The purpose of this questionnaire is to get a picture of your use of alcohol and drugs (and gambling) and of a number of related topics.

Your answers make it possible to advise you on possible treatment.

The following will be addressed: the use of alcohol and drugs (and gambling), problems you have with this, treatment you have (had), complaints and problems in a range of other areas and whether you want to start treatment.

Many questions are of a personal nature. In order to provide you with the best possible service, it is important that you answer the questions honestly.

It takes about 20 to 25 minutes to fill in.

For most questions, you can circle the answer that applies to you.

Sometimes you can fill in a number on a dotted line .....

or write text on this dotted line .....

To get started, answer the following questions.

1. My age is	. . . years
2. I am	Male ☐ Female ☐ Divers ☐
3. Fill-in date	d d m m y y

o. MATE-S: Probleem substance or gambling

oa Mark what causes the most problems
. If several apply, matk *only* what causes the most problems now.

At present

1	Alcohol	☐	6	Ecstacy/XTC *(MDMA or others, like MDEA, MDA or 2CB)*	☐
2	Tobacco *(cigarettes, cigars, pipes, chews)*	☐	7	Hallucinogens *(PCP, ketamine, mescaline, psilocybin, DMT, LSD*	☐
3	Cannabis*hashish, marijuana, weed*	☐	8	Other drugs *(GHB, inhalants, laughing gass, poppers)* Write down what drug ✍.....	☐
4	Opioids*heroin, methadone, buprenorphine, morfine, codeine, oxycodone, fentanyl*	☐	9	Sedatives *(tranquilizers, sleeping pills, benzodiazepines)*	☐
5	Stimulants*cocaine, amphetamines, others, like methylphenidate, khat*	☐	10	Gambling Write down what type: ✍.....	☐

4a For the next questions, keep the substance in mind that causes the most problems for you.

12 months

	«In the past 12 months, . . .	*Circle Yes or No.*	
1	. . .did you regularly have a strong desire to use the substance?	Yes	No
2	. . .have you regularly wanted to stop the substance use?	Yes	No
3	. . .have you spent a lot of your time using, getting, or getting over the effects of the substance?	Yes	No
4	. . .did you find you began to need much more of the substance to get the same effect?	Yes	No
5	. . .did stopping or cutting down the use of substance make you feel sick or unwell?	Yes	No
6	. . .have you often used the substance in larger amounts or for a longer period than you intended?	Yes	No
7	. . .did you continue to use the substance after you knew that it was causing you health problems or emotional or psychological problems?	Yes	No
8	. . .did you continue to use the substance after you knew that it was causing problems with your family, friends, at work, or at school?	Yes	No
9	. . .have you given up or greatly reduced important activities in order to get or to use the substance— activities like sports, work, or associating with friends or relatives?	Yes	No
10	. . .did using the substance frequently interfere with your work at school, on a job, or at home?	Yes	No
11	. . .have there been times when you used the substance in situations where you could get hurt, — for example, while participating in traffic, or operating a machine, or anything else?	Yes	No

4b If gambling is causing the most problems, fill in the next questions. If not, continue with section 1a.

12 months

	«In the past 12 months, ...	*Circle Yes or No.*	
1	. . .have you often been preoccupied with thoughts about gambling?	Yes	No
2	. . .did you need to gamble with more and more money to get the excitement that you desired?	Yes	No
3	. . .have you regularly tried to stop or cut down gambling but without success?	Yes	No
4	. . .did stopping or cutting down gambling make you feel restless or irritable?	Yes	No
5	. . .have you often gambled while feeling stressed (e.g., helpless, guilty, anxious, depressed)?	Yes	No
6	. . .after losing money by gambling, did you often return another day to try to win back your losses?	Yes	No
7	. . .did you lie to hide your gambling?	Yes	No
8	. . .have you put at risk or lost a significant relationship, job, or educational or career opportunity because of your gambling?	Yes	No
9	. . .did you rely on others to provide money to relieve desperate financial situations caused by your gambling?	Yes	No

Lifetime

The next questions are about the use of alcohol, tobacco, drugs and gambling.

