partner/friend/relative we can contact at this assessment for information about your current levels of alcohol use

Name of partner/friend/relative: ____________________________

Address of partner/friend/relative: ____________________________

Phone Number of partner/friend/relative (H/M): ____________________________

Relationship to client: ____________________________
Interview: 24 & 36 Month Follow-up

24 Month

36 Month

Participant Number:

Date Completed:

Date of Birth:

Interview conducted:

0=Face to face
1=Phone
88=NK
99=NA

The following statement should be discussed with the participant prior to starting this assessment:

"Thank you so much for agreeing to complete this assessment for the DAISI project. With your permission, I'd like to ask you some questions about your mood, how you have been feeling and the different things you have been doing recently. You may remember some of these questions from previous assessments that you have already completed as part of this project. As this is a research project, I'd just like to stress that it is really important that I do not know which treatment you participated in at the start of your involvement with DAISI. I might ask some general questions about the different treatments you may have participated in over the last few months, but this will only be in general terms. Please do not talk about your DAISI treatment with me here today. Thanks...shall we get started?"

Did you discuss this information with the participants before commencing the assessment?

☐ Yes
☐ No. Please specify why this was omitted: ____________________________________________

DAISI 2008 - 24 and 36 Month Assessment (last modified 13-5-2008)
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- **Section B:** Lifetime timeline - most recent episode of depression
- **Section C:** SCID (Depression) & Medication/Hospital admissions, duration and course (DIP)
- **Section D:** Beck Depression Inventory II
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- **Section G:** OTI Drug Use – Alcohol
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**Self Report**
- **SR:** Brief Symptom Inventory
  - **Self Administered**
- **SR:** WHO Quality of Life Scale (Brief)
  - **Self Administered**
- **SR:** DAS
  - **Self Administered**
- **SR:** Readiness to Change – Alcohol
  - **Self Administered**
- **SR:** SADQ
  - **Self Administered**
- **SR:** OC Drinking Scale
  - **Self Administered**
- **SR:** CDSE
  - **Self Administered**

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*DAISI 2008 - 24 and 36 Month Assessment (last modified 13-5-2008)*
### A1. Age (years)

### A2. Present Marital Status

**What is your marital status? Have you been living with a partner for 6 months or more?**

- 0=Single, never married
- 1=Married
- 2=Defacto
- 3=Separated
- 4=Divorced
- 5=Widowed
- 88=NK

### A3. Children living with subject

**How many dependent children under the age of 18 do you have living with you?**

(Include step-children)

- 00=No children

### A4. Main carer for the children or not

**Have you been the main carer for the children in the last 12 months?**

- 0=No
- 1=Yes
- 88=NK
- 99=NA

### A5. Who do you live with?

- 1=Parent(s)
- 2=Spouse +/- children
- 3=Defacto partner +/- children
- 4=Friend(s)
- 5=Alone
- 6=Children without partner
- 7=Relatives
- 8=Other (specify ____________)
- 9=No fixed address
- 10=Institution

### A6. Accommodation during the last 12 months

(Excluding the past one month already rated)

**Where have you lived for more than a week during the last 12 months?**

**How long have you lived there/been homeless?**

Code up to 3 types of accommodation longest held (if applicable)

Code number of weeks in each type of accommodation during the previous 12 months

(01=<1 week)

| Accommodation | 01=Homeless/NFA | 02=Crisis shelter/rooming house | 03=Hostel | 04=Institution: hospital | 05=Institution: nursing home, lodge | 06=Group home | 07=Supported housing | 08=Hotel/rented room | 09=Renting (public – e.g. public housing) | 10=Renting (private) | 11=Own home | 12=Family home | 88=Other (Specify ____________)
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<tbody>
<tr>
<td>Accommodation #1</td>
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<td>Accommodation #2</td>
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<tr>
<td>Accommodation #3</td>
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</table>

*DAISI 2008 - 24 and 36 Month Assessment (last modified 13-5-2008)*
A7. Highest qualification obtained
What is the highest qualification you obtained?
1=Secondary school qualification 8=Undergraduate diploma
2=Nursing qualification 9=Bachelor degree
3=Teaching qualification 11=Masters degree/doctorate
4=Trade certificate/apprenticeship 12=Left school, no qualifications
5=Technician's/advanced certificate 88=Other
6=Certificate other than above 99=NA
7=Associate diploma

A8. During the past month, how frequently have you been taking part in any of the following jobs around the home? Would you say frequently, occasionally or not at all? If living alone adapt questions to own activity, i.e. cooking for self.
0=Not at all
1=Occasionally
2=Frequently
88=NA
99=Not Applicable

Cooking for others.................................................................

Cleaning or washing up........................................................

Gardening.............................................................................

Shopping for household.........................................................

Having meals together...........................................................

Watching TV program together..............................................

Playing games......................................................................

Doing Chores/Errands.............................................................

Other Activities (specify: ......................................................)

A9. Participation in Household Activities
Over the past 12 months, have you been unable to do things that your family (or household) would normally expect of you?
What have you been unable to do?
Do others not let you do things? Why?
Is it that you lack interest in it?
Or have you been unable to do things because of physical/mental health or forgetfulness?

0= No dysfunction; has participated about as much as an average person of same sex/age group would under similar circumstances
1= Obvious dysfunction; household participation significantly reduced, due to lack of interest or incomptence
2= Severe dysfunction; no participation, self-aliendated or excluded by others from daily household routine, or disruptive
88= Uncertain or impossible to assess
99= NA; does not share a household
A10. **Overall Socialising during past 12 months**

*How have you been getting on with other people at work, neighbours, family members during the last 12 months?*

- **Did you go out to any social activities?**
- **Did you meet any friends, or would you say that you are a bit reserved?**
- **Did you make any phone calls to friends or other people you knew?**
- **How much of the time did you spend alone, in your room, or just walking around on your own?**
- **Did you feel lonely?**

Rate overall socialising/isolation over past 12 months – rate isolation on its own merits, regardless of self imposed (eg, avoidance).

- 0= No dysfunction; has been socialising during the period as much as could be expected of an average person of same sex/age group and social background
- 1= Obvious dysfunction; may regard some people as friends but actual socialising with them is minimal, has been significantly reduced, sporadic participation in any organised activity
- 2= Severe dysfunction; no friends and no organised social activities, extremely restricted social relationships outside the household
- 88= Uncertain or impossible to assess
- 99= NA

A11. **Social Withdrawal during last 12 months**

*Would you say that over the past 12 months you enjoyed company a lot or preferred to be on your own?*

- **Did you find it difficult to mix or communicate with people?**
- **Did you prefer to be left alone?**
- **About how much of the time did you spend doing things by yourself?**
- **Would you join in the company of others if encouraged to do so, or would you normally refuse even if asked?**
- **Did the presence of other people annoy you?**

Rate social withdrawal (ie, isolation which is not imposed by others or by the circumstances, but results mainly from subject's active avoidance of social contacts).

- 0= No dysfunction; mixes and generally interacts with people as much or more than the average person of the same sex/age group would under similar circumstances
- 1= Obvious dysfunction; maintains a very restricted range of social contacts, generally avoids being with other people, but would mix with people if encouraged or pressured
- 2= Severe dysfunction; marked tendency to self-isolation, not responsive to encouragement, inaccessible, may frequently lock him/herself up or wander aimlessly
- 88= Uncertain or impossible to assess
- 99= NA

A12. **Deterioration in Interpersonal Relationships**

*If you compare the past 12 months with previous years, do you think that your relations with friends, workmates or other persons may have gotten worse?*

- **Did this happen because of you health or nervous problems?**
- **Or because you lost interest or motivation?**
- **Or because others have lost interest in maintaining a relationship with you?**

0= No deterioration perceived in the past year compared to previous years
1= Deterioration perceived mainly attributed to subject's own health/nervous problems or loss of interest
2= Deterioration perceived mainly attributed to other people’s loss of interest
3= Improvement perceived in past year compared to previous years
88= NK
99= NA

A13. **Currently Employed**

*Do you have a job at present?*

- 0= No job at present
- 1= Employment outside the home (full time job)
- 2= Employment outside the home (part time job)
- 3= Household
- 4= Studying
- 5= Retired
- 6= Volunteer
- 88= NK
- 99= NA

*DAISI 2008 - 24 and 36 Month Assessment (last modified 13-5-2008)*
A14. If Unemployed, looking for work (past month)
At any time in the last 4 weeks have you been looking for full time or part time work?
0=No 2=Yes; looking for a part time job
1=Yes; looking for a full time job 88=UNK
99=NA

A15. Current Source of Income
What are your main sources of income in the past month? Code up to 3 sources.

Source of current income #1
Source of current income #2
Source of current income #3

1=Wage/salary from employer 7=Workers compensation/ accident or sickness insurance
2=Own business 8=other income (specify ________________)
3=Family/spouse payment 99=UNK
4=Government pension/cash benefit 99=NA
5=Maintenance/child support
6=Superannuation/ annuity

A16. Pension/other benefits
Have you received any of the following pensions or benefits in the past month?
Read out the items below as a checklist. Code up to 3 types of benefit.
Present=past month

Benefit #1
Benefit #2
Benefit #3

1=Age pension 5=Carer’s pension 9=Unemployed benefit
2=Service pension 6=Sole parent’s pension 10=Special benefit
3=Disability support/invalid pension 7=Sickness allowance/benefit 11=Other (specify ________________)
4=Widow’s pension or wife’s pension 8=New start/job 89=UNK
search/mature age allowance 99=NA
SECTION B: Most Recent Depression and Substance Use

MOST RECENT EPISODE
I’d now like to focus on your most recent episode of depression and most recent period of using alcohol regularly.

B15. How long ago did your most recent episode of depression start? ___________ months

B16. What was going on in your life when your most recent episode of depression started?
Was there a lot of stress in your life at that time? Can you tell me what sorts of things were going on then? Describe life event/psychosocial stressor (if applicable):

B17. Clinician to code life event/psychosocial stressor: (indicate type of stressful life event)
Yes ☐ No ☐
☑ Problems with primary support group (death, health problem, disruption of family)
☑ Educational (problems at school, discord with teachers/classmates)
☐ Social environment (loss of friend, breakup of important relationship, discrimination)
☐ Occupational (unemployed or threat of job loss, stressful job change, discord at job)
☐ Housing (homeless, unsafe neighbourhood, discord with neighbours/landlord)
☐ Economic (extreme poverty, insufficient welfare support, heavy indebtedness)
☐ Legal (arrest, litigation, victim of crime)
☐ Abuse (physical, emotional, sexual)
☐ Health (pain, injury, illness)
☐ Other (disaster, war, catastrophic stress eg. witness a gruesome scene)

B18. Clinician to code onset of most recent episode of depression according to following:
Could life event/psychosocial stressor related to onset of depression be considered a significant life event that is more than likely to bring about serious depressed feelings in an average person?
0=no life event/psychosocial stressor related to onset of depression
1=life event/psychosocial stressor of borderline significance associated with onset of depression
2=life event/psychosocial stressor of significance associated with onset of depression

B19. The recommended levels for non-hazardous use are no more than 2 standard drinks for women and 4 for men per day, with at least 2 alcohol free days each week. How long ago did your most recent period of drinking alcohol in excess of recommended levels more than once a fortnight begin?
Code 99 if never used alcohol in excess of recommended levels ___________ months

B20. How much were you drinking when your most recent episode of depression occurred?
0=Abstinent (N.B. abstinence means a period of at least 2 weeks alcohol free)
1=Within recommended levels
2=Above recommended levels

B1. In your opinion, what is the relationship between your experience of depression and alcohol use problems?
1= depression occurred first and triggered alcohol use problems
2= alcohol use occurred first and triggered depression
3= the onset of the problems was not related
4= onset of depression and alcohol use problems commenced at the same point
5= onset of depression and alcohol use problems is difficult to determine

B2. Clinician to code whether most recent episode of depression is considered independent of alcohol use
0= substance-induced depressive condition (i.e. regular alcohol use preceded initial onset of depression or depressive symptoms have not occurred during times of abstinence)
1= independent depressive condition (i.e. depression occurred prior to onset of regular use or has occurred at times when abstinent)
2= difficult to determine (i.e. no periods of abstinence, or both regular alcohol use and depression commenced at same time point).

