



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 typical 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			Regular use means: Weekly (1 or more times a week)
	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 In the past 30 days, how much difficulty did the person have in	† 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?	
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?						
	<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	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




30 days

ICF Component e: Environmental factors		Influence on recovery	NEED FOR CARE		
CHAPTER	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/NA 1: Mild 2: Moderate 3: Substantial 4: Profound	Specify the factor: † 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?
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
	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
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
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
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

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:

--	--	--	--	--	--

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]