



# manual and protocol

manual and protocol for assessment,  
scoring and use of the  
MATE 2.1

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gerard schippers  
theo broekman  
angela buchholz

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**english edition**  
miles cox





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MATE: Measurements in the Addictions for Triage and Evaluation  
<http://www.mateinfo.eu>

Reference:

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# Contents

v Preface

vii The MATE in brief

## 1 Manual

3 Introduction

4 Principles

7 Modules of the MATE

11 Use of the MATE

12 The MATE scores

14 Care decisions based on unprocessed information from the MATE

15 Indicators for medical or psychiatric consultation

16 Suggestions for the level of care

20 Monitoring and evaluation

## 21 Protocol

23 Assessment Protocol

24 General Instructions

26 1. Substance use

30 2. Indicators for psychiatric or medical consultation

31 3. History of treatment for substance use disorders

32 4. Substance dependence and abuse

33 5. Physical complaints

34 6. Personality

35 Modules 7 & 8: MATE-ICN: ICF Core set and Need for care

41 Q1. Craving and Q2. Depression, anxiety, and stress

42 Protocol for scoring

45 Definitions and anchor points of the MATE-ICN

## 69 References

## 73 Assessment Form



## Preface

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The MATE (Measurements in the Addictions for Triage and Evaluation) was developed because of the need for a set of assessment instruments that was developed specifically for use in Europe, is up to date, is conceptually and empirically supported, and can be soundly integrated into existing healthcare practice with regard to the terminology used and the constructs measured.

The first version of the MATE was evaluated in the Netherlands in 2007. This study was published in *Addiction* in 2010 (Schippers et al., 2010). On the basis of this study, a second version (2.01) was developed in 2007. In the newest, current version (2.1), the experiences of many practitioners using the MATE have been incorporated and numerous other improvements have been made. Among other things, the anchor points (which are helpful with the scoring) have been completely revised.

The MATE has been the subject of additional research in Germany, among other places. An overview of all MATE publications is given at the MATE website: <http://www.mateinfo.eu>. Besides the Dutch, German, and English Editions, Spanish, Italian, and Portuguese translations are being prepared.

The MATE family has extended to include additional instruments, such as the MATE Crimi, for measuring the nexus between substance use and criminal behaviour, and the MATE Outcomes, for measuring the treatment outcomes. The MATE Q, in questionnaire rather than interview format, and the MATE-Y, for young people, are also being prepared. All of these materials and contact details for the authors are provided at the website.

Angela Buchholz conducted research on the MATE in the Netherlands and in Germany, and she edited the MATE de. She also contributed substantially to the MATE manual and protocol.

The MATE family is the intellectual property of Gerard M. Schippers and Theo G. Broekman. They provide it free of charge for anyone who wants to use it for non profit purposes.

We trust that the MATE will serve as a valid, reliable, and feasible tool for measuring person characteristics, and that it will be useful both for addiction treatment matching (triage) and for monitoring and assessing treatment outcomes.

Gerard M. Schippers  
Theo G. Broekman  
Angela Buchholz

Amsterdam/Nijmegen/Hamburg  
June 2011

### Foreword to the English Edition

The MATE is a comprehensive family of assessment instruments. It can be used to measure various characteristics of addicted individuals that are relevant for selecting appropriate treatment for them and monitoring their progress during the course of the treatment. These characteristics include, among others, patterns of substance use and problems associated with the use, history of substance abuse treatment, personality characteristics, engagement with the environment, and other medical and psychological problems that might have an impact on treatment.

During the past five years, the MATE has undergone extensive development and refinement, and it has been subjected to various empirical research evaluations. Accordingly, its utility for use in everyday health care settings has been firmly established. In addition to the English Edition, the MATE is available in Dutch and German, and translations into other languages are underway. The English Edition is intended to be the master edition on which other versions will be based.

The MATE fills an important void. Prior to its development, there was a need for a valid, reliable, and standardised way of assessing addicted individuals who were seeking treatment that was constructed especially for use in Europe. The MATE meets all of these criteria. It is expected to become the gold standard in addiction treatment settings in the European Community.

W. Miles Cox  
Editor of the English Edition

Bangor, United Kingdom  
June 2011





## The MATE in brief

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### The MATE

1. is set up to make a valid and reliable assessment of various patient characteristics for the purpose of referring patients to substance abuse treatment and evaluating the treatment that is provided.
  2. is functional for use in the everyday practice of healthcare providers and is acceptable to the people with whom it is used. It gives an appraisal of both patients' limitations and their strengths, is based on WHO classification systems, and includes the best available tests and subtests.
  3. assesses, among other domains, the person's use of psychoactive substances, history of substance abuse treatment, the diagnoses dependence and abuse according to the DSM, and his or her degree of craving for psychoactive substances.
  4. is designed as an aid in the diagnosis of people with substance use disorders according to the DSM axes.
  5. determines the extent to which the person actively participates in society, identifies environmental factors that affect the participation and the need for care that results from it, and is suitable for use with people with psychiatric disorders in general.
  6. identifies indicators for a medical or a psychiatric/psychological consultation. It does so by obtaining information about the person's physical illnesses and problems and by measuring symptoms of anxiety and depression and other psychiatric disorders, including personality disorder.
  7. is not intended for use in medical or psychiatric crisis situations.
  8. does not provide diagnoses of medical or psychiatric disorders other than substance use disorders. It does, however, identify people who might need a diagnostic evaluation.
  9. includes algorithms for estimating the severity of the person's addiction, the degree of psychiatric comorbidity and social disintegration, and the history of substance abuse treatment. Scores based on the algorithms can be used to arrive at the appropriate level of care for each person, as determined by DeWildt et al.'s (2002) and Merckx et al.'s (2007) decision tree that is used in their intake protocol.
  10. allows treatment to be monitored and evaluated on the basis of the person's use of psychoactive substances and gambling activity, physical and psychiatric symptoms, activities and participation, and factors that affect the need for care.
  11. provides 20 different assessment scores.
  12. follows a comprehensive protocol for conducting the interview and for processing the results obtained from it.
  13. follows an interview format with comprehensive descriptions, tips, and suggestion. For the MATE-ICN, well defined anchor points are also provided for all domains.
  14. is flexible and easy to understand because of the modular structure of the subtests.
  15. can be completed in approximately one hour.
  16. allows results to be processed and stored electronically.
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# Manual

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## Introduction

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MATE stands for Measurements in the Addictions for Triage and Evaluation. The objective of the MATE is to assess patient characteristics in a valid and reliable manner for purposes of referring patients to treatment and evaluating the treatment that is provided. The MATE focuses on addicted patients who are in treatment, but some of the components apply equally well to non addicted individuals undergoing mental health treatment. This flexibility applies particularly to the MATE-ICN: ICF Core set and Need for care, the modules that assess a person's problems related to his or her activities and participation in society, the factors that affect these problems, and the healthcare needs that result.

This manual includes the MATE Assessment Form and a protocol and instructions for administering the MATE modules and illustrations of how the forms should be completed. It also includes answers to frequently asked questions that might arise as well as tips and examples.

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## Principles

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In the development of the MATE, a number of principles were used that are relevant when patient characteristics are being assessed for mental health and substance abuse treatment. Such an instrument must:

1. be functional in the everyday practice of healthcare practitioners;
2. be acceptable to the people with whom it is used, and it should evaluate both a person's strengths and weaknesses and identify factors that might serve to compensate for the person's limitations;
3. be based on a clear conceptual framework;
4. promote the exchange of information both nationally and internationally and include the best available tests and subtests.

Below each of these functions is explained.

### Functional in the everyday practice of healthcare practitioners

In healthcare, patient characteristics are assessed for a number of different reasons, including administration, diagnosis, triage, and treatment monitoring and evaluation.

#### *Administrative purposes*

Healthcare administrators might need to know the demographic characteristics of patients being treated. The MATE, however, provides a psychological assessment, the results from which are not intended for administrative use.

#### *Case finding*

Case finding means identifying a patient's other problems and illnesses that might be relevant for treating the primary disorder. Examples might include medical conditions, such as HIV or hepatitis, or psychological problems, such as anxiety or depression or psychotic symptoms. Identifying problems such as these does not require an in depth assessment to arrive at an exact diagnosis; only an indication of the comorbidity is needed. This process is sometimes referred to as screening, but this use of the term is not entirely correct. Screening refers to a test that is given to members of the general population for the purpose of detecting an illness at an early stage. Case finding, on the other hand, refers to a disorder that a doctor finds other than the one that the patient reported. In short, the MATE identifies the primary disorders that tend to occur in conjunction with addiction disorders.

#### *Triage*

Triage means classifying patients into approximate categories, for instance on the basis of the intensity of the treatment that they need, such as inpatient vs. outpatient. Triage also refers to decisions about whether or not to refer patients to particular forms of treatment, for instance rehabilitation vs. skills training. With respect to the first meaning (assigning patients to different levels of treatment intensity), the MATE follows a protocol for matching and referral (DeWildt et al., 2002; also published in Merckx, et al., 2007), which was developed through a Dutch national quality assurance programme (Schippers et al., 2002). With respect to the second meaning, the MATE is useful for allocating patients to different kinds of treatment and for referring them to a specialist (e.g. physician, psychiatrist, clinical psychologist) for an in depth diagnostic work up.

#### *Diagnosis*

A diagnosis refers to the identification of the nature and severity of a person's disorder(s). A diagnosis is preferably made using standardised instruments that are administered by appropriately trained staff. The MATE allows a diagnosis to be made only for substance abuse and dependence, according to DSM IV criteria.

### *Treatment monitoring and evaluation*

Monitoring refers to measuring changes in a patient's condition across time to determine whether the symptoms have improved or worsened. The purpose of doing so is to evaluate the treatment that is provided. The MATE monitors changes in respect of all relevant disorders and across all major domains. The MATE was initially designed for purposes of triage and evaluation and hence was given its name Measurements in the Addictions for Triage and Evaluation.

### **Acceptable to the people with whom it is used, and it identifies both strengths and weaknesses**

The MATE was designed so that it would be both functional for healthcare practitioners and as acceptable as possible to the person who is being assessed. Thus, it is as concise as possible, and it uses the simplest possible questions with meanings that are both transparent and obviously relevant to the person. The MATE also provides results that are easy to understand to the person being assessed. It identifies both deficiencies and problems and factors that might serve to compensate for the person's limitations. The MATE clearly distinguishes between the need for care that the person being assessed perceives and the need for care that the care provider identifies. Finally, the MATE asks about the person's concerns (e.g. spiritual) that are not directly related to the provision of care but which, nevertheless, might be significant for the person being assessed.

### **Based on a clear conceptual framework**

The MATE insofar as feasible uses the terminology of the World Health Organization (WHO). From their review of existing instruments, Broekman and Schippers (2003) concluded that there was no clear conceptual framework being used to assess a person's personal and social functioning vis à vis the person's health. The International Classification of Functioning, Disability, and Health (ICF), therefore, was selected for the MATE as the basis for evaluating a person's functioning. The ICF is a part of the WHO Family of Classifications; the International Classification of Diseases (ICD) is another part of it. The ICF was published in 2001 (World Health Organization, 2001), and since then many translations have become available. The ICF systematically arranges all aspects of human functioning that might be associated with a health problem and places them into domains; it does so according to a biopsychosocial model. Because the ICF classification system is neutral, it includes (a) a person's deficiencies, limitations, and problems with functioning and (b) his or her positive characteristics and strengths. The ICF uses easy to understand terminology, and it is applicable to both healthy individuals and those who are ill or disabled, including substance abusers. Using the ICF helps to integrate data on substance abuse treatment with data on physical and mental healthcare.

The ICF was devised following a worldwide debate that extended across many years and in which many countries and organisations were involved. As a result of these events, the ICF was written for use in various cultures to allow adequate communication among various professional groups and the international comparison of data. The development of the ICF is consistent with trends occurring generally in healthcare in recent years. Because patients and clients want to be well informed about their healthcare, they are demanding understandable explanations of their health status. People without medical training or familiarity with the healthcare system can now obtain adequate information about their illnesses and treatments for them. Physicians and other healthcare professionals are no longer the only experts; preferably they are consulted only about more serious illnesses. Consequently, patients have become more critical and responsible. Patient autonomy is given high priority. Patients themselves help to formulate their treatment objectives and to select both the particular treatment that they undergo and their healthcare provider. For allocating healthcare, a system of integrated referral is being used, in which all of the relevant aspects of a case are considered, including treatment priorities, the availability of volunteer workers, and the patient's own wishes. These developments are facilitated when a common language is used, because different members of the treatment team must be able to understand one another. Using professional jargon can impede the communication. Consistent with these trends, the ICF uses easy to understand language.

There is one exception to the MATE's adherence to WHO terminology; this is in the diagnosis of substance abuse and dependence. For purposes of this diagnosis, the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association (APA) is used instead of WHO's International Classification of Diseases (ICD). This is because in many countries worldwide the DSM is the standard diagnostic system that is followed. Nevertheless, WHO assessment instruments are used whenever possible. A case in point is the Composite International Diagnostic Interview (CIDI), which allows diagnoses to be made that are consistent with both the DSM and the ICD.

**Promote the exchange of information nationally and internationally, including information on the best available tests and subtests**

Insofar as possible, the MATE is linked to nationally and internationally recognised assessment instruments in order to maximise opportunities for sharing scientific research. Accordingly, instead of being completely new, the MATE was constructed largely from existing instruments. Instead of being a single instrument, it consists of a series of cohesive, stand alone subtests. Its modular structure makes the MATE extremely flexible; as a new test is developed, an old module can be replaced with a new one. The MATE modules, or subtests, were chosen on the basis of three criteria. Each module had to be (1) psychometrically sound, as demonstrated by empirical research published in internationally recognised journals, (2) as brief as possible and acceptable to both interviewers and interviewees, and (3) in the public domain, thus eliminating the use of copyrighted tests.



## Modules of the MATE

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The purpose of the MATE is to make it possible to compile, as concisely and completely as possible, all of the information about a person that might be relevant for his or her admission to substance abuse treatment and to evaluate the treatment that is delivered. With this objective in mind, ten assessment modules were developed, namely:

1. Substance use
2. Indicators for psychiatric or medical consultation
3. History of treatment for substance use disorders
4. Substance dependence and abuse
5. Physical complaints
6. Personality
7. Activities and participation; care and support (MATE-ICN)
8. Environmental factors influencing recovery (MATE-ICN)
- Q1. Craving
- Q2. Depression, anxiety, and stress

These modules are now clarified further.

### 1. Substance use

Module 1, which is conducted as an interview, assesses the person's use of psychoactive substances both in the recent past and during the person's entire lifetime. The module asks about each of the substances included in the CIDI, Version 2.1 (World Health Organization, 1997a; World Health Organization, 1997b). Respondents are asked about the substances that they use, including the amount that they used on an average day during the past 30 days. They are also asked how many years they have used each substance regularly. The same questions are also asked with respect to gambling. Finally, respondents are asked whether they have ever injected drugs and which drug or behaviour is their Primary-problem substance or behaviour.

These questions are asked both to determine the severity of the person's addiction, which is important for determining the level of care that the person needs, and for measuring changes in the use across time.

### 2. Indicators for psychiatric or medical consultation

The purpose of Module 2 is to determine whether the person needs a medical or psychiatric diagnostic workup or additional treatment. The need for a medical consultation is determined on the basis of whether or not the person is (1) taking medication for an addiction disorder, (2) taking medication for a physical condition, (3) having symptoms that might be associated with a serious disorder, (4) intoxicated or having severe withdrawal symptoms, or (5) pregnant. Other information that is relevant for a medical consultation might be identified in Module 5.

The need for a psychiatric or psychological consultation is determined from whether or not the person (1) is currently undergoing or recently underwent psychiatric or psychological treatment, (2) is taking medication for a psychiatric disorder, and (3) is suicidal or is having psychotic symptoms such as hallucinations or delusions or is very confused.

Psychotic and other psychiatric disorders occur relatively infrequently; nevertheless, obvious symptoms (to which the MATE is restricted) must not go undetected. Because both (a) anxiety and affective disorders and (b) personality disorders occur relatively frequently among people who are seeking treatment for substance abuse, these disorders require a more comprehensive assessment. Therefore, they are assessed separately in Module Q2 and Module 6.

### 3. History of treatment for substance use disorders

Module 3 is used to determine the number of times that the person has undergone inpatient and outpatient substance abuse treatment in the previous five years. Treatment is defined as that provided by a professional and in which an agreement was made about the goal for change in the person's substance use. The information obtained is important for purposes of triage and for determining the level of care that the person should have in the context of the stepped care approach (Schippers et al., 2002; Sobell & Sobell, 2000).

### 4. Substance dependence and abuse

A diagnosis of substance abuse or dependence is made on the basis of the interview conducted as Module 4. The questions in this module were taken from the alcohol and drugs section of Version 2.1 of the CIDI (World Health Organization, 1997a) and are the same as the questions in DSM IV. An interviewer who has been trained to conduct the CIDI can arrive at a diagnosis of substance abuse or dependence by using the set of standardised questions.

The diagnosis is important both for the person to gain access to substance abuse treatment and for the severity of the addiction to be determined. For the latter purpose, the MATE follows Langenbucher et al.'s (2004) suggestion that a severity rating be used; it consists of the sum of nine of the eleven items.

### 5. Physical complaints

Module 5 uses the Maudsley Addiction Profile Health Symptoms Scale (MAP HSS; Marsden et al., 1998) to obtain an index of the person's physical complaints. Using a multiple choice format, the respondent indicates the degree to which he or she is experiencing each of ten physical symptoms. The main purpose of these questions is to monitor changes in the person's health related symptoms across time.

### 6. Personality

In Module 6, the Standardised Assessment of Personality Abbreviated Scale (SAPAS; Moran et al., 2003) is used to help the assessor determine the likelihood that the person has a personality disorder. Having only eight yes/no questions, the assessment provides only an indication of whether or not the person has a personality disorder. Nevertheless, the results can be used to decide about the kind of treatment to which the person should be referred.

### 7 and 8. MATE-ICN: ICF Core set and Need for care

The MATE-ICN is the section of the MATE in which the assessor (a) determines the extent to which the person actively participates in society and (b) identifies environmental factors that affect the participation and the need for care that results from it. This module is relevant not only for substance abusers, but also for people with other kinds of psychological disorder. As mentioned earlier, the MATE-ICN is based on the International Classification of Functioning, Disability, and Health (ICF). In the ICF, functioning refers to how the person functions both as an individual and as a member of society. In addition to assessing the person's activities and participation, the ICF also identifies environmental factors that either facilitate or interfere with the person's functioning. It does so across 19 domains in Component d (Activities and Participation) and four factors in Component e (Environmental Factors). The domains included were deemed the most important ones for people being assessed for mental health or substance abuse treatment. Activities and Participation and Environmental Factors (i.e. MATE-ICN) are covered in Modules 7 and 8, respectively.

The ICF evaluates people's functioning only with respect to their health. It is not considered relevant, for instance, that people do or do not engage in specific activities because of personal choice rather than for health related reasons. Assessing behaviour that is not related to health (e.g. criminal activity) would require the use of additional instruments.

With regard to participation in activities, the ICF distinguishes between performance and capacity. The performance qualifier describes what an individual does in his or her current environment. Because the current environment includes a societal context, performance can also be understood as 'involvement in the life situation' or 'the lived experience' of people in the actual context in which they live. The capacity qualifier describes an individual's ability to execute a task or an action. This construct aims to indicate the highest probable level of functioning that a person may reach in a given domain at a given moment (WHO, 2001, p. 15). For example, people might have impaired vision; however, if they wear spectacles to correct their vision, their performance on visual tasks would not be impaired.

To assess the full ability of the individual, one would need to have a standardised environment to neutralise the varying impact of different environments on the ability of the individual. Whether capacity or performance is measured depends on the objective of the assessment.

When a person is judged repeatedly across time, performance rather than capacity is generally measured because the objective is to determine whether the person's functioning improves or deteriorates. On the other hand, when deciding on an action to be taken (e.g. which treatment to admit a person to), capacity rather than performance would preferably be measured, because the objective is to determine what the person is and is not capable of doing. An example is the assessment of social functioning. Either the quantity or frequency of people's social contacts might be measured across time (their performance), or their capacity to engage in social contacts might be assessed (e.g. in order to identify deficits in their social skills). The MATE measures performance rather than capacity because the primary objective is to monitor people's level of functioning. With the MATE-ICN, therefore, a determination is made about whether people engage in activities on their own or whether they require environmental assistance to do so. The purpose is not to determine what people are capable of doing, either with or without assistance. Usually, a person's functioning during the past 30 days is assessed.

People's problems in functioning are a result of an interaction between the person and the environment. External factors in the environment have an effect on a person's health related functioning. This effect can be obstructive or supportive. Environmental factors make up the physical, social, and attitudinal environment in which people live and conduct their lives. These factors are external to individuals and can have a positive or negative influence on the individual's performance as a member of society, or on the individual's capacity to execute actions or tasks (WHO 2001, p. 16). Environmental factors are numerous, and the MATE-ICN can evaluate only a portion of them.

Module 7 assesses the support from the facilities in the environment that the person might utilise on the listed domains of functioning. These facilities include health care and social services.

Module 8 assesses those factors that affect the person's recovery. Recovery refers not only to an improvement in a person's alcohol or other drug use; it also refers to improvement in the person's physical and mental health. Four categories of factors are assessed: the impact that other people in the person's immediate environment have on his or her functioning (with a special focus on whether or not the person has suffered a personal loss), other people's attitudes, legal matters, and miscellaneous factors.