DAISI 2008 - 24 and 36 Month Assessment (last modified 13-5-2008)
### DEPRESSIVE DISORDERS

**CODES:**
- ? = unclear or inadequate information
- 1 = absent or false (symptom did not occur)
- 2 = subthreshold (e.g. symptom did occur but not for a 2-week period)
- 3 = threshold or true (symptom did occur)

**A.** Five or more of the following symptoms have been present during the same 2-week period and represent a change from previous functioning. At least one of these symptoms is (1) depressed mood or (2) loss of interest or pleasure.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>1-6 months</th>
<th>7-12 months</th>
</tr>
</thead>
</table>
| **1. Depressed mood**
  Has there been a period of time when you were feeling depressed or down most of the day, nearly every day? What was that like? |
  If YES, How long did it last (as long as 2 weeks)?
| **2. Loss of interest or pleasure**
  What about losing interest or pleasure in things you usually enjoyed? |
  If YES, was it nearly every day? How long did it last (as long as 2 weeks)? |

If neither (1) nor (2) above is coded 3 for any time period, go on to D1 (Duration of illness - pp19)

<table>
<thead>
<tr>
<th>Symptom</th>
<th>1-6 months</th>
<th>7-12 months</th>
</tr>
</thead>
</table>
| **3. Significant change of more than 5% in weight or change in appetite**
  During the time when you felt depressed, did you lose or gain any weight? How much? Were you trying to lose weight? |
  If NO, How was your appetite during this time? What about compared to your usual appetite? Did you have to force yourself to eat (more or less than usual)? Was that nearly every day? |
| **4. Insomnia or hypersomnia**
  How were you sleeping during this time? Did you have trouble falling asleep, waking frequently, trouble staying asleep, waking too early, OR sleeping too much during this time? How many hours a night compared to usual? Was that nearly every night? |
| **5. Psychomotor agitation or retardation**
  Were you so fidgety or restless during this time that you were unable to sit still? Was it so bad that other people noticed it? What did they notice? Was that nearly every day? |
  If NO, what about the opposite... talking or moving more slowly than is normal for you? Was that so bad that other people noticed? What did they notice? |
<table>
<thead>
<tr>
<th>Criteria</th>
<th>1-6 months</th>
<th>7-12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>(6) Fatigue or loss of energy</td>
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<tr>
<td>During this time, what was your energy like?</td>
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<tr>
<td>Were you tired all the time? Was this nearly every day?</td>
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<tr>
<td>(7) Feelings of worthlessness or excessive, inappropriate guilt</td>
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<tr>
<td>During this time, how did you feel about yourself?</td>
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<tr>
<td>Worthless?</td>
<td></td>
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<tr>
<td>Was this nearly every day?</td>
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<tr>
<td>If NO, what about feeling guilty about things you had done or not done?</td>
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<tr>
<td>Was this nearly every day?</td>
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<tr>
<td>NOTE: only code &quot;1&quot; or &quot;2&quot; for low self-esteem</td>
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<tr>
<td>(8) Diminished ability to concentrate or make decisions</td>
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<tr>
<td>During this time, did you have trouble thinking or concentrating?</td>
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<tr>
<td>What kinds of things did it interfere with?</td>
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<tr>
<td>Was this nearly every day?</td>
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<tr>
<td>If NO, was it hard to make decisions about everyday things?</td>
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<tr>
<td>Was this nearly every day?</td>
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<tr>
<td>(9) Recurrent thoughts of death</td>
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<td>During this time, were things so bad that you were thinking about death or that you would be better off dead?</td>
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<tr>
<td>What about thinking of hurting yourself?</td>
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<tr>
<td>If YES, did you do anything to hurt yourself?</td>
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</tbody>
</table>

Criteria met for A?

1=absent or false (no)
2=subthreshold
3=threshold or true (criteria met for A)

| Score "3" for each time period where at least 5 of the above 9 criteria are coded "3", and at least one of these is item (1) or (2). | 1-6 months | 7-12 months |

NOTE – Criterion B has been omitted from the SCID

C. Symptoms cause clinically significant distress or impairment in social, occupational or other important areas of functioning.

| When you were feeling depressed, did it make it hard for you to do your work, take care of things at home or get along with other people? | 1-6 months | 7-12 months |
D. Symptoms are not due to the direct physiological effects of a substance (e.g. drug abuse or medication).

NOTE: a score of 3 in this section indicates that symptoms are not due to physiological effects

<table>
<thead>
<tr>
<th></th>
<th>1-6 months</th>
<th>7-12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Just before you began to feel depressed, were you physically ill?</td>
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<td>If YES, what did the doctor say?</td>
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<tr>
<td>If NO, just before this began, were you using any medications? Had you made any changes in the amount you were taking?</td>
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<tr>
<td>If STILL NO, what about drinking or using any street drugs? Has your depression occurred at time when you weren't using these substances?</td>
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<tr>
<td>NOTE: only score 1 if the symptoms are related to physiological effects</td>
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E. Symptoms are not better accounted for by bereavement.

NOTE: a score of 3 in this section indicates that symptoms are not due to bereavement

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<tr>
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<th>1-6 months</th>
<th>7-12 months</th>
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</thead>
<tbody>
<tr>
<td>Did all this begin soon after someone close to you died?</td>
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<tr>
<td>NOTE: only score 1 if the symptoms are related to bereavement issues</td>
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</table>

SCID Criteria met for Major Depressive Episode?
1=absent or false (no major depressive episode)
2=subthreshold
3=threshold or true (criteria met for major depressive episode)

<table>
<thead>
<tr>
<th>Major Depressive Episode Criteria: Criteria A, C, D, and E are coded &quot;3&quot;</th>
<th>1-6 months</th>
<th>7-12 months</th>
</tr>
</thead>
</table>

C2. Impairment/Incapacity During Disorder
Rate of the basis of worst episode
0=No impairment
1=SUBJECTIVE impairment only (at work, school or in social functioning)
2= Evidence of OBJECTIVE impairment in major life role with definite reduction in productivity and/or criticism has been received
3=INPATIENT treatment (any duration) has been received or no function at all in major life role for more than 2 days.
C3. **Current medication**

*In the past month, have you been taking any medication or injection that had been prescribed by a doctor for your mental health or nerves or alcohol/other drug use?*

0=No  
1=Yes

*In the past month, have you been taking any non-prescription medication or supplements for your mental health or nerves or alcohol/other drug use? (e.g. St John's Wort, vitamins etc.)*

0=No  
1=Yes

*Skip to QUESTION C10 if 0*

C4. **What medication are you currently taking?**

Show person the CHART. If person is unable to identify drug(s) on the chart, read out the names of the drugs. Write drug code R (from chart) into the boxes provided below. If only "red pills" identified, code 88=NK. Code up to 5 drugs. Code only if person has been on a given drug for >1 month. (77=drug code if not on list)

**Drug Name (specify drug name, and dose)**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Code</th>
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</thead>
<tbody>
<tr>
<td>Drug #1:</td>
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<td>Drug #2:</td>
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<td>Drug #3:</td>
<td></td>
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<tr>
<td>Drug #4:</td>
<td></td>
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<tr>
<td>Drug #5:</td>
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</tbody>
</table>

C5. **Perceived benefits**

*Would you say that [quote each drug identified and coded below] was helpful? What would happen if you stopped [quote 'helpful' drug]?*

0=Not helpful at all  
1=Helpful  
2=Very helpful  
88=Impossible to assess  
99=NA

**Drug Name (specify)**

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<thead>
<tr>
<th>Drug Name</th>
<th>Benefit</th>
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<tbody>
<tr>
<td>Drug #1</td>
<td></td>
</tr>
<tr>
<td>Drug #2:</td>
<td></td>
</tr>
<tr>
<td>Drug #3:</td>
<td></td>
</tr>
<tr>
<td>Drug #4:</td>
<td></td>
</tr>
<tr>
<td>Drug #5:</td>
<td></td>
</tr>
</tbody>
</table>
List of Medication

**Antipsychotic Drugs (oral)**

<table>
<thead>
<tr>
<th>No.</th>
<th>Drug</th>
<th>Brand Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Chlorpromazine</td>
<td>Largactil</td>
</tr>
<tr>
<td>02</td>
<td>Clozapine</td>
<td>Clozaril</td>
</tr>
<tr>
<td>03</td>
<td>Flupenthixol</td>
<td></td>
</tr>
<tr>
<td>04</td>
<td>Fluphenazine Hydrochloride</td>
<td>Anatensol</td>
</tr>
<tr>
<td>05</td>
<td>Haloperidol</td>
<td>Serenate</td>
</tr>
<tr>
<td>06</td>
<td>Olanzapine</td>
<td>Zyprexa</td>
</tr>
<tr>
<td>07</td>
<td>Perphenazine</td>
<td>Mutabon D</td>
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<tr>
<td>08</td>
<td>Pericyazine</td>
<td>Neutestil</td>
</tr>
<tr>
<td>09</td>
<td>Pimozide</td>
<td>Orap</td>
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<tr>
<td>10</td>
<td>Risperidone</td>
<td>Risperdal</td>
</tr>
<tr>
<td>11</td>
<td>Seroquel</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Sulpiride</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Thioridazine</td>
<td>Aidazine, Melleril</td>
</tr>
<tr>
<td>14</td>
<td>Thiothixene</td>
<td>Navane</td>
</tr>
<tr>
<td>15</td>
<td>Trifluoperazine</td>
<td>Stelazine</td>
</tr>
</tbody>
</table>

**Depot Injectable Antipsychotic Drugs**

<table>
<thead>
<tr>
<th>No.</th>
<th>Drug</th>
<th>Brand Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>Flupenthixol Decanote</td>
<td>Fluoxanol, Depikol</td>
</tr>
<tr>
<td>17</td>
<td>Fluphenazine Decanote</td>
<td>Modicate</td>
</tr>
<tr>
<td>18</td>
<td>Haloperidol Decanote</td>
<td>Haldol</td>
</tr>
<tr>
<td>19</td>
<td>Zuclopenthixol Decanote</td>
<td>Clopixol</td>
</tr>
</tbody>
</table>

