

TOBACCO TALLY FOR SECTION D

DSM-IV

<input type="checkbox"/> D4B Smoked 20+ cigarettes in a day at least twice a week <input type="checkbox"/> D10 Chain smoked for 7+ days	BOX 1: <input type="checkbox"/>
<input type="checkbox"/> D11 Gave up or greatly reduced important activities because could not smoke	BOX 2: <input type="checkbox"/>
<input type="checkbox"/> D12 Often smoked a lot more than intended <input type="checkbox"/> D12A Often ran out of cigarettes sooner than intended	BOX 3: <input type="checkbox"/>
<input type="checkbox"/> D14 Often wanted to quit or cut down on smoking <input type="checkbox"/> D14D Unable to stop or cut down 3+ times	BOX 4: <input type="checkbox"/>
<input type="checkbox"/> D16A Experienced 4 or more withdrawal symptoms in 24 hours after quitting or cutting down <input type="checkbox"/> D16D Smoked or used other source of nicotine to avoid withdrawal symptoms	BOX 5: <input type="checkbox"/>
<input type="checkbox"/> D17B Continued to smoke knowing it caused some emotional problems <input type="checkbox"/> D18A Continued to smoke knowing it caused physical health problems <input type="checkbox"/> D19 Continued to smoke despite serious physical illness	BOX 6: <input type="checkbox"/>
<input type="checkbox"/> D20C Needed to increase cigarette use by 50% or more <input type="checkbox"/> D20D Found smoking had less effect	BOX 7: <input type="checkbox"/>

ALCOHOL TALLY SHEET A

A: DSM-IIIIR

<input type="checkbox"/> E9D <input type="checkbox"/> E9I	Needed 50% more alcohol to get an effect Could drink 50% more alcohol before getting drunk	BOX 1: _____
<input type="checkbox"/> E10 <input type="checkbox"/> E10C	Wanted to stop or cut down 3+ times Tried but was unable to stop or cut down	BOX 2: _____
<input type="checkbox"/> E12C <input type="checkbox"/> E13B	Drank more than intended, more days in row than intended, or when promised self wouldn't 3+ times Became drunk when didn't want to 3+ times	BOX 3: _____
<input type="checkbox"/> E14B	Gave up or greatly reduced important activities to drink 3+ times or for 1+ month	BOX 4: _____
<input type="checkbox"/> E15A	Drinking or recovering from effects left little time for anything else for 1+ month or 3+ times	BOX 5: _____
<input type="checkbox"/> E16B (B.1) <input type="checkbox"/> E21 <input type="checkbox"/> E22B (B.1) <input type="checkbox"/> E23B (B.1) <input type="checkbox"/> E24B (B.1) <input type="checkbox"/> E25 <input type="checkbox"/> E29B (B.1)	Neglected responsibilities when bingeing 3+ times Mixed alcohol & medications/drugs when knew this was dangerous 3+ times Was drunk in situations where could have injured self 3+ times Arrested for drunk driving 3+ times Drinking and driving resulted in accident 3+ times Drinking or being hung over often interfered with responsibilities Alcohol caused accidental injuries 3+ times	BOX 6: _____
<input type="checkbox"/> E26A.1 <input type="checkbox"/> E26A.2 <input type="checkbox"/> E26A.3 <input type="checkbox"/> E27C <input type="checkbox"/> E28B (B.1) <input type="checkbox"/> E31B <input type="checkbox"/> E32 <input type="checkbox"/> E33A	Drinking caused problems with family or friends 3+ times (COL II=5) Lost friends because of drinking 3+ times (COL II=5) Drinking caused problems with work/school 3+ times (COL II=5) Drank knowing it caused problems with love relationships Arrested/detained by police for drunk behavior 3+ times Continued to drink knowing alcohol caused health problems Continued to drink despite serious physical illness Continued to drink knowing alcohol caused emotional problems	BOX 7: _____
<input type="checkbox"/> E37D <input type="checkbox"/> E38 <input type="checkbox"/> E39	Experienced withdrawal symptoms (shakes + 1 from Column II) Had fits or seizures from drinking Had the DT's from drinking	BOX 8: _____
<input type="checkbox"/> E37I <input type="checkbox"/> E38C <input type="checkbox"/> E39C	Drank to relieve or avoid withdrawal symptoms 3+ occasions Drank to relieve or avoid fits or seizures 3+ times Drank to relieve or avoid the DT's 3+ times	BOX 9: _____

