

DUNDRUM-D

Developmental Understanding of Drug Misuse & Dependence

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Developmental Understanding of Drug Misuse and Dependence DUNDRUM-D

This instrument has grown out of the series of prison psychiatric morbidity studies carried out by the National Forensic Mental Health Service in the population of the Irish Prison Service. The DUNDRUM-D is distinguished from other screening and diagnostic instruments by the developmental perspective it takes on life time careers of substance use, misuse and dependence. We recognise that those with substance misuse problems commonly begin using intoxicants such as solvents very early, typically before the age of 12 and progress through other substances as they get older and are able to access more expensive intoxicants. Some will have patterns of binge use, others are continuously intoxicated. Some will use only one or two substances of choice; others will use many different types of drug almost indiscriminately. It is not uncommon for a person to make the transition from dependence on one drug to substitution for another, followed some time later by further changes in type of intoxicant or pattern of use. All such patterns shift and change over time, and recovery is always possible. Indeed spontaneous recovery is the most common outcome for most substance misuse problems.

The purpose of this form of instrument is to record these patterns as an exercise in contemplation for those who are not yet at the contemplative stage or recovery. While questions are asked about harmful use and abuse, these are deliberately reserved until towards the end of the interview. We believe the regular use of this instrument is also a way of learning from one's patients/clients. The substances used, the language, patterns and practices of use all change constantly and rapidly from month to month and from city to city.

We have found that this instrument can be used in its short form as a screening tool e.g. with the SADS-L or with the CAARMS. In forensic mental health practice, it is 'substance abuse' as defined in the DSM system that is the best guide to harmful use.

The form of the instrument lends itself to the assessment of other problem behaviours such as gambling, bingeing and purging food, and repetitive self-harm to relieve tension (e.g. cutting).

The DUNDRUM-D can be used by any professionally qualified clinician.

Interviewer: _____

Candidate Number: _____

Date of Birth: _____ / _____ / _____

Age: _____

Male/Female: _____

Last Known Address: _____

General Practitioner: Y/N _____

Date of Admission: _____ / _____ / _____

Date of Interview: _____ / _____ / _____

Days since admission: _____

Current Place of Residence:

1. Own home
2. Temporary accommodation
3. Homeless (roofless)
4. Hospital
5. Detox /rehab centre
6. Prison
7. Other (Please specify) _____

(If applicable) Do you have somewhere to stay following discharge/release? Y/N

Place of Birth:

1. Eire
2. Northern Ireland
3. Mainland UK
4. Europe – EU
5. Europe – non EU
6. North American/Canadian
7. South American
8. AnZac
9. Caribbean
10. Africa
11. Asia
12. Other (Please specify) _____

Ethnic Origin:

1. Caucasian excluding non-EU Europeans
2. Non-EU Caucasian
3. Asian
4. African-Caribbean
5. Chinese
6. Mixed
7. Traveller
8. Other (Please specify) _____

Country of Residence: _____

Year you became Republic of Ireland resident: _____

A. Background Details

1. Parents (Biological / birth parents) and Childhood:

1.1 Father:

- i. Alive? Y/N (if no specify cause and year) _____
- ii. Employed? Y/N (Please specify) _____
- iii. Alcohol? Y/N (Consequences?) _____
- iv. Drugs? Y/N (Type and Consequences?) _____

1.2 Mother:

- i. Alive? Y/N (if no specify cause and year) _____
- ii. Employed? Y/N (Please specify) _____
- iii. Alcohol? Y/N (Consequences?) _____
- iv. Drugs? Y/N (Type and Consequences?) _____

1.3 Absent parent in childhood (<16 yrs old): Y/N (Why?) _____

1.4 Parents separated in childhood (<16 yrs old): Y/N _____

1.5 Taken into care: Y/N (if yes specify age range) _____
Why? _____

1.6 Have you ever been homeless? Y/N (if yes age? Duration?) _____
Why? _____

1.7 Theft – house, shop, car, mugging (< 16 yrs old): Y/N _____

1.8 Vandalism (<16 yrs old): Y/N _____

1.9 Fire Setting (<16 yrs old): Y/N _____

1.10 Cruelty to animals (<16 yrs old) Y/N _____

1.11 Children’s Court (if **NO** skip to A.2): Y/N _____

1.12 If **YES** age at first contact? _____

1.13 If **YES** what was your first charge? _____

- 0 Never
- 1 Public order _____
- 2 Road traffic offence – no tax/licence/insurance _____
- 3 Theft/robbery/fraud _____
- 4 Trespass _____
- 5 Criminal damage _____
- 6 Driving while intoxicated _____
- 7 Breach of barring order/safety order _____
- 8 Physical Assault _____
- 9 Sexual Assault _____
- 10 Manslaughter _____
- 11 Homicide _____
- 12 Other (please specify) _____

2. Education:

2.1 Age left school? _____

2.2 Literate: 0 Illiterate 1 Partial Literacy 2 Literate

2.3 Truancy (<13 yrs old): Y/N (if YES specify average number of days per month absent) _____

2.4 Suspensions: Y/N (if yes how many times?) Primary: _____ Secondary: _____
If yes why? _____

2.5 Expulsions: Y/N (if yes how many times?) Primary: _____ Secondary: _____
If yes why? _____

2.6 Bullying: Victim: Y/N (if yes age range) _____

2.7 Bullying: Perpetrator: Y/N (if yes age range) _____

2.8 Did you get into any fights in schools? Y/N (If YES, age range and how often) _____

2.9 Have you ever used a weapon in a fight? Y/N (If YES, age range, what and how often) _____

2.10 Academic Achievements:

1. Group Certificate
2. Junior Certificate
3. Leaving Certificate
4. Diploma/Degree
5. None
6. Other (please specify) _____

3. Occupation and Training:

3.1 Current Work Status:

1. Unemployed (duration?) _____
2. Sickness/Invalidity Benefit
3. Student
4. In Training eg FAS
5. Employed (please specify) _____

3.2 If unemployed last worked? (number of days ago) _____

3.3 What kinds of work have you done? (Please specify)

- 1. Never worked
- 2. Unskilled operative/manual worker _____
- 3. Skilled operative/manual worker _____
- 4. Skilled craftsmen/tradesmen _____
- 5. Administration/clerical _____
- 6. Professional/Managerial _____

4. Relationships:

4.1 Current relationship status:

- 1. Single
- 2. In Relationship
- 3. Married
- 4. Cohabiting
- 5. Separated
- 6. Divorced
- 7. Widowed

4.2 Have you had other relationships, lasting six months or more?

- 0. None
- 1. One – Three
- 2. Three – Five
- 3. More than Five

4.3 Do you have children: Y/N

4.4 If YES how many? _____

	Age?	Lives with?	Where?	Are you in contact with them?	In care?
1					
2					
3					
4					
5					

4.5 Have any of your children been involved with child protection authorities? Y/N

Substance Abuse Problems: LEARNING FROM THE CLIENT

FOR EACH SUBSTANCE USED, ENQUIRE -

1. **When did you first use it (how old were you)?**
2. **When did you start using it regularly (how old were you)?**
3. **How many days a week? (some weekends, every weekend, most days, every day)?**
4. **At its heaviest, how often were you using it?**
5. **At its heaviest, how much were you using per day/per week?**
6. **At its heaviest, how much were you spending on it per day/per week?**
7. **Are you still using it now?**
8. **When did you cut down or stop?**
9. **Why did you cut down or stop?**
10. **If still using, what is the longest you have gone without?**
11. **If stopped or still using, when did you last use (how many days or months ago)?**

Cut-off, or ask-
HARMFUL USE

12. ***(Medical)* Did you lose weight on it; or have stomach or breathing problems; liver problems?**
 13. ***(Mental Health)* Did you have problems (on it or on withdrawal) such as depression, anxiety/panic, paranoia, tension, self-harm, hearing voices or seeing things?**
 14. ***(Occupational)* Have you missed school/work because of it (e.g. Monday mornings)?**
 15. ***(Risk taking)* Have you ever used it in a risky situation e.g. driving, operating machinery, working at heights, (ask about family issues (e.g. child care) only if rapport well established)?**
 16. ***(Relationships)* Has your use of it ever caused arguments with those close to you; or the break-up of a relationship?**
 17. ***(Forensic / legal)* Did you ever get into trouble with the police because of it?**
- If any of the above -
18. ***(Persistence)* Did you keep on using it despite any of these issues?**

Cut-off, or ask -

DEPENDENCE

19. ***(Tolerance)* Did you find you had to use more of it to get the same effect (includes the belief that ‘tablets are not as strong as they used to be’ etc., or progress from smoking to injecting)?**
20. ***(Tolerance)* Did you take more of it and/or anything else to help you cope with hangovers / come downs / withdrawals (BDZs, cannabis)?**
21. ***(Compulsion)* Did you find yourself craving it (urge or need to use it again)?**
22. ***(Primacy)* Were you neglecting other important things in your life to get it or use it?**
23. ***(Loss of control)* Did you find you couldn't control your use of it (used more or for longer than you intended)?**
24. ***(Withdrawal)* Did you get hangovers or 'come downs' or withdrawals (shakes, tremulous, abdominal cramps, vomiting, sweats, bad dreams, lack of sleep, panic, irritable/angry)?**
25. ***(Withdrawal)* How long after stopping would you get that?**
26. **Were you using other drugs at the same time? What?**

B. Intoxicants

Substances Used?

Have you ever used _____ (enquire about each of the following)? Y/N
 (If **NO to all** please skip to Section **E - Gambling**)

If **YES** please complete the following table.

Then complete the table on the following page for each substance used.