**Antidepressants and Mood Stabilisers**

<table>
<thead>
<tr>
<th>No.</th>
<th>Drug</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>Amitryptiline</td>
</tr>
<tr>
<td>21</td>
<td>Carbamazepine</td>
</tr>
<tr>
<td>22</td>
<td>Clomipramine</td>
</tr>
<tr>
<td>23</td>
<td>Desipramine</td>
</tr>
<tr>
<td>24</td>
<td>Dothiepin</td>
</tr>
<tr>
<td>25</td>
<td>Doxepin</td>
</tr>
<tr>
<td>26</td>
<td>Fluoxetine</td>
</tr>
<tr>
<td>27</td>
<td>Lithium Carbonate</td>
</tr>
<tr>
<td>28</td>
<td>Imipramine</td>
</tr>
<tr>
<td>29</td>
<td>Mianserin</td>
</tr>
<tr>
<td>30</td>
<td>Modobemide</td>
</tr>
<tr>
<td>31</td>
<td>Nefazodone</td>
</tr>
<tr>
<td>32</td>
<td>Notriptyline</td>
</tr>
<tr>
<td>33</td>
<td>Paroxetine</td>
</tr>
<tr>
<td>34</td>
<td>Sertraline</td>
</tr>
<tr>
<td>35</td>
<td>Tranlycypromine</td>
</tr>
<tr>
<td>36</td>
<td>Trimipramine</td>
</tr>
<tr>
<td>37</td>
<td>Valproate</td>
</tr>
<tr>
<td>38</td>
<td>Venlafaxine</td>
</tr>
<tr>
<td>39</td>
<td>Citalopram</td>
</tr>
<tr>
<td>40</td>
<td>Fluvoxatine</td>
</tr>
<tr>
<td>41</td>
<td>Escitalopram oxalate</td>
</tr>
<tr>
<td>42</td>
<td>Mirtazapine</td>
</tr>
<tr>
<td>43</td>
<td>Reboxetine mesylate</td>
</tr>
</tbody>
</table>

**Anxiolytic Drug**

<table>
<thead>
<tr>
<th>No.</th>
<th>Drug</th>
<th>Brand Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>39</td>
<td>Alprazolam</td>
<td>Kalma, Xanax</td>
</tr>
<tr>
<td>40</td>
<td>Buspirone</td>
<td>Buspar</td>
</tr>
<tr>
<td>41</td>
<td>Clorazepate</td>
<td>Tranxene</td>
</tr>
<tr>
<td>42</td>
<td>Diazepam</td>
<td>Valium</td>
</tr>
<tr>
<td>43</td>
<td>Lorazepam</td>
<td>Ativan</td>
</tr>
<tr>
<td>44</td>
<td>Oxazepam</td>
<td>Serepax</td>
</tr>
</tbody>
</table>

**Anticraving Drug**

<table>
<thead>
<tr>
<th>No.</th>
<th>Drug</th>
</tr>
</thead>
<tbody>
<tr>
<td>45</td>
<td>Antabuse</td>
</tr>
<tr>
<td>46</td>
<td>Zyban</td>
</tr>
<tr>
<td>47</td>
<td>Campral</td>
</tr>
<tr>
<td>48</td>
<td>Naltrexone</td>
</tr>
</tbody>
</table>
C6. Time on each medication
How long have you been taking your current medication?

<table>
<thead>
<tr>
<th>Drug Name (specify)</th>
<th>Number of weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug #1</td>
<td></td>
</tr>
<tr>
<td>Drug #2:</td>
<td></td>
</tr>
<tr>
<td>Drug #3:</td>
<td></td>
</tr>
<tr>
<td>Drug #4:</td>
<td></td>
</tr>
<tr>
<td>Drug #5:</td>
<td></td>
</tr>
</tbody>
</table>

C7. Did any of these medications have effects that you did not like?
I will now read out some complaints that people sometimes attribute to medication. Have you experienced any of these in the past month?

Read out items below as a checklist.

0 = side effect has not occurred  
88 = NK  
99 = NA

- Muscles feeling stiff or tensed up
- Inability to relax
- Hand, arms or legs shaking or trembling
- Feeling of inner restlessness
- Inability to stand still; desire to move the legs; pacing up and down
- Drowsiness or sleepiness during the day
- Trouble with eyesight (blurred vision)
- Dry mouth or mouth more watery than normal
- Tongue moving without you wanting it
- Difficulty swallowing
- Difficulty starting walking
- Slowing down of movements
- Shuffling along
- Unsteadiness when standing or walking
- Nausea (feeling sick, sometimes being sick)
- Weight gain or loss
- Headache
- Sexual dysfunction (finding it hard to have an orgasm; no desire for sex)
- Insomnia (not being able to get to asleep)
- Sweating
- Constipation
C8. Impairment in daily life attributed to side effects of medication
How much is your everyday life affected by the problems related to medication that you just mentioned to me? Would you say that the side effects of medication are affecting your everyday life severely, moderately, mildly or not at all?
0 = Not at all 3 = Severely
1 = Mildly 88 = NK
2 = Moderately 99 = NA

C9. Do you take your medication as prescribed?
1 = Yes
2 = No
3 = Mostly

<table>
<thead>
<tr>
<th>Drug Name (specify)</th>
<th>Level of compliance(1, 2, or 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug #1</td>
<td></td>
</tr>
<tr>
<td>Drug #2</td>
<td></td>
</tr>
<tr>
<td>Drug #3</td>
<td></td>
</tr>
<tr>
<td>Drug #4</td>
<td></td>
</tr>
<tr>
<td>Drug #5</td>
<td></td>
</tr>
</tbody>
</table>

C10. Do you currently have private health insurance?
0 = No 1 = Yes 88 = NK 99 = NA

C11. Total number of inpatient admissions in past 12 months
Have you been admitted (for at least an overnight stay) to any hospital or inpatient unit in the past 12 months? How many times in total?

C12. Number of admissions in past 12 months by type of hospital
What sort of hospital was that? How many times were you admitted to?
Identify and code up to 5 types of hospital. Read out items below as a checklist. List hospitals in a chronological order of admissions during the past 12 months. For each type of hospital ask about approximate length of stay in weeks. If multiple admissions to same type of hospital, count total number of weeks in last 12 months. Code type of hospital and length of stay in the boxes provided. Code both 12 and 13 in the boxes provided.

<table>
<thead>
<tr>
<th>Type of hospital #1</th>
<th>Length</th>
<th>Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of hospital #2</td>
<td>Length</td>
<td>Weeks</td>
</tr>
<tr>
<td>Type of hospital #3</td>
<td>Length</td>
<td>Weeks</td>
</tr>
<tr>
<td>Type of hospital #4</td>
<td>Length</td>
<td>Weeks</td>
</tr>
</tbody>
</table>
| Type of hospital #5 | Length | Week  

1 = Public psychiatric hospital 6 = Public general medical hospital
2 = Public psychiatric unit in a public hospital 7 = Private general medical hospital
3 = Private psychiatric hospital 8 = Other (specify)
4 = Public drug and alcohol unit 99 = NA
5 = Private drug and alcohol unit
C13. Length of stay by type of hospital

How many weeks altogether did you stay in _____________________?  
(Range = 0-52) Code in boxes provided above.  
99=NA

C14. Health professionals seen elsewhere (not in mental health clinic) in past 12 months

In the past 12 months when you were not in hospital or at the mental health clinic, how many times have you seen any of the following health professionals?

Community Mental Health Team. __ __ Times
General practitioner __ __ Times
Medical or surgical specialist __ __ Times
Private psychiatrist __ __ Times
Private psychologist __ __ Times
Other, please specify __ __ Times

Other, please specify __ __ Times
Other, please specify __ __ Times

C15. Are you currently in treatment for your mental health, nerves or depression or have you been in treatment in the last 12 months?

NO........0   YES........1 __
(If NO, go to question D18)

C16. What sort of treatment are you in (Y/N)? Current

Antidepressants  1 __  Dosage________  12 months Dosage____
CBT-group  2 __
CBT- individual  3 __
DBT  4 __
Other cognitive therapy  5 __
Mindfulness  6 __
Supportive Counselling  7 __
Other (specify_________________ ) 8 __

DAISI 2008 - 24 and 36 Month Assessment (last modified 13-5-2008)
C17. How long have you been in these treatments in total over the past 12 months?

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Weeks</th>
<th>Times/week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not in treatment</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Antidepressants</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>CBT-group</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>CBT- individual</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DBT</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Other cognitive therapy</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Mindfulness</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Supportive Counselling</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>
SECTION D: Beck Depression Inventory II

This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the one statement in each group that best describes the way you have been feeling during the past two weeks, including today. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group.

1. Sadness
   0 I do not feel sad
   1 I feel sad much of the time
   2 I am sad all the time
   3 I am so sad or unhappy that I can’t stand it

2. Pessimism
   0 I am not discouraged about my future
   1 I feel more discouraged about my future than I used to be
   2 I do not expect things to work out for me
   3 I feel my future is hopeless and will only get worse

3. Past Failure
   0 I do not feel like a failure
   1 I have failed more than I should have
   2 As I look back, I see a lot of failures
   3 I feel I am a total failure as a person

4. Loss of Pleasure
   0 I get as much pleasure as I ever did from the things I enjoy
   1 I don’t enjoy things as much as I used to
   2 I get very little pleasure from the things I used to enjoy
   3 I can’t get any pleasure from the things I used to enjoy

5. Guilty Feelings
   0 I don’t feel particularly guilty
   1 I feel guilty over many things I have done or should have done
   2 I feel quite guilty most of the time
   3 I feel guilty all of the time

6. Punishment Feelings
   0 I don’t feel I am being punished
   1 I feel I may be punished
   2 I expect to be punished
   3 I feel I am being punished

7. Self – Dislike
   0 I feel the same about myself as ever
   1 I have lost confidence in myself
   2 I am disappointed in myself
   3 I dislike myself

8. Self Criticalness
   0 I don’t criticise or blame myself more than usual
   1 I am more critical of myself than I used to be
   2 I criticise myself for all of my faults
   3 I blame myself for everything bad that happens

9. Suicidal Thoughts or Wishes
   0 I don’t have any thoughts of killing myself
   1 I have thoughts of killing myself, but I would not carry them out
   2 I would like to kill myself
   3 I would like to kill myself if I had the chance

DAISI 2008 - 24 and 36 Month Assessment (last modified 13-5-2008)
10. Crying
   0  I don't cry anymore than I used to
   1  I cry more than I used to
   2  I cry over every little thing
   3  I feel like crying, but I can't

11. Agitation
   0  I am no more restless or wound up than usual
   1  I feel more restless or wound up than usual
   2  I am so restless or agitation that it's hard to stay still
   3  I am so restless or agitation that I have to keep moving or doing something

12. Loss of Interest
   0  I have not lost interest in other people or activities
   1  I am less interested in other people or things than before
   2  I have lost most of my interest in other people or things
   3  It's hard to get interested in anything

13. Indecisiveness
   0  I make decisions about as well as ever
   1  I find it more difficult to make decisions than usual
   2  I have much greater difficulty in making decisions than I used to
   3  I have trouble making any decisions

14. Worthlessness
   0  I do not feel I am worthless
   1  I don't consider myself as worthwhile and useful as I used to
   2  I feel more worthless as compared to other people
   3  I feel utterly worthless

15. Loss of Energy
   0  I have as much energy as ever
   1  I have less energy than I used to have
   2  I don't have enough energy to do very much
   3  I don't have enough energy to do anything

16. Changes in Sleep Pattern
   0  I have not experienced any change in my sleeping pattern
   1a I sleep somewhat more than usual
   1b I sleep somewhat less than usual
   2a I sleep a lot more than usual
   2b I sleep a lot less than usual
   3a I sleep most of the day
   3b I wake up 1-2 hours early and can't get back to sleep

17. Irritability
   0  I am no more irritable than usual
   1  I am more irritable than usual
   2  I am much more irritable than usual
   3  I am irritable all the time

DAISI 2008 - 24 and 36 Month Assessment (last modified 13-5-2008)
18. Changes in Appetite
   0 I have not experienced any change in my appetite
   1a My appetite is somewhat less than usual
   1b my appetite is somewhat greater than usual
   2a my appetite is much less than before
   2b my appetite is much greater than usual
   3a I have no appetite at all
   3b I crave food all the time

19. Concentration Difficulty
   0 I can concentrate as well as ever
   1 I can't concentrate as well as usual
   2 It's hard to keep my mind on anything for very long
   3 I find I can't concentrate on anything

20. Tiredness or Fatigue
   0 I am no more tired or fatigued than usual
   1 I get more tired or fatigued more easily than usual
   2 I am too tired or fatigued to do a lot of the things I used to do
   3 I am too tired or fatigued to do most of the things I used to do

21. Loss of interest in Sex
   0 I have not noticed any recent change in my interest in sex
   1 I am less interested in sex than I used to be
   2 I am much less interest in sex now
   3 I have lost interest in sex completely

BDI Total Score
### SECTION E: Beck Hopelessness Scale

This questionnaire consists of a list of 20 statements. Please read each statement carefully one by one.