ALCOHOL TALLY SHEET B

B: DSM-IV

<input type="checkbox"/> E9D <input type="checkbox"/> E9I	Needed 50% more alcohol to get an effect Could drink 50% more alcohol before getting drunk	BOX 1: _____
<input type="checkbox"/> E10 <input type="checkbox"/> E10D (D.1)	Wanted to stop or cut down 3+ times Tried but was unable to stop or cut down 3+ times	BOX 2: _____
<input type="checkbox"/> E12C <input type="checkbox"/> E13B	Drank more than intended, more days in row than intended, or when promised self wouldn't 3+ times Became drunk when didn't want to 3+ times	BOX 3: _____
<input type="checkbox"/> E14B	Gave up or greatly reduced important activities to drink 3+ times or for 1+ month	BOX 4: _____
<input type="checkbox"/> E15A	Drinking or recovering from effects left little time for anything else for 1+ month or 3+ times	BOX 5: _____
<input type="checkbox"/> E31B <input type="checkbox"/> E32 <input type="checkbox"/> E33A	Continued to drink knowing alcohol caused health problems Continued to drink despite serious physical illness Continued to drink knowing alcohol caused emotional problems	BOX 6: _____
<input type="checkbox"/> E37D <input type="checkbox"/> E37I <input type="checkbox"/> E38 <input type="checkbox"/> E38C <input type="checkbox"/> E39 <input type="checkbox"/> E39C	Experienced 2+ withdrawal symptoms from Column III Drank to relieve or avoid withdrawal symptoms 3+ times Had fits or seizures from drinking Drank to relieve or avoid fits or seizures 3+ times Had the DT's from drinking Drank to relieve or avoid the DT's 3+ times	BOX 7: _____

ALCOHOL TALLY SHEET C

C: ICD-10

_____ E9D Needed 50% more alcohol to get an effect
_____ E9I Could drink 50% more alcohol before getting drunk

BOX 1: _____

_____ E10 Wanted to stop or cut down 3+ times
_____ E10D (D.1) Tried but was unable to stop or cut down 3+ times
_____ E12C Drank more than intended, more days in a row than
intended, or when promised self wouldn't 3+ times
_____ E13B Became drunk when didn't want to 3+ times

BOX 2: _____

_____ E14B Gave up or greatly reduced important activities to drink 3+ times
or for 1+ month
_____ E15A Drinking or recovering from effects left little time for anything else
for 1+ month or 3+ times
_____ E16B (B.1) Neglected responsibilities when bingeing 3+ times

BOX 3: _____

_____ E19 Strong desire for alcohol

BOX 4: _____

_____ E21D Negative effects from mixing alcohol and drugs when knew dangerous
_____ E29B (B.1) Alcohol caused accidental injuries 3+ times
_____ E31B Continued to drink knowing alcohol caused health problems
_____ E32 Continued to drink despite serious physical illness
_____ E33A Continued to drink knowing alcohol caused emotional problems

BOX 5: _____

_____ E37D Experienced 3+ withdrawal symptoms from Column IV
_____ E37I Drank to relieve or avoid withdrawal symptoms 3+ times
_____ E38 Had fits or seizures from drinking
_____ E38C Drank to relieve or avoid fits or seizures 3+ times
_____ E39 Had the DT's from drinking
_____ E39C Drank to relieve or avoid the DT's 3+ times