	In your *whole life* have there been periods when you did use:	† The next question refers to the glasses from which the drink is normally drunk. They are also known as standard glasses. † A glass of beer is a little more than a standard glass, namely 1.2 standard glasses. Half a liter of beer is 2 standard glasses. A bottle of wine is 8 standard glasses.			If there were periods of regular use, *how long has the regular use* been in your life?				
1	Alcohol	Never used	Did use, but no periods of more than 28 (for male) or 21 (for female) glasses in a week	Did use, with periods of more than 28 (for male) or 21 (for female) glasses in a week →	Less than 1 year	1 to 5 years	6 to 10 years	11 to 20 years	More than 20 years
2	Tobacco *(cigarettes, cigars, pipes, chews)*	Never used	Did use, but no periods of daily use	Did use, with periods of daily use →	Less than 1 year	1 to 5 years	6 to 10 years	11 to 20 years	More than 20 years
3	Cannabis*hashish, marijuana, weed*	Never used	Did use, but no periods of at least 1 time a week	Did use, with periods of at least 1 time a week →	Less than 1 year	1 to 5 years	6 to 10 years	11 to 20 years	More than 20 years
4	Opioids*heroin, methadone, buprenorphine, morfine, codeine, oxycodone, fentanyl*	Never used	Did use, but no periods of at least 1 time a week	Did use, with periods of at least 1 time a week →	Less than 1 year	1 to 5 years	6 to 10 years	11 to 20 years	More than 20 years
5	Stimulants*cocaine, amphetamines, others, like methylphenidate, khat*	Never used	Did use, but no periods of at least 1 time a week	Did use, with periods of at least 1 time a week →	Less than 1 year	1 to 5 years	6 to 10 years	11 to 20 years	More than 20 years
6	Ecstacy/XTC *(MDMA or others, like MDEA, MDA or 2CB)*	Never used	Did use, but no periods of at least 1 time a week	Did use, with periods of at least 1 time a week →	Less than 1 year	1 to 5 years	6 to 10 years	11 to 20 years	More than 20 years
7	Hallucinogens *(PCP, ketamine, mescaline, psilocybin, DMT, LSD*	Never used	Did use, but no periods of at least 1 time a week	Did use, with periods of at least 1 time a week →	Less than 1 year	1 to 5 years	6 to 10 years	11 to 20 years	More than 20 years
8	Other drugs *(GHB, inhalants, laughing gass, poppers)* Write down what drug ✍.....	Never used	Did use, but no periods of at least 1 time a week	Did use, with periods of at least 1 time a week →	Less than 1 year	1 to 5 years	6 to 10 years	11 to 20 years	More than 20 years
9	Sedatives *(tranquilizers, sleeping pills, benzodiazepines)*	Never used	Did use, but no periods of at least 1 time a week	Did use, with periods of at least 1 time a week →	Less than 1 year	1 to 5 years	6 to 10 years	11 to 20 years	More than 20 years
10	Gambling Write down what type: ✍.....	Did not gamble	Did gamble, but no periods of at least 1 time a week	Did gamble, with periods of at least 1 time a week →	Less than 1 year	1 to 5 years	6 to 10 years	11 to 20 years	More than 20 years

1b. Substance use and gambling past 30 days

T 30 days

How often in the *past 30 days* did you use:

1a	Alcohol	Not	1 time	A few times	1 or 2 times a week	3 or 4 times a week	5 or 6 times a week	Every day
1b	† The next question refers to the glasses from which the drink is normally drunk. They are also known as standard glasses.				† A glass of beer is a little more than a standard glass, namely 1.2 standard glasses. Half a liter of beer is 2 standard glasses. A bottle of wine is 8 standard glasses.			
	For each day, write down the *number of glasses* you drank in the past 30 days in an *usual week*. Write 'o' if you didn't drink on that day.	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
		.....	.....	.....	.....	.....	.....	.....
		glasses	glasses	glasses	glasses	glasses	glasses	glasses
2a	Tobacco *(cigarettes, cigars, pipes, chews)*	Not	1 time	A few times	1 or 2 times a week	3 or 4 times a week	5 or 6 times a week	Every day
2b	Write down how much you usually smoked in a day.	.....	cigarettes/cigars/pipes/chews etc per day					
3	Cannabis*hashish, marijuana, weed*	Not	1 time	A few times	1 or 2 times a week	3 or 4 times a week	5 or 6 times a week	Every day
4	Opioids*heroin, methadone, buprenorphine, morfine, codeine, oxycodone, fentanyl*	Not	1 time	A few times	1 or 2 times a week	3 or 4 times a week	5 or 6 times a week	Every day
5	Stimulants*cocaine, amphetamines, others, like methylphenidate, khat*	Not	1 time	A few times	1 or 2 times a week	3 or 4 times a week	5 or 6 times a week	Every day
6	Ecstacy/XTC *(MDMA or others, like MDEA, MDA or 2CB)*	Not	1 time	A few times	1 or 2 times a week	3 or 4 times a week	5 or 6 times a week	Every day
7	Hallucinogens *(PCP, ketamine, mescaline, psilocybin, DMT, LSD*	Not	1 time	A few times	1 or 2 times a week	3 or 4 times a week	5 or 6 times a week	Every day
8	Other drugs *(GHB, inhalants, laughing gass, poppers)*	Not	1 time	A few times	1 or 2 times a week	3 or 4 times a week	5 or 6 times a week	Every day
9	Sedatives *(tranquilizers, sleeping pills, benzodiazepines)*	Not	1 time	A few times	1 or 2 times a week	3 or 4 times a week	5 or 6 times a week	Every day
10	Gambling	Not	1 time	A few times	1 or 2 times a week	3 or 4 times a week	5 or 6 times a week	Every day

2. Craving for substances or gambling

The questions below ask you about your thoughts and feelings about using alcohol or drugs or gambling.
Keep the substance in mind that causes the most problems for you.
If gambling is causing the most problems, read "gambling" instead of "use the substance".