	Yes	No	During this Admission/Period in Custody	Urine Toxicology Result on Admission/Committal (+/-)
Tobacco				
Glue/Solvent/Aerosol/Poppers				
Alcohol				
Cannabis (hash, weed, grass, green, puff, smoke, dope, pot, resin, blow, brown, herb)				
Head Shop – Cannabis (Purple haze, smoke)				
Ecstasy (Es, yokes, pills, ESB, MDMA, mitzies, XTC)				
Head Shop – party pills (Diablo, Storm, Giggles)				
Amphetamine (Speed, meth, crystal meth, uppers)				
Head Shop – Mephedrone (Snow blow, ivory wave, bath salts, snort, wildcat,				
Hallucinogens- Mushrooms, LSD (Magic mushrooms, acid, trips)				
Cocaine (Coke, charlie, snort, blow, C, snow, crack)				
Heroin (Smack, brown, H, dope, gear)				
Benzodiazepines (Tablets, Benzos, D5s, D10s, D30s, Yellows, Blueys, Zimos, UpJohn 90s, Valium, Xanax, Dalmane, Zimovane)				
Other (specify)				
Other (specify)				

Intoxicants? (SHORT VERSION)

	Age at 1 st use	Period of heaviest use (age range)	Quantity used at that time	Variety used	Method of use	Last used (Days)	Consequences						Abuse (1 or more consequence + persistent use) Persistent use despite consequences	Dependence (3 or more for 1 month or repeatedly over a 1 year period)						
							M	MH	O	S	F	T		C	P	W/D	LOC			
Tobacco																				
Inhalants/ Solvents																				
Alcohol																				
Cannabis																				
Head Shop- Cannabis																				
Ecstasy																				
Head Shop- Party Pills																				
Amphetamine																				
Mephedrone																				
LSD/ Hallucinogens																				
Cocaine																				
Heroin																				
BDZs/Sleepers																				
Gambling																				
Eating Disorders																				
Other(specify)																				
Other(specify)																				

Key: Consequences: M=Medical, MH=Mental Health, O=Occupational/Educational, S=Social/Relationship, F=Forensic
 Dependence criteria: T=Tolerance, C=Compulsion, P=Primary, W/D=Withdrawal Symptoms +/- Relief Use, LOC=Loss of Control

C. LIFE CHART

	<10	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
Tobacco																											
Inhalants/Solvents																											
Alcohol																											
Cannabis																											
H. Shop Cannabis																											
Ecstasy																											
H. Shop Party Pills																											
Amphetamine																											
Mephedrone																											
Hallucinogens																											
Cocaine																											
Heroin																											
Benzodiazepines																											
Gambling																											
Eating Disorders																											
Other																											

	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60-69	>70	
Tobacco																											
Inhalants/Solvents																											
Alcohol																											
Cannabis																											
H. Shop Cannabis																											
Ecstasy																											
H. Shop Party Pills																											
Amphetamine																											
Mephedrone																											
Hallucinogens																											
Cocaine																											
Heroin																											
Benzodiazepines																											
Gambling																											
Eating Disorders																											
Other																											

D. Intoxicants? (EXTENDED VERSION)

1. TOBACCO

1.1 How old were you when you first smoked? _____

1.2 How old were you when you started smoking regularly? _____

1.3 How old were you when you smoked daily? _____

1.4 How many cigarettes do you smoke per day? _____

1.5 How many rolled cigarettes do you smoke per day (if any)? _____

1.6 Do you also use tobacco in cannabis cigarettes (How much per day)? Y/N _____

1.7 How many cigarettes do you smoke per day?

1. 0 - 10/day
2. 11 – 20/day
3. 21 – 30/day
4. 31 – 40/day
5. >40 /day

1.8 Total spent on cigarettes per day/week (delete as appropriate):

1. €0-10/day/week
2. €11-20/day/week
3. €21-30/day/week
4. €31-40/day/week
5. >€40/day/week

1.8 What is the longest period you have gone without tobacco? _____

1.9 Do you have any withdrawal symptoms when you go without? Y/N
If YES please specify _____

1.10 Has smoking had any negative impact on your health? Y/N
If YES please specify _____

1.11 Have you continued smoking despite this problem? Y/N

1.12 Has there ever been a time when you wanted to stop smoking but found you could not? Y/N

1.13 PROBLEM TOBACCO USE?

- 0 Never used
- 1 Non-problematic use
- 2 Tobacco abuse
- 3 Tobacco dependence

2. ALCOHOL

2.1 How old were you when you had your first drink? _____

2.2 How old were you when you started drinking regularly? _____

2.3 How often was that? (days per week/month) _____

2.4 Have you ever drunk alcohol on a daily basis? Y/N

i. If **YES** when (age range) _____

2.5 If **different from 2.4** when was your drinking at its heaviest (age range)? _____

2.6 Total number of units per week during period of heaviest use:

To calculate: (vol. in centilitres) x (%ABV of alcohol) = units OR 1 pint=2 units,
1 double of spirits =2 units, 1 bottle of wine = 7 units. 1 bottle of spirits = 28 units.

1. 0 - 14
2. 15 – 21
3. 22 – 40
4. 41 – 80
5. >80

2.7 Total spent on alcohol per day/week
(delete as appropriate):

1. €0-20/day/week
2. €21-50/day/week
3. €51-100/day/week
4. €100-150/day/week
5. > €150/day/week

2.8 Have you ever had more than 6 drinks in one sitting (binge)? Y/N

i. If **YES** when (age range)? _____

ii. If **YES** how often? _____

2.9 Currently how many drinks do you have per day/week/month (delete as appropriate)? _____

2.10 What is the longest you have gone without any alcohol? _____

2.11 Have you ever sought help to reduce or stop your drinking?

- 0 Never
- 1 GP
- 2 Addiction counsellor
- 3 Alcoholics Anonymous
- 4 Psychiatrist

2.12 Have you ever received treatment for your drinking and if so what?

- 0 Never
- 1 GP consultation only
- 2 Individual addiction counselling (Motivational interviewing/CBT)
- 3 Group therapy (AA)
- 4 Residential treatment programme
- 5 Outpatient detoxification Regime
- 6 Inpatient detoxification regime
- 7 Medication other than detoxification regime (Antabuse, Acamprostate)

2.13 How many days is it since your last drink? _____

2.14 Have you ever been arrested because of your use of alcohol?
Please specify nature of charge and number of times if applicable:

- 0 Never
- 1 Public order _____
- 2 Theft _____
- 3 Criminal damage _____
- 4 Driving while intoxicated _____
- 5 Breach of barring order/safety order _____
- 6 Physical Assault _____
- 7 Sexual Assault _____
- 8 Manslaughter _____
- 9 Homicide _____

2.15 Have you ever harmed anyone while intoxicated with alcohol? Y/N

2.16 Have you ever harmed yourself while intoxicated with alcohol?

- 0 Never
- 1 Accidental e.g. fall
- 2 Deliberate self-harm
- 3 Suicide attempt

ALCOHOL ABUSE CRITERIA:

If dependence is suspected skip to Dependence criteria

If dependence criteria ever met DO NOT diagnose abuse

2.17 Have you experienced any medical problems secondary to your drinking? Y/N
(specify)_____

2.18 Have you experienced any mental health problems secondary to your drinking? Y/N
(specify)_____

2.19 Have you experienced any occupational/school problems secondary to your drinking? Y/N
(specify)_____

2.20 Have you experienced any relationship/social problems secondary to your drinking? Y/N
(specify)_____

2.21 Have you experienced any legal problems secondary to your drinking? Y/N
(specify)_____

2.22 Have you ever used it in a risky situation e.g. driving, operating machinery? Y/N
(specify)_____

2.23 Did you continue to drink despite this/these problem(s)? Y/N
If answers yes to this question and to one of 2.17 – 2.22; diagnose with ABUSE

ALCOHOL DEPENDENCE CRITERIA:

3 or more of the following items occurring for at least 1 month or repeatedly within a 12 month period. If not met and you haven't already asked return to Abuse criteria.

- | | | |
|------|---|-----|
| 2.24 | Tolerance: | Y/N |
| 2.25 | Primacy of Use (neglect of other activities because of alcohol): | Y/N |
| 2.26 | Compulsion to drink: | Y/N |
| 2.27 | Withdrawal Symptoms +/- relief drinking:
(specify) _____ | Y/N |
| 2.28 | Loss of control when drinking (heavier +/- for longer than intended): | Y/N |
| 2.29 | Persistent desire or unsuccessful attempts to reduce or control use: | Y/N |
| 2.30 | Persistent drinking despite physical or psychological problem(s)? | Y/N |

2.31 PROBLEM ALCOHOL USE?

- 0 Never used**
- 1 Non-problematic**
- 2 Alcohol Abuse**
- 3 Alcohol Dependence**

2.32 DSM-V ALCOHOL USE DISORDER?

Alcohol Use Disorder criteria is met if the individual answers YES to 2 or more of items from 2.17 – 2.30

- 0 Never used**
- 1 No Alcohol Use Disorder**
- 2 Alcohol Use Disorder**

2.33 SEVERITY OF DSM-V ALCOHOL USE DISORDER:

Moderate: 2 or 3 items from 2.17 – 2.30
Severe: 4 or more items from 2.17 – 2.30

- 0 No Alcohol Use Disorder**
- 1 Moderate Alcohol Use Disorder**
- 2 Severe Alcohol Use Disorder**

3. Inhalants/Solvents

- 3.1 How old were you when you first used them? _____
- 3.2 How old were you when you started using them regularly? _____
- 3.3 How often was that? (days per week/month) _____

3.4 Have you ever used them on a daily basis? Y/N
 i. If **YES** when (age range) _____

3.5 If **different from 3.4** when was your use at its heaviest (age range)? _____
 At that time how much were you using (e.g. number of cans)? _____

3.6 At that time what variety(s) of inhalant were you using?

- 1 Glue
- 2 Aerosols (deodorant, hairspray)
- 3 Household solvents (bleach, paint, paint thinner)
- 4 Medical gases (nitrous oxide)
- 5 Gases (petrol, lighter fluid, propane)
- 6 Art or office supplies (correction fluid)
- 7 Nitrites (Asthma inhalers, 'Poppers')

3.7 At time of heaviest use how much did you spend per day/week (delete as appropriate):

- 1. €0-10/day/week
- 2. €11-20/day/week
- 3. €21-30/day/week
- 4. €31-40/day/week
- 5. > €40/day/week

3.8 Are you still using inhalants/solvents? Y/N
 i. If **YES** how often? _____
 ii. If **NO** what age did you stop? _____
 iii. If stopped why did you stop? _____

3.9 What is the longest you have gone without any inhalants/solvents? _____

3.10 How many days is it since you last used inhalants/solvents? _____

3.11 Have you ever been arrested because of your use of inhalants/solvents?
 Please specify nature of charge and number of times if applicable:

- 0 Never
- 1 Public order _____
- 2 Theft _____
- 3 Criminal damage _____
- 4 Driving while intoxicated _____
- 5 Breach of barring order/safety order _____
- 6 Physical Assault _____
- 7 Sexual Assault _____
- 8 Manslaughter _____
- 9 Homicide _____

3.12 Have you ever harmed anyone while intoxicated with inhalants/solvents? Y/N

3.13 Have you ever harmed yourself while intoxicated with inhalants/solvents?

- 0 Never
- 1 Accidental e.g. fall, overdose
- 2 Deliberate self-harm
- 3 Suicide attempt

INHALANT ABUSE CRITERIA:

If dependence is suspected skip to Dependence criteria below.