Factors in the environment can be either barriers to a person's functioning or they can facilitate it, helping the person to overcome impairments. The impact of these factors is important to identify; the impact depends on the nature of the factor in question. Some factors are relevant merely because they are present; for others, various considerations come into play. For example, in the case of an obstruction, it is important to know how often it occurs, how significant it is, and whether the person is able to avoid it.

The ICF provides only general guidelines for conducting the assessment. For this reason, the MATE Assessment Protocol includes comprehensive instructions for the assessor, including descriptions, tips, suggestions for each domain and factor, and well defined anchor points for scoring the items.

For each of the 19 different domains, Module 7 in the MATE-ICN assesses the following:

1. The degree to which the person's activities and participation are limited (ranging from *not at all* to *completely*).
2. The amount of support that is provided to the person (from *none* to *completely*).
3. Whether or not the assessor feels that the person is in need of care.
4. Whether or not the person himself or herself feels in need of care.
5. Whether or not the agency in question is willing and able to provide the care that is needed.

For each of the four selected environmental factors, Module 8 in the MATE-ICN assesses the following:

1. The degree (from *none* to *profound*) of positive or negative effect that each factor that has occurred during the past 30 days will now have on the recovery; the nature of the factor must be clarified.
2. Whether or not the assessor feels that the person is in need of care.
3. Whether or not the person himself or herself feels in need of care.
4. Whether or not the agency in question is willing and able to provide the care that is needed.

The MATE-ICN is used to determine the person's degree of social disintegration that is relevant for the triage decisions about the level of care and support that should be provided in order for the person to overcome his or her deficits. The support might include custodial care, treatment, social rehabilitation,

therapy, or skills training. The MATE-ICN can also be used to evaluate changes in functioning across time.

### **Q1. Craving**

In Module Q1, the person completes a self report questionnaire, the 5 item, abridged version of the Obsessive Compulsive Drinking Scale (OCDS; Anton et al., 1996; DeWildt et al., 2005). Knowing the person's level of craving helps the assessor determine the severity of the person's addiction.

The results from the OCDS are important for purposes of triage, especially for deciding whether or not to prescribe a medication to control the craving.

### **Q2. Depression, anxiety, and stress**

In Module Q2, the person completes a self report questionnaire that measures symptoms of depression, anxiety, and stress, which might respond to treatment. The questionnaire is called the Depression Anxiety Stress Scales (DASS; Lovibond & Lovibond, 1995b). The short form of the DASS is used; it has just 21 items, but its reliability and validity are about the same as that of the long, 42 item version. The DASS scores are used to identify psychiatric comorbidity, which are important for deciding about the level of care that the person needs. The DASS can also be used to evaluate changes in symptoms across time. It was chosen over other instruments that are used only for making a diagnosis rather than for assessing the severity of symptoms.

## Use of the MATE

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The MATE is first of all intended for evaluation and triage in substance abuse treatment. It can also be used to determine the extent to which the person actively participates in society and to identify the environmental factors that affect the participation and, for people with psychiatric disorders, the need for care that results from the participation or the lack of it. The MATE can also be used to help determine the specific form of treatment that the person needs.

The MATE yields 20 scores, which are described in the section that follows. The protocol gives precise instructions for calculating the scores, and a scoring form is also available.

The MATE scores are based on scientific research, and the formulae for calculating them should not be altered. However, the way in which the scores are used for making practical decisions is not predetermined and will depend on the specific objective and context in which they are used. Different users of the MATE will attach different degrees of importance to the scores, and they will want to use various decision rules and follow different standards. Each user must determine how much of the information will be used and for making which decisions. The MATE is not prescriptive, and it lends itself to this kind of flexibility. Nevertheless, the manual offers a number of suggestions about how the scores can be used to determine the level of care that the person needs. However, this is only one possible use of the scores; such use is not an inherent part of the MATE as an assessment instrument.

## The MATE scores

The MATE includes 20 scores, as follows:

### *Characteristics of physical comorbidity [S2.1]*

The score on *Characteristics of physical comorbidity* [S2.1] is calculated on the basis of whether or not the person clearly gives the impression of being physically unhealthy, exhibits symptoms of intoxication or withdrawal, has an acute or contagious disease, or (if female) is pregnant.

### *Undergoing psychiatric or psychological treatment [S2.2]*

The score on *Undergoing psychiatric or psychological treatment* [S2.2] is based on whether or not the person has been prescribed medication for a psychological problem or is receiving psychological or psychiatric treatment.

### *Characteristics of psychiatric comorbidity [S2.3]*

The score on *Characteristics of psychiatric comorbidity* [S2.3] is based on the presence or absence of these symptoms: suicidal tendencies, hallucinations, delusions, and confusion. The score is calculated from the number of symptoms, with double weighting given to having a suicidal plan.

### *Dependence [S4.1]*

Based on the DSM IV (American Psychiatric Association, 1994), the criterion for substance dependence is met if at least three of the first seven items in Module 4 are answered affirmatively.

### *Abuse [S4.2]*

Based on the DSM IV (American Psychiatric Association, 1994), the criterion for substance abuse is met if at least one of the last four items in Module 4 is answered affirmatively.

### *Severity of dependence/abuse [S4.3]*

The score on *Severity of dependence/abuse* [S4.3] is based on the number of affirmative answers to Items 2 to 9 and 11 in Module 4 (Langenbucher et al., 2004).

### *Physical complaints [S5.1]*

The score on *Physical complaints* [S5.1] is the sum of responses to the items in Module 5 (Marsden et al., 1998).

### *Personality [S6.1]*

The score on *Personality* [S6.1] is the number of affirmative answers to the items in Module 6 (Item 3 is reverse scored) (Moran et al., 2003). The cutoff point of 4 indicates personality disorder (Germans et al., 2008).

### *Limitations - Total [S7.1]*

The score on *Limitations - Total* [S7.1] is the sum of the responses to the 19 items in Module 7.

### *Limitations - Basic [S7.2]*

The score on *Limitations - Basic* [S7.2] S7.2 is calculated as the sum of the answers to the questions on these eight topics: d610 Acquiring and maintaining a place to live; d620-d640 Household tasks; d510,520,540 Self-care; d5700 Ensuring one's physical comfort; d5701 Managing diet and fitness; d5702a Seeking and following advices and treatment by healthcare; d5702b Protecting oneself from health risks due to risky behaviour; d230 Carrying out daily routine.

### *Limitations - Relationships [S7.3]*

The score on *Limitations - Relationships* [S7.3] is the sum of all of the responses to the items that are related to relationships: d770 Intimate relationships; d7600 Parent-child relationships; d750, d760 Informal social relationships and family relationships; d740 Formal relationships; d710-d720 General interpersonal interactions.

*Positive external influences [S8.1]*

The score on *Positive external influences* [S8.1] is the sum of the responses to the items related to these three topics: e310-e325+ Partner etc.; e550+ Legal factors; e598+ Other factors.

*Negative external influences [S8.2]*

The score on *Negative external influences* [S8.2] is the sum of the responses to the items related to these five topics: e310-e325- Partner etc.; Loss of relationship; e460- Societal attitudes ; e550- Legal factors; e598- Other factors.

*Care and support [S7.4]*

The score on *Care and support* [S7.4] is the sum of the on the responses to the eight items related to care and support in Module 7.

*Need for care [S8.3]*

The score on *Need for care* [S8.3] is the sum of the affirmative answers to the questions related to need for care, as perceived by either the assessor or the person being assessed.

*Craving [SQ1.1]*

The score on *Craving* [SQ1.1] is the sum of the responses to the five items in Module 9 (DeWildt et al., 2005).

*Depression [SQ2.1]*

The score on *Depression* [SQ2.1] is the sum (multiplied by 2) of the responses to the seven items related to depression in Module Q2. A score of 21 is the cut off point for severe depressive symptoms (Lovibond & Lovibond, 1995a).

*Anxiety [SQ2.2]*

The score on *Anxiety* [SQ2.2] is the sum (multiplied by 2) of the responses to the seven items related to anxiety in Module Q2. A score of 15 is the cut off point for severe anxiety symptoms (Lovibond & Lovibond, 1995a).

*Stress [SQ2.3]*

The score on *Stress* [SQ2.3] is the sum (multiplied by 2) of the responses to the seven items related to stress in Module Q2. A score of 26 is the cut off point for severe stress symptoms (Lovibond & Lovibond, 1995a).

*Depression Anxiety Stress - Total [SQ2.4]*

The total score on *Depression Anxiety Stress - Total* [SQ2.4] is the sum of the scores on SQ2.1, SQ2.2 and Q2.3; the maximum score is 126.

## Care decisions based on unprocessed information from the MATE

Even without being processed, much of the information from the MATE can be useful for deciding on the nature and amount of care to be provided and in making other decisions. This applies especially to the information about the person's use of psychoactive substances and gambling behaviour; his or her previous substance abuse treatment; and the ongoing medical, psychiatric, and psychological treatment.

The information in the MATE-ICN can be used separately for each domain or factor in order to make decisions about the provision of treatment or other care or support. These might include social rehabilitation, psychotherapy, skills training, or other forms of assistance provided through mental health or substance abuse treatment. Information from the assessment that might be useful for this purpose includes the care and support that is currently being provided, and the need for additional care and support related to the individual domains and factors. For instance, having identified a deficit in respect of social relationships and a need for assistance in this area might result in a referral for social skills training. Having a limitation with respect of employment and a need for assistance related to it might result in employment mediation or help in structuring a daily routine. The options that are offered would depend, of course, on which ones are available in the particular setting and how desirable each one is. Clearly, each agency will develop its own decision rules for linking the MATE scores in the individual domains and factors to the care that is provided.



## Indicators for medical or psychiatric consultation

The MATE was structured to assist treatment personnel during patients' intake with making decisions about whether or not to refer patients for medical or psychiatric/psychological consultation.

A medical consultation might be indicated from the MATE scores on *Characteristics of physical comorbidity* [S2.1], *Physical complaints* [S5.1], and the medications that have been prescribed for the person. The score on *Craving* [SQ1.1] might be useful for deciding whether or not the person should be prescribed a medication for controlling the craving.

An indication for a psychiatric/psychological consultation might be based on the MATE scores on *Undergoing psychiatric or psychological treatment* [S2.2], *Characteristics of psychiatric comorbidity* [S2.3], *Depression Anxiety Stress - Total* [SQ2.4], and *Personality* [S6.1]. A psychiatric or psychological consultation would seem indicated if the score on *Undergoing psychiatric or psychological treatment* [S2.2] or on *Characteristics of psychiatric comorbidity* [S2.3] is 1 or higher; if the *Depression Anxiety Stress - Total* [SQ2.4] is 60 or higher; or if the score on *Personality* [S6.1] is 4 or higher.

## Suggestions for the level of care

### Determining the level of care

The MATE was designed to support triage decisions about the level of care, or treatment intensity, to be provided. The MATE makes it possible to use an intake protocol that was developed in the Netherlands through a national quality assurance programme (DeWildt et al., 2002) and that Merckx et al. (2007; 2010) evaluated. The protocol includes a decision tree for referring persons to different levels of care for substance abuse treatment. The decision tree is based on three dimensions of the person's difficulties, namely:

- Severity of the addiction.
- Severity of psychiatric comorbidity.
- Severity of social disintegration.

Because the triage decision is based on a stepped care approach, it is important to know the number of treatments that the person has had in the recent past.

The decision tree will be used to refer patients to one of four levels of care depending on the number of previous treatments for substance abuse they have had and whether or not their scores on Severity of the addiction, Severity of psychiatric comorbidity, and Severity of social disintegration are elevated. The four levels are:

- Brief outpatient treatment.
- Standard outpatient treatment.
- Day or residential treatment.
- Long term care.

Scores from the MATE can be used for the calculations needed for the dimensions in the decision tree, as described in the next paragraph. DeWildt et al. (2002) suggested the algorithm for the decision tree; it can be found in Merckx et al. (2007). In brief, the algorithm is as follows: If the person has never been treated for an addiction, or has been treated only once, and if the person's scores on Severity of the addiction, Severity of psychiatric comorbidity, and Severity of social disintegration are all not high, a referral is made to brief outpatient treatment. If the score on Severity of social disintegration is high or if the person has had three, four, or five treatment episodes in the past, he or she is referred to day or residential treatment. If the score on Severity of social disintegration is not high but the score on either Severity of the addiction or Severity of psychiatric comorbidity, or both of them, is high or if the person has had two treatment episodes in the past (regardless of the scores on Addiction Severity or Severity of psychiatric comorbidity), a referral is made to standard outpatient treatment. If the person has had more than five treatment episodes, he or she is referred to long term care, regardless of the other MATE dimension scores.

We evaluated the MATE by applying this algorithm to a sample of data from a large, representative group of people who had an intake assessment at a substance abuse treatment centre in the Netherlands. The distribution of scores corresponded closely to those obtained with the Addiction Severity Index, which Merckx et al (2007) used in other centres, and that they have some predictive validity on the outcomes (Merckx et al., 2010). For further details about this see also Schippers and Broekman (2007).

The MATE scores can, of course, also be used in other algorithms. It is important to note that neither the described decision tree nor any variant of it should be considered an inherent part of the MATE.

### Dimensions of triage by level of care

To be able to use the decision tree described above to determine the level of care, values must be assigned to four dimensions.

Thus, algorithms were created for the information obtained from the MATE; from this information, a dichotomous score for each dimension is calculated. That is, the person is assigned either a high or a low score on Severity of the addiction, Severity of psychiatric comorbidity, and Severity of social disintegration, and is given a score representing the History of substance use disorder treatment. These dimension scores and the dichotomies derived from them were designed specifically for use in the matching algorithm. Otherwise, the dimensions have not been operationalised, and the distinction between high and low scores should be interpreted only with respect to the matching algorithm.

The algorithms for each of the four dimensions are shown in Figure 1. The circles on the left

indicate the dimensions, and the tabular information from the MATE on the right shows the criterion values and the cut off scores that are used.

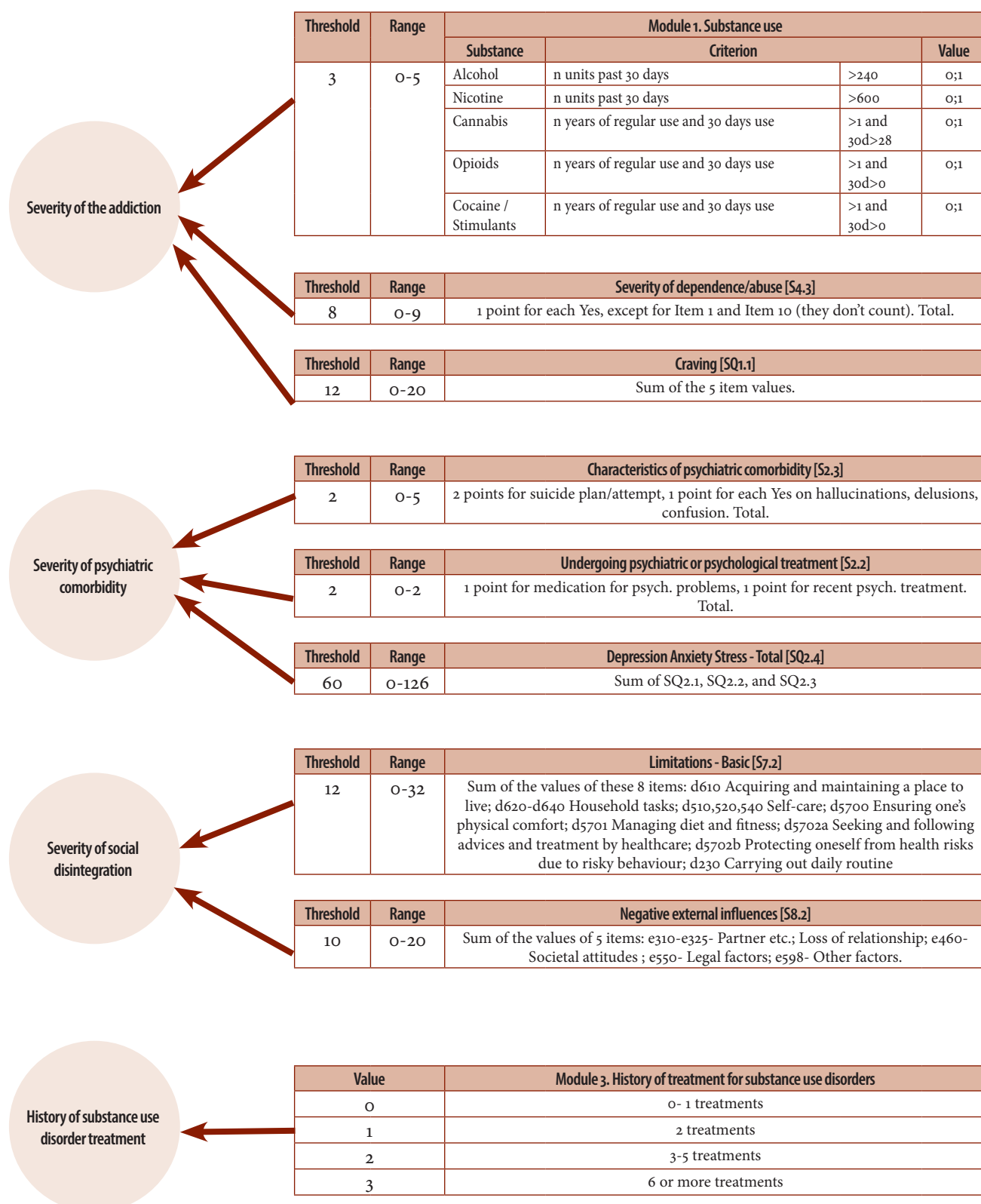


Figure 1. Algorithms for scoring triage dimensions.

### Severity of the addiction

At the right side of Figure 1, the criteria for heavy, problematic substance use are given. In the case of alcohol, problematic use is defined as total consumption in the past 30 days of 240 units or more; this amounts to drinking an average of eight units of alcohol per day, which is considered to be heavy, and 1 point is assigned to it. In the case of cigarette smoking, it is considered problematic when the person has smoked 600 or more cigarettes in the past 30 days (20 cigarettes per day); this also corresponds to 1 point. Cannabis use is considered severe (1 point) when the person has used regularly for longer than one year and has used on more than 28 days in the past 30 days. Opiate and stimulant (including cocaine) use are considered severe when the person has used at least once in the past month, and has used regularly in the past year or longer. The scores from the different substances are added together; the maximum value is 5 points (range = 0-5). A score of 3 is the cut off point (CP) for heavy substance use.

In the second table, from Module 4 the score for *Severity of dependence/abuse* [S4.3] is with a cut off point of 8 presented, and from Module Q1 the score on *Craving* [SQ1.1] with a cut off point of 12 is presented.

In summary, according to these algorithms, a person is regarded as being high on Severity of the addiction if *any one* of the following is true: (a) his or her substance use is excessive (as assessed in Module 1. Substance use), (b) the score on *Severity of dependence/abuse* [S4.3] is 8 or higher, or (c) the score on *Craving* [SQ1.1] is 12 or higher.

### Severity of psychiatric comorbidity

A person is regarded as being high on Severity of psychiatric comorbidity if the score on *Characteristics of psychiatric comorbidity* [S2.3] is 2 or higher, if the score on *Undergoing psychiatric or psychological treatment* [S2.2] is 2, or if the total score on *Depression Anxiety Stress - Total* [SQ2.4] is 60 or higher.

### Severity of social disintegration

A person is considered to be high on Severity of social disintegration if the score on *Limitations - Basic* [S7.2] is 12 or higher or if the score on *Negative external influences* [S8.2] is 10 or higher.

### History of substance use disorder treatment

The score on History of substance use disorder treatment is the total number of prior treatments as assessed in Module 3.

### Practical use in triage in respect of level of care

From the scores shown in Figure 1, it is possible to calculate the level of care that the person should have, using, for instance, the decision tree from DeWildt et al. (2002; see Merckx et al. (2007)). The person who does the triage can either accept the treatment intensity that was calculated, or he or she can decide that a different intensity is more appropriate.

It is important to monitor the actual decisions that are made in practice, because doing so will make it possible for the scoring algorithms and decision tree that are used with the MATE to be evaluated and further developed.

For many years, a number of substance abuse treatment centres in the Netherlands have used the protocol and decision tree that DeWildt et al. (2002) developed (see Merckx et al., 2007).

Although the MATE dimension scores have not previously been used, the feasibility of using the intake protocol and the decision tree have been evaluated, and deviations from the recommended use have been identified. Deviations from the level of care that would be recommended on the basis of the dimension scores were identified in two places. First, there are deviations in the scoring algorithms. For instance, the person performing the triage might feel that the person being assessed is severely addicted, but results from the scoring algorithm might suggest a less severe level of addiction.

Second, there might be deviations from the triage algorithm or in the decision tree, such that the person performing the triage might agree with the dimension scores but want to refer the person being assessed to a different level of treatment intensity (or level of care) than the level that the decision tree indicates. Merckx et al. (2007) concluded from their analysis of data from hundreds of patients that despite some shortcomings, algorithms for triage are feasible for use in daily routine practice, making decisions about the level of care reasonably transparent. It also has some predictive validity on the treatment outcomes (Merckx et al., 2010).