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.

T 7 days

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 subtsance?

0 No drive to use subtsance.
1 Some pressure to use subtsance.
2 Strong pressure to use subtsance.
3 Very strong drive to use subtsance.
4 The drive to use subtsance is completely involuntary and overpowering.

3. Physical and psychological complaints

3a

The following questions are about physical complaints.

T 30 days

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

3b

T At present

T 30 days

Please indicate if the following applies to you.	Circle Yes or No.	
1 Are you pregnant?	Yes	No
2 Do you have a severe or contagious disease, such as heart problems, diabetes, hepatitis, or HIV? Write down which disease(*s*)	Yes	No
3 Do you have any signs of ill health, such as: very pale or puffy face, suffusions, difficulty walking, oedematous legs, emaciation or abdominal obesity, abscesses, effects of scratching	Yes	No
4 Do you suffer from intoxication or withdrawal symptoms, such as: trembling, incoordination, slurred speech, staggering gait, psychomotor retardation or agitation, insults, severe sweating, vomitting, pupillary anomalies?	Yes	No
5 Do you ever feel confused or forgetful?	Yes	No
6 In the past month, did you think that you would be better off dead or wish that you were dead?	Yes	No
7 In the past month, did you make plans to commit suicide or make a suicide attempt?	Yes	No
8 In the past month, did you see or hear things that other people couldn't see or hear?	Yes	No
9 In the past month, did you think that other people were conspiring against you?	Yes	No

4. Depression, anxiety, and stress

The following questions are about depression, anxiety and stress.

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.

T 7 days

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 consider-able 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

Previous treatment and prescribed medications

5a

The following questions are about treatment.

T 5 years

1	Have you ever been in treatment for addiction?	Yes / No	→ Was that in the past 5 years?	Yes / No	→ How many?	How many outpatient or daytreatments were there in the past 5 years: † NB! A treatment consists of several meetings or sessions. Do not write down the number of sessions, but the number of times you have had a completed treatment. .....
						How many inpatient treatments were there in the past 5 years: .....

T 12 months

2	Are you now undergoing psychiatric or psychological treatment (or have you been during the past year)?			Yes / No		

5b

The following questions are about medications prescribed for you by a doctor.

T At present

1	Have you been prescribed any medications for an addiction?	Yes / No	→ Which?	.....
2	Have you been prescribed any medications for psychological or psychiatric problems?	Yes / No	→ Which?	.....
3	Have you been prescribed medications for any other illnesses?	Yes / No	→ Which?	.....

6. Motivation for treatment

T At present

The following questions are about how you feel about your subssance use or gambling.
Circle the answer that shows how much you agree or disagree each item describes you or the way you have been feeling lately.

In your opinion, your (drug/alcohol) use is	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
1 . . . . A problem for you	☐	☐	☐	☐	☐
2 . . . . More trouble than it's worth	☐	☐	☐	☐	☐
3 . . . . Causing problems with the law	☐	☐	☐	☐	☐
4 . . . . Causing problems in thinking or doing your work	☐	☐	☐	☐	☐
5 . . . . Causing problems with your family or friends	☐	☐	☐	☐	☐
6 . . . . Causing problems in finding or keeping a job	☐	☐	☐	☐	☐
7 . . . . Causing problems with your health	☐	☐	☐	☐	☐
8 . . . . Making your life become worse and worse	☐	☐	☐	☐	☐
9 . . . . Going to cause your death if you do not quit soon	☐	☐	☐	☐	☐