If dependence criteria ever met DO NOT diagnose abuse

3.14 Have you experienced any medical problems secondary to inhalant/solvents? Y/N
(specify) _____

3.15 Have you experienced any mental health problems secondary to inhalant/solvents? Y/N
(specify) _____

3.16 Have you experienced any occupational/school problems secondary to inhalant/solvents? Y/N
(specify) _____

3.17 Have you experienced any relationship/social problems secondary to inhalant/solvents? Y/N
(specify) _____

3.18 Have you experienced any legal problems secondary to inhalant/solvents? Y/N
(specify) _____

3.19 Have you ever used it in a risky situation e.g. driving, operating machinery? Y/N
(specify) _____

3.20 Did you continue to use it despite this/these problem(s)? Y/N

If answers yes to this question and to one of 3.14 – 3.19; diagnose with ABUSE

INHALANT/SOLVENT DEPENDENCE CRITERIA:

3 or more of the following items occurring for at least 1 month or repeatedly within a 12 month period. If not met and you haven't already asked return to Abuse criteria

3.21 Tolerance: Y/N

3.22 Primacy of Use (neglect of other activities because of inhalant use): Y/N

3.23 Compulsion to use inhalant/solvent: Y/N

3.24 Withdrawal Symptoms (Note: not well documented): Y/N
(specify) _____

3.25 Loss of control when inhaling (heavier +/- for longer than intended): Y/N

3.26 Persistent desire or unsuccessful attempts to reduce or control use: Y/N

3.27 Persistent use despite physical or psychological problem(s)? Y/N

3.28 PROBLEM INHALANT/SOLVENT USE?

- 0 Never used**
- 1 Non-problematic use**
- 2 Inhalant abuse**
- 3 Inhalant dependence**

3.29 DSM-V INHALANT/SOLVENT USE DISORDER?

Inhalant/Solvent Use Disorder criteria is met if the individual answers YES to 2 or more of items from 3.14 – 3.27

- 0 Never used**
- 1 No Inhalant/Solvent Use Disorder**
- 2 Inhalant/Solvent Use Disorder**

3.30 SEVERITY OF DSM-V INHALANT/SOLVENT USE DISORDER:

Moderate: 2 or 3 items from 3.14 – 3.27

Severe: 4 or more items from 3.14 – 3.27

- 0 No Inhalant/Solvent Use Disorder**
- 1 Moderate Inhalant/Solvent Use Disorder**
- 2 Severe Inhalant/Solvent Use Disorder**

4. Cannabis

4.1 How old were you when you tried cannabis for the first time? _____

4.2 How old were you when you started using it regularly? _____

4.3 How often was that (days per week/month)? _____

4.4 Have you ever used it on a daily basis? Y/N

i. If **YES** when (age range) _____

4.5 If **different from 4.4** when was your use at its heaviest (age range) _____

4.6 During your period of heaviest use how much were you using per day?

- 1. 0g – 0.5g
- 2. 0.6g – 1g
- 3. 1.1g – 1.5g
- 4. 1.6g – 2.0g
- 5. >2.0g

4.7 Total spent on cannabis per day/week (delete as appropriate):

- 1. €0-20/day/week
- 2. €21-50/day/week
- 3. €51-80/day/week
- 4. €81-100/day/week
- 5. > €100/day/week

4.8 Currently how much (grams/ounces/euro) do you use per day/week/month (delete as appropriate)? _____

4.9 What variety(s) of cannabis do you use most often?

- 1. Hash/resin
- 2. Weed/Grass
- 3. Skunk/high potency
- 4. Herbal high/head shop alternative

4.10 What is the longest you have gone without any cannabis? _____

4.11 How many days since you last used cannabis? _____

4.12 Have you ever been arrested because of your use of cannabis?
Please specify nature of charge and number of times (if applicable):

- 0 Never
- 1 Public order _____
- 2 Theft _____
- 3 Possession _____
- 4 Possession with intent to supply _____
- 5 Criminal damage _____
- 6 Driving while intoxicated _____
- 7 Breach of barring order/safety order _____
- 8 Physical Assault _____
- 9 Sexual Assault _____
- 10 Manslaughter _____
- 11 Homicide _____

- 4.13 Have you ever harmed anyone while intoxicated with cannabis? Y/N
- 4.14 Have you ever harmed yourself while intoxicated with cannabis?
- 0 Never
 - 1 Accidental e.g. fall
 - 2 Deliberate self-harm
 - 3 Suicide attempt

CANNABIS ABUSE CRITERIA:

*If dependence is suspected skip to Dependence criteria
If dependence criteria ever met DO NOT diagnose abuse*

- 4.15 Have you experienced any medical problems secondary to cannabis? Y/N
(specify) _____
- 4.16 Have you experienced any mental health problems secondary to cannabis? Y/N
(specify) _____
- 4.17 Have you experienced any occupational/school problems secondary to cannabis? Y/N
(specify) _____
- 4.18 Have you experienced any relationship/social problems secondary to cannabis? Y/N
(specify) _____
- 4.19 Have you experienced any legal problems secondary to cannabis? Y/N
(specify) _____
- 4.20 Have you ever used it in a risky situation e.g. driving, operating machinery? Y/N
(specify) _____
- 4.21 Did you continue to use it despite this/these problem(s)? Y/N
If answers yes to this question and to one of 4.15 – 4.20; diagnose with ABUSE

CANNABIS DEPENDENCE CRITERIA:

*3 or more of the following items occurring for at least 1 month or repeatedly
within a 12 month period. If not met and you haven't already asked return to Abuse criteria*

- 4.22 Tolerance: Y/N
- 4.23 Primacy of Use (neglect of other activities because of cannabis): Y/N
- 4.24 Compulsion to use cannabis: Y/N
- 4.25 Withdrawal Symptoms +/- relief use: Y/N
(specify) _____
- 4.26 Loss of control (heavier +/- for longer than intended): Y/N
- 4.27 Persistent desire or unsuccessful attempts to reduce or control use: Y/N
- 4.28 Persistent use despite physical or psychological problem(s)? Y/N

4.29 PROBLEM CANNABIS USE?

- 0 Never used**
- 1 Non-problematic**
- 2 Cannabis Abuse**
- 3 Cannabis Dependence**

4.30 DSM-V CANNABIS USE DISORDER?

Cannabis Use Disorder criteria is met if the individual answers YES to 2 or more of items from 4.15 – 4.28

- 0 Never used**
- 1 No Cannabis Use Disorder**
- 2 Cannabis Use Disorder**

4.31 SEVERITY OF DSM-V CANNABIS USE DISORDER:

Moderate: 2 or 3 items from 4.15 – 4.28

Severe: 4 or more items from 4.15 – 4.28

- 0 No Cannabis Use Disorder**
- 1 Moderate Cannabis Use Disorder**
- 2 Severe Cannabis Use Disorder**

5. Ecstasy

5.1 How old were you when you tried Ecstasy for the first time? _____

5.2 How old were you when you started using it regularly? _____

5.3 How often was that (days per week/month)? _____

5.4 Have you ever used it on a daily basis? Y/N

i. If **YES** when (age range)? _____

5.5 If **different from 5.4** when was your use at its heaviest (age range)? _____

5.6 During your heaviest period of Ecstasy use how many tablets would you take on average, in one sitting/night?

- 1 1-2
- 2 2-5
- 3 5-10
- 4 >10

5.7 Total spent on Ecstasy per day/week (delete as appropriate):

- 1. €0-20/day/week
- 2. €21-40/day/week
- 3. €41-60/day/week
- 4. €61-80/day/week
- 5. > €80/day/week

5.8 Currently how much (tablets/euro) do you use per day/week/month (delete as appropriate)? _____

5.9 What is the longest you have gone without any Ecstasy? _____

5.10 How many days since you last used Ecstasy? _____

5.11 Have you ever been arrested because of your use of Ecstasy?
Please specify nature of charge and number of times (if applicable):

- 0 Never
- 1 Public order _____
- 2 Theft _____
- 3 Possession _____
- 4 Possession with intent to supply _____
- 5 Criminal damage _____
- 6 Driving while intoxicated _____
- 7 Breach of barring order/safety order _____
- 8 Physical Assault _____
- 9 Sexual Assault _____
- 10 Manslaughter _____
- 11 Homicide _____

5.12 Have you ever harmed anyone while intoxicated with Ecstasy? Y/N

- 5.13 Have you ever harmed yourself while intoxicated with Ecstasy?
 0 Never
 1 Accidental e.g. fall, overdose
 2 Deliberate self-harm
 3 Suicide attempt

ECSTASY ABUSE CRITERIA:

*If dependence is suspected skip to Dependence criteria
 If dependence criteria ever met DO NOT diagnose abuse*

- 5.14 Have you experienced any medical problems secondary to Ecstasy? Y/N
 (specify) _____
- 5.15 Have you experienced any mental health problems secondary to Ecstasy? Y/N
 (specify) _____
- 5.16 Have you experienced any occupational/school problems secondary to Ecstasy? Y/N
 (specify) _____
- 5.17 Have you experienced any relationship/social problems secondary to Ecstasy? Y/N
 (specify) _____
- 5.18 Have you experienced any legal problems secondary to Ecstasy? Y/N
 (specify) _____
- 5.19 Have you ever used it in a risky situation e.g. driving, operating machinery? Y/N
 (specify) _____
- 5.20 Did you continue to use it despite this/these problem(s)? Y/N
If answers yes to this question and to one of 5.14 – 5.19; diagnose with ABUSE

ECSTASY DEPENDENCE CRITERIA:

*3 or more of the following items occurring for at least 1 month or repeatedly
 within a 12 month period. If not met and you haven't already asked return to Abuse criteria*

- 5.21 Tolerance: Y/N
- 5.22 Primacy of Use (neglect of other activities because of Ecstasy): Y/N
- 5.23 Compulsion to use Ecstasy: Y/N
- 5.24 Withdrawal Symptoms +/- relief use: Y/N
 (specify) _____
- 5.25 Loss of control (heavier +/- for longer than intended): Y/N
- 5.26 Persistent desire or unsuccessful attempts to reduce or control use: Y/N
- 5.27 Persistent use despite physical or psychological problem(s)? Y/N

5.28 PROBLEM ECSTASY USE?

- 0 Never used**
- 1 Non-problematic**
- 2 Ecstasy Abuse**
- 3 Ecstasy Dependence**

5.29 DSM-V ECSTASY USE DISORDER?

Ecstasy Use Disorder criteria is met if the individual answers YES to 2 or more of items from 5.14 – 5.27

- 0 Never used**
- 1 No Ecstasy Use Disorder**
- 2 Ecstasy Use Disorder**

5.30 SEVERITY OF DSM-V ECSTASY USE DISORDER:

Moderate: 2 or 3 items from 5.14 – 5.27

Severe: 4 or more items from 5.14 – 5.27

- 0 No Ecstasy Use Disorder**
- 1 Moderate Ecstasy Use Disorder**
- 2 Severe Ecstasy Use Disorder**