Finally, it should be noted that professional assessment of the optimal level of care does not automatically correspond to the level of care that the patient will ultimately receive.

For example, according to the intake procedure that DeWildt et al. (2002) developed, the person performing the intake gives his or her professional opinion of the level of care that is needed but does so by negotiating with the patient about his or her own views and wishes.

The treatment or other care that is ultimately provided is decided on through professional consultation that leads to an agreement between the professional and the patient. In short, a distinction is made between the level of care that (a) is based on the MATE dimension scores and the decision tree used in conjunction with these scores, (b) the person performing the triage recommends (this person should justify a recommendation that deviates from the one that is based on the MATE decision rules), and (c) that is ultimately provided.

In summary, the MATE provides an agency with an excellent opportunity for conducting intake assessments and for keeping decisions based on them transparent.

## Monitoring and evaluation

The second main objective of the MATE is to facilitate monitoring and evaluation of the treatment or other care that is provided. The MATE was developed to collect information on the results of the care and support provided, and to take decisions about the treatment both during and after its provision.

Evaluation and monitoring of the care that is provided through the use of the MATE can be conducted on the basis of the following information about the person being treated: his or her use of substances and craving for them, physical and psychiatric symptoms, activities and participation and the factors that affect them, and need for care.

The following information from the MATE about the person is especially important to consider for purposes of monitoring (1-8) and evaluation (1-5):

1. **Use of psychoactive substances.** Information about the person's use of each substance—e.g. quantity, frequency, pattern —can be taken directly from Module 1.
2. **Physical symptoms.** The score on *Physical complaints* [S5.1] is particularly relevant.
3. **Craving for psychoactive substances.** The score on *Craving* [SQ1.1] can be used for judging the person's level of craving and urge to use.
4. **Anxiety, depression, and stress.** The scores on *Depression* [SQ2.1], *Anxiety* [SQ2.2], and *Stress* [SQ2.3] and the *Depression Anxiety Stress - Total* [SQ2.4] SQ2.4 can be used to judge the person's level of psychological distress.
5. **Limitations in activities and participation.** In addition to the results related to the individual domains and factors, the scores on *Limitations - Total* [S7.1], *Limitations - Basic* [S7.2], and *Limitations - Relationships* [S7.3] in particular are useful for gauging the degree to which the person is incapacitated.
6. **Environmental influences on recovery.** In addition to the results from the individual domains and factors, the scores on *Positive external influences* [S8.1] and *Negative external influences* [S8.2] are particularly useful for identifying the external factors that affect the person's recovery.
7. **Care and support provided.** In addition to the information about the care and support related to the individual domains, the score on *Care and support* [S7.4] is particularly relevant for understanding the level of assistance that the person is receiving.
8. **Need for care.** In addition to information from the individual domains and factors about the person's need for care, the score on *Need for care* [S8.3] is useful for deciding about the care that the person needs.

# Protocol

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## Assessment Protocol

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This protocol contains all the information necessary to conduct an effective assessment using the MATE. The protocol is divided into different parts.

The first part describes the general instructions and provides other information for the assessor. The parts that follow give specific information about the different modules. For each module, the information is structured as follows:

- General introduction.
- Example of an introduction.
- Detailed instructions.
- Problems, questions, and tips.

### **Dauer**

In our experience from a variety of settings, an assessment with the full version of the MATE lasts between 45 minutes and one hour.

### **Period of validity of the MATE data**

The length of time that the data from the different modules are valid varies from one week to five years. Most of the modules are used to assess the person during the past month. Therefore, strictly speaking, most MATE data are not valid after 30 days. However, one cannot conclude that data from the MATE are invalid or unusable after one month. It is up to the user of the information to decide whether the information is still useful for placement of the patient or for another purpose. In case of doubt, the MATE can be administered again, this time omitting the modules that are still valid.

## General Instructions

The MATE is a structured interview consisting of ten different modules. Some topics are assessed extensively, but others only briefly.

During the interview, it is good to explain the structure of the interview to the person being interviewed. This is helpful because it lets the person know how long the interview will last and what to expect. It also provides transition between the topics.

### Example of an introduction

*You are here in an addiction treatment centre. We assess everybody coming into the centre with a standard interview. This allows us to get a good impression of your condition, your substance use, and various other things about you that are important for us to know about. The interview allows us to decide what the best treatment option for you is. Everybody is asked the same questions, and everything you say will be treated confidentially. If something doesn't apply to you, just let me know. The following topics will be covered: your use of substances, such as alcohol and other drugs, and the problems that have had with them; your prior treatments, if any; and problems or complaints that you are having in different areas. Many of the topics will be covered in detail, but for most of them a short answer is enough. Finally, I will ask you to fill in some questionnaires. All this will take about an hour.*

It is not necessary to follow the example exactly, but it is important to make sure that the following points are covered:

- › Aim of the interview.
- › Length of the interview.
- › That all questions are standard.
- › That the interview is confidential.
- › That additional topics will be covered, some of them more extensively than others.
- › That self report questionnaires will be given following the interview.

### Instructions

As a general rule, not all questions need to be asked verbatim. Many questions require that the assessor make a judgement about how to obtain the information. When the assessor is certain about the answer to a particular question, the answer can be written down without asking the question.


The questions marked with an 'L' in the margin (Modules 4. Substance dependence and abuse; 5. Physical complaints; 6. Personality) are an exception to the general rule. These questions must be asked literally.

A 'Q' in the margin refers to questionnaires that the person must fill in Modules Q1. Craving ; Q2. Depression, anxiety, and stress.

The time frames are marked with a 'T' in the margin. It is important that the assessor notices carefully the episode to which the question refers.

All of the abbreviations used in the protocol and the instructions that pertain to them are shown in the following table.

L  
Q  
T  
Time frame

Symbol or typography	Instruction / explanation
	The MATE is an assessment instrument. The assessor evaluates the information obtained from it and is free to choose the most appropriate way to obtain the required information. If the information needed for an item is known with certainty, the answer can be filled in without asking any questions. Most questions do not have to be asked word for word. Exceptions are the modules marked 'L'(literally) or 'Q'(self-report questionnaire).
(literally)	Questions must be asked word for word. Explanations should be given only when absolutely necessary or when a question has not been clearly understood. If a question needs to be explained, the explanation should remain as close as possible to the original formulation of the question.
(self-report questionnaire)	These are questionnaires that the person fills in alone. They are placed at the end of the interview, so that the assessor can check whether they were filled in correctly and completely and, if not, to ensure that the unanswered questions are completed. If the person is unable to fill in the questionnaires independently (for example, because of reading difficulties), the assessor should read the questions aloud to the person.
(time frame)	In the margin beside each paragraph or module, the 'T' (time frame) is accompanied by a description of the period to which it refers. These can be: <ul style="list-style-type: none"> <li>▷ At present</li> <li>▷ 7 days</li> <li>▷ 30 days</li> <li>▷ 12 months</li> <li>▷ 5 years</li> <li>▷ Lifetime</li> <li>▷ Usually, generally</li> </ul> The assessor should make sure that the person understands the time period to which the questions refer. This can best be done by repeating the time frame at the beginning of a new paragraph or module.
«Probe question»	Probe questions that might be used to find out information about the person are placed in italics and start with double angled brackets. These questions do not have to be asked verbatim, but can be used as an introduction to the item.
† Assessment/characteristics/ explanation	Text that is preceded by a cross and is in a different font is meant to be either: <ul style="list-style-type: none"> <li>† an assessment instruction,</li> <li>† a statement of characteristics to which the assessor should pay attention, or</li> <li>† an explanation to the assessor.</li> </ul> Such text should not be used literally. For these items, the assessor should first try to obtain the answers by observing the person. However, if necessary, questions can be asked to confirm the assessor's judgement.
<u>underscored text</u>	Denotes a <u>core concept or concepts</u> of the item. These can be used when it is necessary to obtain further information. Often in the instructions, important words and examples are underlined or are in bold font.
[—substance—]	Fill in the Primary-problem substance or behaviour Some parts of the MATE (e.g. 4. Substance dependence and abuse; Q1. Craving) refer to the Primary-problem substance or behaviour directly.
Yes      No	Circle Yes or No.
.....	Write down the number.
 .....	Write down an explanation (free format). There are no predetermined answers here; the assessor is free to write whatever he or she wishes.

## 1. Substance use

The person's use of alcohol, drugs, and other substances is assessed using a matrix (grid). However, the last row in the grid pertains to gambling. For each substance, the following information is asked:

- Number of days used in the past 30 days.
- Amount (e.g. number of units) used on a typical day.
- Number of years of regular use.

The MATE starts by asking for the number of days that the person used in the past 30 days. The amount used is not relevant for the first column. All days on which the person used any amount should be included. The next column asks for the amount used on a typical day. In the last column, the number of years of regular use is filled in. The grid was intended to cover all possible substances. If, however, the person says something to indicate for sure that he or she does not use a particular substance (e.g. 'I don't do drugs, I only drink'), the assessor can indicate this without asking the questions pertaining to that substance.

Not using a substance currently (i.e. in the past 30 days) does not mean that the person has never used that substance. Thus, the questions about lifetime use must be asked for all items.

### Example of an introduction

*I will begin by asking you about different substances that you might use. We will consider two time periods, the past 30 days and your lifetime. Under 'the past 30 days,' I would like to know how many days during the past 30 days you used the substance and how much you used on a typical day. Under 'lifetime,' I would like to know how many years you have used the substance regularly. Please try to be as honest and as accurate as you can. If you don't know precisely, I will help to refresh your memory. For example, we could refer to milestones (or important events) in your life in relation to your use. We would then add up the number of years that you have used. I will probably mention some substances that you have never used, but this is just to make sure that we don't overlook any.*


*I will start with alcohol. Did you drink alcohol in the past 30 days? If so, on how many days did you drink, and how much did you drink on an average day?*

### Instructions

#### Days used in the past 30 days


The amount drunk doesn't matter in determining the number of drinking days. Even if the person took only a sip, it still has to be counted.

Whether or not the past 30 days is representative of the person's use does not matter. Don't take into account, for example, that the person used more or less than usual. Simply obtain a score for the past 30 days.

 Note that the total number of days of alcohol use (sum of lower and higher use) should not exceed 30.

#### An alternative period

Different instructions from these are used only under special circumstances, for example, when the person was in a situation in which there was no opportunity to use psychoactive drugs, such as in a hospital or in detention, or when the MATE is used for research rather than for clinical purposes. When a different time frame is used, this must be indicated in the top left corner of Page 2 of the MATE assessment form. This option should be used only in special circumstances and only when there is a clear understanding with those who will use the MATE data.

 Deviations from the past 30 days can be used only in this module and not in other modules of the MATE.

### *Amount used on a typical day of use*

The amount used on a typical day must be filled in for every substance. A typical day is a day on which the person consumes his or her usual amount. A person's pattern of use is usually regular, so that choosing a typical day is not difficult. If, however, the assessor cannot determine what a typical day is for the person, an estimate can be made of what the average use was during that period.

For alcohol, a distinction should be made between the person's typical (habitual) use and atypical use. If the person's alcohol use is constant and with no variation in the daily amount, only the first line of the grid needs to be filled in. Sometimes, however, a person's pattern varies, for example when the person drinks more during the weekend than during the week. In that case, the assessor should enter on the first line the smaller of the two daily amounts (the lower use), and on the second line the larger of the two daily amounts (the higher use).

The unit for alcohol is the standard drink. By definition, a standard drink contains 10 grams of pure alcohol, i.e. 12.5 ml, because the mass density of alcohol is 0.8.

The volume of a standard drink, therefore, is:

- ▶ For beer with 5% alcohol, a standard drink is 250 ml.
- ▶ For wine with 13% alcohol, a standard drink is almost 100 ml.
- ▶ For spirits with 40% alcohol, a standard drink is about 30 ml.

Beer is often drunk in glasses containing 250 ml (1 standard drink) or 500 ml (2 standard drinks), or in cans (1.2 standard drinks). A bottle of wine usually contains 750 ml (or 8 standard drinks). A litre of spirits (such as 40% whisky) contains 32 standard drinks.

The quantity of nicotine, illegal drugs, sedatives, and other substances used should be entered, if possible, in grams or milligrams. If the person has no idea how many (milli)grams he or she uses, other units can be used. The assessment form presents examples of different units.

### *Number of years of use*


The total number of years that the person has used a substance regularly should be calculated. By regular use is meant:


- ▶ for alcohol: the number of years in which a man drinks more than 28 and a woman drinks more than 21 standard drinks per week. These numbers have been chosen because they are taken to represent health limits. Obviously, the number of years can be a rough estimation.
- ▶ for nicotine: daily.
- ▶ for all other substances or gambling: weekly (1 or more times a week).

Periods during which the substance was not being used regularly should not be counted. If, however, the pattern of use was very irregular or if the person is not quite sure what the pattern was, an estimation should be made.

If the person has used for longer than two years, the number of years of use should be expressed in full years, with partial years being rounded upward or downward. For example, three and one half years would be rounded to four years; three years and three months would be rounded to three years. If the person has used for less than two years, then the exact period of time should be recorded as ½ year, or 0.5 year.

If the person has been using for many years, the assessor should not spend too much time trying to determine the exact number of years of use. Knowing whether a person has used for 19 or 20 years is less important than knowing whether a person has used for one year or two years. For longer period of use, a global estimation of the number of years will be sufficient.

 Be careful not to mistakenly write the age of the person when the use began rather than the number of years of regular use.

 If for a substance one of the cells (e.g. number of days, number of years) was filled in, all of the components should also be filled in. If for a substance all of the cells are left empty, it is assumed that this substance was not used on any day during the past 30 days, and that it never was used regularly.

### *Primary-problem substance/behaviour*

After the quantity, frequency, and years of use have been determined for all items, the person's Primary-problem substance or behaviour should be identified. It is the substance or the behaviour that is causing the person the most problems, according to both the person's and the assessor's point of view. The person and the assessor must agree what the Primary-problem substance or behaviour is. In case they don't agree, the assessor should decide. When one substance or behaviour seems to create as many problems as another one, the assessor should designate as the Primary-problem substance or behaviour the one that comes first on the following list:

- ▷ (1) Cocaine
- ▷ (2) Opiates
- ▷ (3) Alcohol
- ▷ (4) Other drugs or sedatives
- ▷ (5) Cannabis
- ▷ (6) Gambling or nicotine

For example, if the person and the assessor can't decide between cocaine and alcohol, cocaine should be identified as the Primary-problem substance, because cocaine comes earlier on the list than alcohol. If desired, Module 4. Substance dependence and abuse can be completed for more than one of the substances.

### **Problems, questions, and tips**

#### *The person is becoming irritated or frustrated*

As a general rule, the assessor should ask the patient about all of the substances. Doing so, however, can at times be annoying, for example, in the case of a person who uses only one substance and must answer 'no' each time when asked about the other substances. In such a case, the assessor could group the other substances into categories such as: 'any stimulants', 'any illegal drugs'. Another possibility would be to name only those substances that might escape the person's attention (cannabis, sedatives, XTC). The last question should always be about the person's gambling.

#### *The person is not being truthful*

The assessor might know or strongly suspect that the person uses more (or less) than he or she says. In such a case, the assessor should restate the question as neutrally and nonjudgementally as possible. If the person maintains the original answer, the assessor should record the amount stated but make a note in the margin that the veracity of the answer is doubtful. Also, if a person refuses to answer, the assessor should make a note of this in the margin.

### **Questions**

#### *Should the person's use of antidepressants be recorded?*

Antidepressants should not be recorded here, because they are not considered to be addictive substances.

#### *What should be filled in under 'Other substances (drugs)'?*

The category Other substances (drugs) is intended for substances that only a few people use, but which are important nevertheless. The assessor should be careful (a) not to fill in substances here that belong to one of the other categories, and (b) to write down what the 'other' substance is. In general, prescription medications (such as antidepressants) should not be listed here.

#### *What about medication in Modules 1 and 2?*

Module 1 refers to the actual use of substances mentioned on the form, regardless of whether or not they are prescribed. Module 2 refers to medication prescribed by a professional, regardless of whether or not it is taken. Use of medically prescribed benzodiazepines and opiates (methadone or heroin) are indicated in both Module 1 and Module 2.

#### *Can methadone be a person's Primary-problem substance?*

Methadone might well be the Primary-problem substance.

### What if gambling is selected as Primary-problem behaviour?

Module 4. Substance dependence and abuse should be omitted, because the criteria for gambling dependence are different from those for substance dependence. Module Q1. Craving can also be used for gambling, but 'gamble [bets]' should be substituted for 'uses'.

### Example of a filled in MATE

This person is 40 years old and has been drinking alcohol since he was 16; thus, he has been drinking for 24 years. During the past two weeks, he has been hospitalised, where he didn't drink. On 12 days during the past 30 days, he drank 6 units of alcohol per day; on 4 days, he drank 24 units per day.

MATE		1. Substance use		
<input type="checkbox"/> Mark this if you do not fill in the use during the past 30 days, but from an earlier period of 30 days.		Past 30 days		Lifetime
† I will begin by asking about the substances you might use. We will consider two periods, the past 30 days and your lifetime. Under 'lifetime' we would like to know how many years you have used the substance regularly. Under 'the past 30 days' we would like to know how many days you used the substance during that time and how much you used on a typical day. † I will start with alcohol. Did you drink alcohol in the past 30 days? If so, on how many days did you drink, and how much did you drink on a day? † Continue with the other substances.		Number of days used in the past 30 days	Amount used on a typical day of use	Total number of years of regular use
Alcohol	General use	12	6	15
	Higher use	4	24	
Nicotine	Cigarettes, cigars, pipes, snuff	30	10	8
Cannabis	Marijuana, hashish, bhang, ganja	0	1	0
Opioids	Methadone	0	1	0
	Heroin	0	1	0
	Other opioids such as codeine, Darvon, Demerol, Dilaudid, morphine, opium, Percodan	0	1	0
Cocaine	Crack cocaine	0	1	0
	Cocaine powder	4	1 1/2	1 1/2
Heroin, khat, Pot, Pitalin, speed,				

In the past, he spent a period of 3 years in prison when he did not drink, and there was another period of 6 years when he did not drink regularly. Thus, to calculate the number of years that this person has drunk alcohol regularly, subtract 9 years (the 3 years of abstinence plus the 6 years of irregular drinking) from the 24 years noted above [24 - 9 = 15]. This person, therefore, has drunk alcohol regularly for a total of 15 years.

Additionally, the person smokes about 10 cigarettes daily. He did so during the past month, and he has done so for 8 years.

The person also uses cocaine at the weekend whenever he goes out. During the past month, he did so on two weekends (4 days). On such a night out, he snorts about 1 1/2 grams of cocaine. During the last 1 1/2 year, he has used cocaine at least once during the week. He does not gamble and has never injected a substance.

Most of this person's substance use problems are related to his use of both cocaine and alcohol. The person and the assessor could not decide which of these two substances causes him more difficulties. However, according to the instructions given earlier, cocaine must be listed as the Primary-problem substance because it comes earlier than alcohol on the list. The person eventually agreed that choosing cocaine as the Primary-problem substance seemed right.

Gambling	0	1	euros spent (gross)	0
† Have you ever injected a substance? <input type="checkbox"/> Ever injected <input type="checkbox"/> Still injects <input checked="" type="checkbox"/> Never injected				
† The Primary-problem substance or behaviour is the one of which is judged by the person and the assessor to be causing the most problems. If this is unclear, then choose in this order (1) cocaine, (2) opioids, (3) alcohol, (4) other drugs and sedatives, (5) cannabis, (6) gambling or nicotine. If the use of nicotine or gambling is the problem for which the person is seeking help, nicotine or gambling is the primary substance or behaviour.				
† [Primary-problem substance] = <u>Cocaine</u>				



## 2. Indicators for psychiatric or medical consultation

The psychiatric/medical consultation module asks about medications that the person is currently using and treatment that the person is receiving. Additional characteristics of the person that are relevant for deciding whether or not a psychiatric or medical professional consultation is needed are also assessed.

### Example of an introduction

*I will now ask you a series of questions about the medications you are taking, treatments you have had, and medical problems you might be having.*

### Instructions

#### Medications currently prescribed

In this section, the assessor should record whether or not medication has been prescribed for the person's (a) substance dependence, (b) psychiatric problems, or (c) other medical problems, and, if so, what the medication is.

If the person is taking medication for alcohol or drug dependence, it might be a medication used in substitution therapy (e.g. methadone) or aversion therapy (e.g. disulfiram), or it might be an anticraving medication (e.g. acamprosate).

If medication is being prescribed for psychological or psychiatric problems or for any other illnesses, the assessor should record both (a) the name of each medication, and (b) the disorder(s) for which each medication is being prescribed.

Medications that are prescribed should be recorded, regardless of whether or not the person is actually taking them.

#### Current or recent (past year) psychiatric or psychological treatment

If the person is currently undergoing psychiatric or psychological treatment or has done so recently (during the past year), this information should be recorded. The assessor should also indicate whether or not coordination with the current treatment provider has been arranged or should be arranged.

#### Other characteristics

In this section, information is recorded that is obtained in one of three ways: by asking the person (e.g. regarding suicidal risk, physical health, pregnancy), by partly asking and partly observing (e.g. psychotic symptoms), or by observing only (e.g. confusion, physical health, intoxication, or withdrawal symptoms). The observational items are denoted by crosses in the manual. Probe question that are provided as suggestions are indicated by italics. If the assessor likes, he or she can underline or circle notes taken while observing the patient (e.g. 'emaciated,' 'incoordinated') in case he prefers to be able to report the specific symptoms.