BOX 6: _____

MARIJUANA TALLY SHEET A

A: DSM-IIIIR

_____ F5	Great deal of time spent using marijuana, getting it, or getting over its effects for 1 month or more	BOX 1: _____
_____ F7	Often wanted to stop or cut down on marijuana	BOX 2: _____
_____ F7A	Tried but was unable to stop or cut down on marijuana	
_____ F8	Often used marijuana more frequently or in larger amounts than intended	BOX 3: _____
_____ F9	Needed larger amounts of marijuana to get same effect or couldn't get high on amount used to use	BOX 4: _____
_____ F10B	Used marijuana to relieve or avoid withdrawal symptoms 3+ times	BOX 5: _____
_____ F10C	Experienced 2+ withdrawal symptoms	BOX 6: _____
_____ F11A	High from marijuana when could have injured self 3+ times	BOX 7: _____
_____ F11C	Marijuana caused accidental injuries 3+ times	
_____ F14	Marijuana often interfered with responsibilities	
_____ F6A.1,2,3,4, or 5	Continued to use marijuana knowing it caused any emotional or psychological problem or decreased contact with family/friends (COL II=5)	BOX 8: _____
_____ F12B	Continued to use marijuana despite problems with family/friends	
_____ F13A	Trouble with police 3+ times	
_____ F17A	Gave up or greatly reduced important activities to use marijuana 3+ times or for 1 month	BOX 9: _____

MARIJUANA TALLY SHEET B

B: DSM-IV

_____ F5	Great deal of time spent using marijuana, getting it, or getting over its effects for 1 month or more	BOX 1: _____
_____ F6A.1,2,3, or 5	Continued to use marijuana knowing it caused emotional or psychological problems (COL II=5)	BOX 2: _____
_____ F7	Often wanted to stop or cut down on marijuana	BOX 3: _____
_____ F7B	Tried but was unable to stop or cut down on marijuana 3+ times	
_____ F8	Often used marijuana more frequently or in larger amounts than intended	BOX 4: _____
_____ F9	Needed larger amounts of marijuana to get same effect or couldn't get high on amount used to use	BOX 5: _____
_____ F10B	Used marijuana to relieve or avoid withdrawal symptoms 3+ times	BOX 6: _____
_____ F10C	Experienced 2+ withdrawal symptoms	
_____ F17A	Gave up or greatly reduced important activities to use marijuana 3+ times or for 1 month	BOX 7: _____

MARIJUANA TALLY SHEET C

C: ICD-10

_____ F6A.1,2,3, or 5	Continued to use marijuana knowing it caused emotional or psychological problems (COL. II=5)	
_____ F11C	Marijuana caused accidental injuries 3+ times	BOX 1: _____

_____ F7	Often wanted to stop or cut down on marijuana	
_____ F7B	Tried but was unable to stop or cut down on marijuana 3+ times	
_____ F8	Often used marijuana more frequently or in larger amounts than intended	
		BOX 2: _____

_____ F9	Needed larger amounts of marijuana to get same effect or couldn't get high on amount used to use	
		BOX 3: _____

_____ F10B	Used marijuana to relieve or avoid withdrawal symptoms 3+ times	
_____ F10C	Experienced 2+ withdrawal symptoms	BOX 4: _____

_____ F5	Great deal of time spent using marijuana, getting it, or getting over its effects for 1 month	
_____ F17A	Gave up or greatly reduced important activities to use marijuana 3+ times or for 1 month	BOX 5: _____

_____ F16	Strong desire for marijuana	BOX 6: _____
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DRUG TALLY SHEET A

