Standardized clinical interview called mini international neuropsychiatric interview for alcohol and drug dependence and abuse

Alcohol dependence if 3 or more positive answers among the 7 following questions (dependence preempts abuse)
Did you need to drink more in order to get the same effect that you got when you first started drinking? When you cut down on drinking did your hands shake, did you sweat or feel agitated? Did you drink to avoid these symptoms or to avoid being hungover, for example, "the shakes", sweating or agitation? During the times when you drank alcohol, did you end up drinking more than you planned when you started? Have you tried to reduce or stop drinking alcohol but failed? On the days that you drank, did you spend substantial time in obtaining alcohol, drinking, or in recovering from the effects of alcohol? Did you spend less time working, enjoying hobbies, or being with others because of your drinking? Have you continued to drink even though you knew that the drinking caused you health or mental problems?

Alcohol abuse if more than 1 positive answer among the 4 following questions
Have you been intoxicated, high, or hungover more than once when you had other responsibilities at school, at work, or at home? Did this cause any problems? Were you intoxicated more than once in any situation where you were physically at risk, for example, driving a car, riding a motorbike, using machinery, boating, etc.? Did you have legal problems more than once because of your drinking, for example, an arrest or disorderly conduct? Did you continue to drink even though your drinking caused problems with your family or other people?


Illicit substance dependence if 3 or more positive answers among the 7 following questions (dependence preempts abuse)
Have you found that you needed to use more (name of the drug) to get the same effect that you did when you first started taking it? When you reduced or stopped using (name of the drug), did you have withdrawal symptoms (aches, shaking, fever, weakness, diarrhea, nausea, sweating, heart pounding, difficulty sleeping, or feeling agitated, anxious, irritable, or depressed)? Did you use any drug(s) to keep yourself from getting sick (withdrawal symptoms) or so that you would feel better? Have you often found that when you used (name of the drug) you ended up taking more than you thought you would? Have you tried to reduce or stop taking (name of the drug) but failed? On the days that you used (name of the drug), did you spend substantial time (>2 hours), obtaining, using or in recovering from the drug, or thinking about the drug? Did you spend less time working, enjoying hobbies, or being with family or friends because of your drug use? Have you continued to use (name of the drug), even though it caused you health or mental problems?
Illicit substance abuse if more than 1 positive answer among the 4 following questions
Have you been intoxicated, high, or hungover from (name of the drug) more than once, when you
had other responsibilities at school, at work, or at home? Did this cause any problem? Have you
been high or intoxicated from (name of the drug) more than once in any situation where you were
physically at risk (for example, driving a car, riding a motorbike, using machinery, boating, etc.)?
Did you have legal problems more than once because of your drug use, for example, an arrest or
disorderly conduct? Did you continue to use (name of the drug), even though it caused problems
with your family or other people?