If the statement describes your attitude for the past week, including today, circle **TRUE**. If the statement is false for you, circle **FALSE**. Please read each sentence.

<table>
<thead>
<tr>
<th>Statement</th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I look forward to the future with hope and enthusiasm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. I might as well give up because there’s nothing I can do about making</td>
<td></td>
<td></td>
</tr>
<tr>
<td>things better for myself.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. When things are going badly, I am helped by knowing that they can’t</td>
<td></td>
<td></td>
</tr>
<tr>
<td>stay that way forever.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. I can’t imagine what my life would be like in ten years.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. I have enough time to accomplish the things I most want to do.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. In the future I expect to succeed in what concerns me most.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. The future looks dark to me.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. I happen to be particularly lucky and I expect to get more of the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>good things in life than the average person.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. I just don’t get the breaks, and there’s no reason to believe that I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>will in the future.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. My past experiences have prepared me well for my future.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. All I can see ahead of me is unpleasantness rather than pleasantness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. I don’t expect to get what I really want.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. When I look ahead to the future I expect I will be happier than I am</td>
<td></td>
<td></td>
</tr>
<tr>
<td>now.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Things just won’t work out the way I want them to.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. I have great faith in the future.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. I never get what I want so it’s foolish to want anything.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. It is very unlikely that I will get any real satisfaction in the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>future.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. The future seems vague and uncertain to me.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. I can look forward to more good times than bad times.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. There’s no use in really trying to get something I want because I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>probably won’t get it.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SECTION F: Drug Use History

I'm now going to ask you about your use of alcohol and other drugs in the past, and at the moment. I just want to remind you that you are under no obligation to answer these questions. Of course, the more questions you answer honestly, the more useful the information is to me and the project, but you do not have to answer them all. The information you give me is completely confidential, except as required by law.

<table>
<thead>
<tr>
<th>Drug Class</th>
<th>When was the last time you used?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>1=Never</td>
</tr>
<tr>
<td></td>
<td>2=More than 6 months ago</td>
</tr>
<tr>
<td></td>
<td>3=In the past 6 months</td>
</tr>
<tr>
<td>Cannabis</td>
<td>4=In the past month</td>
</tr>
<tr>
<td>Heroin</td>
<td>5=In the past week</td>
</tr>
<tr>
<td>Other Opiates</td>
<td>6=In the past few days</td>
</tr>
<tr>
<td>Amphetamines</td>
<td></td>
</tr>
<tr>
<td>Cocaine</td>
<td></td>
</tr>
<tr>
<td>Tranquilisers</td>
<td></td>
</tr>
<tr>
<td>Barbiturates</td>
<td></td>
</tr>
<tr>
<td>Hallucinogens</td>
<td></td>
</tr>
<tr>
<td>Inhalants</td>
<td></td>
</tr>
<tr>
<td>Tobacco</td>
<td></td>
</tr>
<tr>
<td>Caffeine</td>
<td></td>
</tr>
</tbody>
</table>

1. Are you currently in drug or other treatment or have you been in the last 12 months?  
   
   NO...........0       YES...........1

(If NO, go to question 4)

2. What sort of treatment are you in (Y/N)?  
   
   Current 12 months
   
   Methadone 1 □ Dosage_____ □ Dosage_____ 
   Buprenorphine 2 □ Dosage_____ □ Dosage_____ 
   Other AOD medication 3 □ Dosage_____ □ Dosage_____ 
   Detoxification 4 □ 
   Drug free Counselling 5 □ 
   Therapeutic Community 6 □ 
   Narcotics Anonymous 7 □ 
   Alcoholics Anonymous 8 □ 
   Other (specify______________) 9 □
3. How long have you been in these treatments in total over the past 12 months?

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Weeks</th>
<th>Times/week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not in treatment</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Methadone</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Other AOD medication</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Detoxification</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Drug free Counselling</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Therapeutic Community</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Narcotics Anonymous</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Alcoholics Anonymous</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Other (specify______________________)</td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>

6. How many cups of tea/coffee/cola do you drink a day?

<table>
<thead>
<tr>
<th>Beverage</th>
<th>cups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tea</td>
<td></td>
</tr>
<tr>
<td>Coffee</td>
<td></td>
</tr>
<tr>
<td>Cola</td>
<td>mls</td>
</tr>
</tbody>
</table>
SECTION G: OT1 - Alcohol

1. When was the last time you drank alcohol?
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days
   
   If subject answers 1, 2 or 3, proceed to Cannabis

2. During the past month, how often did you drink alcohol?
   Between 6-7 days each week – Score 28
   Between 4-5 days each week – Score 20
   Between 2-3 days each week – Score 12
   One day each week – Score 4

   If subject answers 0, proceed to Cannabis

3. On what day did you last drink alcohol (in the past month)?

4. How much alcohol did you drink on that day?
   (Ask about all categories. Figures in square brackets are numbers of standard drinks in one unit)

<table>
<thead>
<tr>
<th>Wine</th>
<th>Spirits</th>
<th>Full Strength Beer</th>
<th>Light Beer</th>
<th>Fortified Wine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glass (100mL) [1]</td>
<td>30ml nips [1]</td>
<td>Schooner (15oz/425mL) [1.5]</td>
<td>Schooner (15oz/425mL) [0.75]</td>
<td>Port Glass (60ml) [1]</td>
</tr>
<tr>
<td>Flagon (2 Litres) [20]</td>
<td>UDL (cans) [1.3]</td>
<td>Stubby [1.3]</td>
<td>Stubby [0.7]</td>
<td>2 lt. flagons [32]</td>
</tr>
<tr>
<td>Casks [10 per litre]</td>
<td>750ml bottles (longneck) [2.5]</td>
<td>750ml bottles (longneck) [2]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   No. of standard drinks

   TOTAL NUMBER OF STANDARD DRINKS = __________________________

5. On which day before that did you drink alcohol?

6. And how much alcohol did you drink on that day?
   (Ask about all categories. Figures in square brackets are numbers of standard drinks in one unit)

<table>
<thead>
<tr>
<th>Wine</th>
<th>Spirits</th>
<th>Full Strength Beer</th>
<th>Light Beer</th>
<th>Fortified Wine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glass (100mL) [1]</td>
<td>30ml nips [1]</td>
<td>Schooner (15oz/425mL) [1.5]</td>
<td>Schooner (15oz/425mL) [0.75]</td>
<td>Port Glass (60ml) [1]</td>
</tr>
<tr>
<td>Flagon (2 Litres) [20]</td>
<td>UDL (cans) [1.3]</td>
<td>Stubby [1.3]</td>
<td>Stubby [0.7]</td>
<td>2 lt. flagons [32]</td>
</tr>
<tr>
<td>Casks [10 per litre]</td>
<td>750ml bottles (longneck) [2.5]</td>
<td>750ml bottles (longneck) [2]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   No. of standard drinks

   TOTAL NUMBER OF STANDARD DRINKS = __________________________

7. And when was the day before that?

DAISI 2008 - 24 and 36 Month Assessment (last modified 13-5-2008)
8. Would this be a typical pattern of drinking?
   1=Yes
   2=No, more than usual
   3=No, less than usual

9. If NO, What would be a typical pattern of drinking?


10. \( t_1 = 3 - 5 \) .................................................................

11. \( t_2 = 5 - 7 \) .................................................................

12. \( q_1 = 4 \) .................................................................

13. \( q_2 = 6 \) .................................................................

14. \( Q = \frac{q_1 + q_2}{t_1 + t_2} \) .................................................................
SECTION H: OTI - Cannabis

1. When was the last time you used cannabis (marijuana, dope, grass, hash, pot)?
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days

If subject answered 1, 2 or 3, proceed to Heroin

2. During the past month, how often did you use cannabis?
   - Between 6-7 days each week – Score 28
   - Between 4-5 days each week – Score 20
   - Between 2-3 days each week – Score 12
   - One day each week – Score 4
   - One day each fortnight – Score 2
   - One day each month – Score 1
   - Not in the last month – Score 0

If subject answered 0, proceed to Heroin

3. On what day did you last use cannabis (in the past month)?

4. How many joints/bongs/etc. did you have on that day?

5. On which day before that did you use cannabis?

6. And how many joints/bongs/etc. did you have on that day?

7. And when was the day before that?

8. Would this be a typical pattern of cannabis use?
   1=Yes
   2=No, more than usual
   3=No, less than usual

9. What would be a typical pattern of using?

10. \( t_1 = 3 - 5 \) .................................

11. \( t_2 = 5 - 7 \) .................................

12. \( q_1 = 4 \) .................................

13. \( q_2 = 6 \) .................................

14. \( Q = \frac{q_1 + q_2}{t_1 + t_2} \) .................................

