**ADOLESCENT DIAGNOSTIC INTERVIEW (ADI)**

*(Sample items - Incomplete questionnaire)*

<table>
<thead>
<tr>
<th></th>
<th>Amphetamines</th>
<th>Barbiturates</th>
<th>Cocaine</th>
<th>Opioids</th>
<th>Hallucinogens</th>
<th>PCP</th>
<th>Inhalants</th>
<th>Unspecified</th>
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</thead>
<tbody>
<tr>
<td>18.</td>
<td>Look at this list of drugs, and then tell me which types you have used once and which types you have used more than once......</td>
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<td>19.</td>
<td>Which drugs have you used five or more times in your life?......</td>
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<td>20.</td>
<td>Were any of these drugs prescribed for you by a doctor? (If yes, enter &quot;X&quot;; if no, proceed directly to Item 22.)</td>
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<td>21.</td>
<td>Were you taking (this drug/any of these drugs) more often than was prescribed, or taking more than the prescribed amount?</td>
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<td>22.</td>
<td>How old were you when you first used (specify each identified drug)? (Enter client's age at first usage.)</td>
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<td>23.</td>
<td>Tell me how long it has been since you last used (specify each identified drug) to get high......................................................................</td>
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<td>24.</td>
<td>How many times do you think that you have used (this drug/each drug) in the past 6 months?</td>
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<td>25.</td>
<td>How many times do you think that you have used (this drug/each drug) in the past year? (Enter number of times.)</td>
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<td>26.</td>
<td>How many times do you think that you have used (this drug/each drug) in your lifetime?</td>
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<td>27.</td>
<td>Have you ever used (this drug/any of these drugs) regularly for at least a month? (Enter &quot;X.&quot;)</td>
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<td>28.</td>
<td>Have you ever used (this drug/any of these drugs) by injecting it with a needle? (Enter &quot;X.&quot;)</td>
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G. Level of Functioning Domains (continued)

S. Psychiatric Status
For this domain, say:

I want to make sure that I get an understanding of your feelings and emotions, as well as some of the habits or problems that you may have. Some of the questions I'm going to ask may not apply to you. If they don't, just say so.

a. Depression:

Sadness
1. Has there ever been a continuous 2-week period during which you felt sad or down most of the time—as if you didn't care anymore about anything? 0 Yes 0 No

Crying
2. Have you ever continuously felt like crying for several days in a row? 0 Yes 0 No

Insomnia
3. Have you ever had any trouble sleeping that lasted for many days on end? 0 Yes 0 No

Suicidal Ideation
4. Have you ever felt so down that you felt like ending your life? 0 Yes 0 No

Suicide Attempts
5. Have you ever actually attempted suicide? 0 Yes 0 No

If no for all five Depression questions, proceed directly to the next syndrome, Mania.

If yes for any Depression question,

Have you experienced any of these problems In the past 12 months? 0 Yes 0 No

b. Mania:

Elation
1. Has there ever been a period of at least several days, during which time you were not using alcohol or other drugs, when you felt on top of the world—as though you had special abilities or superhuman talents? Exclude normal excitement or happiness, or merely feeling good after depression 0 Yes 0 No

Boundless Energy
2. During such a period, when you were not using alcohol or other drugs, have you ever felt that you had tremendous energy, like that of a superperson? 0 Yes 0 No

Racing Thoughts
3. During such a period, when you were not using alcohol or other drugs, did you ever feel as though your thoughts were racing? 0 Yes 0 No

Sleeplessness
4. During such a period, when you were not using alcohol or other drugs, did you ever feel that you could go for a long period without sleep? 0 Yes 0 No

If no for the four preceding Mania questions, proceed directly to the next syndrome, Eating Disorder.

Negative Consequences
S. Has this kind of “high” feeling ever gotten you into trouble? 0 Yes 0 No