The information obtained in this section need not be recorded in detail. This section is intended to serve only as a checklist to indicate the person's need for further psychiatric or psychological assessment or consultation.

### Example of a filled in MATE

Diazepam has been prescribed for this person because he complained of feeling stressed. He is also taking Zaditen for his hay fever. He has had no psychiatric or psychological treatment in the past year.

2. Indicators for psychiatric or medical consultation				MATE
<b>Medications currently being prescribed</b>				
	«Have you been prescribed any medications for an addiction?»	Yes No	«What are these medications, and what dosages have been prescribed for you?»	«For which disorders have these medications been prescribed?»
At present		No		Addiction
	«Have you been prescribed any medications for psychological or psychiatric problems?»	Yes No	diazepam	feeling stressed
	«Have you been prescribed medications for any other illnesses?»	Yes No	Zaditen	Hay fever
<b>Current or recent (within the past year) psychiatric or psychological treatment</b>				
12 months before	«Are you now undergoing psychiatric or psychological treatment (or have you been)?»	Yes No	«What treatment are (were) you in?»	† State whether coordination with current treatment has been arranged. Comment.
		No		Yes No



### 3. History of treatment for substance use disorders

This module records the number of times that the person has been treated for substance abuse during the past five years. Only treatments for substance abuse are included. Inpatient (or residential) and outpatient treatments are recorded separately and should be clearly distinguished from each other.

#### Example of an introduction

*I would like to know how many times you have been in treatment for substance abuse in the past 5 years. I am interested only in professional treatments whose goal was abstinence or to reduce the amount you used.*

#### Instructions

Note that the number of inpatient treatments that the person has had in the past five years should be distinguished from the outpatient treatments. Any treatment that is included must meet all of the following three criteria:

- It must have been a formal treatment for substance abuse.
- It must have been professionally conducted.
- The patient must have agreed to a goal of either abstinence or reduced use.

Treatments such as methadone maintenance, simple detoxification without other rehabilitation, and crisis intervention should not be counted. A treatment should be counted only if the person participated in a substantial part of the programme. It does not matter whether or not the treatment was terminated with an irregular discharge.

The assessor should make sure that a number is placed in every box. If the person has not been treated during the past 5 years, the assessor should place two zeros in the boxes. There is space for the assessor to add his or her comments.

#### Problems, questions, and tips

*The person does not know the number of treatments he or she has had.*

If individuals don't know how many times they have been in treatment, the assessor should try to help them to remember. For example, they could be asked what year it was five years ago and where they were at that time. Ask whether they have been in contact with a substance abuse treatment centre since then. Names and examples of such centres could be given.

If the person has had six or more prior treatments, it is not important to know the precise number.

*The person can't recall whether or not he or she has been in treatment.*

If individuals seriously doubt that they have ever been in treatment and their inability to recall doesn't seem to be caused by memory impairment, the assessor should assume that the person has not been treated before.

Fill in 'yes' or 'no' to the question about whether the person has ever been treated for an addiction. If the person has ever been treated, always fill in how many inpatient and outpatient treatments the person has had in the past five years. If the person has not been treated during the past 5 years, the assessor should place zeros in the two boxes.

#### Example of a filled in MATE

The person in the example was treated as an outpatient twice during the past five years. One of the treatments occurred four years ago; it was to help the person stop smoking. The other treatment occurred during the past year; it was for the problems the person was having with cocaine use.

## 4. Substance dependence and abuse

The module on substance abuse and dependence is used to determine whether or not a diagnosis of abuse or dependence according to the criteria of the Diagnostic and Statistical Manual of Mental Disorders (DSM IV) should be made.

If the person's main problem is not related to substance use, this module can be omitted.

### Example introduction

*I'm now going to ask you some questions about the problems you are having.  
We agreed that [—substance—] is causing you the most problems. Therefore, the  
questions that follow pertain to [—substance—]. All of them concern your use  
during the past year. You need answer only 'yes' or 'no' to each question.*

### Instructions

The assessor should record the person's Primary-problem substance once again at the top of this page and should also fill it in everywhere that [—substance—] appears in the text.

The questions in this section must be asked verbatim. If the person does not grasp the meaning of a question, the assessor should repeat the question. If the person still does not understand what the question is asking, only then should the assessor rephrase the question using words that convey the same meaning as the original question.

Some of the questions contain two criteria (i.e. L12B, L14A+B, L15A, L16B, L17A+B; those questions with 'or' in the list). For each such question, if only one of the criteria applies, the answer to the question is 'yes,' and the rest of the question does not have to be asked.

The assessor should circle the person's answer. When the person is in doubt, the assessor should encourage the person to give the answer that best fits his or her situation during the past 12 months.

Note, however, that 'during the past twelve months' might include things that began earlier than 12 months ago but which continued into the past year.

### Problems, questions, and tips

*The question does not seem to apply to this person.*

Individuals might say that a question does not apply to them. For example, if a person has for years lived in the streets and isn't concerned about education or work, the question about how the person's substance use has interfered with work, education, job, or home life might seem not to apply. In this case, however, the very fact that the person is not bothered by not having an education, a job, or a home means that the substance use is interfering, and the question should be answered 'yes'.

## 5. Physical complaints

The module on health problems assesses the person's health problems during the past 30 days. The health problems that the person has had during that time should be noted regardless of their cause.

### Example introduction

*The next questions have to do with your physical health. For each health related problem, I will ask you how often the problem occurred during the past 30 days. It doesn't matter what caused the problem. Please choose from the following alternatives.*

### Instructions

These questions must be asked verbatim. Make sure the person understands that the questions refer to the past 30 days. The assessor should point to the response options and should ensure that they are clearly visible to the person. The person's answers should be circled.

### Problems, questions, and tips



*Should a problem be listed if it wasn't caused by the person's addiction?*

Problems should be noted, regardless of their cause.

## 6. Personality

The brief personality questionnaire screens for personality disorders. It assesses enduring personality characteristics rather than behaviours that occur rarely or only in specific situations.

### Example introduction

*Now I would like to ask you a few questions about what you are like as a person. The questions refer to how you are in general, often, or usually. They don't refer to your reactions in specific situations. You need answer only 'yes' or 'no' to each question.*

### Instructions

The questions must be asked verbatim. In case the assessor doubts that the person is understanding that questions mean 'in general', 'often', or 'usually', these qualifiers should be emphasised.

If a statement on the questionnaire clearly applies to the person, it should be answered with only 'yes' (or 'no' in the case of Question 3). If, however, the answer is doubtful, 'no' should be circled (or 'yes' in the case of Question 3).

## Modules 7 & 8: MATE-ICN: ICF Core set and Need for care

The MATE-ICN assesses whether the person has a problem being active or participating in society, whether he or she is receiving help for the problem, and whether (additional) help is indicated. For each domain and factor, these things are assessed: the extent of the limitation (or the severity of the problem) and the amount of help, care, or support that is being received and additional help, care, or supported that is needed. An assessment is also made with regard to whether each of various environmental factors has a positive or a negative effect on the person's recovery.

The MATE-ICN is the section of the MATE that is based on the ICF (International Classification of Functioning, Disability, and Health). From the ICF, a core set of domains and factors is selected. Problems, limitations, and need for care are assessed for these domains in Module 7, and environmental factors influencing recovery are assessed in Module 8. ICN refers to ICF-Core set and Need for care.

With regard to activities and participation, the ICF makes a distinction between performance and capacity. The MATE evaluates an individual's performance rather than his or her capacity. Performance refers to the execution of activities and participation, and capacity refers to the ability to execute them.

An individual's performance can be supported by the use of facilities or other environmental factors. A person who does not have the capacity to do household activities, but for whom these activities have been taken care of by others, would be judged not to have a performance limitation in this domain. If support is provided by an organisation, the supporting activities are scored on the item 'Care and support of services'.

### Guidelines for evaluating a person's limitations with the MATE-ICN

Limitations are scored on a five-point scale, ranging from 0 (none) to 4 (complete). The degree of limitation can vary in intensity ('not noticeable' to 'full disruption of daily life'), in frequency ('never' to 'constantly'), or duration ('less than 5% of the time' to 'more than 95%').

The following figure depicts the scale.

Score	0	1	2	3	4
Degree of limitation	None	Mild	Moderate	Severe	Complete
Intensity	Not noticeable	Tolerable	Interference with daily life	Partial disruption of daily life	Full disruption of daily life
Frequency	Never	Rarely	Occasionally	Frequently	Constantly
Duration	0-4%	5-24%	25-49%	50-95%	96-100%

### Ruler

The figure shows that the extreme scores, 0 (none) and 4 (complete), represent only a small part of the scale (5% of each side). For a score of 0 or 4 to be given, the degree of limitation must be quite obvious. The score 2 (moderate) reaches no more than half of the scale (50%). This means that when the limitation is more than 50%, the score 3 applies.

External factors are scored according to the extent of the positive effects (i.e. facilitators) or negative effects (i.e. barriers) as 0 (none), 1 (mild), 2 (moderate), 3 (substantial), or 4 (profound).

In the MATE protocol, anchor points based on these scales are given for all domains and factors to help with the scoring.

Some domains (e.g. spirituality) might not be relevant for every individual. If a person does not find a domain relevant, the score '0' is given for that domain.

All assessments must be made within the context of health. Information that is not related to the person's physical and/or mental health should not be scored.

The need for care assesses (a) whether the assessor thinks the person needs (additional) care or support in performing a given activity or in participating, (b) whether the person thinks he or she needs (more) care, and, if any one of these is scored Yes, (c) whether it is considered the task of the institution to offer the care in question.

The figure above can be helpful to the assessor in evaluating the person's limitations. In some domains, the intensity of the limitation will be the main criterion that is used; in other domains, it will be the frequency. The criteria, however, do not always provide enough information for the assessor to decide

which score to assign. Therefore, to assist with these judgements, detailed descriptions of the domains and of each of the degrees of limitations are given in the section *Definitions and anchor points of the MATE-ICN*.

### **Time scale**

The MATE-ICN assesses the person's functioning during the past month (30 days), regardless of whether or not this period is representative of the person's life. The person must be evaluated according to the environment that he or she was in during that period. Even if the person was in an exceptional, unrepresentative situation, such as being in prison or in a residential facility, the person's limitations with respect to that environment must still be judged. In case there was an important change in the person's environment during the past month (e.g. the person either entered or was released from prison or inpatient treatment), the judgement should be with respect to the person's current (i.e. most recent) situation.

In exceptional cases, special instructions can be used to make judgements about an unusual time period. For research purposes, for example, it might be important to make judgements about the person when he or she was not in a controlled situation, e.g. before incarceration. Such alternative instructions must be made explicit.

## 7. Activities and participation; care and support (MATE-ICN)

### Example of an introduction

*Now I will ask you about various areas that might be important for you, such as your relationships with other people, your work, and your living situation. I will ask you whether or not you have experienced any problems in these areas during the past month, and, if so, how serious each problem was. In some cases, I will ask you whether you were receiving help or support related to the problem. If you do have significant problems, we will see whether we can help you with them.*


### Instructions


For each of the 19 different domains, Module 7 in the MATE-ICN assesses the following:

1. The degree to which the person's activities and participation are limited (ranging from *not at all* to *completely*).
2. The amount of support that is provided to the person (from *none* to *completely*).
3. Whether or not the assessor feels that the person is in need of care.
4. Whether or not the person himself or herself feels in need of care.
5. Whether or not the agency in question is willing and able to provide the care that is needed.

### Limitations

With regard to activities and participation, the ICF makes a distinction between capacity and performance. Capacity refers to a person's ability to execute activities; performance refers to the actual execution of them. The MATE evaluates performance rather than capacity. Performance should be judged with respect to the person's current circumstances, that is, taking into account the support or hindrances that currently exist. The assessor should judge whether or not the person actually engages in a particular activity, either with or without external help or support (i.e. performance), and not judge whether the person would be capable of performing it, either with or without help (i.e. capacity).

 For example, a person who is incapable of performing household chores by himself (for whatever reason) but has somebody else do the chores for him would not have a limitation in this domain.

 *What should the assessor do if his or her own judgement does not coincide with that of the person?*  
Ultimately, the limitations that are named should reflect the judgement of the assessor rather than of the person. Nevertheless, in making the judgement, the assessor should take into account the person's own opinion, but the relevance of the person's opinion varies across the different domains. It is more important with respect to limitations in the area of intimate relationships than of preparing meals or of other household chores.

### Care and support

Care or support can be provided to the person in the different domains. The assessor should evaluate (from 'none' to 'complete') how much care or support has been given to the person in each domain.

The domains are related to various kinds of treatment and care, the delivery of services, and the facilities that are used. Judgements should be made only with regard to professional services.

Even if no limitation in performance is observed ('o'), the amount of care and support should be scored. If the person clearly receives no care or support, it is unnecessary to ask this question for every domain. Nevertheless, a score (e.g. 'o') should be entered for care and support on each of the 9 domains.

The assessor should not let the person's dissatisfaction with the care or support affect the judgement. Treatment that is intensive, even though the person does not appreciate it, should still be judged as intensive.

Not all domains have questions about the amount of care or support, for example, the domains related to intimate, informal, and formal relationships. The reason is that no institutional care or support could eliminate or compensate for these limitations. Of course, the person could receive help or even treatment related to such domains, but this is not the same as compensation for the limitation.

👉 *Help from neighbours*

Help from neighbours should not be judged because it is not institutional help. Help from neighbours could be evaluated as a supporting factor for recovery of the person in Module 8.

👉 *Person is in detention or in a hospital*

*Limitation in performance.* If the person was in an exceptional, unrepresentative environment during the past month (30 days), such as being in prison or in a residential facility, the person's limitations cannot always be assessed easily. In general, the functioning must nevertheless be evaluated according to the environment that he or she was in during that period. For example, in scoring household tasks, one should assess whether the person takes care of his meals, laundry, and belongings in accordance with the facility the person is in. When the person is detained, one could assess whether the person takes care of his cell adequately.

*Amount of care and support.* If the environment (e.g. prison, residential facility) takes care of lodging, food, daily activities, etc., take into consideration whether these things are provided routinely by the facility, or as support because of the person's own limitation. Only when the care and support is provided because of the person's own limitations, should the amount of care and support be taken into consideration.

### Needs for care

The MATE-ICN distinguishes between subjective and objective needs for care. An objective need is a (additional) need that the assessor thinks the person should have; a subjective need is one that the person wants to have.

If the assessor evaluates the degree of limitation as 'none,' 'mild,' or 'moderate,' (a rating of '0,' '1' or '2') and the assessor thinks that the person does not need help or support, he or she does not need to ask the person about subjective needs for care.

If the degree of limitation is judged as 'severe' or 'complete' (a rating of '3' or '4'), the person should always be asked about his or her subjective need of care.

👉 If the limitation is judged to be absent or mild, this does not necessarily mean that no help or support is needed. Here are some examples of cases in which help would be needed:

- In the past 30 days, the person has functioned with no or a mild limitation, but the level of functioning is likely to deteriorate soon (e.g. the person is being threatened with eviction from his or her home).
- In the past 30 days, the person has functioned with no or a mild limitation because much care and support was provided that will end in the near future (e.g. after discharge from hospital).

In cases such as these, the need for care should be evaluated even though the limitation is mild or there is no limitation. In such cases, the assessor should judge whether or not care or support is needed now or in the near future.

👉 If the person is not asked to make a judgement, the last three 'yes/no' questions in each row can be left blank. If neither 'yes' nor 'no' is circled, this will be interpreted as meaning 'no.'

👉 If the person has already received care or support in the last 30 days, scoring care or support should reflect whether the person needs additional care or support, not whether the care or support that was given should be continued.

👉 The third column, 'Is the institution able and willing to offer the care needed?' is provided especially for institutions or care-takers themselves, in order to assist them in taking supportive actions, and to check whether the support has been provided. This information is not used in calculating MATE scores; rather, it should be regarded as practical information that can be used at one's own discretion.

👉 *Consider a person whose limitation was rated 0, 1, or 2, and, in accordance with the instructions, the person was not asked about the subjective need for care.* The person, however, spontaneously indicated that help or support is needed. How should this response be scored?

The assessor should circle 'No' for the objective need for care and 'Yes' for the person's subjective need for care.



### Example of a filled in MATE

The person who was interviewed has serious difficulties at work for which he is receiving no help or support. However, neither the assessor nor the person thinks that help or support is necessary. The person is able to manage financially because he is on welfare (he received a score of '2' on Care and Support from Services). No further help or support is needed.

MAJOR LIFE AREAS	d810-859 Education, work, and employment «Did you have difficulties acquiring or keeping a job or with educational activities?»	3	e5850.e5900 How much support did the person receive for this, e.g. from employment services or educational services?	0	Yes No	Yes No	Yes No
	d870 Economic self-sufficiency «Did you have difficulties with economic self-sufficiency; were you short of money for your everyday expenses?»	0	e5700 How much support did the person receive for this, e.g. through welfare benefits or debt management?	2	Yes No	Yes No	Yes No
COMMUNITY, SOCIAL AND CIVIC LIFE	d920 Recreation and leisure «Was it difficult for you to find free time or to engage in free-time activities, for example, relaxation or sport?»	0	NA		Yes No	Yes No	Yes No
	d930 Religion and spirituality «Did you have difficulties participating in religious or spiritual activities or organizations that might help you find self-fulfilment, meaning, or religious or spiritual value?»	0	NA		Yes No	Yes No	Yes No
DOMESTIC LIFE	d610 Acquiring and maintaining a place to live «Were you without a place to live, or did you have other problems with housing?»	0	e5350 How much support did the person receive for this, e.g. from housing services or supported housing?	0	Yes No	Yes No	Yes No
	d620-d640 Household tasks «Did you find it difficult to do household tasks, such as shopping, cleaning, or housework?»	0	e5750 How much support did the person receive for this, e.g. from community care?	0	Yes No	Yes No	Yes No

## 8. Environmental factors influencing recovery (MATE-ICN)

### Example of an introduction

*I will ask you a couple of questions about how your environment affects you and your recovery. The effect could be positive and supportive, or it could be negative and interfering. If the effect is negative and interfering, we will see whether we can and should help you with the problems you are having.*

### Instructions

For each of the four selected environmental factors, Module 8 in the MATE-ICN assesses the following:

1. The degree (from *none* to *profound*) of positive or negative effect that each factor that has occurred during the past 30 days will now have on the recovery; the nature of the factor must be clarified.
2. Whether or not the assessor feels that the person is in need of care.
3. Whether or not the person himself or herself feels in need of care.
4. Whether or not the agency in question is willing and able to provide the care that is needed.

This module concerns factors that can be expected to influence recovery in the near future. Make your assessment based on the past 30 days.

For each of the factors that has a positive influence, only the extent of the influence should be assessed and not need for care.

👉 Don't forget to specify the influencing factor in the description cell.

👉 e598 Other environmental factors. Don't write down external factors that have already been covered

### Example of a filled in MATE

The person who was interviewed has a girlfriend who has a moderately positive influence (+2) on the person's recovery. The person, however, has a friend who has a substantial negative influence (3). Neither the assessor nor the person thinks that help or support is needed with the negative influence. The person is on probation, and this has a substantial positive influence on him and his recovery (+3).

MATE 8. Environmental factors influencing recovery (MATE-ICN)					
ICF Component e: Environmental factors	Influence on recovery	NEED FOR CARE			
Component e: Environmental factors Taking the past 30 days into consideration, what environmental factors are having or might have a positive or negative influence on the person's recovery? † Fill in the extent of influence: 0: None/Mild 1: Mild 2: Moderate 3: Substantial 4: Profound † Environmental factors make up the physical, social and attitudinal environment. These factors are external to the person. † Do not think that additional care is needed. Do not think that additional care is needed. Do not think that additional care is needed.					
CHAPTER 30 days SUPPORT AND RELATIONSHIPS e310-e325 Partner, family, friends, acquaintances, neighbours, colleagues, etc. Positive influence «Are there people in your environment who are supportive and who are having a positive influence on you and your recovery?» † Consider contacts who encourage substance use. † NB: Write negative influence from attitudes under Societal attitudes (e460).	+2	girlfriend			
Negative influence «Are there people in your environment who are having a negative influence on you and your recovery?» † Consider contacts who encourage substance use. † NB: Write negative influence from attitudes under Societal attitudes (e460).	3	friend	Yes	Yes	Yes
Loss of a relationship during the past year with negative influence «During the past year, did you lose an important relationship (for example, because of death or divorce) that resulted in a negative influence on you and your recovery?»	0		No	No	No
ATTITUDES e460 Societal attitudes Negative influence «Are you affected by societal opinions and beliefs about people with psychiatric disorders that have a negative influence on you and your recovery?»	0		Yes	Yes	Yes
SERVICES, SYSTEMS AND POLICIES e5500 Legal services Positive influence «Are you in contact with any legal professional or involved in any legal matter that is having a positive influence on you and your recovery?» † For example, getting legal assistance, having positive contacts with probation services, in treatment or getting support as a result of legal measures.	3	on probation			
Negative influence «Are you in contact with any legal professional or involved in any legal matter that has a negative influence on you and your recovery?»			Yes	Yes	Yes

## **Q1. Craving and Q2. Depression, anxiety, and stress**

The Obsessive Compulsive Drinking Scale (OCDS) is used in Questionnaire 1 to assess the person's craving for his or her Primary-problem substance or behaviour.. If it is used for gambling, instruct the person to read, 'gambles [bets]' instead of 'uses'.