6. Amphetamine

6.1 How old were you when you tried Amphetamine for the first time? _____

6.2 How old were you when you started using it regularly? _____

6.3 How often was that (days per week/month)? _____

6.4 Have you ever used it on a daily basis? Y/N

i. If **YES** when (age range)? _____

6.5 If **different from 6.4** when was your use at its heaviest (age range)? _____

6.6 During your period of heaviest use how much were you using per day/week/month (delete as appropriate)?

- 1. 0-1g
- 2. 1-2g
- 3. 2-5g
- 4. 5-10g
- 5. >10g

6.7 Total spent on Amphetamine per day/week (delete as appropriate):

- 1. €0-20/day/week
- 2. €21-50/day/week
- 3. €51-80/day/week
- 4. €81-100/day/week
- 5. > €100/day/week

6.8 Currently how much (grams) do you use per day/week/month (delete as appropriate)? _____

6.9 What variety(s) do you use?

- 1. Speed
- 2. MDMA
- 3. Crystal Meth
- 4. Other _____

6.10 How do you take it?

- 1. Oral
- 2. Nasal
- 3. Intravenous

6.11 What is the longest you have gone without any Amphetamine? _____

6.12 How many days since you last used Amphetamine? _____

6.13 Have you ever been arrested because of your use of Amphetamine?
Please specify nature of charge and number of times (if applicable):

- 0 Never
- 1 Public order _____
- 2 Theft _____
- 3 Possession _____
- 4 Possession with intent to supply _____
- 5 Criminal damage _____
- 6 Driving while intoxicated _____
- 7 Breach of barring order/safety order _____
- 8 Physical Assault _____
- 9 Sexual Assault _____
- 10 Manslaughter _____
- 11 Homicide _____

6.14 Have you ever harmed anyone while intoxicated with Amphetamine? Y/N

6.15 Have you ever harmed yourself while intoxicated with Amphetamine?

- 0 Never
- 1 Accidental e.g. fall, overdose
- 2 Deliberate self-harm
- 3 Suicide attempt

AMPHETAMINE ABUSE CRITERIA:

If dependence is suspected skip to Dependence criteria

If dependence criteria ever met DO NOT diagnose abuse

6.16 Have you experienced any medical problems secondary to Amphetamine? Y/N
(specify) _____

6.17 Have you experienced any mental health problems secondary to Amphetamine? Y/N
(specify) _____

6.18 Have you experienced any occupational/school problems secondary to Amphetamine? Y/N
(specify) _____

6.19 Have you experienced any relationship/social problems secondary to Amphetamine? Y/N
(specify) _____

6.20 Have you experienced any legal problems secondary to Amphetamine? Y/N
(specify) _____

6.21 Have you ever used it in a risky situation e.g. driving, operating machinery? Y/N
(specify) _____

6.22 Did you continue to use it despite this/these problem(s)? Y/N
If answers yes to this question and to one of 6.16 -6.21; diagnose with ABUSE

AMPHETAMINE DEPENDENCE CRITERIA:

3 or more of the following items occurring for at least 1 month or repeatedly within a 12 month period. If not met and you haven't already asked return to Abuse criteria

- 6.23 Tolerance: Y/N
- 6.24 Primacy of Use (neglect of other activities because of Amphetamine): Y/N
- 6.25 Compulsion to use Amphetamine: Y/N
- 6.26 Withdrawal Symptoms +/- relief use: Y/N
(specify) _____
- 6.27 Loss of control (heavier +/- for longer than intended): Y/N
- 6.28 Persistent desire or unsuccessful attempts to reduce or control use: Y/N
- 6.29 Persistent use despite physical or psychological problem(s)? Y/N

6.30 PROBLEM AMPHETAMINE USE?

- 0 Never used**
- 1 Non-problematic Amphetamine use**
- 2 Amphetamine Abuse**
- 3 Amphetamine Dependence**

6.31 DSM-V AMPHETAMINE USE DISORDER?

Amphetamine Use Disorder criteria is met if the individual answers YES to 2 or more of items from 6.16 – 6.29

- 0 Never used**
- 1 No Amphetamine Use Disorder**
- 2 Amphetamine Use Disorder**

6.32 SEVERITY OF DSM-V AMPHETAMINE USE DISORDER:

Moderate: 2 or 3 items from 6.16 – 6.29
Severe: 4 or more items from 6.16– 6.29

- 0 No Amphetamine Use Disorder**
- 1 Moderate Amphetamine Use Disorder**
- 2 Severe Amphetamine Use Disorder**

7. Cocaine

7.1 How old were you when you tried Cocaine for the first time? _____

7.2 How old were you when you started using it regularly? _____

7.3 How often was that (days per week/month)? _____

7.4 Have you ever used it on a daily basis? Y/N

i. If **YES** when (age range) _____

7.5 If **different from 7.4** when was your use at its heaviest (age range) _____

7.6 During your period of heaviest use how much were you using per day/week/month
(delete as appropriate)?

- 1 0-1g
- 2 1-2g
- 3 2-5g
- 4 5-10g
- 5 >10g

7.7 Total spent on cocaine per day/week
(delete as appropriate):

- 1. €0-25/day/week
- 2. €26-50/day/week
- 3. €51-100/day/week
- 4. €101-150/day/week
- 5. > €150/day/week

7.8 Currently how much (grams/euro) do you use per day/week/month? _____

7.9 What variety(s) do you use? 1 Powder 2 Crack

7.10 How do you take it? 1 Oral 2 Nasal 3 Intravenous

7.11 What is the longest you have gone without any Cocaine? _____

7.12 Have you ever sought help to stop using cocaine?

- 0 Never
- 1 GP
- 2 Addiction counsellor
- 3 Narcotics Anonymous
- 4 Psychiatrist

7.13 Have you ever received treatment for your cocaine use and if so what?

- 0 Never
- 1 GP consultation only
- 2 Individual addiction counselling (Motivational interviewing/CBT)
- 3 Group therapy (NA)
- 4 Residential treatment programme

7.14 How many days since you last used Cocaine? _____

7.15 Have you ever been arrested because of your use of Cocaine?
Please specify nature of charge and number of times (if applicable):

- 0 Never
- 1 Public order _____
- 2 Theft _____
- 3 Possession _____
- 4 Possession with intent to supply _____
- 5 Criminal damage _____
- 6 Driving while intoxicated _____
- 7 Breach of barring order/safety order _____
- 8 Physical Assault _____
- 9 Sexual Assault _____
- 10 Manslaughter _____
- 11 Homicide _____

7.16 Have you ever harmed anyone while intoxicated with Cocaine? Y/N

7.17 Have you ever harmed yourself while intoxicated with Cocaine?

- 0 Never
- 1 Accidental e.g. fall, overdose
- 2 Deliberate self-harm
- 3 Suicide attempt

COCAINE ABUSE CRITERIA:

If dependence is suspected skip to section Dependence criteria

If dependence criteria ever met DO NOT diagnose abuse

7.18 Have you experienced any medical problems secondary to Cocaine? Y/N
(specify) _____

7.19 Have you experienced any mental health problems secondary to Cocaine? Y/N
(specify) _____

7.20 Have you experienced any occupational/school problems secondary to Cocaine? Y/N
(specify) _____

7.21 Have you experienced any relationship/social problems secondary to Cocaine? Y/N
(specify) _____

7.22 Have you experienced any legal problems secondary to Cocaine? Y/N
(specify) _____

7.23 Have you ever used it in a risky situation e.g. driving, operating machinery? Y/N
(specify) _____

7.24 Did you continue to use despite this/these problem(s)? Y/N
If answers yes to this question and to one of 7.18 – 7.23; diagnose with ABUSE

COCAINE DEPENDENCE CRITERIA:

3 or more of the following items occurring for at least 1 month or repeatedly within a 12 month period. If not met and you haven't already asked return to Abuse criteria

- 7.25 Tolerance: Y/N
- 7.26 Primacy of Use (neglect of other activities because of Cocaine): Y/N
- 7.27 Compulsion to use Cocaine: Y/N
- 7.28 Withdrawal Symptoms +/- relief use: Y/N
(specify) _____
- 7.29 Loss of control (heavier +/- for longer than intended): Y/N
- 7.30 Persistent desire or unsuccessful attempts to reduce or control use: Y/N
- 7.31 Persistent use despite physical or psychological problem(s)? Y/N

7.32 PROBLEM COCAINE USE?

- 0 Never used**
- 1 Non-problematic use**
- 2 Cocaine Abuse**
- 3 Cocaine Dependence**

7.33 DSM-V COCAINE USE DISORDER?

Cocaine Use Disorder criteria is met if the individual answers YES to 2 or more of items from 7.18- 7.31

- 0 Never used**
- 1 No Cocaine Use Disorder**
- 2 Cocaine Use Disorder**

7.34 SEVERITY OF DSM-V COCAINE USE DISORDER:

Moderate: 2 or 3 items from 7.18- 7.31
Severe: 4 or more items from 7.18- 7.31

- 0 No Cocaine Use Disorder**
- 1 Moderate Cocaine Use Disorder**
- 2 Severe Cocaine Use Disorder**

8. Heroin

8.1 How old were you when you tried Heroin for the first time? _____

8.2 How old were you when you started using it regularly? _____

8.3 How often was that (days per week/month)? _____

8.4 Have you ever used it on a daily basis? Y/N

i. If **YES** when (age range) _____

8.5 If **different from 8.4** when was your use at its heaviest (age range)? _____

8.6 During your period of heaviest use how much were you using per using per day/week/month?
(delete as appropriate)

- 1 0-1g
- 2 1-2g
- 3 2-5g
- 4 5-10g
- 5 >10g

8.7 Total spent on heroin per day/week
(delete as appropriate):

1. €0-20/day/week
2. €21-40/day/week
3. €41-60/day/week
4. €61-80/day/week
5. > €80/day/week

8.8 Currently how much (grams/euro) do you use per day/week/month? _____

8.9 How do you take it? 1 Inhaled/smoked 2 Intravenous

8.10 **(If intravenous)** What age were you when you started injecting? _____

8.11 Have you ever shared needles with another heroin user? Y/N

8.12 Have you ever been tested for any viruses associated with needle sharing? Y/N

8.13 What is the longest you have gone without any Heroin? _____

8.14 Have you ever sought help to stop using Heroin?

- 0 Never
- 1 GP
- 2 Addiction counsellor
- 3 Narcotics Anonymous
- 4 Psychiatrist

8.15 Have you ever received treatment for your heroin use?

- 0 Never
- 1 GP consultation only
- 2 Individual addiction counselling (Motivational interviewing/CBT)
- 3 Group therapy (NA)
- 4 Residential treatment programme
- 5 Inpatient detoxification regime
- 6 Methadone maintenance therapy

8.16 How many days since you last used Heroin? _____

8.17 Have you ever been arrested because of your use of Heroin?
Please specify nature of charge and number of times (if applicable):