DAISI 2008 - 24 and 36 Month Assessment (last modified 13-5-2008)
SECTION I: Drug Use - Heroin

1. When was the last time you used heroin?
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days

If subject answered 1, 2 or 3, proceed to Other Opiates

2. During the past month, how often did you use heroin?
   Between 6-7 days each week – Score 28
   Between 4-5 days each week – Score 20
   Between 2-3 days each week – Score 12
   One day each week – Score 4
   One day each fortnight – Score 2
   One day each month – Score 1
   Not in the last month – Score 0

If subject answered 0, proceed to Other Opiates

3. On what day did you last use heroin (in the past month)?

4. How many hits/smokes/snorts/pills/doses/etc. did you have on that day?

5. On which day before that did you use heroin?

6. And how many hits/smokes/snorts/etc. did you have on that day?

7. And when was the day before that?

8. Would this be a typical pattern of heroin use?
   1=Yes
   2=No, more than usual
   3=No, less than usual

9. What would be a typical pattern of heroin use?

10. \( t1 = 3 - 5 \)

11. \( t2 = 5 - 7 \)

12. \( q1 = 4 \)

13. \( q2 = 6 \)

14. \( Q = \frac{q1 + q1}{t1 + t2} \)
SECTION J: Drug Use – Other Opiates

1. When was the last time you used other opiates?
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days

If subject answered 1 2 or 3, proceed to Amphetamines

2. During the past month, how often did you use other opiates?
   Between 6-7 days each week – Score 28
   Between 4-5 days each week – Score 20
   Between 2-3 days each week – Score 12
   One day each week – Score 4
   One day each fortnight – Score 2

If subject answered 0, proceed to Amphetamines

3. On what day did you last use opiates (in the past month)?

4. How many hits/smokes/etc.. did you have on that day (record use occasions)?

5. On which day before that did you use opiates?

6. And how many hits/smokes/etc. did you have on that day (record use occasions)?

7. And when was the day before that?

8. Would this be a typical pattern of opiate use?
   1=Yes
   2=No, more than usual
   3=No, less than usual

9. What would be a typical pattern of opiate use?

10. $t_1 = 3 - 5$

11. $t_2 = 5 - 7$

12. $q_1 = 4$

13. $q_2 = 6$

14. $Q = \frac{q_1 + q_2}{t_1 + t_2}$
SECTION K: Drug Use - Amphetamines

1. When was the last time you used amphetamines (speed)?
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days

If subject answered 1, 2 or 3, proceed to Cocaine

2. During the past month, how often did you use amphetamines?
   Between 6-7 days each week – Score 28
   Between 4-5 days each week – Score 20
   Between 2-3 days each week – Score 12
   One day each week – Score 4
   One day each fortnight – Score 2
   One day each month – Score 1
   Not in the last month – Score 0

If subject answered 0, proceed to Cocaine

3. On what day did you last use amphetamines (in the past month)? ..............................................

4. How many tablets/snorts/hits/etc. did you have on that day? .........................................................

5. On which day before that did you use amphetamines? .................................................................

6. And how many tablets/snorts/hits/etc. did you have on that day? ...................................................

7. And when was the day before that? ..................................................................................................

8. Would this be a typical pattern of amphetamine use?
   1=Yes
   2=No, more than usual
   3=No, less than usual

9. What would be a typical pattern of amphetamine use?
   .............................................................................................................................................

10. \[ t_1 = 3 - 5 \] .........................................................................................................................

Q11. \[ t_2 = 5 - 7 \] .........................................................................................................................

12. \[ q_1 = 4 \] ....................................................................................................................................

13. \[ q_2 = 6 \] ....................................................................................................................................

14. \[ Q = \frac{q_1 + q_2}{t_1 + t_2} \] ..............................................................................................................

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## SECTION L: Drug Use - Cocaine

1. When was the last time you used cocaine (coke, snow, crack)?
   
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days

   If subject answered 1, 2 or 3, proceed to Tranquillisers

2. During the past month, how often did you use cocaine?
   
   - Between 6-7 days each week – Score 28
   - Between 4-5 days each week – Score 20
   - Between 2-3 days each week – Score 12
   - One day every week – Score 4
   - One day every fortnight – Score 2
   - One day each month – Score 1
   - Not in the last month – Score 0

   If subject answered 0, proceed to Tranquillisers

3. On what day did you last use cocaine (in the past month)?

4. How many hits/smokes/snorts/etc. did you have on that day?

5. On which day before that did you use cocaine?

6. And how many hits/smokes/snorts/etc. did you have on that day?

7. And when was the day before that?

8. Would this be a typical pattern of cocaine use?
   
   1 = Yes
   2 = No, more than usual
   3 = No, less than usual

9. What would be a typical pattern of cocaine use?

10. \[ t1 = 3 - 5 \]

11. \[ t2 = 5 - 7 \]

12. \[ q1 = 4 \]

13. \[ q2 = 6 \]

14. \[ Q = \frac{q1 + q2}{t1 + t2} \]
SECTION M: Drug Use - Tranquilisers

1. When was the last time you used Tranquilisers (benzos, serepax, rohypnol, mogadon, valium)?
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days

If subject answered 1, 2 or 3, proceed to Barbiturates

2. During the past month, how often did you use tranquilisers?
   Between 6-7 days each week – Score 28
   Between 4-5 days each week – Score 20
   Between 2-3 days each week – Score 12
   One day each week – Score 4
   One day each fortnight – Score 2
   One day each month – Score 1
   Not in the last month – Score 0

If subject answered 0, proceed to Barbiturates

3. On what day did you last use tranquilisers (in the past month)?

4. How many pills did you have on that day?

5. On which day before that did you use tranquilisers?

6. And how many pills did you have on that day?

7. And when was the day before that?

8. Would this be a typical pattern of tranquiliser use?
   1=Yes
   2=No, more than usual
   3=No, less than usual

9. What would be a typical pattern of tranquiliser use?

10. \( t_1 = S_3 - S_5 \)

11. \( t_2 = S_5 - S_7 \)

12. \( q_1 = S_4 \)

13. \( q_2 = S_6 \)

14. \( Q = \frac{q_1 + q_2}{t_1 + t_2} \)
SECTION N: Drug Use - Barbiturates

1. When was the last time you used barbiturates (nembutal, seconal)?
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days

If subject answered 1 2 or 3, proceed to Hallucinogens

2. During the past month, how often did you use barbiturates?
   Between 6-7 days each week – Score 28
   Between 4-5 days each week – Score 20
   Between 2-3 days each week – Score 12
   Not in the last month – Score 0
   One day each week – Score 4

If subject answered 0, proceed to Hallucinogens

3. On what day did you last use barbiturates (in the last month)?

4. How many pills did you have on that day?

5. On which day before that did you use barbiturates?

6. And how many pills did you have on that day?

7. And when was the day before that?

8. Would this be a typical pattern of barbiturates use?
   1=Yes
   2=No, more than usual
   3=No, less than usual

9. What would be a typical pattern of barbiturates use?

10. \( t_1 = 3 - 5 \)

11. \( t_2 = 5 - 7 \)

12. \( q_1 = 4 \)

13. \( q_2 = 6 \)

14. \( Q = \frac{q_1 + q_2}{t_1 + t_2} \)
### SECTION 0: Drug Use - Hallucinogens

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. When was the last time you used hallucinogens (LSD, Acid, ecstasy, magic mushrooms)?</td>
<td>Never, More than 6 months ago, In the past 6 months, In the past week, In the past few days</td>
</tr>
</tbody>
</table>

If subject answered 1, 2 or 3, proceed to **Inhalants**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. During the past month, how often did you use hallucinogens?</td>
<td>Between 6-7 days each week – Score 28, Between 4-5 days each week – Score 20, Between 2-3 days each week – Score 12, One day each week – Score 4, One day each fortnight – Score 2, One day each month – Score 1, Not in the last month – Score 0</td>
</tr>
</tbody>
</table>

If subject answered 0, proceed to **Inhalants**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. On what day did you last use hallucinogens (in the last month)?</td>
<td></td>
</tr>
<tr>
<td>4. How many tabs/pills/etc. did you have on that day?</td>
<td></td>
</tr>
<tr>
<td>5. On which day before that did you use hallucinogens?</td>
<td></td>
</tr>
<tr>
<td>6. And how many tabs/pills/etc. did you have on that day?</td>
<td></td>
</tr>
<tr>
<td>7. And when was the day before that?</td>
<td></td>
</tr>
<tr>
<td>8. Would this be a typical pattern of hallucinogen use?</td>
<td>1=Yes, 2=No, more than usual, 3=No, less than usual</td>
</tr>
<tr>
<td>9. What would be a typical pattern of hallucinogen use?</td>
<td></td>
</tr>
<tr>
<td>10. $t_1 = 3 - 5$</td>
<td></td>
</tr>
<tr>
<td>11. $t_2 = 5 - 7$</td>
<td></td>
</tr>
<tr>
<td>12. $q_1 = 4$</td>
<td></td>
</tr>
<tr>
<td>13. $q_2 =$</td>
<td></td>
</tr>
<tr>
<td>14. $Q = \frac{q_1 + q_2}{t_1 + t_2}$</td>
<td></td>
</tr>
</tbody>
</table>
SECTION P: Drug Use - Inhalants

1. When was the last time you used inhalants (amyl/rush, glue, laughing gas, aerosols, petrol)?
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days

If subject answered 1 2 or 3, proceed to Tobacco

2. During the past month, how often did you use inhalants?
   Between 6-7 days each week – Score 28
   Between 4-5 days each week – Score 20
   Between 2-3 days each week – Score 12
   One day each week – Score 4
   One day each fortnight – Score 2
   One day each month – Score 1
   Not in the last month – Score 0

If subject answered 0, proceed to Next Section

3. On what day did you last use inhalants (in the last month)? ..................................................

4. How many sniffs did you have on that day? ..........................................................................

5. On which day before that did you use inhalants? ..................................................................

6. And how many sniffs did you have on that day? .................................................................

7. And when was the day before that? ....................................................................................

8. Would this be a typical pattern of inhalant use?
   1=Yes
   2=No, more than usual
   3=No, less than usual

9. What would be a typical pattern of inhalant use?
   .............................................................................................................................................

10. t1 = 3 – 5 .........................................................................................................................

11. t2 = 5 – 7 .........................................................................................................................

12. q1 = 4 ............................................................................................................................

13. q2 = 6 ............................................................................................................................

14. \[ Q = \frac{q1 + q2}{t1 + t2} \] ..........................................................
SECTION Q: Drug Use - Tobacco

1. When was the last time you smoked cigarettes? *(including with cannabis mix)*
   1. Never
   2. More than 6 months ago
   3. In the past 6 months
   4. In the past month
   5. In the past week
   6. In the past few days

   If subject answered 1 2 or 3, proceed to Next Section

2. During the past month, how often did you smoke cigarettes?
   Between 6-7 days each week – Score 28
   Between 4-5 days each week – Score 20
   Between 2-3 days each week – Score 12
   One day each week – Score 4
   One day each fortnight – Score 2
   One day each month – Score 1
   Not in the last month – Score 0

   If subject answered 0, proceed to Next Section

Please note the strength of the cigarettes in milligrams for each occasion of use

3. On what day did you last use tobacco (in the last month)? 

4. How many cigarettes did you have on that day? 

5. On which day before that did you use tobacco? 

6. And how many cigarettes did you have on that day? 

7. And when was the day before that? 

8. Would this be a typical pattern of tobacco use?
   1=Yes
   2=No, more than usual
   3=No, less than usual

9. What would be a typical pattern of tobacco use?

10. \( t_1 = 3 - 5 \) 

11. \( t_2 = 5 - 7 \) 

12. \( q_1 = 4 \) 

13. \( q_2 = 6 \) 

14. \( Q = q_1 + q_2 \)
POLY-DRUG USE

Tick the relevant boxes for substances used in the past month. Add up the total number of boxes ticked to get the poly-drug use score.