The Depression, Anxiety, and Stress Scale (DASS) is used in Module Q2. Depression, anxiety, and stress to assess the person's depression, anxiety, and stress.

The person should himself or herself fill in both of these questionnaires. The questions on both of these questionnaires pertain to the previous seven days.

### **Example of an introduction**

*I would like for you to fill in these two questionnaires. Read the instructions at the top and then circle the answer that best fits you. If you have any questions while you are filling in the questionnaires, don't hesitate to ask me.*

### **Instructions**

Before giving the person the questionnaires, the assessor should make sure to write the person's Primary-problem substance/behaviour at the top of the page.

The assessor should also make sure that the person understands the instructions. If the person has a query about any of the questions, the assessor should first read the question aloud. If the person still does not grasp what the question is asking, the interviewer should explain whatever part of the question the person does not understand.

If the person has major difficulty with filling in the self-report questionnaires, help can be provided, for example by pointing to the questions and/or reading them aloud. If this is not sufficient for the person to comprehend, then skip the questionnaire.

- 👉 Because the questionnaires in Modules Q1. Craving and Q2. Depression, anxiety, and stress are given to the person to complete, these modules are placed at the end of the MATE assessment session.
- 👉 As the person is filling out the questionnaires, the assessor might want to check that they are being filled out correctly and completely.
- 👉 **Q1. Craving.** In case the person finds it hard to answer Question 2, 3, and 4, because the answer to Question 1 is: 'o' (None), the assessor can suggest that the answer to Questions 2, 3, and 4 is usually also 'o' (Never, None).

## Protocol for scoring

How to score the MATE is explained. in the table below.

Module	Score	Scoring and calculation	Range min-max	Threshold value [MD]: used in the MATE dimension scores
2. Indicators for psychiatric or medical consultation	Characteristics of physical comorbidity [S2.1]	1 point for each Yes on physical health, intoxication, physical disease, pregnancy. Total.	0 – 4	
	Undergoing psychiatric or psychological treatment [S2.2]	1 point for medication for psych. problems, 1 point for recent psych. treatment. Total.	0 – 2	$\geq 2[MD]$
	Characteristics of psychiatric comorbidity [S2.3]	2 points for suicide plan/attempt, 1 point for each Yes on hallucinations, delusions, confusion. Total.	0 – 5	$\geq 2[MD]$
Explanation	<p>For Characteristics of physical comorbidity [S2.1] , give 1 point for each Yes. If an item has not been filled in, consider the answer to be a No.</p> <p>If no more than 2 items are missing of Characteristics of psychiatric comorbidity [S2.3], an estimate of the Total can be made by computing the mean of all items that are filled in (2 points for suicide plan/attempt, 1 point for each Yes on hallucinations, delusions, confusion) and multiplying the mean by 4. If the sum exceeds 5, the total is 5.</p> <p>In the algorithm for the MATE dimension scores, the threshold value 2 is used for Undergoing psychiatric or psychological treatment [S2.2] and for Characteristics of psychiatric comorbidity [S2.3] .</p>			
4. Substance dependence and abuse	Dependence [S4.1]	1 point for each Yes on the first 7 items (1-7). Total.	0 – 7	$\geq 3$
	Abuse [S4.2]	1 point for each Yes on the last 4 items (8 -11). Total.	0 – 4	$\geq 1$
	Severity of dependence/abuse [S4.3]	1 point for each Yes, except for Item 1 and Item 10 (they don't count). Total.	0 – 9	$\geq 8[MD]$
Explanation	<p>For Dependence [S4.1] and Abuse [S4.2] the threshold value 3 and 1 respectively, means fulfilment of the criteria for dependence and abuse, respectively. Count 1 point for each Yes. Disregard items that are not filled in.</p> <p>If no more than 3 items are missing for Severity of dependence/abuse [S4.3], an estimation of the total can be made by computing the mean of all items that are filled in and multiplying the mean by 9.</p> <p>The threshold value 8 is used in the algorithm for the MATE dimension scores.</p>			
5. Physical complaints	Physical complaints [S5.1]	Sum of the 10 item values.	0 – 40	
Explanation	If no more than 3 items are missing for Physical complaints [S5.1], an estimation of the total can be made by computing the mean of all items that are filled in and multiplying the mean by 10.			
6. Personality	Personality [S6.1]	1 point for a No answer on Item 3, 1 point for each Yes answer on the other items. Total.	0 – 8	$\geq 4$
Explanation	<p>Note that Item 3 counts as No.</p> <p>If no more than 2 items are missing for Personality [S6.1], an estimation of the total can be made by computing the mean of all items that are filled in (1 point for Yes, except Item 3, which counts as No) and multiplying the mean by 8. The threshold value 4 suggests a personality disorder.</p>			

Module	Score	Scoring and calculation	Range min-max	Threshold value [MD]: used in the MATE dimension scores
7+8 MATE-ICN	Limitations - Total [S7.1]	Sum of the values of the 19 limitation items.	0 – 76	
	Limitations - Basic [S7.2]	Sum of the values of these 8 items: d610 Acquiring and maintaining a place to live; d620-d640 Household tasks; d510,520,540 Self-care; d5700 Ensuring one's physical comfort; d5701 Managing diet and fitness; d5702a Seeking and following advices and treatment by healthcare; d5702b Protecting oneself from health risks due to risky behaviour; d230 Carrying out daily routine	0 – 32	≥ 12[MD]
	Limitations - Relationships [S7.3]	Sum of the values of these 5 items: d770 intimate relationships; d7600 parent-child relationships; d750,d760 informal social relationships and family relationships; d740 formal relationships; d710-d720 General interpersonal interactions	0 – 20	
	Care and support [S7.4]	Sum of the values of the 8 Care and support items.	0 – 32	
	Positive external influences [S8.1]	Sum of the values of these 3 items: e310-e325+ Partner etc.; e550+ Legal factors; e598+ Other factors.	0 – 12	
	Negative external influences [S8.2]	Sum of the values of 5 items: e310-e325- Partner etc.; Loss of relationship; e460- Societal attitudes ; e550- Legal factors; e598- Other factors.	0 – 20	≥ 10[MD]
	Need for care [S8.3]	1 point for each Yes either from the assessor or from the person on the question about care needs (15 in Module 7 and 5 in Module 8). Total.	0 – 20	
Explanation	<p>In case values are missing in computing the scores for Limitation, Care and support, and external influences, an estimate of the total scores can be made by computing the mean of all items that are filled in and multiplying that mean by the number of items. The maximum number of items for each score that can be estimated is shown within parentheses: Limitations - Total [S7.1]: 19(7), Limitations - Basic [S7.2]: 8(3), Limitations - Relationships [S7.3]: 5(2), Care and support [S7.4]: 8(3), Positive external influences [S8.1]: 3(1) Negative external influences [S8.2]: 5(2).</p> <p>For Need for care [S8.3], the number of domains and factors filled in with Yes, either by the assessor or by the person, should be counted (Note: if both are Yes, count only 1). Items not filled in should be disregarded.</p> <p>In the algorithm for the MATE dimension scores, Limitations - Basic [S7.2] is used with a threshold value of 12 and Negative external influences [S8.2] with a threshold value of 10.</p>			
Q1. Craving	Craving [SQ1.1]	Sum of the 5 item values.	0 – 20	≥ 12[MD]
Explanation	If no more than 1 item is missing for Craving [SQ1.1], an estimate of the score can be made by computing the mean of all items that are filled in and multiplying the mean by 5. The threshold value of 12 is used in the algorithm for the MATE dimension scores.			
Q2. Depression, anxiety, and stress	Depression [SQ2.1]	Sum of the 7 item values (#3,#5,#10,#13,#16,#17,#21). Multiply the sum by 2.	0 – 42	≥ 21
	Anxiety [SQ2.2]	Sum of the 7 item values (#2,#4,#7,#9,#15,#19,#20). Multiply the sum by 2.	0 – 42	≥ 15
	Stress [SQ2.3]	Sum of the 7 item values (#1,#6,#8,#11,#12,#14,#18). Multiply the sum by 2.	0 – 42	≥ 26
	Depression Anxiety Stress - Total [SQ2.4]	Sum of SQ2.1, SQ2.2, and SQ2.3	0 – 126	≥ 60[MD]
Explanation	<p>A coding sheet can be obtained from <a href="http://www.mateinfo.eu">http://www.mateinfo.eu</a>.</p> <p>In case of missing values, computing the scores for Depression [SQ2.1], Anxiety [SQ2.2], and Stress [SQ2.3], an estimate of the sum of the 7 item values can be made by computing the mean of all items that are filled in, and multiplying that mean by 7 and multiply by 2 to get the total score. The maximum number of missing items is 3 for each of the scores. The threshold values 21, 15, and 16 mean 'serious'.</p> <p>Depression Anxiety Stress - Total [SQ2.4] can be computed by adding the scores Depression [SQ2.1], Anxiety [SQ2.2], and Stress [SQ2.3]. The threshold value of 60 for Depression Anxiety Stress - Total [SQ2.4] is used in the algorithm for the MATE dimension scores.</p>			



## Definitions and anchor points of the MATE-ICN

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In this section, each of the domains and factors of the MATE-ICN that are assessed in Module 7 and 8 is explained in detail.

First, the official ICF definition of each domain and factor is presented. This is done according to the ICF Manual. They are, however, incidentally somewhat shortened or adapted for the target group.

Further, for each score from 0 to 4 anchor points are given. Anchor points are descriptions that help to guide the scoring. They are intended to be suggestions; the assessor has to use his or her own judgement. Finally, for each domain and factor, helpful tips and hints are given, and problem solutions are suggested to help in the scoring.

### **d770** Creating and maintaining intimate relationships

**ICF definition** Creating and maintaining close or romantic relationships between individuals, such as husband and wife, lovers or sexual partners.

**Inclusions** Romantic, spousal and sexual relationships.

**Probe question** *Did you have difficulties with your partner  
(or did you find it difficult not having a partner)?*

- Anchor points**
- o. There were no difficulties in creating and maintaining intimate relationships.
  - 1. There were difficulties in creating and maintaining intimate relationships that were noticeable in daily life.
  - 2. There were difficulties in creating and maintaining intimate relationships that interfered with daily life.
  - 3. There were difficulties in creating and maintaining intimate relationships that partially disrupted daily life.
  - 4. There were difficulties in creating and maintaining intimate relationships that completely disrupted daily life.

**Problems, questions, tips**

- » This refers to such things as tension in intimate relationships, lack of emotional connection, inequality in the relationship, difficulty coping with loneliness, feeling insecure or lack of intimacy, aggressiveness in the relationship, difficulty in building or maintaining relationships, having frequent changes in relationships.
- » *If the person does not have an intimate relationship*, it is important to determine whether he or she wants to have one. If the person indicates not wanting an intimate relationship, assess whether this is the consequence of a medical or psychological problem. If not, give a score of “o”. If the person wants to have an intimate relationship, ask whether there are problems related to the wish, e.g. loneliness (score on intensity), difficulties in building a relationship (score on frequency).



**d7600 Parent-child relationships**

**ICF definition** Becoming and being a parent, both natural and adoptive, such as by having a child and relating to it as a parent or creating and maintaining a parental relationship with an adoptive child, and providing physical, intellectual and emotional nurture to one's natural or adoptive child.

**Probe question** *Were there any difficulties in your relationship with your child(ren)?*

- Anchor points**
- o. There were no difficulties in the parent-child relationship.
  - 1. There were difficulties in the parent-child relationship that were noticeable in daily life.
  - 2. During a large part of the time, there was neglect of the child, or there were difficulties in the parent-child relationship that interfered with daily life.
  - 3. Most of the time, there was neglect of the child, or there were difficulties in the parent-child relationship that partially disrupted daily life.
  - 4. All of the time, there was neglect of the child, or there were difficulties in the parent-child relationship that completely disrupted daily life.

- Problems, questions, tips**
- » This concerns the person's role as parent of his or her children, not the role as child of his or her parents.
  - » This domain refers to problems that the person himself or herself experienced in the role of parent.
  - » This domain also refers to problems the person's child(ren) is (are) having. Regardless of the person's opinion, the item should be scored, for example, if a child has experienced physical, sexual, or psychological abuse or neglect or has witnessed domestic violence.
  - » If the person does not indicate having problems, problems might still be suspected. Suspicion might arise from information revealed in domains addressed in a later phase of the interview. If this occurs, it would be a good to return to the item on the parent-child relationship at the end of Module 7 and again interview the person about this domain. Suspicion of problems might also arise while interviewing the person about limitations in work and employment, housing, self-care, daily routine, dealing with stress or a crisis, household tasks, etc. Suspicion might also occur in cases of polydrug use, regular cocaine use, or excessive alcohol use, or if the family is known as troublemakers.
  - » *If the person doesn't have children*, in general the score should be "0". If the person has an unfulfilled wish for children, assess how much of a problem this has been for the person. For example, ask about attempts to have children and how disruptive this has been on the person's daily life.

**e5750,e5800,e5500** *How much support did the person receive for this, e.g. from children and family services?*

**ICF definition** General social support services (e5750).  
Health services (e5800).  
Legal services (e5500).

- Anchor points**
- o. Received no institutional support.
  - 1. Received limited institutional support in executing his or her role as a parent; for example, was given advice.
  - 2. Received moderate institutional support in executing his or her role as a parent; has occasional contacts with an agency.
  - 3. Received substantial institutional support in executing his or her role as a parent; for example, receives visits from a parental coach.
  - 4. The role of parent has been taken over by others.

- Problems, questions, tips**
- » This concerns both welfare support and legal services.

### **d750,d760 Creating and maintaining informal social relationships and family relationships**

**ICF definition** Entering into relationships with others, such as casual relationships with people living in the same community or residence, or with coworkers, students, playmates or people with similar backgrounds or professions (d750).

Creating and maintaining kinship relationships, such as with members of the nuclear family, extended family, foster and adopted family and steprelationships, more distant relationships such as second cousins, or legal guardians (d760).

**Inclusions** Informal relationships with friends, neighbours, acquaintances, coinhabitants and peers, child-parent relationships, sibling and extended family relationships.

**Probe question** *Did you have difficulties with your family or friends?*

- Anchor points**
- o. There were no difficulties with family or friends.
  - 1. There were difficulties with family or friends that were noticeable in daily life.
  - 2. There were difficulties with family or friends that interfered with daily life.
  - 3. There were difficulties with family or friends that partially disrupted daily life.
  - 4. There were difficulties with family or friends that completely disrupted daily life.

**Problems, questions, tips**

- » *If the person does not have family or friends*, the same scoring considerations apply as to intimate relationships. It is important to determine whether the person wants to have family contact and wants to make friends. If the person wants either one, ask whether there were problems related to this wish, such as loneliness (score the intensity) or problems with attempts to make friends (score the frequency). Code the extent to which the person is dissatisfied with his or her situation.
- » *If the person indicates not wanting contact* with family or not wanting to make friends, assess whether this preference is the consequence of a medical or psychological problem. If not, give a score of “o”. Otherwise, score the degree of limitation.

**d740 Creating and maintaining formal relationships**

**ICF definition** Creating and maintaining specific relationships in formal settings, such as with employers, professionals or service providers.

**Inclusions** Relating with persons in authority, with subordinates and with equals.

**Probe question** *Did you have difficulties relating to your employer, professionals, service providers, or health-care workers?*

- Anchor points**
- o. There were no difficulties or conflicts in formal relationships.
  - 1. There were rarely difficulties or conflicts in formal relationships.
  - 2. There were occasional difficulties or conflicts in formal relationships.
  - 3. There were frequent difficulties or conflicts in formal relationships.
  - 4. There were constant difficulties or conflicts in formal relationships.

**Problems, questions, tips**

- » *If the person has not had formal contacts*, assess whether this is due to avoidance behaviours that indicate problems in creating and maintaining formal relationships. Only if there was no reason for formal contacts, should a score of “o” be given.
- » It is quite unlikely that a person would have no formal contacts. Question the person about contacts with shopkeepers, civil servants, etc.
- » Important formal contacts are those with colleagues, company employees, healthcare workers, social workers, the police, etc.

**d710 General interpersonal interactions**

**ICF definition** Interacting with people in a contextually and socially appropriate manner, such as by showing consideration and esteem when appropriate, or responding to the feelings of others (d710). Maintaining and managing interactions with other people, in a contextually and socially appropriate manner, such as by regulating emotions and impulses, controlling verbal and physical aggression, acting independently in social interactions, and acting in accordance with social rules and conventions (d720).

**Inclusions** Showing respect, warmth, appreciation, and tolerance in relationships; responding to criticism and social cues in relationships; and using appropriate physical contact in relationships; forming and terminating relationships; regulating behaviours within interactions; interacting according to social rules; and maintaining social space.

**Probe question** *Did you find it difficult to make contacts with other people or to get along with others?*

- Anchor points**
- o. There were no difficulties with interpersonal interactions.
  - 1. There were rarely difficulties with interpersonal interactions.
  - 2. There were occasional difficulties with interpersonal interactions.
  - 3. There were frequent difficulties with interpersonal interactions.
  - 4. There were constant difficulties with interpersonal interactions.

**Problems, questions, tips**

- » This domain concerns general problems with interpersonal interactions, such as not getting or giving respect, attention, recognition; not being tolerated or not being tolerant; not accepting or giving criticism; not communicating socially; avoiding physical contact with others (e.g. hand shakes).
- » Problems might be due either to shyness and unassertiveness or to overassertiveness and aggressiveness.
- » The way the person interacts during the interview can give an indication of whether there might be some limitation in this domain.

### **d810-d850 Education, work, and employment**

**ICF definition** Education consists of all kinds of education. Informal education (such as learning crafts and other skills from parents or family members, or home schooling), preschool education, school education, vocational training, higher education, and other unspecified education (d810-d839).  
Work and employment encompasses apprenticeship (work preparation), acquiring, keeping and terminating a job and applies to paid as well as to unpaid jobs (d840-d859).

**Probe question** *Did you have difficulties acquiring or keeping a job or with educational activities?*

- Anchor points**
- o. There were no difficulties with education, work, or employment.
  - 1. There were difficulties with education, work, or employment that were noticeable in daily life.
  - 2. There were difficulties with education, work, or employment that interfered with daily life.
  - 3. There were difficulties with education, work, or employment that partially disrupted daily life.
  - 4. There were difficulties with education, work, or employment that completely disrupted daily life.

**Problems, questions, tips**

- » *Unemployment.* If the person is unemployed, assess whether the person has problems or limitations in looking for work.
- » *Housewife or househusband.* Functioning mainly as a housewife or househusband is considered to be unpaid work. Give a score to indicate whether the person finds it a problem to function in this role. Difficulties in doing household chores themselves have to be coded in d620-d640.
- » *Retired, unable to work, or independently wealthy.* If the person is retired, a score of “o” would normally be given. An exception is when the person is nevertheless working or looking for work, doing volunteer work, or pursuing an education. In such cases, if the person is having difficulties with this, a score should be given to indicate the magnitude of the problems.
- » *Illegal work.* For scoring limitations, it does not matter whether or not the person’s work is legal. What counts is whether the work is regular, and the person has more or less fixed working hours or has a contract and receives regular payments.
- » *Conflicts with employers.* Conflicts with employers should normally be given a score in the formal relationships domain. If, however, the conflicts cause limitations related to work (e.g. threat of discharge), a score should also be given for the work-related limitation.
- » *If the person does not want to work or go to school,* assess whether this is the consequence of a medical or psychological problem (e.g. depression). If not, a score of “o” can be assigned. When unwillingness to work causes problems in other domains, such as financial difficulties, they should be coded there.

**e5850,e5900** *How much support did the person receive for this, e.g. from employment services or educational services?*

**ICF definition** Education and training services (e5850)  
Labour and employment services (e5900).

- Anchor points**
- o. Received no institutional support.
  - 1. Received limited institutional support in looking for a job or in solving problems related to work or education; for example, registered as looking for a job, but no other steps have been taken.
  - 2. Received moderate institutional support in looking for a job or in solving problems related to work or education; e.g. through rehabilitation.
  - 3. Received substantial institutional support in looking for a job or in solving problems related to work or education.
  - 4. All activities related to finding work or educational opportunities were managed institutionally.

**Problems, questions, tips**

- » Support in the form of community service or work experience projects is scored here.

**d870 Economic self-sufficiency**

**ICF definition** Having command over economic resources, from private or public sources, in order to ensure economic security for present and future needs.

**Inclusions** Personal financial resources and public entitlements.

**Probe question** *Did you have difficulties with economic self-sufficiency; were you short of money for your everyday expenses?*

- Anchor points**
- o. There were no difficulties with economic self-sufficiency.
  - 1. There were rarely difficulties with economic self-sufficiency.
  - 2. There were occasional difficulties with economic self-sufficiency.
  - 3. More than once had insufficient money for necessities, such as food or housing.
  - 4. Hardly ever had enough money for necessities, such as food or housing.

**Problems, questions, tips**

- » *Illegal sustenance.* In judging the person's economic self-sufficiency, don't consider the source of the income. People can earn their livelihood through illegal means.
- » *Financial dependency.* If the person is financially dependent on another person, such as a partner or parent and the support is adequate, there wouldn't be a problem.