A: DSM-IIIIR	COCAINE	STIM.	SED.	OPIATE	OTHER
G6 A month or more spent using, getting, or getting over effects of (DRUG)	_____	_____	_____	_____	_____
G7 Often wanted to stop or cut down on (DRUG)	_____	_____	_____	_____	_____
G7A Tried to stop or cut down on (DRUG) but couldn't	_____	_____	_____	_____	_____
G8 Needed larger amounts of (DRUG) to get effect or couldn't get high on same amount	_____	_____	_____	_____	_____
G9A Gave up or reduced important activities to use (DRUG) 3+ times or for 1 month	_____	_____	_____	_____	_____
G10 Often used (DRUG) more days or in larger amounts than intended	_____	_____	_____	_____	_____
G11B Experienced withdrawal from (DRUG)	_____	_____	_____	_____	_____
G11E.2 Used (DRUG) to relieve or avoid withdrawal symptoms 3+ times	_____	_____	_____	_____	_____
G12A.2 (DRUG) caused an overdose 3+ times	_____	_____	_____	_____	_____
G12B.1 Continued to use (DRUG) knowing it caused hepatitis	_____	_____	_____	_____	_____
G12C.1 Continued to use (DRUG) knowing it caused other health problems	_____	_____	_____	_____	_____
G13D Continued to use (DRUG) knowing it caused (objections/fights)	_____	_____	_____	_____	_____
G14B Continued to use (DRUG) knowing it caused problems with police	_____	_____	_____	_____	_____
G18A Continued to use (DRUG) knowing it caused emotional or psychological problem	_____	_____	_____	_____	_____
G15A (DRUG) caused accidental injuries 3+ times	_____	_____	_____	_____	_____
G16 (DRUG) often interfered with responsibilities	_____	_____	_____	_____	_____
G17 High on (DRUG) when could have gotten hurt 3+ times	_____	_____	_____	_____	_____

DRUG TALLY SHEET B

B: DSM-IV	COCAINE	STIM.	SED.	OPIATE	OTHER
G6 A month or more spent using, getting, or getting over effects of (DRUG)	_____	_____	_____	_____	_____
G7 Often wanted to stop or cut down on (DRUG)	_____	_____	_____	_____	_____
G7B Tried to stop or cut down on (DRUG) but couldn't 3+ times	_____	_____	_____	_____	_____
G8 Needed larger amounts of (DRUG) to get effect or couldn't get high on same amount	_____	_____	_____	_____	_____
G9A Gave up or reduced important activities to use (DRUG) 3+ times or for 1 month	_____	_____	_____	_____	_____
G10 Often used (DRUG) more days or in larger amounts than intended	_____	_____	_____	_____	_____
G11B Experienced withdrawal from (DRUG)	_____	_____	_____	_____	_____
G11E.2 Used (DRUG) to relieve or avoid withdrawal symptoms 3+times	_____	_____	_____	_____	_____
G12A.2 (DRUG) caused an overdose 3+ times	_____	_____	_____	_____	_____
G12B.1 Continued to use (DRUG) knowing it caused hepatitis	_____	_____	_____	_____	_____
G12C.1 Continued to use (DRUG) knowing it caused other health problems	_____	_____	_____	_____	_____
G18A Continued to use (DRUG) knowing it caused emotional/psychological problems	_____	_____	_____	_____	_____

DRUG TALLY SHEET C

C: ICD-10	COCAINE	STIM.	SED.	OPIATE	OTHER
G5 Strong desire for (DRUG) that hard to think of anything else	_____	_____	_____	_____	_____
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G6 A month or more spent using, getting, or getting over effects of (DRUG).....	_____	_____	_____	_____	_____
G9A Gave up or reduced important activities to use (DRUG) 3+ times or for 1 month	_____	_____	_____	_____	_____
<hr/>					
G7 Often wanted to stop or cut down on (DRUG)	_____	_____	_____	_____	_____
G7B Tried to stop or cut down on (DRUG) but couldn't 3+ times.....	_____	_____	_____	_____	_____
G10 Often used (DRUG) more days or in larger amounts than intended	_____	_____	_____	_____	_____
<hr/>					
G8 Needed larger amounts of (DRUG) to get effect or couldn't get high on same amount	_____	_____	_____	_____	_____
<hr/>					
G11B Experienced withdrawal from (DRUG)	_____	_____	_____	_____	_____
G11E.2 Used (DRUG) to relieve or avoid withdrawal symptoms 3+ times.....	_____	_____	_____	_____	_____
<hr/>					
G12A.2 (DRUG) times caused an overdose 3+ times	_____	_____	_____	_____	_____
G12B.1 Continued to use (DRUG) knowing it caused hepatitis	_____	_____	_____	_____	_____
G12C.1 Continued to use (DRUG) knowing it caused other health problems	_____	_____	_____	_____	_____
G15A (DRUG) caused accidental injuries 3+ times	_____	_____	_____	_____	_____
G18A Continued to use (DRUG) knowing it caused emotional/psychological problems	_____	_____	_____	_____	_____
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TALLY SHEET FOR SECTION I