The next questions ask you about your views on treatment and other kinds of help for your substance use or gambling. If you are already in a treatment programme, these questions are about your current treatment.	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
10 You need help in dealing with your drug/alcohol use	☐	☐	☐	☐	☐
11 You have too many outside responsibilities to go into treatment now.	☐	☐	☐	☐	☐
12 Undergoing treatment seems too demanding for you.	☐	☐	☐	☐	☐
13 It is urgent that you find help immediately for your drug/alcohol use	☐	☐	☐	☐	☐
14 Going into treatment may be your last chance to solve your drug/alcohol problems.	☐	☐	☐	☐	☐
15 You are tired of the problems caused by drug/alcohol	☐	☐	☐	☐	☐
16 You will give up your friends and hangouts to solve your drug/alcohol problems	☐	☐	☐	☐	☐
17 Going into treatment will not be very helpful to you.	☐	☐	☐	☐	☐
18 You plan to stay in treatment for a while.	☐	☐	☐	☐	☐
19 You can quit using drugs/alcohol without any help	☐	☐	☐	☐	☐
20 You will go into treatment because someone else is making you do it.	☐	☐	☐	☐	☐
21 Your life has gone out of control	☐	☐	☐	☐	☐
22 Treatment can really help you.	☐	☐	☐	☐	☐
23 You want to get your life straightened out	☐	☐	☐	☐	☐
24 You want to be in a treatment programme.	☐	☐	☐	☐	☐

7. Difficulties and problems

The questions below ask you about how many difficulties or how much difficulty you had with life domains. Consider the *past 30 days* in answering each question.

T 30 days

The rating scale is as follows:

0 = No difficulties or n/a

1 = Rarely difficulties or mild limitation

2 = Occasionally difficulties or moderate limitation

3 = Frequently difficulties or severe limitation

4 = Constantly difficulties or extreme limitation

		No /not / n/a	Rare / Mild	Occasional / Moderate	Frequent / Severe	Constant / Extreme
1	Did you have difficulties with your partner (or did you find it difficult not having a partner)?	0	1	2	3	4
2	Were there any difficulties in your relationship with your child(ren)?	0	1	2	3	4
3	Did you have difficulties with your family or friends?	0	1	2	3	4
4	Did you have difficulties relating to your employer, professionals, service providers, or health-care workers?	0	1	2	3	4
5	Did you find it difficult to make contacts with other people or to get along with others?	0	1	2	3	4
6	Did you have difficulties acquiring or keeping a job or with educational activities?	0	1	2	3	4
7	Did you have difficulties with economic self-sufficiency; were you short of money for your everyday expenses?	0	1	2	3	4
8	Was it difficult for you to find free time or to engage in free-time activities, for example, relaxation or sport?	0	1	2	3	4
9	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	1	2	3	4
10	Were you without a place to live, or did you have other problems with housing?	0	1	2	3	4
11	Did you find it difficult to do household chores, such as shopping, preparing meals, or doing housework?	0	1	2	3	4
12	Did you have difficulty with self-care, such as washing, caring for parts of your body, or dressing?	0	1	2	3	4
13	Did you have difficulty finding a safe place to sleep, or with wearing protective clothing?	0	1	2	3	4
14	Did you find it difficult to eat or drink healthily or to look after your physical condition?	0	1	2	3	4
15	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?	0	1	2	3	4
16	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?	0	1	2	3	4
17	Did you find it difficult to plan, manage, or complete your daily routine?	0	1	2	3	4
18	Did you find it difficult to cope with stress in difficult situations or with tasks that required a lot of responsibility?	0	1	2	3	4
19	Did you find it difficult to learn new things, or to solve problems or make decisions?	0	1	2	3	4

8. Circumstances

T 30 days

The following questions ask you about circumstances that might have a negative effect on your recovery, your health, or on changing your alcohol or drug use or gambling.
Consider the *past 30 days* in answering each question.

The rating scale is as follows:

0 = No negative influence or not present
1 = Mildly negative influence
2 = Moderately negative influence
3 = Substantially negative influence
4 = Profoundly negative influence

		No / Not Present	Mild	Moder-ate	Substan-tial	Profound
1	Are there people in your environment who are having a negative influence on you and your recovery?	0	1	2	3	4
2	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	1	2	3	4
3	Are you affected by societal opinions and beliefs about people with psychiatric disorders that have a negative influence on you and your recovery?	0	1	2	3	4
4	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?	0	1	2	3	4
5	Are there any other environmental factors that are having a negative influence on you and your recovery? If so, write it down. Circle the extent of the negative influence. If there are no other negative conditions, circle '0'	0	1	2	3	4

9. Final questions

		Strongly disagree	Disagree	Not sure	Agree	Strongly agree
1	I have understood the questions correctly.	☐	☐	☐	☐	☐
2	Filling in was easy for me.	☐	☐	☐	☐	☐
3	I think the questions are important for identifying the problem.	☐	☐	☐	☐	☐
4	I think it›s too many questions.	☐	☐	☐	☐	☐
5	How many minutes did it take you to complete the form?	..... minutes				
6	If you had any difficulties filling in, what were they?					
7	Are there other matters that have not been addressed but that are important in order to be able to give you advice?	Yes → Which? ..... / No				