**e5850,e5900** *How much support did the person receive for this, e.g. through welfare benefits or debt management?*

**ICF definition** Social security services (e5700).

- Anchor points**
- o. No institutional financial support.
  - 1. Received institutional financial support.
  - 2. Received complete financial support from an institutional source.
  - 3. Either (a) received complete financial support from an institutional source and had to report expenditures to the institution or (b) had own economic resources, but the money was administered by an institution.
  - 4. Received complete financial support from an institutional source, and the money was administered entirely by an institution.

**Problems, questions, tips**

- » Two things are important for the scoring: the amount of financial support, and whether an institution administers the money.
- » Examples of financial support include social security benefits, unemployment benefits, disability benefits, etc. A pension is not counted as financial support in this domain.

## **d920 Recreation and leisure**

**ICF definition** Engaging in any form of play, recreational or leisure activity, such as informal or organized play and sports, programmes of physical fitness, relaxation, amusement or diversion, going to art galleries, museums, cinemas or theatres; engaging in crafts or hobbies, reading for enjoyment, playing musical instruments; sightseeing, tourism and travelling for pleasure.

**Inclusions** Play, sports, arts and culture, crafts, hobbies and socializing.

**Probe question** *Was it difficult for you to find free time or to engage in free-time activities, for example, relaxation or sport?*

- Anchor points**
- o. There were no difficulties with engaging in leisure activities or finding free time.
  - 1. There were rarely difficulties with engaging in leisure activities or finding free time.
  - 2. There were occasional difficulties with engaging in leisure activities or finding free time.
  - 3. There were frequent difficulties with engaging in leisure activities or finding free time.
  - 4. There were constant difficulties with engaging in leisure activities or finding free time.

- Problems, questions, tips**
- » *If the person has had no free time*, assess whether he or she feels hampered by it. Score the extent to which the person perceives this to be a problem.
  - » *If the person does not want to engage in leisure activities*, assess whether this is a consequence of a medical or psychological problem. If not, a score of “o” can be assigned. Otherwise, score the degree of limitation.
  - » *Homeless people or psychiatric inpatients* might not have a clear idea of what is meant by leisure time. With such people, it would be good to ask about taking time for relaxation or doing things for oneself.

### **d930 Religion and spirituality**

**ICF definition** Engaging in religious or spiritual activities, organizations and practices for selffulfilment, finding meaning, religious or spiritual value and establishing connection with a divine power, such as is involved in attending a church, temple, mosque or synagogue, praying or chanting for a religious purpose, and spiritual contemplation.

**Inclusions** Organized religion and spirituality.

**Probe question** *Did you have difficulties participating in religious or spiritual activities or organizations that might help you find self-fulfilment, meaning, or religious or spiritual value?*

- Anchor points**
- o. There were no difficulties with engaging in religious or spiritual activities or organizations.
  - 1. There were rarely difficulties with engaging in religious or spiritual activities or organizations.
  - 2. There were occasional difficulties with engaging in religious or spiritual activities or organizations.
  - 3. There were frequent difficulties with engaging in religious or spiritual activities or organizations.
  - 4. There were constant difficulties with engaging in religious or spiritual activities or organizations.

- Problems, questions, tips**
- » *If the person is not religious or is not interested in spiritual matters*, assess whether he or she feels hampered by it. If not, score “o”, otherwise score the extent to which the person perceives this to be a problem.
  - » *Sect*. Belonging to a religious sect or engaging in activities of a sect is considered to be religious or spiritual enagement.

**d610 Acquiring and maintaining a place to live**

**ICF definition** Buying or renting a place to live and furnishing a place to live.

**Probe question** *Were you without a place to live, or did you have other problems with housing?*

- Anchor points**
- o. There were no difficulties with acquiring, maintaining, or furnishing a place to live.
    - 1. There were difficulties with acquiring, maintaining, or furnishing a place to live that were noticeable in daily life.
    - 2. There were difficulties with acquiring, maintaining, or furnishing a place to live that interfered with daily life.
    - 3. There were difficulties with acquiring, maintaining, or furnishing a place to live that partially disrupted daily life.
    - 4. Has not succeeded in acquiring or maintaining a place to live.

**Problems, questions, tips**

- » *Not living independently.* If the person does not live alone, but lives without problems in sheltered housing or supported accommodation, or lives at the parents' house and is satisfied doing so, the score for limitations in functioning would generally be "o".
- » *If the person is living in a facility temporarily* (e.g. a hospital or a detention centre), assess whether he or she is having difficulties acquiring and maintaining a place to live outside this facility.

**e5250** *How much support did the person receive for this, e.g. from housing services or supported housing?*

**ICF definition** Housing services (e5250).

- Anchor points**
- o. Received no institutional support.
    - 1. Received limited institutional support in looking for a place to live or in furnishing a house, e.g. from a social worker.
    - 2. Received moderate institutional support in looking for a place to live or in furnishing a house; lived independently but with guidance.
    - 3. Received substantial institutional support in looking for a place to live or in furnishing a house; lived in a facility with other people or in one in which supervision was provided.
    - 4. Received complete institutional support in looking for a place to live or in furnishing a house; lived in a facility where constant supervision was provided.



**d620-d640 Household tasks, such as shopping, preparing meals, doing housework**

**ICF definition** Selecting, procuring and transporting all goods and services required for daily living, such as selecting, procuring, transporting and storing food, drink, clothing, cleaning materials, fuel, household items, utensils, cooking ware, domestic appliances and tools; procuring utilities and other household services. (d620)  
 Planning, organizing, cooking and serving simple and complex meals for oneself and others, such as by making a menu, selecting edible food and drink, getting together ingredients for preparing meals, cooking with heat and preparing cold foods and drinks, and serving the food. (d630)  
 Managing a household by cleaning the house, washing clothes, using household appliances, storing food and disposing of garbage, such as by sweeping, mopping, washing counters, walls and other surfaces; collecting and disposing of household garbage; tidying rooms, closets and drawers; collecting, washing, drying, folding and ironing clothes; cleaning footwear; using brooms, brushes and vacuum cleaners; using washing machines, driers and irons. (d640).

**Inclusions** Shopping and gathering daily necessities, preparing simple and complex meals, washing and drying clothes and garments; cleaning cooking area and utensils; cleaning living area; using household appliances, storing daily necessities and disposing of garbage.

**Probe question** *Did you find it difficult to do household chores, such as shopping, preparing meals, or doing housework?*

- Anchor points**
- o. There were no difficulties with shopping, preparing meals, or doing housework, and the person never neglected these tasks.
  - 1. There were rarely difficulties with shopping, preparing meals, or doing housework, and the person rarely neglected these tasks.
  - 2. There were occasional difficulties with shopping, preparing meals, or doing housework, or the person occasionally neglected these tasks.
  - 3. There were frequent difficulties with shopping, preparing meals, or doing housework, or the person frequently neglected these tasks.
  - 4. There were constant difficulties with shopping, preparing meals, or doing housework, or the person constantly neglected these tasks.

**Problems, questions, tips**

- » *The person might not need to do household chores* because someone else (e.g. partner or parents) does them for the person. If this arrangement is satisfactory for both parties, the person would have no limitations (a score of “o” would be given).
- » *The person might not do household chores because he or she is homeless or is a traveller.* In this case, assess whether the person is preparing meals, doing the laundry, and looking after his or her property.
- » *If the person lives in a facility,* assess whether he or she is preparing meals, doing the laundry, and taking care of his or her property when it is appropriate to do so.

**e5750 How much support did the person receive for this, e.g. from community care?**

**ICF definition** General social support services (e5750).

- Anchor points**
- o. Received no institutional support.
  - 1. Received, over a 1 month period, less than 3 days of institutional support with shopping, preparing meals, or doing housework.
  - 2. Received, over a 1 month period, between 3 and 10 days of institutional support with shopping, preparing meals, or doing housework.
  - 3. Received, over a 1 month period, between 10 and 25 days of institutional support with shopping, preparing meals, or doing housework.
  - 4. Received, over a 1 month period, more than 25 days of institutional support with shopping, preparing meals, or doing housework.

**Problems, questions, tips**

- » If the person lives in a facility, assess the amount of assistance the facility gives with preparing meals and doing housework, shopping, or other household chores.

### **d510,d520,d540 Self-care, such as washing, caring for body parts, dressing**

**ICF definition** Washing and drying one's whole body, or body parts, using water and appropriate cleaning and drying materials or methods, such as bathing, showering, washing hands and feet, face and hair, and drying with a towel. (d510)

Looking after those parts of the body, such as skin, face, teeth, scalp, nails and genitals, that require more than washing and drying. (d520)

Carrying out the coordinated actions and tasks of putting on and taking off clothes and footwear in sequence and in keeping with climatic and social conditions. (d540).

**Inclusions** Washing body parts, the whole body; and drying oneself; caring for skin, teeth, hair, finger and toe nails; putting on or taking off clothes and footwear and choosing appropriate clothing.

**Probe question** *Did you have difficulty with self-care, such as washing, caring for parts of your body, or dressing?*

- Anchor points**
- 0. There were no difficulties in washing, caring for body, or dressing. Appears clean and properly dressed and seems to be looking after himself or herself.
  - 1. There were rarely difficulties in washing, caring for body, or dressing. Looks a bit unkempt.
  - 2. There were occasional difficulties in washing, caring for body, or dressing. Appears somewhat dishevelled.
  - 3. There were frequent difficulties in washing, caring for body, or dressing. Appears very dishevelled.
  - 4. There were constant difficulties in washing, caring for body, or dressing. Is clearly not capable of looking after himself or herself.

- Problems, questions, tips**
- » *This item can generally be scored by observing the person.* Note signs of self-neglect, such as wearing dirty clothes, having unwashed hair, being unshaven, or smelling bad.
  - » If in doubt about whether a score based on the person's present appearance is accurate (e.g. the person is clean and properly dressed—or the opposite—but you suspect that this is unusual), inquire further.

**d5700 Ensuring one's physical comfort**

**ICF definition** Caring for oneself by being aware that one needs to ensure, and ensuring, that one's body is in a comfortable position, that one is not feeling too hot or cold, and that one has adequate lighting.

**Probe question** *Did you have difficulty finding a safe place to sleep, or with wearing protective clothing?*

- Anchor points**
- o. At all times looked after own physical comfort: had a safe place to sleep and wore protective clothing.
  - 1. During a small part of the time, did not look after own physical comfort (i.e. not sleeping in a safe place, not wearing protective clothing).
  - 2. During a large part of the time, did not look after own physical comfort (i.e. not sleeping in a safe place, not wearing protective clothing).
  - 3. Most of the time did not look after own physical comfort (i.e. not sleeping in a safe place, not wearing protective clothing).
  - 4. All of the time did not look after own physical comfort (i.e. not sleeping in a safe place, not wearing protective clothing).

- Problems, questions, tips**
- » *This item can generally be scored from observing the person.* Note signs of self-neglect, such as wearing inadequate clothing.
  - » If in doubt about whether the person is looking after himself or herself, continue querying until you are satisfied. In particular, give a score for the frequency of self-neglect.
  - » Be aware that homeless people often do not look after their physical comfort.

**d5701 Managing diet and fitness**

**ICF definition** Caring for oneself by being aware of the need and by selecting and consuming nutritious foods and maintaining physical fitness.

**Probe question** *Did you find it difficult to eat or drink healthily or to look after your physical condition?*

- Anchor points**
- o. There were no difficulties eating healthy foods or maintaining physical fitness.
    - 1. Rarely failed to look after self by not eating nutritious foods or maintaining physical fitness.
    - 2. Occasionally failed to look after self by not eating nutritious foods or maintaining physical fitness.
    - 3. Frequently failed to look after self by not eating nutritious foods or maintaining physical fitness.
    - 4. Constantly failed to look after self by not eating nutritious foods or maintaining physical fitness.

**Problems, questions, tips**

- » *This item can generally be scored by observing the person.* Note signs of inadequate nutrition and poor physical condition.
- » If in doubt about whether the person is looking after himself or herself, continue querying. In particular, give a score for the frequency of self-neglect.

**e5750** *How much care or support is provided to the person through professional services with self-care (d510,520,540), ensuring physical comfort (d5700), or managing diet and fitness (d5701), e.g. from community care or street nurses?*

**ICF definition** General social support services (e5750).

- Anchor points**
- o. Received no institutional support for self-care, ensuring physical comfort, or managing diet and fitness.
    - 1. Received, over a 1 month period, less than 3 days of institutional support for self-care, ensuring physical comfort, or managing diet and fitness.
    - 2. Received, over a 1 month period, between 3 and 10 days of institutional support for self-care, ensuring physical comfort, or managing diet and fitness.
    - 3. Received, over a 1 month period, between 10 and 25 days of institutional support for self-care, ensuring physical comfort, or managing diet and fitness.
    - 4. The person is completely taken care of through an institution.

**Problems, questions, tips**

- » Institutional care or support for carrying out a daily routine is not given a score here, but instead at d230.

**d5702a Seeking and following medical or other health advice and treatment**

**ICF definition** Caring for oneself by being aware of the need and doing what is required to look after one's health, both to respond to risks to health and to prevent ill-health, such as by seeking professional assistance; following medical and other health advice.

**Probe question** *Did you have difficulties following medical advice or cooperating with your treatment? Did you avoid visiting a doctor, even when you really needed to go?*

- Anchor points**
0. There were no difficulties in seeking medical advice or following treatment.
  1. Was somewhat inattentive to signs of illness or did not always follow medical advice.
  2. Occasionally neglected signs of illness or did not follow medical advice.
  3. Frequently neglected signs of illness or did not follow medical advice.
  4. Avoided any contact with healthcare providers.

- Problems, questions, tips**
- » The questioning tends to go more smoothly when the interviewer starts to enquire about contacts with health services. Make use of the answers given in Module 2, Indicators for psychiatric/medical consultation.
  - » *Conflicts.* Conflicts with a doctor or other healthcare providers should not be given a score here, but instead in the section on formal relationships (d740).
  - » *If the person has no contact with healthcare providers,* assess whether the health status of the person requires such contact.
  - » This is a subsection of the ICF category, *Maintaining one's health* (d5702). It is about looking after one's health and following healthcare providers' advice and treatment (d5702a).

**e5800** *To what extent was the person encouraged to or supervised in asking for and following advice and treatment (monitoring therapy compliance)?*

**ICF definition** Health services (e5800).  
This item is restricted to activities of health care providers aimed at engaging the person into treatment who need that and do not go on their own initiative, and activities aimed at therapy compliance.

- Anchor points**
0. Received no institutional support in obtaining or following medical advice and treatment or assistance with therapy compliance.
  1. An institution rarely supported the person in obtaining or following medical advice and treatment or assistance with therapy compliance.
  2. An institution supported the person several times a month in obtaining or following medical advice and treatment or assistance with therapy compliance.
  3. An institution supported the person almost daily in obtaining or following medical advice and treatment or assistance with therapy compliance.
  4. An institution supported the person on a daily basis in obtaining or following medical advice and treatment or assistance with therapy compliance.

- Problems, questions, tips**
- » Maintenance programmes such as those for methadone maintenance should be judged by the extent to which they supervise the person in obtaining and following medical advice (e.g. therapy compliance).
  - » Simply being in treatment does not always mean that the person is being assisted in obtaining and following medical advice and treatment.
  - » Being in residential treatment or a daycare programme or having intensive case management usually means that the person is being assisted.

### **d5702b Protecting oneself from health risks due to risky behaviour**

**ICF definition** Caring for oneself by being aware of the need and doing what is required to look after one's health, both to respond to risks to health and to prevent ill-health encompassing avoiding risks to health such as physical injury, communicable diseases, drugtaking and sexually transmitted diseases.

**Probe question** *Have you put your health at risk because of your risky behaviour? Did you have unprotected sexual contacts with casual partners; did you drive or walk in traffic while under the influence. If you are using drugs, did you use unsterile needles?*

- Anchor points**
- o. Did not engage in risky behaviours.
  - 1. Rarely engaged in somewhat risky behaviours.
  - 2. Occasionally engaged in somewhat risky behaviours or rarely engaged in very risky behaviours.
  - 3. Frequently engaged in somewhat risky behaviours or occasionally engaged in very risky behaviours.
  - 4. Frequently engaged in very risky behaviours.

- Problems, questions, tips**
- » According to the ICF, the person's use of alcohol, drugs, or tobacco can be given a score here, but in the MATE these behaviours are scored elsewhere and are not considered here as risky behaviours.
  - » *Examples of somewhat risky behaviours* include injecting with clean needles, having sex without using condoms with multiple partners, driving while somewhat intoxicated.
  - » *Examples of serious risky behaviours* include injecting with dirty needles, having sex without using condoms with partners who might be infected, driving while decidedly intoxicated.
  - » This is a subdivision of the ICF category, *Maintaining one's health* (d5702), i.e. protecting oneself from health risks caused by risky behaviours (d5702b).

**d230 Carrying out daily routine**

**ICF definition** Carrying out simple or complex and coordinated actions in order to plan, manage and complete the requirements of day-to-day procedures or duties, such as budgeting time and making plans for separate activities throughout the day.

**Probe question** *Did you find it difficult to plan, manage, or complete your daily routine?*

- Anchor points**
- o. Had no difficulties following a daily routine.
  - 1. Did not follow a daily routine or did not complete daily tasks during a small part of the time.
  - 2. Did not follow a daily routine or did not complete daily tasks during a large part of the time.
  - 3. Did not follow a daily routine or did not complete daily tasks most of the time.
  - 4. Did not follow a daily routine or did not complete daily tasks all of the time.

**Problems, questions, tips** » Take into account the regularity with which the person goes to school or to work and keeps appointments and maintains a daily routine.

**e5800 How much support did the person receive for this, e.g. from day-care centres?**

**ICF definition** General social support services (e5750).

- Anchor points**
- o. Received no institutional support in carrying out daily routine.
  - 1. Received, over a 1 month period, less than 3 days of institutional support in carrying out daily routine.
  - 2. Received, over a 1 month period, between 3 and 10 days of institutional support in carrying out daily routine.
  - 3. Received, over a 1 month period, between 10 and 25 days of institutional support in carrying out daily routine.
  - 4. Received, over a 1 month period, more than 25 days of institutional support in carrying out daily routine.

**Problems, questions, tips** » This refers to welfare facilities that assist the person with his or her daily routine. It does not concern assistance with self-care (d510,520,540; d5700; d5701) or with education, work, or employment (d810 - 859).

### **d240 Handling stress and other psychological demands**

**ICF definition** Carrying out simple or complex and coordinated actions to manage and control the psychological demands required to carry out tasks demanding significant responsibilities and involving stress, distraction, or crises, such as driving a vehicle during heavy traffic or taking care of many children.

**Inclusions** Handling responsibilities; handling stress and crisis.

**Probe question** *Did you find it difficult to cope with stress in difficult situations or with tasks that required a lot of responsibility?*

- Anchor points**
- 0. There were no difficulties handling tasks that required significant responsibility and involved stress.
  - 1. Rarely became frustrated or distressed handling tasks that required significant responsibility and involved stress.
  - 2. Occasionally became frustrated or distressed handling tasks that required significant responsibility and involved stress.
  - 3. Frequently became frustrated or distressed handling tasks that required significant responsibility and involved stress.
  - 4. Could not handle tasks that required significant responsibility and involved stress. The person panicked or avoided all stressful situations.

- Problems, questions, tips**
- » Ask what the person does to cope with stress and pressures; doing so will let you know about the person's ability to cope.
  - » Consider tasks such as driving a car or taking care of others, demanding tasks at the persons' workplace, and the person's reactions to situations that are dangerous for the person or for others.
  - » You might enquire about the person's reactions to difficult or threatening situations, such as being in a fight, being hindered from doing something, being criticized, or having no alcohol or drugs available when needed.



## **d1 Learning and applying knowledge**

**ICF definition** Learning, applying the knowledge that is learned, thinking, solving problems, and making decisions.

**Probe question** *Did you find it difficult to learn new things, or to solve problems or make decisions?*

- Anchor points**
- o. There were no difficulties with learning, thinking, problem solving, or making decisions.
    - 1. There were difficulties with learning, thinking, problem solving, or making decisions that were noticeable in daily life.
    - 2. There were difficulties with learning, thinking, problem solving, or making decisions that interfered with daily life.
    - 3. There were difficulties with learning, thinking, problem solving, or making decisions that partially disrupted daily life.
    - 4. There were difficulties with learning, thinking, problem solving, or making decisions that completely disrupted daily life.

- Problems, questions, tips**
- » *This item can generally be given a score from the impression the person makes. Consider the way the person converses with you and whether he or she is able to understand your questions, keeps track of what you are saying, etc.*
  - » Note signs of memory loss due to dementia or to Korsakoff's psychosis.
  - » *When applicable, give a score here for the person's degree of intellectual impairment. For borderline intellectual functioning (IQ = 70-85/90), give a score of "3"; for all levels of mental retardation (IQ = < 70), give a score of "4".*

### **e310-e325 Influence of partner, family, friends, acquaintances, neighbours, colleagues etc.**

**ICF definition** This domain is about people that provide practical physical or emotional support, nurturing, protection, assistance and relationships to other persons, in their home, place of work, school or at play or in other aspects of their daily activities. The domain does not encompass the attitudes of the person or people that are providing the support. The environmental factor being described is not the person or animal, but the amount of physical and emotional support the person or animal provides.