- 0 Never
- 1 Public order _____
- 2 Theft _____
- 3 Possession _____
- 4 Possession with intent to supply _____
- 5 Criminal damage _____
- 6 Driving while intoxicated _____
- 7 Breach of barring order/safety order _____
- 8 Physical Assault _____
- 9 Sexual Assault _____
- 10 Manslaughter _____
- 11 Homicide _____

8.18 Have you ever harmed anyone while intoxicated with Heroin? Y/N

8.19 Have you ever harmed yourself while intoxicated with Heroin?

- 0 Never
- 1 Accidental e.g. fall, overdose
- 2 Deliberate self-harm
- 3 Suicide attempt

HEROIN ABUSE CRITERIA:

*If dependence is suspected skip to Dependence criteria
If dependence criteria ever met DO NOT diagnose abuse*

8.20 Have you experienced any medical problems secondary to Heroin? Y/N
(specify)_____

8.21 Have you experienced any mental health problems secondary to Heroin? Y/N
(specify)_____

8.22 Have you experienced any occupational/school problems secondary to Heroin? Y/N
(specify)_____

8.23 Have you experienced any relationship/social problems secondary to Heroin? Y/N
(specify)_____

8.24 Have you experienced any legal problems secondary to Heroin? Y/N
(specify)_____

8.25 Have you ever used it in a risky situation e.g. driving, operating machinery? Y/N
(specify)_____

8.26 Did you continue to use despite this/these problem(s)? Y/N
If answers yes to this question and to one of 8.20-8.25; diagnose with ABUSE

HEROIN DEPENDENCE CRITERIA:

3 or more of the following items occurring for at least 1 month or repeatedly within a 12 month period. If not met and you haven't already asked return to Abuse criteria

- | | | |
|------|--|-----|
| 8.27 | Tolerance: | Y/N |
| 8.28 | Primacy of Use (neglect of other activities because of Heroin): | Y/N |
| 8.29 | Compulsion to use Heroin: | Y/N |
| 8.30 | Withdrawal Symptoms +/- relief use:
(specify) _____ | Y/N |
| 8.31 | Loss of control (heavier +/- for longer than intended): | Y/N |
| 8.32 | Persistent desire or unsuccessful attempts to reduce or control use: | Y/N |
| 8.33 | Persistent use despite physical or psychological problem(s)? | Y/N |

8.32 PROBLEM HEROIN USE?

- 0 Never used**
- 1 Non-problematic use**
- 2 Heroin Abuse**
- 3 Heroin Dependence**

8.33 DSM-V HEROIN USE DISORDER?

Heroin Use Disorder criteria is met if the individual answers YES to 2 or more of items from 8.20 – 8.33

- 0 Never used**
- 1 No Heroin Use Disorder**
- 2 Heroin Use Disorder**

8.34 SEVERITY OF DSM-V HEROIN USE DISORDER:

Moderate: 2 or 3 items from 8.20 – 8.33
Severe: 4 or more items from 8.20 – 8.33

- 0 No Heroin Use Disorder**
- 1 Moderate Heroin Use Disorder**
- 2 Severe Heroin Use Disorder**

9. Head Shop Substances - Mephedrone

9.1 How old were you when you tried Mephedrone for the first time? _____

9.2 How old were you when you started using it regularly? _____

9.3 How often was that (days per week/month)? _____

9.4 Have you ever using it on a daily basis? Y/N

i. If **YES** when (age range)? _____

9.5 If **different from 9.4** when was your use at its heaviest (age range)? _____

9.6 During your period of heaviest use how much were you using per using per day/week/month?
(Delete as appropriate)

- 1 0-1g
- 2 1-2g
- 3 2-5g
- 4 5-10g
- 5 >10g

9.7 Total spent on Mephedrone per day/week (delete as appropriate):

- 1. €0-20/day/week
- 2. €21-40/day/week
- 3. €41-60/day/week
- 4. €61-80/day/week
- 5. > €80/day/week

9.8 Are you still using it? Y/N

i. If **YES** how much (grams/euro) do you currently use per day/week/month? _____

ii. If **NO** why did you cut down or stop? _____

9.9 What is the longest you have gone without any Mephedrone? _____

9.10 How many days since you last used Mephedrone? _____

9.11 Have you ever been arrested because of your use of Mephedrone?

Please specify nature of charge and number of times (if applicable):

- 0 Never
- 1 Public order _____
- 2 Theft _____
- 3 Possession _____
- 4 Possession with intent to supply _____
- 5 Criminal damage _____
- 6 Driving while intoxicated _____
- 7 Breach of barring order/safety order _____
- 8 Physical Assault _____
- 9 Sexual Assault _____
- 10 Manslaughter _____
- 11 Homicide _____

9.12 Have you ever harmed anyone while intoxicated with Mephedrone? Y/N

9.13 Have you ever harmed yourself while intoxicated with Mephedrone?

- 0 Never
- 1 Accidental e.g. fall
- 2 Deliberate self-harm
- 3 Suicide attempt

HEAD SHOP SUBSTANCE - MEPHEDRONE ABUSE CRITERIA:

If dependence is suspected skip to Dependence criteria

If dependence criteria ever met DO NOT diagnose abuse

- 9.14 Have you experienced any medical problems secondary to Mephedrone? Y/N
(specify) _____
- 9.15 Have you experienced any mental health problems secondary to Mephedrone? Y/N
(specify) _____
- 9.16 Have you experienced any occupational/school problems secondary to Mephedrone? Y/N
(specify) _____
- 9.17 Have you experienced any relationship/social problems secondary to Mephedrone? Y/N
(specify) _____
- 9.18 Have you experienced any legal problems secondary to Mephedrone? Y/N
(specify) _____
- 9.19 Have you ever used it in a risky situation e.g. driving, operating machinery? Y/N
(specify) _____
- 9.20 Did you continue to use Mephedrone despite this/these problem(s)? Y/N
If answers yes to this question and to one of 9.14 – 9.19; diagnose with ABUSE

HEAD SHOP SUBSTANCE - MEPHEDRONE DEPENDENCE CRITERIA:

3 or more of the following items occurring for at least 1 month or repeatedly within a 12 month period. If not met and you haven't already asked return to Abuse criteria

- 9.21 Tolerance: Y/N
- 9.22 Primacy of Use (neglect of other activities because of Mephedrone): Y/N
- 9.23 Compulsion to use Mephedrone: Y/N
- 9.24 Withdrawal Symptoms +/- relief use: Y/N
(specify) _____
- 9.25 Loss of control (heavier +/- for longer than intended): Y/N
- 9.26 Persistent desire or unsuccessful attempts to reduce or control use: Y/N
- 9.27 Persistent use despite physical or psychological problem(s)? Y/N

9.28 PROBLEM HEAD SHOP SUBSTANCE - MEPHEDRONE USE?

- 0 Never used**
- 1 Non-problematic Mephedrone use**
- 2 Mephedrone Abuse**
- 3 Mephedrone Dependence**

9.29 DSM-V HEAD SHOP SUBSTANCE - MEPHEDRONE USE DISORDER?

Mephedrone Use Disorder criteria is met if the individual answers YES to 2 or more of items from 9.14 – 9.27

- 0 Never used**
- 1 No Mephedrone Use Disorder**
- 2 Mephedrone Use Disorder**

9.30 SEVERITY OF DSM-V HEAD SHOP SUBSTANCE - MEPHEDRONE USE DISORDER:

Moderate: 2 or 3 items from 9.14 – 9.27

Severe: 4 or more items from 9.14 – 9.27

- 0 No Mephedrone Use Disorder**
- 1 Moderate Mephedrone Use Disorder**
- 2 Severe Mephedrone Use Disorder**

10. Benzodiazepines/Hypnotics/Sedatives (BDZs)

10.1 How old were you when you tried BDZs for the first time? _____

10.2 Where did you get them in the first instance? _____

10.3 Have you ever been prescribed them? Y/N

i. If **YES** for what reason? _____

10.4 Have you ever visited one or more doctor to more than originally prescribed? Y/N

10.5 How old were you when you started using them regularly? _____

10.6 How often was that (days per week/month)? _____

10.7 Have you ever used them on a daily basis? Y/N

i. If **YES** when (age range)? _____

10.8 If **different from 10.7** when was your BDZ use at its heaviest (age range)? _____

10.9 During your heaviest period of BDZ abuse how many tablets would you take on average, in one day?

- 1 1-2
- 2 2-5
- 3 5-10
- 4 10-20
- 5 >20

10.10 Total spent on BDZs/sedatives per day/week (delete as appropriate):

- 1. €0-10/day/week
- 2. €11-20/day/week
- 3. €21-30/day/week
- 4. €31-40/day/week
- 5. > €40/day/week

10.11 Currently how much (mgs/tablets/euro) do you use per day/week/month? _____

10.12 What varieties do you use?

- 1 Benzodiazepine
- 2 Zimovane/Zolpidem
- 3 Zispin
- 4 Zyprexa (Lilly's)/Seroquel/Antipsychotic
- 5 Other _____

10.13 What is the longest you have gone without any BDZs? _____

10.14 How many days since you last used BDZs? _____

10.15 Have you ever been arrested because of your use of BDZs?
Please specify nature of charge and number of times (if applicable):

- 0 Never
- 1 Public order _____
- 2 Theft _____
- 3 Possession _____
- 4 Possession with intent to supply _____
- 5 Criminal damage _____
- 6 Driving while intoxicated _____
- 7 Breach of barring order/safety order _____
- 8 Physical Assault _____
- 9 Sexual Assault _____
- 10 Manslaughter _____
- 11 Homicide _____

10.16 Have you ever harmed anyone while intoxicated with BDZs? Y/N

10.17 Have you ever harmed yourself while intoxicated with BDZs?

- 0 Never
- 1 Accidental e.g. fall, overdose
- 2 Deliberate self-harm
- 3 Suicide attempt

BENZODIAZEPINE/HYPNOTIC/SEDATIVE ABUSE CRITERIA:

If dependence is suspected skip to Dependence criteria

If dependence criteria ever met DO NOT diagnose abuse

10.18 Have you experienced any medical problems secondary to BDZs? Y/N
(specify) _____

10.19 Have you experienced any mental health problems secondary to BDZs? Y/N
(specify) _____

10.20 Have you experienced any occupational/school problems secondary to BDZs? Y/N
(specify) _____

10.21 Have you experienced any relationship/social problems secondary to BDZs? Y/N
(specify) _____

10.22 Have you experienced any legal problems secondary to BDZs? Y/N
(specify) _____

10.23 Have you ever used it in a risky situation e.g. driving, operating machinery? Y/N
(specify) _____

10.24 Did you continue to use BDZs despite this/these problem(s)? Y/N
If answers yes to this question and to one of 10.18 – 10.23; diagnose with ABUSE

BENZODIAZEPINE/HYPNOTIC/SEDATIVE DEPENDENCE CRITERIA:

3 or more of the following items occurring for at least 1 month or repeatedly within a 12 month period. If not met and you haven't already asked return to Abuse criteria

- 10.25 Tolerance: Y/N
- 10.26 Primacy of Use (neglect of other activities because of BDZs): Y/N
- 10.27 Compulsion to use BDZs: Y/N
- 10.28 Withdrawal Symptoms +/- relief use: Y/N
(specify) _____
- 10.29 Loss of control (heavier +/- for longer than intended): Y/N
- 10.30 Persistent desire or unsuccessful attempts to reduce or control use: Y/N
- 10.31 Persistent use despite physical or psychological problem(s)? Y/N

10.32 PROBLEM BENZODIAZEPINE/HYPNOTIC/SEDATIVE (BDZ) USE?

- 0 Never used
- 1 Non-problematic BDZ use
- 2 BDZ Abuse
- 3 BDZ Dependence

10.33 DSM-V BENZODIAZEPINE/HYPNOTIC/SEDATIVE (BDZ) USE DISORDER?

BDZ Use Disorder criteria is met if the individual answers YES to 2 or more of items from 10.18 – 10.31

- 0 Never used
- 1 No BDZ Use Disorder
- 2 BDZ Use Disorder

10.34 SEVERITY OF DSM-V BENZODIAZEPINE/HYPNOTIC/SEDATIVE (BDZ) USE DISORDER:

Moderate: 2 or 3 items from 10.18 – 10.31
Severe: 4 or more items from 10.18 – 10.31

- 0 No BDZ Use Disorder
- 1 Moderate BDZ Use Disorder
- 2 Severe BDZ Use Disorder

11. Other (please Specify): _____

11.1 How old were you when you tried _____ for the first time? _____

11.2 How old were you when you started using it regularly? _____

11.3 How often was that (days per week/month)? _____

11.4 Have you ever used it on a daily basis? Y/N

i. If YES when (age range)? _____

11.5 If different from 11.4 when was your use at its heaviest (age range)? _____

11.6 During your period of heaviest use how much were you using per day/week/month?
(Delete as appropriate) _____

11.7 During your period of heaviest use how much were you spending on it per day/week/month?
(Delete as appropriate) _____

11.8 Currently how much (grams/euro) do you use per day/week/month?
(Delete as appropriate) _____

11.9 What is the longest you have gone without it? _____

11.10 How many days since you last used it? _____

11.11 Have you ever been arrested because of your use of _____?

Please specify nature of charge and number of times (if applicable):

- 0 Never
- 1 Public order _____
- 2 Theft _____
- 3 Possession _____
- 4 Possession with intent to supply _____
- 5 Criminal damage _____
- 6 Driving while intoxicated _____
- 7 Breach of barring order/safety order _____
- 8 Physical Assault _____
- 9 Sexual Assault _____
- 10 Manslaughter _____
- 11 Homicide _____

11.12 Have you ever harmed anyone while intoxicated with _____? Y/N

11.13 Have you ever harmed yourself while intoxicated with _____?

- 0 Never
- 1 Accidental e.g. fall, overdose
- 2 Deliberate self-harm
- 3 Suicide attempt

ABUSE CRITERIA:

If dependence is suspected skip to section Dependence criteria

If dependence criteria ever met DO NOT diagnose abuse

- 11.14 Have you experienced any medical problems secondary to _____? Y/N
(specify) _____
- 11.15 Have you experienced any mental health problems secondary to _____? Y/N
(specify) _____
- 11.16 Have you experienced any occupational/school problems secondary to _____? Y/N
(specify) _____
- 11.17 Have you experienced any relationship/social problems secondary to _____? Y/N
(specify) _____
- 11.18 Have you experienced any legal problems secondary to _____? Y/N
(specify) _____
- 11.19 Have you ever used it in a risky situation e.g. driving, operating machinery? Y/N
(specify) _____
- 11.20 Did you continue it despite this/these problem(s)? Y/N
If answers yes to this question and to one of 11.14 – 11.19; diagnose with ABUSE

DEPENDENCE CRITERIA:

3 or more of the following items occurring for at least 1 month or repeatedly

within a 12 month period. If not met and you haven't already asked return to Abuse criteria

- 11.21 Tolerance: Y/N
- 11.22 Primacy of Use (neglect of other activities because of the drug): Y/N
- 11.23 Compulsion to use drug: Y/N
- 11.24 Withdrawal Symptoms +/- relief use: Y/N
(specify) _____
- 11.25 Loss of control (heavier +/- for longer than intended): Y/N
- 11.26 Persistent desire or unsuccessful attempts to reduce or control use: Y/N
- 11.27 Persistent use despite physical or psychological problem(s)? Y/N
- 11.28 **PROBLEM _____ USE?**

- 0 Never used**
- 1 Non-problematic use**
- 2 Abuse**
- 3 Dependence**

11.29 DSM-V USE DISORDER?

 Use Disorder criteria is met if the individual answers YES to 2 or more of items from 11.14 – 11.27

- 0** Never used
- 1** No Use Disorder
- 2** Use Disorder

11.30 SEVERITY OF DSM-V USE DISORDER:

Moderate: 2 or 3 items from 11.14 – 11.27
Severe: 4 or more items from 11.14 – 11.27

- 0** No Use Disorder
- 1** Moderate Use Disorder
- 2** Severe Use Disorder

E. Gambling

1.1 How old were you when you tried gambling for the first time? _____

1.2 What did you gamble on first?

1. Scratch cards
2. Lottery tickets
3. Fruit machines – ‘slots’
4. Online betting sites
5. Sporting events – soccer, rugby, horses, greyhounds etc.
6. Casino

1.3 How old were you when you started gambling regularly? _____

1.4 How often was that (days per week/month)? _____

1.5 What were you betting on most often at that time?

1. Scratch cards
2. Lottery tickets
3. Fruit machines – ‘slots’
4. Online betting sites
5. Sporting events – soccer, rugby, horses, greyhounds etc.
6. Casino

1.6 Have you ever gambled on a daily basis? Y/N

i. If **YES** when (age range)? _____

1.7 If **different from 1.6** when was your gambling at its heaviest (age range)? _____

i. During that period how often were you gambling? _____

1.8 During the period when you were gambling most how much were you spending per day/week/month? (Delete as appropriate)

1. €0-20/day/week
2. €21-50/day/week
3. €51-100/day/week
4. €101-150/day/week
5. > €150/day/week

1.8 Are you still gambling?

i. If **YES** how much do you currently spend on gambling per day/week/month (delete as appropriate)? _____

ii. If **NO** why did you stop? _____

1.9 Does gambling give you a ‘high’/’buzz’? Y/N

i. If **YES** have you needed to gamble with increasing amounts to maintain this effect? Y/N

1.11 Do you gamble to escape your problems/guilt/low mood? Y/N

- 1.12 **If you lose money when gambling would you return another day to get even?** Y/N
- 1.13 **Has your gambling ever resulted in you missing school or work?** Y/N
- 1.14 **Has your gambling ever resulted in the break up of a relationship?** Y/N
- 1.15 Did you continue gambling despite these problems? Y/N
- 1.16 **Do you ever lie to those close to you about your gambling?** Y/N
- 1.17 **Have you had to rely on those close to you to pay off gambling debts?** Y/N
- 1.18 **Have you ever committed a criminal act to fund your gambling?**
0. Never
 1. Theft
 2. Forgery/Fraud
 3. Drug dealing
 4. Other _____
- 1.19 **Have you ever tried to reduce or stop your gambling but found you could not?** Y/N
- i. If YES did you feel irritable/anxious/low when you did this? Y/N
 - ii. How did you relieve these feelings? _____
 - iii. Did you use alcohol or drugs to relieve these feelings? Y/N
- 1.20 What is the longest you have gone without gambling? _____
- 1.21 **When you are not gambling do you spend a lot of time thinking about it, e.g. previous wins/losses or future ventures?** Y/N
- 1.22 Have you ever gambled for longer or with greater amounts of money than you initially intended? Y/N
- 1.23 How many days since you last gambled? _____

PATHOLOGICAL GAMBLING CRITERIA:

If the individual has answered yes to 5 or more of the questions above, written in BOLD, and their gambling behaviour is not better accounted for by a Manic Episode, diagnose pathological gambling.

1.24 **PROBLEM GAMBLING?**

0. Never gambled
1. Non-problematic gambling
2. Pathological gambling

F. Eating Disorders

- 1.1 What is your current weight? (Kg (if known)) _____
- 1.2 What is your current height? (m/cm (if known)) _____
- 1.3 Calculate BMI: $\text{weight(kg)}/(\text{height(m)})^2$ _____

2. Binge Eating

- 2.1 Have you ever lost control while eating and had much more in one sitting than your friends/relatives would see as normal (binge)? Y/N
(If NO skip to section F.3 – Purging)
- 2.2 Have you ever done this on a regular basis? Y/N
- 2.3 How old were you when you started binge eating regularly? _____
- 2.4 How often was that (days per week/month)? _____
- 2.5 How long did you do it for (days/weeks/months/years)? _____
- 2.6 Have you ever binged on a daily basis? Y/N
- i. If **YES** when (age range)? _____
- 2.7 If **different from 2.6** when were you binge eating most often (age range)? _____
- 2.8 During the period you were binge eating most often how many times per week were you doing it?
1. 0-2
 2. 3-5
 3. 6-8
 4. 9+ (please specify) _____
- 2.9 Do you still have episodes of binge eating? Y/N
- i. If **NO** when did you stop? _____
- ii. If **NO** why did you stop? _____
- 2.10 What is the longest you have gone without any binges? _____
- 2.11 How many days since you last binged? _____
- 2.12 Between episodes of binge eating do you restrict calories and/or avoid fatty foods? Y/N
- 2.13 Does your mood change at times when you binge? Y/N
- i. If **YES** how? _____
- ii. If **YES** does your mood get low before or after binge eating? 1. Before 2. After 3. Both
- 2.14 Do you believe your mood dependent upon how much you weigh? Y/N

3. Purging

- 3.1 Have you ever done anything to yourself to prevent weight gain? Y/N
(If NO skip to next section F.4 – Restricting)
- 3.2 If YES did you do this after binge eating? 1. Yes, always 2. Yes, Sometimes 3. No, never
(If YES ensure you ask the section F.2 - Binge Eating)
- 3.3 What did you do?
1. Dieting or restricting calories
 2. Fasting
 3. Exercise (excessive)
 4. Vomiting
 5. Laxatives, diuretics, enemas
 6. Diet pills (Over the counter, pharmacy/internet bought tablets)
 7. Illicit substances (illegally bought drugs, stimulants)
 8. Other (please specify) _____
- 3.4 Which of these behaviours did you use first? _____
- 3.5 How old were you when you first did it? _____
- 3.6 Have you used it on a regular basis to prevent weight gain? Y/N
- 3.7 How old were you when you started doing it regularly? _____
- 3.8 How often was that (days per week/month)? _____
- 3.9 How long did you do it for (days/weeks/months/years)? _____
- 3.10 Have you ever purged on a daily basis? Y/N
- i. If YES when (age range)? _____
- 3.11 If different from 3.10 when were you purging most often (age range)? _____
- 3.12 During the period you were purging most often how many times per week were you doing it?
1. 0-2
 2. 3-5
 3. 6-8
 4. 9+ (please specify) _____

3.13 Did you progress to using other methods to prevent weight gain? Y/N
If YES at what age (specify age range) did you use each method?