<table>
<thead>
<tr>
<th>Alcohol (M14)</th>
<th>Tranquilisers (S14)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannabis (N14)</td>
<td>Barbiturates (T14)</td>
</tr>
<tr>
<td>Heroin (O14)</td>
<td>Hallucinogens (U14)</td>
</tr>
<tr>
<td>Other Opiates (P14)</td>
<td>Inhalants (V14)</td>
</tr>
<tr>
<td>Amphetamines (Q14)</td>
<td>Tobacco (W14)</td>
</tr>
<tr>
<td>Cocaine (R14)</td>
<td></td>
</tr>
</tbody>
</table>

Poly-Drug Use Score: (NB: do not include tobacco in this total score)

\[
P = L14 + M14 + N14 + O14 + P14 + Q14 + R14 + S14 + T14 + U14 + V14
\]

= __________

SCID POLY-DRUG USE QUESTION:
If at least 3 drug groups used (as indicated by drug screen) and period of indiscriminant use seems likely, ask the following:

<table>
<thead>
<tr>
<th>You've told me that you've used (Drugs). Was there a period where you were using a lot of different drugs at the same time?</th>
<th>1-6 months</th>
<th>7-12 months</th>
</tr>
</thead>
</table>

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SECTION R: TLFB (Time Line Follow Back)

What I would like to do now is to write down all your drinking over the past two weeks. I want to get an idea of how much alcohol you had on each day during this time. The idea is to write down then number of drinks you had each day (on the calendar). On days when you did not drink any alcohol, you write “0”. For days when you had something drink, use the table below to calculate the number of standard drinks you had, and write that on the calendar.

Make sure that something is written in for each day on the calendar. If something happens every week, e.g. you go to the pub every Friday night or you go to watch a game every Saturday, then use that to help you remember. If you can't remember exactly what happened then GIVE IT YOUR BEST GUESS. Start with what you had yesterday and then fill out any other days that you can remember easily, then try to fill out the rest.

Use the following as a guide to the number of standard drinks consumed - Ask about all categories.

<table>
<thead>
<tr>
<th>Wine</th>
<th>Spirits</th>
<th>Full Strength Beer</th>
<th>Light Beer</th>
<th>Fortified Wine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glass (100mL)</td>
<td>[1]</td>
<td>Middy (10oz/285mL)</td>
<td>Middy (10oz/285mL)</td>
<td>[1]</td>
</tr>
<tr>
<td>750mL bottles</td>
<td>[1]</td>
<td>Schooner (15oz/425mL)</td>
<td>Schooner (15oz/425mL)</td>
<td>[0.75]</td>
</tr>
<tr>
<td>750mL bottles</td>
<td>[25]</td>
<td>Can [1.3]</td>
<td>Can [0.7]</td>
<td>750mL bottles [10]</td>
</tr>
<tr>
<td>Flagon (2 Litres)</td>
<td>[20]</td>
<td>UDL (cans) [1.3]</td>
<td>Subby [0.7]</td>
<td>2 lt. flagons [32]</td>
</tr>
<tr>
<td>[10 per litre]</td>
<td></td>
<td>750mL bottles (longneck) [2.5]</td>
<td>750mL bottles (longneck) [2]</td>
<td></td>
</tr>
</tbody>
</table>

N.B. Figures in square brackets are numbers of standard drinks in one unit.

Enter the days/dates of the fortnight prior to assessment

<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
<th>What Happened that Day?</th>
<th>How Many Standard Drinks Were Consumed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saturday</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Friday</td>
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<td>Tuesday</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Monday</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DAISI 2008 - 24 and 36 Month Assessment (last modified 13-5-2008)
Please circle the answer that is correct for you for the last 6 months.

1. How often do you have a drink containing alcohol?

Specify exact frequency: ________________________________

Then, code according to following:
0 = never
1 = monthly or less
2 = 2-4 times a month
3 = 2-3 times a week
4 = 4 or more times a week

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

Specify exact number of standard drinks: ________________________________

Then, code according to following:
0 = 1 to 2
1 = 3 to 4
2 = 5 to 6
3 = 7 to 9
4 = 10 or more

3. How often do you have six or more drinks on one occasion?

Specify exact frequency: ________________________________

Then, code according to following:
0 = never
1 = less than monthly
2 = monthly
3 = weekly
4 = daily or almost daily

4. How often during the last 6 months have you found that you were not able to stop drinking once you had started?

0 = never
1 = less than monthly
2 = monthly
3 = weekly
4 = daily or almost daily

5. How often during the last 6 months have you failed to do what was normally expected from you because of drinking?

0 = never
1 = less than monthly
2 = monthly
3 = weekly
4 = daily or almost daily
6. How often during the last 6 months have you needed a first drink in the morning to get yourself going after a heavy drinking session?
   0 = never
   1 = less than monthly
   2 = monthly
   3 = weekly
   4 = daily or almost daily

7. How often during the last 6 months have you had a feeling of guilt or remorse after drinking?
   0 = never
   1 = less than monthly
   2 = monthly
   3 = weekly
   4 = daily or almost daily

8. How often during the last 6 months have you been unable to remember what happened the night before because you had been drinking?
   0 = never
   1 = less than monthly
   2 = monthly
   3 = weekly
   4 = daily or almost daily

9. Have you or someone else been injured as a result of your drinking?
   0 = no
   2 = yes, but not in the last 6 months
   4 = yes, during the last 6 months

10. Has a relative or friend or a doctor or other health worker, been concerned about your drinking or suggested you cut down?
    0 = no
    2 = yes, but not in the last 6 months
    4 = yes, during the last 6 months

| AUDIT TOTAL |
Section W: SCID (Alcohol Use)

CODING FOR THIS SECTION...
? = Inadequate information
1 = Absent or false
2 = Subthreshold
3 = Threshold or true

Alcohol Abuse Criteria
A maladaptive pattern substance use leading to clinically significant impairment or distress, as manifested by 1 or more of the following occurring within a 12 month period:

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

Have you ever missed work or school because you were intoxicated, high or very hung over? (How often? What about doing a bad job at work or failing courses at school because of your drinking?)

If NO: What about not keeping your house clean or not taking proper care for your children because of your drinking? (How often?)

If YES to either of above: How often? (Over what period of time?)

<table>
<thead>
<tr>
<th>1-6 months</th>
<th>7-12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(2) Recurrent alcohol use in situations in which it is physically hazardous (e.g. driving a car, operating a machine when impaired by alcohol)

Did you ever drink in a situation in which it might have been dangerous to drink at all? (Did you ever drive while you were really too drunk to drive?)

If YES and UNKNOWN: How many times?

<table>
<thead>
<tr>
<th>1-6 months</th>
<th>7-12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(3) Recurrent alcohol-related legal problems (e.g. arrests for alcohol-related disorderly conduct)

Has your drinking gotten you into trouble with the law?

If YES and UNKNOWN: How often? (Over what period of time?)

<table>
<thead>
<tr>
<th>1-6 months</th>
<th>7-12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DAISI 2008 - 24 and 36 Month Assessment (last modified 13-5-2008)
(4) 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)

<table>
<thead>
<tr>
<th>If not already known: Has your drinking caused problems with other people, such as with family members, friends or people at work? (Have you ever gotten into physical fights when you were drinking? What about having bad arguments about your drinking?)</th>
<th>1-6 months</th>
<th>7-12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>If YES: Did you keep on drinking anyway? (Over what period of time?)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Alcohol Abuse Present?**

1 = Absent or False  
2 = Subthreshold  
3 = Threshold or True

<table>
<thead>
<tr>
<th>1-6 months</th>
<th>7-12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Alcohol Dependence Criteria**

A maladaptive pattern of alcohol use, leading to clinically significant impairment or distress, as manifested by 3 or more of the following occurring at any time in the same 12 month period:

1. **Alcohol is often taken in larger amounts OR over a longer period than was intended**

<table>
<thead>
<tr>
<th>1-6 months</th>
<th>7-12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you often found that when you started drinking you ended up drinking much more than you were planning to?</td>
<td></td>
</tr>
<tr>
<td>If NO: What about drinking for a much longer period of time than you were planning to?</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>1-6 months</th>
<th>7-12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you tried to cut down or stop drinking alcohol?</td>
<td></td>
</tr>
<tr>
<td>If YES: Did you ever actually stop drinking altogether? (How many times did you try to cut down or stop drinking altogether?)</td>
<td></td>
</tr>
<tr>
<td>If NO: Did you want to stop or cut down? (Is this something you kept worrying about?)</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>1-6 months</th>
<th>7-12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you spent a lot of time drinking, being high, or hung over?</td>
<td></td>
</tr>
</tbody>
</table>

4. **Important social, occupational, or recreational activities given up or reduced because of alcohol use**

<table>
<thead>
<tr>
<th>1-6 months</th>
<th>7-12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you had times when you would drink so often that you started to drink instead of working or spending time with your family or friends or engaging in other important activities, such as sports, gardening, or playing music?</td>
<td></td>
</tr>
</tbody>
</table>

5. **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)**

<table>
<thead>
<tr>
<th>1-6 months</th>
<th>7-12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>If no already known: Has your drinking ever caused any psychological problems like making you depressed or anxious, making it difficult to sleep, or causing &quot;blackouts&quot;?</td>
<td></td>
</tr>
<tr>
<td>If not already known: Has your drinking ever caused significant physical problems or made a physical problem worse?</td>
<td></td>
</tr>
<tr>
<td>If YES to either of above: Did you keep on drinking anyway?</td>
<td></td>
</tr>
</tbody>
</table>
(6) 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.

<table>
<thead>
<tr>
<th>Question</th>
<th>1-6 months</th>
<th>7-12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you found that you needed to drink a lot more in order to get the feeling you wanted than you did when you first started drinking?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If YES: How much more?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If NO: What about finding that when you drank the same amount, it had much less effect than before?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(7) Withdrawal, as manifested by either (a) or (b):
   (a) at least 2 of the following: automatic hyperactivity (e.g. sweating or pulse rate greater than 100); increased hand tremor; insomnia; nausea or vomiting; psychomotor agitation; anxiety; grand mal seizures; transient visual, tactile or auditory hallucinations or illusions
   (b) Alcohol (or a substance from the sedative/hypnotic/anxiolytic class) taken to relieve or avoid withdrawal symptoms

<table>
<thead>
<tr>
<th>Question</th>
<th>1-6 months</th>
<th>7-12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever had any withdrawal symptoms when you cut down or stopped drinking like....</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sweating or racing heart?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand shakes?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trouble sleeping?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling nauseated or vomiting?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling agitated?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling anxious?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How about a seizure or seeing, feeling, or hearing things that weren’t really there?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If NO: 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?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Alcohol abuse with physiological dependence present?
At least three dependence items coded “3” and items occurred within the same 12 month period

1 = Absent or False
2 = Subthreshold
3 = Threshold or True

<table>
<thead>
<tr>
<th>1-6 months</th>
<th>7-12 months</th>
</tr>
</thead>
</table>

NOTE: If No, diagnose Alcohol Abuse without physiological dependence

DAISI 2008 - 24 and 36 Month Assessment (last modified 13-5-2008)
SECTION Z: Global Assessment of Functioning (GAF)

Consider psychological, social and occupational functioning on a hypothetical continuum of mental health—illness. Do not include impairment in functioning due to physical (or environmental) limitations.

100 Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities.
91 No Symptoms.

90 Absent or minimal symptoms (e.g. mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g. an occasional argument with family members).

80 If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g. difficulty concentrating after family argument); no more than slight impairment
71 in social, occupational, or school functioning (e.g. temporarily falling behind in school work).

70 Some mild symptoms (e.g. depressed mood and mild insomnia) OR some difficulty in social, occupational or school functioning (e.g. occasional truancy, or theft within the household), but
61 generally functioning pretty well, has some meaningful interpersonal relationships.