### **e310-e325 + Positive influence of partner, family, friends, acquaintances, neighbours, colleagues etc.**

**Probe question** *Are there people in your environment who are supportive and who are having a positive influence on you and your recovery?*

- Anchor points**
- o. Has no supportive relationship that has a positive influence on the person's recovery.
  - 1. Has only one or a few supportive relationships, and they are either only mildly influential or not readily available.
  - 2. Has several or more supportive relationships, but they are either only mildly influential or not readily available.
  - 3. Has at least one available supportive relationship that has at least a moderate positive influence on the person's recovery.
  - 4. Has ample significant and available supportive relationships that have at least a moderate positive influence on the person's recovery.

**Problems, questions, tips**

- » This is related to the significance of the supportive relationships, the extent to which the other people are available and how many supportive relationships the person has.
- » Having a positive influence on the person's recovery means social support that directly or indirectly contributes to reducing the person's use of alcohol or drugs and the problems related to the use.

### **310-e325 – Negative influence of partner, family, friends, acquaintances, neighbours, colleagues etc.**

**Probe question** *Are there people in your environment who are having a negative influence on you and your recovery?*

- Anchor points**
- o. No one is having a negative influence on the person's recovery.
  - 1. There are people who have a moderately negative influence on the person's recovery, and the person has occasional contact with these people.
  - 2. There are people who have a moderately negative influence on the person's recovery, and the person has frequent contact with these people.
  - 3. There are people who have a substantially negative influence on the person's recovery, and the person has occasional contact with these people.
  - 4. There are people who have a substantially negative influence on the person's recovery, and the person has frequent contact with these people.

**Problems, questions, tips**

- » Take into account the person's contacts who encourage substance use or who make it difficult for the person not to use.
- » "Support and relationships" concerns physical and emotional support that the person receives from his or her relationships with other people. The negative effects of attitudes and opinions should be scored in Domain e460, Societal attitudes.

**e310-e325a – Loss of relationship, with negative influence**

**Probe question** *During the past year, did you lose an important relationship (for example, because of death or divorce) that resulted in a negative influence on you and your recovery?*

- Anchor points**
- o. During the past year, the person did not lose an important relationship.
  1. During the past year, the person lost an important relationship, and had difficulties with the loss that were noticeable in daily life.
  2. During the past year, the person lost an important relationship, and had difficulties with the loss that interfered with daily life.
  3. During the past year, the person lost an important relationship, and had difficulties with the loss that partially disrupted daily life.
  4. During the past year, the person lost an important relationship, and had difficulties with the loss that completely disrupted daily life.

- Problems, questions, tips**
- » This concerns the loss of a partner or significant other, a parent or a child.
  - » *Note that this refers to losses that occurred only during the past year.* Do not give a score if the loss occurred earlier.

### **e460 Influence of societal attitudes**

**ICF definition** This domain is about the attitudes that are the observable consequences of customs, practices, ideologies, values, norms, factual beliefs and religious beliefs. These attitudes influence individual behaviour and social life at all levels, from interpersonal relationships and community associations to political, economic and legal structures; for example, individual or societal attitudes about a person's trustworthiness and value as a human being that may motivate positive, honorific practices or negative and discriminatory practices (e.g. stigmatizing, stereotyping and marginalizing or neglect of the person). The attitudes classified are those of people external to the person whose situation is being described. They are not those of the person themselves. Values and beliefs are not coded separately from the attitudes as they are assumed to be the driving forces behind the attitudes.

### **e460 – Negative influence of societal attitudes**

**Probe question** *Are you affected by societal opinions and beliefs about people with psychiatric disorders that have a negative influence on you and your recovery?*

- Anchor points**
- o. There is no negative influence of societal opinions and beliefs.
  - 1. Societal opinions and beliefs have a mildly negative influence on the person's recovery.
  - 2. Societal opinions and beliefs have a moderately negative influence on the person's recovery.
  - 3. Societal opinions and beliefs have a substantially negative influence on the person's recovery.
  - 4. Societal opinions and beliefs have a profoundly negative influence on the person's recovery.

- Problems, questions, tips**
- » This concerns discriminatory or stigmatising remarks or behaviours related to the person's psychiatric disorder.
  - » This refers to the negative influence of other people because they know that the person is a drug addict; they might see the person as dangerous, filthy, unapproachable, unreliable, or unwanted.
  - » The person is treated disrespectfully or is ostracized.
  - » It is not necessary for the person himself or herself to notice the negative influence.
  - » Examples of situations in which these negative influences occur include having a job interview, applying for a permit, or being admitted to a health-care facility.

### **e5500 Influence of legal services**

**ICF definition** Services and programmes aimed at providing the authority of the state as defined in law, such as courts, tribunals and other agencies for hearing and settling civil litigation and criminal trials, attorney representation, services of notaries, mediation, arbitration and correctional or penal facilities, including those who provide these services.

### **e5500 + Positive influence of legal services**

**Probe question** *Are you in contact with any legal professional or involved in any legal matter that is having a positive influence on you and your recovery?*

- Anchor points**
- o. The person has no involvement in the criminal justice system, or the involvement does not positively influence the person's recovery.
  1. The person's involvement in the criminal justice system is having a mildly positive influence on the person's recovery.
  2. The person's involvement in the criminal justice system is having a moderately positive influence on the person's recovery.
  3. The person's involvement in the criminal justice system is having a substantially positive influence on the person's recovery.
  4. The person's involvement in the criminal justice system is having a profoundly positive influence on the person's recovery.

**Problems, questions, tips**

- » This concerns the person's involvement in the criminal justice system that has a positive influence on his or her recovery, including such things as being on probation, being ordered by the court to undergo substance abuse treatment, or serving a prison sentence.
- » Consider whether the person is receiving good legal assistance, has positive contacts with probation officers, is benefiting from court ordered treatment, or is receiving legal support.

### **e5500 – Negative influence of legal services**

**Probe question** *Are you in contact with any legal professional or involved in any legal matter that is having a negative influence on you and your recovery?*

- Anchor points**
- o. The person has no involvement in the criminal justice system, or the involvement does not negatively influence the person's recovery.
  1. The person's involvement in the criminal justice system is having a mildly negative influence on the person's recovery.
  2. The person's involvement in the criminal justice system is having a moderately negative influence on the person's recovery.
  3. The person's involvement in the criminal justice system is having a substantially negative influence on the person's recovery.
  4. The person's involvement in the criminal justice system is having a profoundly negative influence on the person's recovery, and that strongly interferes with the person's recovery.

**Problems, questions, tips**

- » Consider (a) the extent to which the person is involved in legal matters, including such things as awaiting a court decision, being under threat of legal action, having contacts with the police, being sought by the police, being imprisoned without having treatment or rehabilitation, etc., and (b) the extent to which these things prevent the person from undergoing treatment, giving attention to other problems, etc.

**e598 Influence of other factors**

**ICF definition** The ICF codes here all the external factors that are not mentioned in the ICF. In the MATE, all positive or negative factors, that are not already coded mentioned in module 7 or module 8 and that influence the recovery of the person, can be coded here.

**e598 + Positive influence of other factors**

**Probe question** *Are there any other environmental factors that are having a positive influence on you and your recovery?*

- Anchor points**
- o. There are no other factors that are having a positive influence on the person's recovery.
  - 1. Other factors are having a mildly positive influence on the person's recovery.
  - 2. Other factors are having a moderately positive influence on the person's recovery.
  - 3. Other factors are having a substantially positive influence on the person's recovery.
  - 4. Other factors are having a profoundly positive influence on the person's recovery.

**Problems, questions, tips**

- » Don't forget to delineate in the designated box the other factors that are having a positive influence on the person's recovery.
- » Do not include factors here that were already included in Module 7 or Module 8.

**e598 – Negative influence of other factors**

**Probe question** *Are there any other environmental factors that are having a negative influence on you and your recovery?*

- Anchor points**
- o. There are no other factors that are having a negative influence on the person's recovery.
  - 1. Other factors are having a mildly negative influence on the person's recovery.
  - 2. Other factors are having a moderately negative influence on the person's recovery.
  - 3. Other factors are having a substantially negative influence on the person's recovery.
  - 4. Other factors are having a profoundly negative influence on the person's recovery.

**Problems, questions, tips**

- » Don't forget to delineate in the designated box the other factors that are having a negative influence on the person's recovery.
- » Do not include factors here that were already included in Module 7 or Module 8.

# References

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- American Psychiatric Association (1994). *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.). Washington, DC: Author.
- Anton, R. F., Moak, D. H., & Latham, P. K. (1996). The obsessive compulsive drinking scale: A new method of assessing outcome in alcoholism treatment studies. *Archives of General Psychiatry*, 53, 225-231.
- Broekman, T. G., Rutten, R. J. T., & Kersten, G. C. M. (2002). *Sociale verslavingszorg. Ontwikkeling Sociale Verslavingszorg Instrument (OSVI); op weg naar meetinstrumentarium voor de verslavingszorg. [Development instruments for addiction treatment]*. Utrecht: GGZ Nederland.
- Broekman, T. G., & Schippers, G. M. (2003). *Specifications for the measuring of patient characteristics in substance abuse treatment*. Amsterdam: AIAR Nijmegen: Bureau Bèta.
- Broekman, T. G., Schippers, G. M., Koeter, M. W. J., & van den Brink, W. (2004). Standardized assessment in substance abuse treatment in the Netherlands: The case of the ASI and new developments. *Journal of Substance Use*, 9, 147-155.
- Buchholz, A. (2008). *Health-related quality of life and psychosocial functioning in problem drug users*. Münster: Monsenstein und Vannerdat.
- Buchholz, A., Küfner, H., Kraus, L., & Rist, F. (2008). *Entwicklung einer deutschen Version des MATE (Measurement in the Addictions for Triage and Evaluation). Abschlussbericht für Bundesministerium für Gesundheit*. München: Institut für Therapieforchung; Münster: Westfälische Wilhelms-Universität.
- Buchholz, A., Rist, F., Küfner, H. & Kraus, L. (2009). Die deutsche Version des Measurements in the Addictions for Triage and Evaluation (MATE): Reliabilität, Validität und Anwendbarkeit. *Sucht*, 55 (4), 219-242.
- Buchholz, A., Broekman, T., & Schippers, G. (2011). Anwendung der ICF in der Suchthilfe am Beispiel des MATE-ICN. *Suchttherapie*, 12, 14-19.
- DeWildt, W., Schramade, M., Boonstra, M., & Bachrach, C. (2002). *Module indicatiestelling & trajecttoewijzing [Protocol for patient indication making and patient placement]*. Utrecht: GGZ Nederland.
- DeWildt, W. A., Leher, P., Schippers, G. M., Nakovics, H., Mann, K., & van den, B. W. (2005). Investigating the structure of craving using structural equation modeling in analysis of the obsessive-compulsive drinking scale: a multinational study. *Alcoholism: Clinical and Experimental Research*, 29, 509-516.
- Germans, S., Van Heck, G. L., & Hodiamont, P. P. G. (2005). Een korte screeningstest voor persoonlijkheidsstoornissen. [A screener for personality disorders]. *Tijdschrift voor Psychiatrie*, 47, 330.
- Germans S, Van Heck G, Moran P, Hodiamont P (2008). The self-report Standardized Assessment of Personality-Abbreviated Scale: Preliminary results of a brief screening test for personality disorders. *Personality and Mental Health* 2, 70-76.
- Hendriks, V. M. (1990). *Addiction and psychopathology: A multidimensional approach to clinical practice*. Erasmus University Rotterdam.
- Kersten, G. C. M. (1998). *Indicatiestelling en verwijzing in de verslavingszorg: van intuïtie naar model. [Indication making and patient placement in substance abuse treatment]*. Proefschrift Katholieke Universiteit Nijmegen.
- Kokkevi, A., & Hartgers, C. (1995). EuropASI: European adaptation of a multidimensional assessment instrument for drug and alcohol dependence. *European Addiction Research*, 1, 208-210.
- Kostanjsek, N., & Ustun, T. B. (2004). *Operationalizing ICF for Measurement: Calibration, Qualifier, Instruments*. Paper presented at the WHO-FIC Network Meeting Reykjavik, Iceland. <http://www.nordclass.uu.se/WHOFIC/papers/reykjavik59.pdf>.
- Küfner, H., Buchholz, A., Lindenmeyer, J., Kraus, L. & Rist, F. (2009). Änderungssensitivität und prognostische Validität der MATE Indizes. *Sucht*, 55 (4), 243-251.
- Langenbucher, J. W., Labouvie, E., Martin, C. S., Sanjuan, P. M., Bavly, L., Kirisci, L. et al. (2004). An Application of Item Response Theory Analysis to Alcohol, Cannabis, and Cocaine Criteria in DSM-IV. *Journal of Abnormal Psychology*, 113, 72-80.
- Lovibond, P. F., & Lovibond, S. H. (1995a). *Manual for the Depression Anxiety Stress Scales (Second Edition)*. Sydney: Psychology Foundation.

- Lovibond, P. F., & Lovibond, S. H. (1995b). The structure of negative emotional states: Comparison of the Depression Anxiety Stress Scales (DASS) with the Beck Depression and Anxiety Inventories. *Behaviour Research and Therapy*, 33, 335-343.
- Marsden, J., Gossop, M., Stewart, D., Best, D., Farrell, M., Lehmann, P., et al. (1998). The Maudsley Addiction Profile (MAP): a brief instrument for assessing treatment outcome. *Addiction*, 93, 1857-1867.
- McLellan, A. T., Kushner, H., Metzger, D., Peters, R., Smith, I., Grissom, G. et al. (1992). The Fifth Edition of the Addiction Severity Index. *Journal of Substance Abuse Treatment*, 9, 199-213.
- Merkx, M. J. M., Schippers, G. M., Koeter, M. J. W., Vuijk, P. J., Oudejans, S., de Vries, C. C. Q., et al. (2007). Allocation of substance use disorder patients to appropriate levels of care: feasibility of matching guidelines in routine practice in Dutch treatment centres. *Addiction*, 102, 466-474.
- Merkx, M. J. M., Schippers, G. M., Koeter, M. W. J., Vuijk, P. J., Oudejans, S. C. C., Stam, R. K., & van den Brink, W. (2010). Guidelines for allocating outpatient alcohol abusers to levels of care: Predictive validity, *Addictive Behaviors*, 6, 570-575.
- Moran, P., Leese, M., Lee, T., Walters, P., Thornicroft, G., & Mann, A. (2003). Standardised Assessment of Personality - Abbreviated Scale (SAPAS): preliminary validation of a brief screen for personality disorder. *British Journal of Psychiatry*, 183, 228-232.
- Schippers, G. M., & Broekman, T. G. (2007). *Development of an instrument assessing patient characteristics in substance abuse treatment*. Amsterdam: AIAR; Nijmegen: Bureau Bêta.
- Schippers, G. M., Broekman, T. G., Koeter, M. W. J., & van den Brink, W. (2004). The Addiction Severity Index as a first generation instrument: commentary on 'Studies of the reliability and validity of the ASI' by K. Mäkelä. *Addiction*, 99, 416-417.
- Schippers, G.M., Broekman, T.G., Buchholz, A., Koeter, M.W.J., & van den Brink, W. (2010). Measurements in the Addictions for Triage and Evaluation (MATE): An Instrument Based on the WHO Family of International Classifications. *Addiction*, 105, 862-871.
- Schippers, G. M., Schramade, M., & Walburg, J. A. (2002). Reforming Dutch substance abuse treatment services. *Addictive Behaviors*, 27, 995-1007.
- Sobell, M. B., & Sobell, L. (2000). Stepped care as a heuristic approach to the treatment of alcohol problems. *Journal of Consulting and Clinical Psychology*, 68, 573-579.
- World Health Organization (1997a). *Composite International Diagnostic Interview (CIDI) Versie 2.1*. Amsterdam: WHO-CIDI Training en Referentie Centrum. Psychiatrisch Centrum AMC, Amsterdam.
- World Health Organization (1997b). *The Composite International Diagnostic Interview (CIDI) Version 2.1*. Geneva: Author.
- World Health Organization (2001). *International classification of functioning, disability and health: ICF*. Geneva: Author.
- World Health Organization (2002). *Internationale classificatie van het menselijk functioneren: ICF. Nederlandse vertaling van de WHO publicatie International classification of functioning, disability and health*. Houten: Bohn Stafleu Van Loghum.
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# Assessment Form

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Assessed by: 

Date of assessment: 

d	d	m	m	y	y
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Person no:

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Age:

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Gender:


<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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1. Substance use	2
2. Indicators for psychiatric or medical consultation	3
3. History of treatment for substance use disorders	3
4. Substance dependence and abuse	4
5. Physical complaints	5
6. Personality	6
7. Activities and participation; care and support (MATE-ICN)	7
8. Environmental factors influencing recovery (MATE-ICN)	10
Q1. Craving	11
Q2. Depression, anxiety, and stress	12

### Symbol or typography



### Instruction / explanation

The MATE is an assessment instrument. The assessor evaluates the information obtained from it and is free to choose the most appropriate way to obtain the required information. If the information needed for an item is known with certainty, the answer can be filled in without asking any questions. Most questions do not have to be asked word for word. Exceptions are the modules marked 'L'(literally) or 'Q'(self-report questionnaire).

L (literally)	Questions must be asked word for word. Explanations should be given only when absolutely necessary or when a question has not been clearly understood.
Q (self-report questionnaire)	The person fills in the questionnaire independently. If the person is unable to do this, the assessor should help by reading out the questions.
(time frame)	The time frame for the assessment.
«Probe question	Probe questions that might be used to find out information about the person are placed in italics and start with double angled brackets.
† Assessment/characteristics/explanation	Text that is preceded by a cross and is in a different font is meant to be either: † an assessment instruction, † a statement of characteristics to which the assessor should pay attention, or † an explanation to the assessor. Such text should not be used literally.
<u>underscored text</u>	Denotes a <u>core concept or concepts</u> of the item. These can be used when it is necessary to obtain further information.
[—substance—] [—substance/behaviour—]	Fill in the Primary-problem substance or behaviour
Yes      No	Circle Yes or No.
	Write down the number. .....
	Write down an explanation (free format).

☐ † Mark this if you do not fill in the use during the past 30 days, but from an earlier period of 30 days.

«I will begin by asking about the substances you might use. We will consider two periods, the past 30 days and your lifetime. Under 'lifetime' we would like to know how many years you have used the substance regularly. Under 'the past 30 days' we would like to know how many days you used the substance during that time and how much you used on a typical day.  
«I will start with alcohol.  
Did you drink alcohol in the past 30 days?  
If so, on how many days did you drink, and how much did you drink on a day?  
† Continue with the other substances.

		Past 30 days			Lifetime	
		Number of days used in the past 30 days	Amount used on a <b>typical</b> day of use		Total number of years of regular use	
		† Fill in the number of days of use. (Every day is 30; 1 day each week is 4, etc. If there have been no days of use, fill in '0')	† Fill in the number of glasses, cigarettes, grams, or pills on a typical day of use.		† With alcohol, nicotine, gambling, use standard units. With other substances circle the unit you use.	† NB: Always fill in this column, even when the substance has never been used; in that case fill in a '0'. † Less than a year: fill in 0.25 (3 months), 0.5 (6 months) or 0.75 (9 months).
Alcohol	General use			standard drinks (ca. 10 grams of alcohol)		standard drinks in a week: male: > 28; female: > 21
	† Higher use: fill in only if there was <u>alternating</u> use in the past 30 days, for instance, much higher use at the weekend than typical use during the week. Higher use					
Nicotine	Cigarettes, cigars, pipes, snuff			cigarettes, cigars, pipes, chews or pinches		Daily
Cannabis	Marijuana, hashish, bhang, ganja			grams, joints, stickies		Regular use means: Weekly (1 or more times a week)
Opioids	Methadone			mg, pills		
	Heroin			grams, shots, smokes, sniffs		
	Other opioids such as codeine, Darvon, Demerol, Dilaudid, morphine, opium, Percodan			grams, shots, smokes, sniffs, pills		
Cocaine	Crack cocaine			grams, pipes		
	Cocaine powder			grams, wrappers, sniffs, shots		
Stimulants	Amphetamines, khat, Ponderal, Ritalin, speed, betel nut			grams, pills, sniffs, shots, pipes		
Ecstasy/XTC	MDMA, MDEA, MDA 2-CB, etc.			mg, pills		
Other	For instance: psychedelics, inhalants, poppers, GHB, mushrooms. Name them here: 			mg, gram		
Sedatives	Tranquilizers, sleeping pills, barbiturates, benzodiazepines, Seconal, Valium, Librium, Xanax, Quaaludes			mg, pills		
Gambling	Name gambling activity here: 			euros spent (gross)		

«Have you ever injected a substance?» ☐ Ever injected ☐ Still injects ☐ Never injected

† The Primary-problem substance or behaviour is the one of which is judged by the person and the assessor to be causing the most problems. If this is unclear, then choose in this order (1) cocaine, (2) opioids, (3) alcohol, (4) other drugs and sedatives, (5) cannabis, (6) gambling or nicotine. If the use of nicotine or gambling is the problem for which the person is seeking help, nicotine or gambling is the primary substance or behaviour.