DSM-III-R, DSM-IV			CURRENT (PAST MONTH)	MOST SEVERE
Box A: DEPRESSED	I12	Felt depressed for 2+ weeks	_____	_____
	I12B	Felt irritable for 2+ weeks	_____	_____
Box B: LOSS OF INTEREST	I12A	Lost interest in most things for 2+ weeks	_____	_____
	I18	Less able to enjoy sex or other things	_____	_____
Box C: APPETITE/ WEIGHT	I14A	Had a change in appetite	_____	_____
	I14B	Gained or lost weight	_____	_____
Box D: SLEEPING	I15B	Unable to fall asleep (\geq 1 hr.)	_____	_____
	I15C	Trouble sleeping through the night	_____	_____
	I15E	Waking up an hour earlier than usual	_____	_____
	I15F	Slept more than usual	_____	_____
Box E: RESTLESS/ SLOWED DOWN	I16	Was fidgety or restless	_____	_____
	I17	Moved or talked slower	_____	_____
Box F: TIRED	I19	Felt a loss of energy or more tired than usual	_____	_____
Box G: GUILT	I20	Felt Excessively guilty or bad	_____	_____
	I21	Felt was a failure or worthless	_____	_____
Box H: THINKING	I22	Had more difficulty than usual thinking, concentrating, or making decisions	_____	_____
Box I:B THOUGHTS OF DYING	I23	Thought about dying/wishing was dead	_____	_____
	I23A	Made a suicide plan	_____	_____
	I23B	Attempted suicide	_____	_____

TALLY SHEET FOR SECTION M

PART A

ONLY COUNT ITEMS CODED 5 OR 6.

- ___ M1B Truant from school twice in one year (ONSET BEFORE AGE 13)
- ___ M3B Ran away from home more than once
- ___ M3C(=1) Ran away and did not return home
- ___ M3C.1 Ran away for 7 or more days
- ___ M4B Stayed out later than supposed to (BEFORE AGE 13)
- ___ M5B Sneaked out of the house (BEFORE AGE 13)
- ___ M6,6B Started fights 3+ times
- ___ M9 Was a bully
- ___ M10 Hurt animals on purpose
- ___ M11,11A/B Told a lot of lies, lied to get out of trouble, or used an alias
- ___ M13,13A Cheated often
- ___ M14 Stole money or things from family or friends
- ___ M14B Shoplifted or stole from others without their knowing it
- ___ M14D Forged a signature on check or credit card
- ___ M15 Broke into someone's home, car, or building
- ___ M16 Stole money or property by using force or threatening
- ___ M17A Set fires on purpose (in order to cause damage)
- ___ M18 Damaged property on purpose
- ___ M19 Injured someone on purpose
- ___ M20 Used a weapon
- ___ M21 Forced someone into sexual activity

PART B

ONLY COUNT ITEMS CODED 5 OR 6 AND ONLY IF BEHAVIOR OCCURRED AFTER 15TH BIRTHDAY

- ___ M6,6B Started fights 3+ times
 - ___ M6D Has been in 3+ physical fights
 - ___ M9 Was a bully
 - ___ M10 Hurt animals on purpose
 - ___ M14 Stole money or things from family or friends
 - ___ M14B Shoplifted or stole from others without their knowing it
 - ___ M14D Forged signature on check or credit card
 - ___ M15 Broke into someone's home, car, or building
 - ___ M16 Stole money or property by using force or threatening
 - ___ M17A Set fires on purpose (in order to cause damage)
 - ___ M18 Damaged property on purpose
 - ___ M19 Injured someone on purpose
 - ___ M20 Used a weapon
 - ___ M21 Forced someone into sexual activity
 - ___ M25A-F Did not provide for child/family when supposed to
 - ___ M27 Often hit or assaulted others
 - ___ M36B Never faithful for 1 year
-