60 Moderate symptoms (e.g. flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (e.g. few friends, conflicts
51 with peers and co-workers).

50 Serious symptoms (e.g. suicidal ideation, severe obsessional rituals, frequent shoplifting) OR serious impairment in social, occupational or school functioning (e.g. no friends, unable to
41 keep a job).

40 Some impairments in reality testing or communication (e.g. speech is at time illogical, obscure or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgement, thinking or mood (e.g. depressed man avoids friends, neglects family, and is unable to keep a job).

30 Behavior is considerably influenced by delusions OR hallucinations OR serious impairment in communication or judgement (e.g. sometimes incoherent, acts grossly inappropriately, suicidal preoccupation)
21 OR inability to function in almost all areas (e.g. stays in bed all day; no job, home, or friends).

20 Some danger of hurting self or others (e.g. suicide attempts without clear expectations of death; frequently violent; manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g. smears faeces)
11 OR gross impairment in communication (e.g. largely incoherent or mute).

10 Persistent danger of severely hurting self or others (e.g. recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.

0 Inadequate information

NB: code missing data as ‘888’
Assessment Protocol for Partners/Relative/Friends of DAISI Participants

Date of Interview: ____________________________

Relationship of Collateral to DAISI participant:
☐ Partner
☐ Relative
☐ Friend
☐ Other: ______________________________________

ID of DAISI participant: _______________________

Recently, your partner/friend/relative completed an interview with us as part of their involvement in the DAISI project. At that time, they gave permission for us to contact you to ask some questions about their current level of alcohol use. We are only asking you these questions in order to see how reliable our own questionnaires are in being able to accurately detect levels of alcohol use among our DAISI research participants. The information you provide will not be used to harm your partner/friend/relative in any way.

All information you provide to us is completely private and confidential. It will not be given back to your partner/friend/relative, or reported in any way that can identify you.

You may not know the exact answers to the questions I ask about your partner/friend/relative’s alcohol use, however I would just like you to provide your best estimate.

1. Are you willing to complete this assessment with me?
   ☐ Yes  ☐ No

2. How often does your partner/friend/relative have a drink containing alcohol?

   Specify frequency: _________________________

   Then, code according to following:
   0 = never
   1 = monthly or less
   2 = 2-4 times a month
   3 = 2-3 times a week
   4 = 4 or more times a week

   ☐
3. How many drinks containing alcohol would your partner/friend/relative have on a typical day when you they drinking?

Specify number of standard drinks: ________________________________

Then, code according to following:
0 = 1 to 2
1 = 3 to 4
2 = 5 to 6
3 = 7 to 9
4 = 10 or more

4. How often does your partner/friend/relative have six or more drinks on one occasion?

Specify frequency: ________________________________

Then, code according to following:
0 = never
1 = monthly or less
2 = monthly
3 = weekly
4 = daily or almost daily

5. Have you or someone else been injured as a result of your partner/friend/relative’s drinking?
0 = no
2 = yes, but not in the last 6 months
4 = yes, during the last 6 months

6. Has a relative or friend or a doctor or other health worker been concerned about your partner/friend/relative’s drinking or suggested they cut down?
0 = no
2 = yes, but not in the last 6 months
4 = yes, during the last 6 months
Self Report Assessments

24 Month

36 Month

These questionnaires ask questions about your use of alcohol, symptoms of mental illness, your relationships with other people, and your personality style.

It would be much appreciated if you could complete this booklet over the next week and return it in the envelope provided or alternatively bring it to your follow-up assessment appointment. Please do not hesitate to contact us on (02) 4033 5715 should you need any assistance in completing these questionnaires.

Participant Number: 

Date Completed: 

**SR1: Brief Symptom Inventory**

**THE BRIEF SYMPTOM INVENTORY (BSI)**

INSTRUCTIONS: Below are a list of problems people sometimes have. Please read each one carefully, and tick the circle that best describes HOW MUCH THAT PROBLEM HAS DISTRESSED OR BOTHERED YOU DURING THE PAST 7 DAYS INCLUDING TODAY USING THE SCALE PROVIDED. Please note that

0 = Not at all, 1 = A little bit, 2 = Moderately, 3 = Quite a bit, 4 = Extremely

<table>
<thead>
<tr>
<th>HOW MUCH WERE YOU DISTRESSED BY...?</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Nervousness or shakiness inside</td>
<td></td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>2. Faintness or dizziness</td>
<td></td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>7. Pains in the heart or chest</td>
<td></td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>8. Feeling afraid in open spaces or on the streets</td>
<td></td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>12. Suddenly scared for no reason</td>
<td></td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>19. Feeling fearful</td>
<td></td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>23. Nausea or upset stomach</td>
<td></td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>28. Feeling afraid to travel on buses, subways or trains</td>
<td></td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>29. Trouble getting your breath</td>
<td></td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>30. Hot or cold spells</td>
<td></td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>31. Having to avoid certain things/activities/places because they frighten you</td>
<td></td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>33. Numbness or tingling in parts of your body</td>
<td></td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>37. Feeling weak in parts of your body</td>
<td></td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>38. Feeling tense or keyed up</td>
<td></td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>43. Feeling uneasy in crowds, such as shopping or at a movie</td>
<td></td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>45. Spells of terror or panic</td>
<td></td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>47. Feeling nervous when you are left alone</td>
<td></td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>49. Feeling so restless you couldn’t sit still</td>
<td></td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>
### SR2: WHO QOL (Brief)

**SELF ADMINISTERED**

This assessment asks how you feel about your quality of life, health and other areas of your life. Please answer all the questions. If unsure about which response to give to a question, please choose the one that appears most appropriate.

Please read each question and assess your feelings, for the **last two weeks** and circle the number on the scale for each question that gives the best answer for you.

1. **How would you rate your quality of life?**

<table>
<thead>
<tr>
<th>Very Poor</th>
<th>Poor</th>
<th>Neither Poor Nor Good</th>
<th>Good</th>
<th>Very Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

2. **How satisfied are you with your health?**

<table>
<thead>
<tr>
<th>Very Dissatisfied</th>
<th>Fairly Dissatisfied</th>
<th>Neither Satisfied nor dissatisfied</th>
<th>Fairly Satisfied</th>
<th>Very Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

The following questions ask about how much you have experienced certain things in the **last two weeks**.

3. **To what extent do you feel that physical pain prevents you from doing what you need to do?**

<table>
<thead>
<tr>
<th>Not at all</th>
<th>A small amount</th>
<th>A moderate amount</th>
<th>A great deal</th>
<th>An extreme amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

4. **How much do you need any medical treatment to function in your daily life?**

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>Very</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

5. **How much do you enjoy life?**

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>Very</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

6. **To what extent do you feel your life to be meaningful?**

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>Very</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

7. **How well are you able to concentrate?**

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>Very</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

8. **How safe do you feel in your daily life?**

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Slightly</th>
<th>Somewhat</th>
<th>To a great extent</th>
<th>Completely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

9. **How healthy is your physical environment?**

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Slightly</th>
<th>Somewhat</th>
<th>To a great extent</th>
<th>Completely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

10. **Do you have enough energy for everyday life?**

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Slightly</th>
<th>Somewhat</th>
<th>To a great extent</th>
<th>Completely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

11. **Are you able to accept your bodily appearance?**

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Slightly</th>
<th>Somewhat</th>
<th>To a great extent</th>
<th>Completely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12. Have you enough money to meet your needs?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
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</tr>
<tr>
<td>13. How available to you is the information you need in your daily life?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14. To what extent do you have the opportunity for leisure activities?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15. How well are you able to get around physically?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

The following questions ask you to say how good or satisfied you have felt about various aspects of your life over the **last two weeks**.

<table>
<thead>
<tr>
<th>16. How satisfied are you with your sleep?</th>
<th>Very Dissatisfied</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. How satisfied are you with your ability to perform your daily living activities?</td>
<td>Fairly Dissatisfied</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>18. How satisfied are you with your capacity for work?</td>
<td>Neither Satisfied nor Dissatisfied</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>19. How satisfied are you with yourself?</td>
<td>Fairly Satisfied</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>20. How satisfied are you with your personal relationships?</td>
<td>Very Satisfied</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>21. How satisfied are you with your sex life?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>22. How satisfied are you with the support you get from your friends?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>23. How satisfied are you with the conditions of your living place?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>24. How satisfied are you with your access to health services?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>25. How satisfied are you with your transport?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>26. How often do you have negative feelings such as blue mood, despair, anxiety, depression?</th>
<th>Never</th>
<th>Infrequently</th>
<th>Sometimes</th>
<th>Frequently</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</tbody>
</table>
This inventory lists different attitudes or beliefs that people sometimes hold. Read each statement carefully and decide how much you agree or disagree with it. For each statement, mark your answer using the number code given below that best describes how you think. To decide whether a given attitude is typical of your views, keep in mind how you think most of the time.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree totally</td>
<td>Disagree very much</td>
<td>Disagree slightly</td>
<td>Neutral</td>
<td>Agree slightly</td>
<td>Agree very much</td>
<td>Agree totally</td>
</tr>
</tbody>
</table>

1. People will probably think less of me if I make a mistake
2. I must be a useful, productive, creative person or life has no purpose
3. I can find greater enjoyment if I do things because I want to, rather than in order to please other people
4. By controlling the way I interpret situations, I can control my emotions
5. If you cannot do something well, there is little point in doing it at all
6. What other people think about me is very important
7. People should prepare for the worst or they will be disappointed
8. I should be able to please everybody
9. Even though a person may not be able to control what happens to him, he can control how he thinks
10. It is shameful for a person to display his weaknesses
11. If a person has to be alone for a long period of time, it follows that he has to be lonely
12. A person should try to be the best at everything he undertakes
13. If a person is not a success, then his life is meaningless
14. It is not necessary for a person to become frustrated if he finds obstacles to getting what he wants
15. If I make a foolish statement, it means I am a foolish person
16. I should always have complete control over my feelings
17. I can enjoy myself even when others do not like me
18. If I do not set the highest standards for myself, I am likely to end up a second-rate person
19. If I do not do well all the time, people will not respect me
20. One should look for a practical solution to problems rather than a perfect solution
21. My value as a person depends greatly on what others think of me
22. A person should do well at everything he undertakes
23. If someone disagrees with me, it probably means he does not like me
<p>| | | | | | | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>24</td>
<td>I cannot be happy unless most people I know admire me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>My own opinions of myself are more important than others' opinions of me</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>26</td>
<td>If I do not treat people kindly, fairly and considerately, I am a rotten person</td>
<td></td>
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</tr>
<tr>
<td>27</td>
<td>It is awful to be disapproved of by people important to you</td>
<td></td>
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</tr>
<tr>
<td>28</td>
<td>If you do not have other people to lean on, you are bound to be sad</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>29</td>
<td>People will like me even if I am not successful</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>30</td>
<td>If other people know what you are really like, they will think less of you</td>
<td></td>
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</tr>
<tr>
<td>31</td>
<td>Whenever I take a chance or risk I am only looking for trouble</td>
<td></td>
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</tr>
<tr>
<td>32</td>
<td>If a person avoids problems, the problems go away</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>33</td>
<td>No one can hurt me with words. I hurt myself by the way I choose to react to people's words</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>34</td>
<td>Others can care for me even if they know all my weaknesses</td>
<td></td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>35</td>
<td>If I fail partly, it is as bad as being a complete failure</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>36</td>
<td>People will reject you if they know all your weaknesses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>I can reach important goals without slave-driving myself</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>My happiness depends more on other people than it does on me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>If a person I love does not love me, it means I am unlovable</td>
<td></td>
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<td></td>
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<tr>
<td>40</td>
<td>I ought to be able to solve my problems quickly and without a great deal of effort</td>
<td></td>
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</tbody>
</table>
**SR4: Readiness to Change**

**ALCOHOL**

The following questions are designed to identify how you personally feel about your drinking right now. Please think about how your current situation and drinking habits, even if you have given up drinking completely. Read each question below carefully, and then decide whether you agree or disagree with the statements.