† [—Primary-problem substance or behaviour—] =



## 2. Indicators for psychiatric or medical consultation

MATE 

### Medications currently being prescribed

		«What are these medications, and what dosages have been prescribed for you?»	«For which disorders have these medications been prescribed?»
At present	«Have you been prescribed any medications for an addiction?»	Yes No	Addiction
	«Have you been prescribed any medications for psychological or psychiatric problems?»	Yes No	
	«Have you been prescribed medications for any other illnesses?»	Yes No	

### Current or recent (within the past year) psychiatric or psychological treatment

12 months	«Are you now undergoing psychiatric or psychological treatment (or have you been during the past year)?»	Yes	«What treatment are (were) you in?»		† State whether coordination with current treatment has been arranged. Comment.	
		No		Yes No		

Characteristic	Characteristic / Question / Observation		Yes	No
Suicide risk	Wish	«In the past month, did you think that you would be better off dead or wish that you were dead?»	Yes	No
	Plan, attempt	«In the past month, did you make plans to commit suicide or make a suicide attempt?»	Yes	No
Psychotic symptoms	Hallucinations	«In the past month, did you see or hear things that other people couldn't see or hear?»	Yes	No
	Delusions	† Paranoid «In the past month, did you think that other people were conspiring against you?»	Yes	No
Confusion		† Makes a confused, disoriented impression; is forgetful	Yes	No
Physical health		† Unhealthy appearance, very pale or puffy face, suffusions, difficulty walking, oedematous legs, emaciation or abdominal obesity, abscesses, effects of scratching	Yes	No
Intoxication/ withdrawal symptoms		† Trembling, incoordination, slurred speech, staggering gait, psychomotor retardation or agitation, insults, severe sweating, vomiting, pupillary anomalies	Yes	No
Physical disease		«Do you have a severe or contagious disease, such as heart problems, diabetes, hepatitis, or HIV?» .....	Yes	No
Pregnancy ♀		«Are you pregnant?»	Yes	No

## 3. History of treatment for substance use disorders

### Treatments for substance use disorder during the past 5 years

Count only treatments that focused on addictive behaviours conducted by a professional and in which an agreement was made to change the substance use. Methadone maintenance, simple detox, crisis hospitalisation, etc. do not count as treatment.

5 years	«Have you ever been in treatment for addiction?»	Yes	«If yes, how many treatments in the past 5 years?»			
		No	Number outpatient past 5 years		Number inpatient past 5 years	
	† Comment if desired.	.....				





Always

Often

Sometimes

Rarely

Never

### 5. Physical complaints

L

30 days

T

«In the past 30 days,how often did you experience:		Never	Rarely	Sometimes	Often	Always
1	Poor appetite	0	1	2	3	4
2	Tiredness/fatigue	0	1	2	3	4
3	Nausea (feeling sick)	0	1	2	3	4
4	Stomach pains	0	1	2	3	4
5	Difficulty breathing	0	1	2	3	4
6	Chest pains	0	1	2	3	4
7	Joint/bone pains	0	1	2	3	4
8	Muscle pains	0	1	2	3	4
9	Numbness/tingling	0	1	2	3	4
10	Tremors/shakes	0	1	2	3	4



L

† Be aware that the statement has to apply in general, often, normally, not only with specific persons or in specific situations.

Usually, generally

T

1	In general, do you have difficulty making and keeping friends?	Yes	No
2	Would you normally describe yourself as a loner?	Yes	No
3	In general, do you trust other people?	Yes	No
4	Do you normally lose your temper easily?	Yes	No
5	Are you normally an impulsive sort of person?	Yes	No
6	Are you normally a worrier?	Yes	No
7	In general, do you depend on others a lot?	Yes	No
8	In general, are you a perfectionist?	Yes	No

The MATE-ICN is the section of the MATE that is based on the ICF (International Classification of Functioning, Disability, and Health). From the ICF, a core set of domains and factors is selected. Problems, limitations, and need for care are assessed for these domains in Module 7, and environmental factors influencing recovery are assessed in Module 8. ICN refers to ICF-Core set and Need for care.

With regard to activities and participation, the ICF makes a distinction between performance and capacity. The MATE evaluates an individual's performance rather than his or her capacity. Performance refers to the execution of activities and participation, and capacity refers to the ability to execute them.

An individual's performance can be supported by the use of facilities or other environmental factors. A person who does not have the capacity to do household activities, but for whom these activities have been taken care of by others, would be judged not to have a performance limitation in this domain. If support is provided by an organisation, the supporting activities are scored on the item 'Care and support of services'.

Limitations are scored on a five-point scale, ranging from 0 (none) to 4 (complete). The degree of limitation can vary in intensity ('not noticeable' to 'full disruption of daily life'), in frequency ('never' to 'constantly'), or duration ('less than 5% of the time' to 'more than 95%').

The following figure depicts the scale.

Score	0	1	2	3	4
Degree of limitation	None	Mild	Moderate	Severe	Complete
Intensity	Not noticeable	Tolerable	Interference with daily life	Partial disruption of daily life	Full disruption of daily life
Frequency	Never	Rarely	Occasionally	Frequently	Constantly
Duration	0-4%	5-24%	25-49%	50-95%	96-100%

#### Ruler

The figure shows that the extreme scores, 0 (none) and 4 (complete), represent only a small part of the scale (5% of each side). For a score of 0 or 4 to be given, the degree of limitation must be quite obvious. The score 2 (moderate) reaches no more than half of the scale (50%). This means that when the limitation is more than 50%, the score 3 applies.

External factors are scored according to the extent of the positive effects (i.e. facilitators) or negative effects (i.e. barriers) as 0 (none), 1 (mild), 2 (moderate), 3 (substantial), or 4 (profound).

In the MATE protocol, anchor points based on these scales are given for all domains and factors to help with the scoring.

Some domains (e.g. spirituality) or factors might not be relevant for every individual. If a person does not find a domain relevant, the score '0' is given for that domain.

All assessments must be made within the context of health. Information that is not related to the person's physical and/or mental health should not be scored.

The need for care assesses (a) whether the assessor thinks the person needs (additional) care or support in performing a given activity or in participating, (b) whether the person thinks he or she needs (more) care, and, if any one of these is scored Yes, (c) whether it is considered the task of the institution to offer the care in question.

The person's functioning over the past 30 days is assessed, regardless of whether or not this period is representative of the person's life.

I  
30 days

ICF Component d: Activities and participation and Component e: Care and support of services		Limitation in performance / has difficulty in	Component e: Care and support from services	Amount of Care and support	NEED FOR CARE		
CHAPTER	Component d: Activities and participation  <b>In the past 30 days, how much difficulty did the person have in</b>	† Fill in the extent of the limitation: 0: None/NA 1: Mild 2: Moderate 3: Severe 4: Complete	<b>How much care or support did the person receive?</b>	† Fill in the amount of care: 0: None/NA 1: Mild 2: Moderate 3: Substantial 4: Complete	Do you think (additional) care is needed? Does the person think (additional) care is needed?	Is the institution able and willing to offer the care needed?	
INTERPERSONAL INTERACTIONS AND RELATIONSHIPS	Creating and maintaining:  <u>d770</u> intimate relationships «Did you have difficulties with your partner (or did you find it difficult not having a partner)?» .....		NA		Yes No	Yes No	Yes No
	<u>d7600</u> parent–child relationships «Were there any difficulties in your relationship with your child(ren)?» † Look for signs of neglect or abuse. .....		<u>e5750,e5800,e5500</u> How much support did the person receive for this, e.g. from children and family services? .....		Yes No	Yes No	Yes No
	<u>d750,d760</u> informal social relationships and family relationships «Did you have difficulties with your family or friends?» .....		NA		Yes No	Yes No	Yes No
	<u>d740</u> formal relationships «Did you have difficulties relating to your employer, professionals, service providers, or health-care workers?» .....				Yes No	Yes No	Yes No
	<u>d710-d720</u> General interpersonal interactions «Did you find it difficult to make contacts with other people or to get along with others?» .....		NA		Yes No	Yes No	Yes No
	MAJOR LIFE AREAS	<u>d810-d859</u> Education, work, and employment «Did you have difficulties acquiring or keeping a job or with educational activities?» .....		<u>e5850,e5900</u> How much support did the person receive for this, e.g. from employment services or educational services? .....		Yes No	Yes No
<u>d870</u> Economic self-sufficiency «Did you have difficulties with economic self-sufficiency; were you short of money for your everyday expenses?» .....			<u>e5700</u> How much support did the person receive for this, e.g. through welfare benefits or debt management? .....		Yes No	Yes No	Yes No
COMMUNITY, SOCIAL AND CIVIC LIFE	<u>d920</u> Recreation and leisure «Was it difficult for you to find free time or to engage in free-time activities, for example, relaxation or sport?» .....		NA		Yes No	Yes No	Yes No
	<u>d930</u> Religion and spirituality «Did you have difficulties participating in religious or spiritual activities or organizations that might help you find self-fulfilment, meaning, or religious or spiritual value?» .....		NA		Yes No	Yes No	Yes No
DOMESTIC LIFE	<u>d610</u> Acquiring and maintaining a place to live «Were you without a place to live, or did you have other problems with housing?» .....		<u>e5250</u> How much support did the person receive for this, e.g. from housing services or supported housing? .....		Yes No	Yes No	Yes No
	<u>d620-d640</u> Household tasks «Did you find it difficult to do household chores, such as shopping, preparing meals, or doing housework?» .....		<u>e5750</u> How much support did the person receive for this, e.g. from community care? .....		Yes No	Yes No	Yes No

## 7. Activities and participation; care and support (MATE-ICN)

30 days


ICF		Limitation in performance / has difficulty in	Component e: Care and support from services	Amount of Care and support	NEED FOR CARE		
Component d: Activities and participation and Component e: Care and support of services							
CHAPTER	Component d: Activities and participation	† Fill in the extent of the limitation: 0: None/NA 1: Mild 2: Moderate 3: Severe 4: Complete	How much care or support did the person receive?	† Fill in the amount of care: 0: None/NA 1: Mild 2: Moderate 3: Substantial 4: Complete	Do you think (additional) care is needed?	Does the person think (additional) care is needed?	Is the institution able and willing to offer the care needed?
SELF-CARE	<u>d510,d520,d540</u> Self-care «Did you have difficulty with self-care, such as washing, caring for parts of your body, or dressing?»	.....	<u>e5750</u> How much care or support is provided to the person through professional services with self-care (d510,520,540), ensuring physical comfort (d5700), or managing diet and fitness (d5701), e.g. from community care or street nurses?	.....	Yes	Yes	Yes
	<u>d5700</u> Ensuring one's physical comfort «Did you have difficulty finding a safe place to sleep, or with wearing protective clothing?»	.....			No	No	No
	<u>d5701</u> Managing diet and fitness «Did you find it difficult to eat or drink healthily or to look after your physical condition?»	.....					
	<u>d5702a</u> Seeking and following advices and treatment by healthcare «Did you have difficulties following medical advice or cooperating with your treatment? Did you avoid visiting a doctor, even when you really needed to go?»	.....	<u>e5800</u> To what extent was the person encouraged to or supervised in asking for and following advice and treatment (monitoring therapy compliance)?	.....	Yes	Yes	Yes
	<u>d5702b</u> Protecting oneself from health risks due to risky behaviour «Have you put your health at risk because of your risky behaviour? Did you have unprotected sexual contacts with casual partners; did you drive or walk in traffic while under the influence. If you are using drugs, did you use unsterile needles?»	.....	NA		No	No	No
GENERAL TASKS AND DEMANDS	<u>d230</u> Carrying out daily routine «Did you find it difficult to plan, manage, or complete your daily routine?»	.....	<u>e5750</u> How much support did the person receive for this, e.g. from day-care centres?	.....	Yes	Yes	Yes
	<u>d240</u> Handling stress and other psychological demands «Did you find it difficult to cope with stress in difficult situations or with tasks that required a lot of responsibility?»	.....	NA		Yes	Yes	Yes
LEARNING AND APPLYING KNOWLEDGE	<u>d1</u> Learning and applying knowledge «Did you find it difficult to learn new things, or to solve problems or make decisions?» † This might be caused by low intelligence or a cognitive or emotional disorder. Give your general impression.	.....	NA		Yes	Yes	Yes
					No	No	No



ICF Component e: Environmental factors		Influence on recovery	NEED FOR CARE			
CHAPTER	Component e: Environmental factors	† Fill in the extent of influence: 0: None/NA 1: Mild 2: Moderate 3: Substantial 4: Profound	<b>Specify the factor:</b> † Environmental factors make up the physical, social and attitudinal environment. These factors are external to the person.			Do you think (additional) care is needed? Does the person think (additional) care is needed? Is the institution able and willing to offer the care needed?
	<b>Taking the past 30 days into consideration, what environmental factors are having or might have a positive or negative influence on the person's recovery?</b>					
SUPPORT AND RELATIONSHIPS	<u>e310-e325</u> Partner, family, friends, acquaintances, neighbours, colleagues, etc.					
	Positive influence <i>«Are there people in your environment who are supportive and who are having a positive influence on you and your recovery?»</i>	...+.....				
	Negative influence <i>«Are there people in your environment who are having a negative influence on you and your recovery?»</i> † Consider contacts who encourage substance use. † NB: Write negative influence from attitudes under Societal attitudes (e460).	.....		Yes No	Yes No	Yes No
	Loss of a relationship during the past year with negative influence <i>«During the past year, did you lose an important relationship (for example, because of death or divorce) that resulted in a negative influence on you and your recovery?»</i>	.....		Yes No	Yes No	Yes No
ATTITUDES	<u>e460</u> Societal attitudes					
	Negative influence <i>«Are you affected by societal opinions and beliefs about people with psychiatric disorders that have a negative influence on you and your recovery?»</i>	.....		Yes No	Yes No	Yes No
SERVICES, SYSTEMS AND POLICIES	<u>e5500</u> Legal services					
	Positive influence <i>«Are you in contact with any legal professional or involved in any legal matter that is having a positive influence on you and your recovery?»</i> † For example, getting legal assistance, having positive contacts with probation services, in treatment or getting support as a result of legal measures.	...+.....				
	Negative influence <i>«Are you in contact with any legal professional or involved in any legal matter that is having a negative influence on you and your recovery?»</i> † For example, harassed by police, imprisoned without access to care, under threat of legal measures.	.....		Yes No	Yes No	Yes No
OTHER ENVIRONMENTAL FACTORS	<u>e598</u> Other environmental factors † Don't write down external factors that have been written down already.					
	Other environmental factors having a positive influence <i>«Are there any other environmental factors that are having a positive influence on you and your recovery?»</i>	...+.....				
	Other environmental factors with negative influence <i>«Are there any other environmental factors that are having a negative influence on you and your recovery?»</i>	.....		Yes No	Yes No	Yes No

**Q** The questions below ask you about your thoughts and feelings about [—substance/behaviour—] and about using or not using.

The questions concern only the *past 7 days*. Answer the questions based on what you thought, felt, and did during the past week. Circle the number before the answer that best applies to you.

[—substance/behaviour—] =  .....

**1** How much of your time when you're not using is occupied by ideas, thoughts, impulses, or images related to using?

- ☐ 0 None.
- ☐ 1 Less than 1 hour a day.
- ☐ 2 1-3 hours a day.
- ☐ 3 4-8 hours a day.
- ☐ 4 More 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 these thoughts.
- ☐ 3 More than 8 times a day and during most hours of the day.
- ☐ 4 These thoughts are too numerous to count, and an hour rarely passes without several such thoughts occurring.

**3** How much distress or disturbance do these ideas, thoughts, impulses, or images related to using cause you when you're not using?

- ☐ 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.

**4** 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're not using? (Rate your effort made to resist these thoughts, not your success or failure in actually controlling them.)

- ☐ 0 My thoughts are so minimal that I don't need to actively resist them. If I do have thoughts, I always make an effort to resist them.
- ☐ 1 I try to resist them most of the time.
- ☐ 2 I make some effort to resist them.
- ☐ 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 all such thoughts.

**5** How strong is the drive to use [—substance/behaviour—]?

- ☐ 0 No drive to use [—substance/behaviour—].
- ☐ 1 Some pressure to use [—substance/behaviour—].
- ☐ 2 Strong pressure to use [—substance/behaviour—].
- ☐ 3 Very strong drive to use [—substance/behaviour—].
- ☐ 4 The drive to use [—substance/behaviour—] is completely involuntary and overpowering.

Q

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the *past week*.

There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

0 = Did not apply to me at all

1 = Applied to me to some degree, or some of the time

2 = Applied to me to a considerable degree, or a good part of the time

3 = Applied to me very much, or most of the time

Did not  
apply to me  
at all

Applied to  
me to some  
degree, or  
some of the  
time

Applied to me to  
a considerable  
degree, or a  
good part of the  
time

Applied to  
me very  
much, or  
most of the  
time

1 I found it hard to wind down

0 1 2 3

2 I was aware of dryness of my mouth

0 1 2 3

3 I couldn't seem to experience any positive feeling at all

0 1 2 3

4 I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion)

0 1 2 3

5 I found it difficult to work up the initiative to do things

0 1 2 3

6 I tended to over-react to situations

0 1 2 3

7 I experienced trembling (e.g., in the hands)

0 1 2 3

8 I felt that I was using a lot of nervous energy

0 1 2 3

9 I was worried about situations in which I might panic and make a fool of myself

0 1 2 3

10 I felt that I had nothing to look forward to

0 1 2 3

11 I found myself getting agitated

0 1 2 3

12 I found it difficult to relax

0 1 2 3

13 I felt down-hearted and blue

0 1 2 3

14 I was intolerant of anything that kept me from getting on with what I was doing

0 1 2 3

15 I felt I was close to panic

0 1 2 3

16 I was unable to become enthusiastic about anything

0 1 2 3

17 I felt I wasn't worth much as a person

0 1 2 3

18 I felt that I was rather touchy

0 1 2 3

19 I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)

0 1 2 3

20 I felt scared without any good reason

0 1 2 3

21 I felt that life was meaningless

0 1 2 3



Assessed by:  Date of assessment: 

d	d	m	m	y	y

 Person no: 

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Module	Score	Scoring and calculation	Range min-max	Result	Threshold value [MD]: used in the MATE dimension scores
2. Indicators for psychiatric or medical consultation	Characteristics of physical comorbidity [S2.1]	1 point for each Yes on physical health, intoxication, physical disease, pregnancy. Total.	0 – 4	.....	
	Undergoing psychiatric or psychological treatment [S2.2]	1 point for medication for psych. problems, 1 point for recent psych. treatment. Total.	0 – 2	.....	= 2[MD]
	Characteristics of psychiatric comorbidity [S2.3]	2 points for suicide plan/attempt, 1 point for each Yes on hallucinations, delusions, confusion. Total.	0 – 5	.....	≥ 2[MD]
4. Substance dependence and abuse	Dependence [S4.1]	1 point for each Yes on the first 7 items (1-7). Total.	0 – 7	.....	≥ 3
	Abuse [S4.2]	1 point for each Yes on the last 4 items (8 -11). Total.	0 – 4	.....	≥ 1
	Severity of dependence/abuse [S4.3]	1 point for each Yes, except for Item 1 and Item 10 (they don't count). Total.	0 – 9	.....	≥ 8[MD]
5. Physical complaints	Physical complaints [S5.1]	Sum of the 10 item values.	0 – 40	.....	
6. Personality	Personality [S6.1]	1 point for a No answer on Item 3, 1 point for each Yes answer on the other items. Total.	0 – 8	.....	≥ 4
7+8 MATE-ICN	Limitations - Total [S7.1]	Sum of the values of the 19 limitation items.	0 – 76	.....	
	Limitations - Basic [S7.2]	Sum of the values of these 8 items: d610 Acquiring and maintaining a place to live; d620-d640 Household tasks; d510,d520,d540 Self-care; d5700 Ensuring one's physical comfort; d5701 Managing diet and fitness; d5702a Seeking and following advices and treatment by healthcare; d5702b Protecting oneself from health risks due to risky behaviour; d230 Carrying out daily routine	0 – 32	.....	≥ 12[MD]
	Limitations - Relationships [S7.3]	Sum of the values of these 5 items: d770 Intimate relationships; d7600 Parent-child relationships; d750,d760 Informal social relationships and family relationships; d740 Formal relationships; d710-d720 General interpersonal interactions	0 – 20	.....	
	Care and support [S7.4]	Sum of the values of the 8 Care and support items.	0 – 32	.....	
	Positive external influences [S8.1]	Sum of the values of these 3 items: e310-e325+ Partner etc.; e550+ Legal factors; e598+ Other factors..	0 – 12	.....	
	Negative external influences [S8.2]	Sum of the values of 5 items: e310-e325- Partner etc.; Loss of relationship; e460- Societal attitudes ; e550- Legal factors; e598- Other factors.	0 – 20	.....	≥ 10[MD]
	Need for care [S8.3]	1 point for each Yes either from the assessor or from the person on the question about care needs (15 in Module 7 and 5 in Module 8). Total.	0 – 20	.....	
Q1. Craving	Craving [SQ1.1]	Sum of the 5 item values.	0 – 20	.....	≥ 12[MD]
Q2. Depression, anxiety, and stress	Depression [SQ2.1]	Sum of the 7 item values (#3,#5,#10,#13,#16,#17,#21). Multiply the sum by 2.	0 – 42	.....	≥ 21
	Anxiety [SQ2.2]	Sum of the 7 item values (#2,#4,#7,#9,#15,#19,#20). Multiply the sum by 2.	0 – 42	.....	≥ 15
	Stress [SQ2.3]	Sum of the 7 item values (#1,#6,#8,#11,#12,#14,#18). Multiply the sum by 2.	0 – 42	.....	≥ 26
	Depression Anxiety Stress - Total [SQ2.4]	Sum of SQ2.1, SQ2.2, and SQ2.3	0 – 126	.....	≥ 60[MD]



