Maudsley Addiction Profile

Client details

Initial of first name: ☐   **initial of family name:** ☐

Sex: M/F ☐   **Age**: ☐

Interviewer - *complete if appropriate for country or skip*

Observe and code ethnic group   White ☐   Black ☐   Asian ☐   Other ☐

Ask client: "How would you describe your ethnic group?"

record verbatim [_____]

Ask client: "What was your *country of birth*? [_____]

Interviewer details

Name [_____]   **Team/clinic** [_____]

Date

Day ☐☐   Month ☐☐   Year 19 ☐☐   Time commenced ☐☐

Record interviewer type

Clinician ☐   **Researcher** ☐

Case ☐☐☐

	Main route(s)
	oral
	snort/sniff
	smoke/chase
	inject

[**Interviewer read out**] "We're going to begin by looking at your use of different substances in the past month. By the last month I mean the last 30 days."

1. For each drug, ask if client has used in past month, and record X (yes) or leave blank (no).
2. If Yes, show **Card 1** and ask client to recall the total number of days used in past month.
3. Ask client to recall typical amount consumed across a day of this drug type.
4. Ask client to indicate main route of administration in past month and enter number(s).

Drug type	Used past month? [or blank]	Days used in past month [Card 1]	Amount consumed on a typical day in past month [record verbatim]	Main route(s) [number]
A1 Alcohol				
A2 Heroin				
A3 Problem opioids 1.				
2.				
A4 Problem benzos. 1.				
2.				
A5 Cocaine - *hydrocholoride*				
A6 Cocaine - *crack/base*				
A7 Amphetamines				

A8 "In the past month, have you had a drugs overdose?"   No   Yes   *If Yes, how many times?*   [   ]

Section B: Injecting and sexual behaviour

B1. [**Interviewer**] "Can I just check, at any time in the past month, did you inject drugs?"
Interviewer - show Card 1

  Yes   If Yes: "On how many days did you inject?

     No   ***if No, skip to interviewer prompt before B4***

B2.

B3.   "In the past month, did you ever use a needle or syringe which had been used by someone else?"

  Yes   If Yes: "How many times in total did you do this?" ☐ times

     No

B4.   "How often did you inject with a new, unused needle and syringe?"

Never	Rarely	Some-times	Often	Always
4	3	2	1	0

Interviewer - "I'm now going to ask you a couple of questions about your sexual behaviour during the past month."

B5.   "Have you had ***penetrative sex*** (ie. vaginal or anal) in the past month?"

  Yes

  No   ***if No, skip to Section C***

B6.   "In the past month, have you had ***penetrative sex*** without using a condom at any time?"

  Yes   If Yes: "How many people have you had sex with, when not using a condom?" ☐ total people

  No   ***if No, skip to Section C***

B7.   "In the past month, how many ***times*** have you had penetrative sex without using a condom?" ☐ ***time(s)***

Section C: Health

Physical health

Interviewer - show Card 2

"We're now going to look at your physical health in the past month. How often have you had the following problems?"

[Card 2]	Never	Rarely	Sometimes	Often	Always
a. Poor appetite	0	1	2	3	4
b. Tiredness/fatigue	0	1	2	3	4
c. Nausea	0	1	2	3	4
d. Stomach pains	0	1	2	3	4
e. Difficulty breathing	0	1	2	3	4
f. Chest pains	0	1	2	3	4
g. Joint / bone pains	0	1	2	3	4
h. Muscle pains	0	1	2	3	4
i. Numbness/tingling . .	0	1	2	3	4
j. Tremors (shakes) . .	0	1	2	3	4

Psychological health

Interviewer - show card 2

"I'm now going to ask you to think about how you have been feeling in yourself. In the past month, how often have you had the following experiences or feelings?"

[Card 2]	Never	Rarely	Sometimes	Often	Always
a. Feeling tense	0	1	2	3	4
b. Suddenly scared for no reason . .	0	1	2	3	4
c. Feeling fearful	0	1	2	3	4
d. Nervousness or shakiness inside	0	1	2	3	4
e. Spells of terror or panic	0	1	2	3	4
f. Feeling hopeless about the future	0	1	2	3	4
g. Feelings of worthlessness	0	1	2	3	4
h. Feeling no interest in things . . .	0	1	2	3	4
i. Feeling lonely	0	1	2	3	4

Section D: Social functioning

Interviewer - "I'm now going to ask you some general questions about your life in the past month." ***Show Card 3.***

D1. "In the past month, how many *nights* have you spent at the following places?"

[Card 3]	*Nights* [0-30]
Own or rented home	
Relatives'/Partner's/Friends'/others' home	
Hostel/other temporary accommodation	
On the street (homeless)	
Prison/other detention/police station	
Hospital/residential treatment	
Other (*specify*)	
. . . .	

[*interviewer - check sum of nights spent in one or more places = 30*]

D2. "How long have you lived at your current address?"

Work and training

D3. "At any time in the past month, did you have a paid job (including casual work)?"

Yes   If Yes: "how many days did you have a job?"

  No   *if No, skip to D5*

D4. "In the past month, did you miss any days due to sickness or unauthorised absence?"

Yes   If Yes: "how many days did you miss?"

  No

D5. "At any time in the past month, did you have a voluntary job?"

Yes   If Yes: "how many days did you do this?"

D6.   "In the past month, did you have a place on a training or education course?"

Yes   If Yes: "how many days did you attend?"

No

D7.   "In the past month, were you looking after dependents and/or the home?"

Yes   If Yes: "how many days were you doing this?"

No

D8.   "At any time in the past month, were you unemployed?"

Yes   If Yes: "how many days were you unemployed?"

No

Relationships

D9.   "In the past month, have you been in a relationship with a partner, either for some or all of the time?"   *Interviewer - use Card 1*

Yes   No   *if no, complete D10 (a) and (b) for relatives and friends*

D10. "In the past month, on how many days:

	Your partner		children up to 18	Your friends
(a) were you in contact with	☐ [0-30]	☐ [0-30]	☐ [0-30]	☐ [0-30]
(b) did you have serious conflict with	☐ [0 *a*]	☐ [0 *a*]	☐ [0 *a*]	☐ [0 *a*]

Illegal activities

D11. *Interviewer -*   "This section concerns things that you may have done in the past month which are illegal" ***Show Card 4***

Remind client of confidentiality

[Card 4]	In past month? [or]		Days committed [1-30] [Card 1]		Number of times on typical day
Selling drugs	if yes ...			and...	
Fraud/forgery	if yes ...			and...	
Theft from a property	if yes ...			and...	
Theft from a person	if yes ...			and...	
Shoplifting	if yes ...			and...	
Theft from a vehicle	if yes ...			and...	
Theft of a vehicle	if yes ...			and...	
Other theft (specify)	if yes ...			and...	
Criminal damage	if yes ...			and...	
Public order offence	if yes ...			and...	
Soliciting	if yes ...			and...	

END OF MAP INTERVIEW

Interviewer enter time completed