*Administer questionnaire if used alcohol in the past 6 months*

Your answers are completely private and confidential

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Unsure</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. It's a waste of time thinking about my drinking because I do not have a problem</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. I enjoy my drinking but sometimes I drink too much</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. I am trying to stop drinking or drink less than I used to</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. There is nothing seriously wrong with my drinking</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. Sometimes I think I should quit or cut down on my drinking</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. Anyone can talk about wanting to do something about their drinking, but I'm actually doing something about it</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. I am a fairly normal drinker</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. My drinking is a problem sometimes</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>9. I am actually changing my drinking habits right now (either cutting down or quitting)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10. Giving up or drinking less alcohol would be pointless for me</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>11. I am weighing up the advantages and disadvantages of my present drinking habits</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>12. I have started to carry out a plan to cut down or quit drinking</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>13. There is nothing I really need to change about my drinking</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>14. Sometimes I wonder if my drinking is out of control</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>15. I am actively working on my drinking problem</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tbody>
</table>
First of all, we would like you to recall a month within the past six months when you were drinking heavily in a way which, for you, was fairly typical of a heavy drinking period. Please fill in the month and the year.

MONTH ........................................... YEAR .....................

We would like to know more about your drinking during this time and during other periods when your drinking was similar. We want to know how often you experienced certain feelings. Please reply to each statement by putting a circle round ALMOST NEVER or SOMETIMES or OFTEN or NEARLY ALWAYS after each question.

First we want to know about the physical symptoms that you have experienced first thing in the morning during these typical periods of heavy drinking.

### PLEASE ANSWER EVERY QUESTION

1. During a heavy drinking period, I wake up feeling sweaty.
   - ALMOST NEVER
   - SOMETIMES
   - OFTEN
   - NEARLY ALWAYS

2. During a heavy drinking period, my hands shake first thing in the morning.
   - ALMOST NEVER
   - SOMETIMES
   - OFTEN
   - NEARLY ALWAYS

3. During a heavy drinking period, my whole body shakes violently first thing in the morning if I don't have a drink.
   - ALMOST NEVER
   - SOMETIMES
   - OFTEN
   - NEARLY ALWAYS

4. During a heavy drinking period, I wake up absolutely drenched in sweat.
   - ALMOST NEVER
   - SOMETIMES
   - OFTEN
   - NEARLY ALWAYS

The following statements refer to moods and states of mind you may have experienced first thing in the morning during these periods of heavy drinking.

5. When I'm drinking heavily, I dread waking up in the morning.
   - ALMOST NEVER
   - SOMETIMES
   - OFTEN
   - NEARLY ALWAYS

6. During a heavy drinking period, I am frightened of meeting people first thing in the morning.
   - ALMOST NEVER
   - SOMETIMES
   - OFTEN
   - NEARLY ALWAYS

7. During a heavy drinking period, I feel at the edge of despair when I awake.
   - ALMOST NEVER
   - SOMETIMES
   - OFTEN
   - NEARLY ALWAYS

8. During a heavy drinking period, I feel very frightened when I awake.
   - ALMOST NEVER
   - SOMETIMES
   - OFTEN
   - NEARLY ALWAYS
The following statements also refer to the recent period when your drinking was heavy, and to periods like it.

9. During a heavy drinking period, I like to have a morning drink.
   - ALMOST NEVER
   - SOMETIMES
   - OFTEN
   - NEARLY ALWAYS

10. During a heavy drinking period, I always gulp my first few morning drinks down as quickly as possible.
    - ALMOST NEVER
    - SOMETIMES
    - OFTEN
    - NEARLY ALWAYS

11. During a heavy drinking period, I drink in the morning to get rid of the shakes.
    - ALMOST NEVER
    - SOMETIMES
    - OFTEN
    - NEARLY ALWAYS

12. During a heavy drinking period, I have a very strong craving for a drink when I awake.
    - ALMOST NEVER
    - SOMETIMES
    - OFTEN
    - NEARLY ALWAYS

Again the following statements refer to the recent period of heavy drinking and the periods like it.

13. During a heavy drinking period, I drink more than a quarter of a bottle of spirits per day (or 4 doubles or 1 bottle of wine or 5 schooners of beer).
    - ALMOST NEVER
    - SOMETIMES
    - OFTEN
    - NEARLY ALWAYS

14. During a heavy drinking period, I drink more than half a bottle of spirits per day (or 2 bottles of wine or 10 schooners of beer).
    - ALMOST NEVER
    - SOMETIMES
    - OFTEN
    - NEARLY ALWAYS

15. During a heavy drinking period, I drink more than one bottle of spirits per day (or 4 bottles of wine or 20 schooners of beer).
    - ALMOST NEVER
    - SOMETIMES
    - OFTEN
    - NEARLY ALWAYS

16. During a heavy drinking period, I drink more than two bottles of spirits per day (or 8 bottles of wine or 40 schooners of beer).
    - ALMOST NEVER
    - SOMETIMES
    - OFTEN
    - NEARLY ALWAYS

IMAGINE THE FOLLOWING SITUATION:
(1) You have been COMPLETELY off drink for a FEW WEEKS
(2) You then drink VERY HEAVILY for TWO DAYS,

HOW WOULD YOU FEEL THE MORNING AFTER THOSE TWO DAYS OF HEAVY DRINKING?

17. I would start to sweat.
    - NOT AT ALL
    - SLIGHTLY
    - MODERATELY
    - QUITE A LOT

18. My hands would shake.
    - NOT AT ALL
    - SLIGHTLY
    - MODERATELY
    - QUITE A LOT

19. My body would shake.
    - NOT AT ALL
    - SLIGHTLY
    - MODERATELY
    - QUITE A LOT

20. I would be craving for a drink.
    - NOT AT ALL
    - SLIGHTLY
    - MODERATELY
    - QUITE A LOT
The questions below ask you about your drinking alcohol and your attempts to control your drinking. Please enter the number of the statement that best applies to you in the space provided:

1. How much of your time when you're not drinking is occupied by ideas, thoughts, impulses, or images related to drinking?
   0=none
   1=less than 1 hour a day
   2=1-3 hours a day
   3=4=8 hours a day
   4=Greater than 8 hours a day

2. How frequently do these thoughts occur?
   0=never
   1=No more than 8 times a day
   2=More than 8 times a day, but most hours of the day are free of those thoughts
   3=More than 8 times a day, and during most hours of the day
   4=Thoughts are too numerous to count, and an hour rarely passes without several such thoughts

INSERT THE HIGHER SCORE OF QUESTIONS 1 and 2 HERE: ____________________________

3. How much do these ideas, thoughts, impulses or images related to drinking interfere with your social or work (or role) functioning? Is there anything you don't or can't do because of them? [if you are not currently working, how much of your performance would be affected if you were working?]
   0=Thoughts of drinking never interfere – I can function normally
   1=Thoughts of drinking slightly interfere with my social or occupational activities, but my overall performance is not impaired
   2=Thoughts of drinking definitely interfere with my social or occupational performance, but I can still manage
   3=Thoughts of drinking cause substantial impairment in my social or occupational performance
   4=Thoughts of drinking interfere completely with my social or work performance

4. How much distress or disturbance do these ideas, thoughts, impulses or images related to drinking cause you when you are not drinking?
   0=none
   1=Mild, infrequent, and not too disturbing
   2=Moderate, frequent, and disturbing, but still manageable
   3=Severe, very frequent, and very disturbing
   4=Extreme, nearly constant, and disabling distress
5. How much of an effort do you make to resist these thoughts or try to disregard or turn your attention away from these thoughts as they enter your mind when you are not drinking? [rate your efforts made to resist these thoughts, not your success or failure in actually controlling them]

0=My thoughts are so minimal, I don't need to actively resist. If I have thoughts, I make an effort to always resist
1=I try to resist most of the time
2=I make some effort to resist
3=I give in to all such thoughts without attempting to control them, but I do so with some reluctance
4=I completely and willingly give in to such thoughts

6. How successful are you in stopping or diverting these thoughts when you are not drinking?

0=I am completely successful in stopping or diverting such thoughts
1=I am usually able to stop or divert such thoughts with some effort and concentration
2=I am sometimes able to stop or divert such thoughts
3=I am rarely successful in stopping such thoughts and can only divert such thoughts with difficulty
4=I am rarely able to divert such thoughts even momentarily

7. How many drinks do you drink each day?

0=none
1=less than 1 drink per day
2=1-2 drinks per day
3=3-7 drinks per day
4=8 or more drinks per day

8. How many days each week do you drink?

0=none
1=No more than 1 day per week
2=2-3 days per week
3=4-5 days per week
4=6-7 days per week

Insert the higher score of questions 7 and 8 here: ____________________________
Think about the next 6 months: imagine you are in the following situations. **How confident are you that you will not drink heavily (e.g. more than 6 standard drinks) in each situation?**

Circle your answers below.

**OVER THE NEXT 6 MONTHS, CAN YOU STOP YOURSELF FROM DRINKING HEAVILY IF YOU ARE:**

1. **Angry**
   - Can't do it
   - Moderately Sure
   - Certain I can
   - 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

2. **Depressed**
   - Can't do it
   - Moderately Sure
   - Certain I can
   - 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

3. **Physically tired**
   - Can't do it
   - Moderately Sure
   - Certain I can
   - 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

4. **At a party with friends**
   - Can't do it
   - Moderately Sure
   - Certain I can
   - 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

5. **Drinking before/with a meal**
   - Can't do it
   - Moderately Sure
   - Certain I can
   - 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

6. **Bored**
   - Can't do it
   - Moderately Sure
   - Certain I can
   - 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

7. **Irritated**
   - Can't do it
   - Moderately Sure
   - Certain I can
   - 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

8. **Not relaxed in a social situation**
   - Can't do it
   - Moderately Sure
   - Certain I can
   - 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

9. **Watching TV (e.g. sports, movies)**
   - Can't do it
   - Moderately Sure
   - Certain I can
   - 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

10. **Worried**
    - Can't do it
    - Moderately Sure
    - Certain I can
    - 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
11. In a “shout” with friends

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12. Happy

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13. Want to feel more confident

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14. Stressed

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15. Someone offers to buy you free drinks

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OVER THE NEXT 6 MONTHS

16. Can you make sure that you do not have more than 3 drinks on any time that you have a drink?

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17. Can you make sure that you do not have more than 1 drink on any time that you have a drink?

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18. Can you stop yourself from drinking alcohol at least 1 day a week?

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19. Can you stop yourself from drinking alcohol at least 2 days a week?

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20. Can you stop yourself from drinking alcohol at least 3 days a week?

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