1. Restricting calories _____
2. Fasting _____
3. Exercise (excessive) _____
4. Vomiting _____
5. Laxatives, diuretics, enemas _____
6. Diet pills (Over the counter, pharmacy/internet bought tablets) _____
7. Illicit substances (illegally bought drugs, stimulants) _____
8. Other (please specify) _____

3.14 Are you still using these behaviours to prevent weight gain? Y/N

- i. If YES which? _____
- ii. If NO when did you stop? _____
- iii. If NO why did you stop? _____

3.15 What is the longest you have gone without using any behaviour aimed at preventing weight gain? _____

3.16 How many days since you last used any of these behaviours? _____

4. Restricting

4.1 Have you ever weighed so little that your family/friends/doctor was worried about you? Y/N
(If NO skip to next section G - Deliberate Self Harm)

i. If YES was this due to a medical/physical problem? Y/N
(If YES skip to next section G - Deliberate Self Harm)

ii. If NO, was your low weight due to your own fears about weight gain? Y/N
(If NO skip to next section G - Deliberate Self Harm)

iii. Have you ever restricted your food/calorie intake due to this fear of weight gain? Y/N
(If NO skip to next section G - Deliberate Self Harm)

4.2 What age were you when you first became fearful of gaining weight? _____

4.3 What age were you when you started restricting your food/calorie intake? _____

4.4 What age were you when your weight was at its lowest? _____

4.5 What weight (Kg) were you then? (BMI if known) _____

4.6 Did you see yourself as fatter/heavier than other people did? Y/N

4.7 Did you continue to restrict and/or use behaviours to prevent weight gain despite concerns raised by doctors or those close to you? Y/N

4.8 **If female** and postmenarcheal: did you periods become irregular or stop at that time? Y/N

- i. If YES for how long did they stop for? (No. of months) _____

4.9 Have you used any methods other than restricting to prevent weight gain/aid weight loss?

0. No
1. Dieting or restricting calories
2. Fasting
3. Exercise (excessive)
4. Vomiting
5. Laxatives, diuretics, enemas
6. Diet pills (Over the counter, pharmacy/internet bought tablets)
7. Illicit substances (illegally bought drugs, stimulants)
8. Other (please specify) _____

4.10 Are you still restricting your food/calorie intake to prevent weight gain? Y/N

- i. If **NO** when did you stop? _____
- ii. If **NO** why did you stop? _____

4.11 What is the longest you have gone without restricting? _____

4.12 Have you ever required a medical treatment due to your weight loss?

0. No
1. GP
2. A&E
3. Medical OPD
4. Admitted to medical/surgical ward (duration of admission) _____
5. Admitted to ICU/CCU (duration of admission) _____

4.14 Have you ever required psychiatric treatment due to your weight loss? (Specify number of times and duration of admission(s) if any)

0. No
1. Psychiatric review in A+E with no follow up
2. OPD
3. Individual Psychotherapy
4. Family Therapy
5. Psychotropic medication
6. Inpatient – CAMHS
7. Inpatient – General adult unit _____
8. Inpatient – Eating Disorder Unit _____

4.15 How many days since you last restricted? _____

5. BULIMIA NERVOSA CRITERIA:

- | | | |
|-----|--|-----|
| 5.1 | Recurrent episodes of binge eating | Y/N |
| 5.2 | Recurrent purging behaviours | Y/N |
| 5.3 | Binging and purging occur on average twice per week for at least 3 months | Y/N |
| 5.4 | Self-esteem is unduly related to weight and body shape | Y/N |
| 5.5 | The disturbance does not occur exclusively during episodes of anorexia nervosa | Y/N |

5.6 BULIMIA NERVOSA:

- 0. No Bulimia Nervosa**
- 1. Bulimia Nervosa**

6. ANOREXIA NERVOSA CRITERIA:

- | | | |
|-----|---|-----|
| 6.1 | Refusal to maintain body weight at or above that expected for age and height | Y/N |
| 6.2 | Intense fear of gaining weight despite being underweight | Y/N |
| 6.3 | Denial of the seriousness of low body weight, disturbance in perception of body weight or shape, self-esteem is unduly related to weight and body shape | Y/N |
| 6.4 | The absence of 3 consecutive menstrual cycles (in postmenarcheal females) | Y/N |

6.5 ANOREXIA NERVOSA:

- 0. No Anorexia Nervosa**
- 1. Anorexia Nervosa – Restricting type**
- 2. Anorexia Nervosa – Binge-eating/purging type**

G. Deliberate Self-Harm

1. Suicidal Ideation

1.1 Have you ever had suicidal thoughts? Y/N (if NO skip to next Section – DSH)

1.2 If YES how old were you when you first had suicidal thoughts? (Please specify age)

1. <10 _____
2. 11-15 _____
3. 16-20 _____
4. 21-30 _____
5. 31-40 _____
6. 41-50 _____
7. 51-70 _____
8. >71 _____

1.3 Have you ever had suicidal thoughts on a regular basis? Y/N

1.4 How old were you when you started having suicidal thoughts regularly? _____

1.5 How often was that (days per week/month)? _____

1.6 What triggered these thoughts? (Please specify)

1. Family related problem _____
2. Occupational/School related problem _____
3. Relationship/marital problem _____
4. Legal problem _____
5. Bereavement _____
6. Unknown _____

1.7 Have you ever had suicidal thoughts on a daily basis? Y/N

If YES when (age range)? _____

1.8 When was the last time you had suicidal thoughts?

1. < 1 week
2. 1-2 weeks
3. 2-4 weeks
4. 1-6 months
5. 6-12 months
6. >1 year

1.9 What triggered these thoughts?

1. Family related problem _____
2. Occupational/School related problem _____
3. Relationship/marital problem _____
4. Legal problem _____
5. Bereavement _____
6. Intoxicant withdrawals (if YES what intoxicant(s)?) _____
7. Other _____

2. Deliberate Self Harm and Suicide Attempts

2.1 Have you ever intentionally harmed yourself? Y/N

(If NO skip to next section – Medical History)

2.2 If YES how old were you when you first intentionally harmed yourself? (Please specify age)

- 1. <10 _____
- 2. 11-15 _____
- 3. 16-20 _____
- 4. 21-30 _____
- 5. 31-40 _____
- 6. 41-50 _____
- 7. 51-70 _____
- 8. >71 _____

2.3 How many times have you intentionally harmed yourself?

- 1. Once
- 2. 2-5 times
- 3. 6-10 times
- 4. >10 times

2.4 Have you ever harmed yourself on a regular basis? Y/N

2.5 How old were you when you started harming yourself regularly? _____

2.6 How often was that (days per week/month)? _____

2.7 When was the last time you intentionally harmed yourself?

- 1. < 1 week
- 2. 1-2 weeks
- 3. 2-4 weeks
- 4. 1-6 months
- 5. 6-12 months
- 6. >1 year

2.8 What triggered you to do this (If different from above)?

- 1. Family related problem _____
- 2. Occupational/School related problem _____
- 3. Relationship/marital problem _____
- 4. Legal problem _____
- 5. Bereavement _____
- 6. Intoxicant withdrawals (if YES what intoxicant(s)?) _____
- 7. Other _____

2.9 What methods have you used to deliberately harm yourself?
(please specify number of times for each method used)

- 1. Cutting _____
- 2. Hanging/Strangulation _____
- 3. Overdose _____
- 4. Fire _____
- 5. Drowning _____
- 6. Gas _____
- 7. Single occupant car crash _____
- 8. Other _____

2.10 Has anyone close to you (friend/relative) intentionally harmed themselves in the past?
(please specify when this took place)

- 0. No
- 1. First degree relative _____
- 2. Other relative _____
- 3. Close friend _____

2.11 Has anyone close to you (friend/relative) died by suicide? (please specify when this took place)

- 0. No
- 1. First degree relative _____
- 2. Other relative _____
- 3. Close friend _____

For each incident of Deliberate self-harm/Suicide Attempt:

First:

Age? _____

Location? _____

Method used? _____

More than one method used during incident? Y/N _____

Intoxicated? Y/N (If YES what intoxicant(s)?) _____

If YES do you think this contributed to you harming yourself? Y/N _____

In withdrawals? Y/N (If YES what intoxicant(s)?) _____

If YES do you think this contributed to you harming yourself? Y/N _____

Did you leave a suicide note? Y/N _____

Did you make any final preparations prior to harming yourself? Y/N _____

e.g. closing a bank account, paying off debts, reconciling relationships etc.

If YES please specify _____

Was it planned? Y/N (If YES duration of planning?) _____

Attempted to avoid discovery? Y/N (If YES how?) _____

What triggered you to do this?

1. Family related problem _____
2. Occupational/School related problem _____
3. Relationship/marital problem _____
4. Legal problem _____
5. Bereavement _____
6. Intoxicant withdrawal (If YES what intoxicant(s)) _____
7. Other _____

Suicidal intent? Y/N _____

Did you receive any medical treatment?

7. None
8. GP
9. A&E
10. Admitted to medical/surgical ward
11. Admitted to ICU/CCU

Did you receive any psychiatric treatment?

0. None
1. GP
2. Psychiatric review in A+E with no follow up
3. OPD
4. Inpatient

Most Serious Attempt (if different from above):

Age? _____

Location? _____

Method used? _____

More than one method used during incident? Y/N

Intoxicated? Y/N (If YES what intoxicant(s)?) _____

If YES do you think this contributed to you harming yourself? Y/N

In withdrawals? Y/N (If YES what intoxicant(s)?) _____

If YES do you think this contributed to you harming yourself? Y/N

Did you leave a suicide note? Y/N

Did you make any final preparations prior to harming yourself? Y/N

e.g. closing a bank account, paying off debts, reconciling relationships etc.

If YES please specify _____

Was it planned? Y/N (If YES duration of planning?) _____

Attempted to avoid discovery? Y/N (If YES how?) _____

What triggered you to do this?

1. Family related problem _____
2. Occupational/School related problem _____
3. Relationship/marital problem _____
4. Legal problem _____
5. Bereavement _____
6. Intoxicant withdrawal (If YES what intoxicant(s)) _____
7. Other _____

Suicidal intent? Y/N _____

Did you receive any medical treatment?

0. None
1. GP
2. A&E
3. Admitted to medical/surgical ward
4. Admitted to ICU/CCU

Did you receive any psychiatric treatment?

0. None
1. GP
2. Psychiatric review in A+E with no follow up
3. OPD
4. Inpatient

H. Medical History

1.1 Do you now or have you ever had any problems with your physical health:

- 0 No
- 1 Asthma
- 2 Diabetes
- 3 Epilepsy
- 4 Other (Specify) _____

1.2 Have you ever had an injury with loss of consciousness? Y/N

- i. If **YES** please specify, including duration of LOC if known: _____

I. Family History

1.1 Has anyone in your family had serious problems with their:

- i. Physical Health Y/N (please specify) _____
- ii. Mental Health Y/N (please specify) _____
- iii. Alcohol Abuse Y/N (please specify) _____
- iv. Substance Abuse Y/N (please specify) _____

1.2 Has anyone in your family died by suicide? Y/N

- If **YES** please specify who, when and if substances involved (if known): _____

J. Psychiatric History

1.1 Have you ever seen a psychiatrist? Y/N (If NO skip to Section J.1.7)

1.2 If YES what age were you when you first saw a psychiatrist? _____

1.3 If YES what diagnosis was made (if any)?

- 0 None
- 1 Unknown
- 2 Attention Deficit Hyperactivity Disorder _____
- 3 Oppositional Defiant Disorder/Conduct Disorder _____
- 4 Autistic Spectrum Disorder _____
- 5 Substance use Disorder _____
- 6 Intellectual Disability _____
- 7 Psychotic Disorder _____
- 8 Depressive Disorder _____
- 9 Bipolar Affective Disorder _____
- 10 Anxiety Disorder _____
- 11 Eating Disorder _____
- 12 Personality Disorder _____

1.4 Have you ever attended child psychiatric services:

- 0 No
- 1 Yes (for report only)
- 2 OPD
- 3 Inpatient < 5 times
- 4 Inpatient > 5 times

1.5 Have you ever attended adult psychiatric services:

- 0 No
- 1 Yes (for report only)
- 2 OPD
- 3 Inpatient < 5 times
- 4 Inpatient > 5 times

1.6 Have you ever attended forensic psychiatric services

- 0 No
- 1 Yes (for report only)
- 2 Prison OPD
- 3 Inpatient Forensic Hospital < 5 times
- 4 Inpatient Forensic Hospital > 5 times

If YES note details: _____

1.7 Have you ever been prescribed any of the following medications by your GP/psychiatrist?

0 No

	Name?	Indication?	Age at first use?	Days since last used?	Side Effects?
1 Antidepressant					
2 Antipsychotic					
3 Mood Stabiliser					
4 BDZ/Hypnotic					

APPENDIX 1 – Diagnostic Criteria

DSM-IV-TR Criteria for Substance Abuse

A. A Maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by **one (or more)** of the following, occurring within a **12-month** period:

- 1) Recurrent substance use resulting in a **failure to fulfil major role obligations at work, school, or home** (e.g. repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household).
- 2) Recurrent substance use **in situations in which it is physically hazardous** (e.g. driving an automobile or operating a machine when impaired by substance use).
- 3) Recurrent substance-related **legal problems** (e.g. arrests for substance-related disorderly conduct).
- 4) Continued substance use despite having persistent or **recurrent social or interpersonal problems** caused or exacerbated by the effects of the substance (e.g. arguments with spouse about consequences of intoxication, physical fights).

B. The symptoms have never met criteria for Substance Dependence for this class of substance.

DSM-IV-TR Criteria for Substance Dependence

A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by **three (or more)** of the following, occurring at any time in the same **12-month** period:

- 1) **Tolerance**, as defined by either of the following:
 - a) A need for markedly increased amounts of the substance to achieve intoxication or desired effect.
 - b) Markedly diminished effect with continued use of the same amount of the substance.
- 2) **Withdrawal**, as manifested by either of the following:
 - a) The characteristic withdrawal syndrome for the substance.
 - b) The same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms.
- 3) The substance is often taken in **larger amounts or for longer period than was intended**.
- 4) There is a **persistent desire or unsuccessful efforts to cut down** or control substance use.
- 5) A great deal of **time is spent in activities necessary to obtain the substance** (e.g. visiting multiple doctors or driving long distances), use the substance (chain-smoking), or recover from its effects.
- 6) Important **social, occupational, or recreational activities are given up or reduced** because of substance use.
- 7) The substance is **continued despite knowledge if having a persistent or recurrent physical or psychological problem** that is likely to have been caused or exacerbated by the substance (e.g. current cocaine use despite recognition of cocaine induced depression, or continued drinking despite recognition that an ulcer was made worse by alcohol consumption).

ICD-10 Criteria for Harmful Use (for a substance)

- A. There must be clear evidence that the substance use was responsible for (or substantially contributed to) **physical or psychological harm, including impaired judgement or dysfunctional behaviour.**
- B. The nature of the harm should be clearly identifiable (and specified).
- C. The pattern of use has persisted for at least **1 month** or has occurred **repeatedly within a 12-month period.**
- D. The disorder does not meet the criteria for any other mental or behavioural disorder related to the same drug in the same time period (except for acute intoxication).

ICD-10 Criteria for Dependence Syndrome (for a substance)

- A. **Three or more** of the following manifestations should have occurred together for at least **1 month** or, if persisting for periods of less than 1 month, should have occurred together **repeatedly within a 12-month period:**
 - i. A strong desire or sense of **compulsion** to take the substance;
 - ii. **Impaired capacity to control substance-taking behaviour** in terms of its onset, termination, or levels of use, as evidenced by the substance being often taken in larger amounts or over a longer period than intended, or by persistent desire or unsuccessful efforts to reduce or control substance use;
 - iii. A physiological **withdrawal state** when substance use is reduced or ceased, as evidenced by the characteristic withdrawal syndrome for the substance, or by use of the same substance (or closely related) with the intention of relieving or avoiding withdrawal symptoms;
 - iv. Evidence of **tolerance** to the effects of the substance such that there is need for significantly increased amounts of the substance to achieve intoxication or the desired effect, or a markedly diminished effect with continued use of the same amount of substance;
 - v. **Preoccupation with substance use**, as manifested by important alternative pleasures or interests being given up or reduced because of substance use; or a great deal of time being spent in activities necessary to obtain, take or recover from the effects of the substance;
 - vi. **Persistent substance use despite clear evidence of harmful consequences** (see criteria for harmful use), as evidenced by continued use when the individual is actually aware, or may be expected to be aware, of the nature and extent of the harm.

DSM-IV Diagnostic Criteria for Pathological Gambling:

A. Persistent and recurrent maladaptive gambling behaviour as indicated by 5 (or more) of the following:

- 1) Is preoccupied with gambling (e.g., preoccupied with reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble).
- 2) Needs to gamble with increasing amounts of money in order to achieve the desired excitement.
- 3) Has repeated unsuccessful efforts to control, cut back, or stop gambling
- 4) Is restless or irritable when attempting to cut down or stop gambling.
- 5) Gambles as a way of escaping from problems or of relieving a dysphoric mood
- 6) After losing money gambling, often returns another day to get even (“chasing ones loses”).
- 7) Lies to family members, therapist, or others to conceal the extent of involvement with gambling.
- 8) Has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling.
- 9) Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.
- 10) Relies on others to provide money to relieve a desperate financial situation caused by gambling.

B. The gambling behaviour is not better accounted for by a Manic Episode.

DSM IV-TR Diagnostic Criteria for Eating Disorders

Anorexia Nervosa

A. Refusal to maintain body weight at or above a minimally normal weight for age and height, for example, weight loss leading to maintenance of body weight less than 85% of that expected or failure to make expected weight gain during period of growth, leading to body weight less than 85% of that expected.

B. Intense fear of gaining weight or becoming fat, even though underweight.

C. Disturbance in the way one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.

D. In postmenarcheal females, amenorrhea, i.e., the absence of at least 3 consecutive menstrual cycles. (A woman having periods only while on hormone medication e.g. oestrogen, still qualifies as having amenorrhea).

Type

Restricting Type: During the current episode of Anorexia Nervosa the person has not regularly engaged in binge-eating or purging behaviour, (self-induced vomiting or misuse of laxatives, diuretics, or enemas).

Binge Eating/Purging Type: During the current episode of Anorexia Nervosa, the person has regularly engaged in binge-eating or purging behaviour.

Bulimia Nervosa

A. Recurrent episodes of binge eating characterized by both

- 1) Eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances.
- 2) A sense of lack of control over eating during the episode, (such as a feeling that one cannot stop eating or control what or how much one is eating).

B. Recurrent inappropriate compensatory behaviour to prevent weight gain, such as self-induced vomiting, misuse of laxatives, diuretics, enemas, or other medications, fasting, or excessive exercise.

C. The binge eating and inappropriate compensatory behaviour both occur, on average, at least twice a week for 3 months.

D. Self-evaluation is unduly influenced by body shape and weight.

E. The disturbance does not occur exclusively during episodes of Anorexia Nervosa.

Type

Purging Type: During the current episode of Bulimia Nervosa, the person has regularly engaged in self-induced vomiting, or the misuse of laxatives, diuretics, or enemas.

Non-purging Type: During the current episode of Bulimia Nervosa, the person has used other inappropriate compensatory behaviour but has not regularly engaged in self-induced vomiting or misused laxatives, diuretics, or enemas.

Eating Disorder Not Otherwise Specified

This diagnosis includes disorders of eating that do not meet the criteria for the above two eating disorder diagnoses. Examples include:

- 1) For female patients, all of the criteria for Anorexia Nervosa are met except that the patient has regular menses.
- 2) All of the criteria for Anorexia Nervosa are met except that, despite significant weight loss, the patient's current weight is in the normal range.
- 3) All of the criteria for Bulimia Nervosa are met except that the binge eating and inappropriate compensatory mechanisms occur less than twice a week or for less than 3 months.
- 4) The patient has normal body weight and regularly uses inappropriate compensatory behaviour after eating small amounts of food (e.g., self-induced vomiting after consuming two cookies).
- 5) The patient engages in repeatedly chewing and spitting out, but not swallowing, large amounts of food.
- 6) Binge-eating disorder: recurrent episodes of binge eating in the absence of regular inappropriate compensatory behaviour characteristic of Bulimia Nervosa.

APPENDIX 2

Units of Alcohol/Standard Drinks

1 Unit/Standard drink:

- Half pint of normal lager
- Single measure of spirits
- Small glass of wine
- One bottle (275ml) of alcopop

Units per measure of alcohol:

- 1 pint of normal lager = 2 units
- 1 pint of strong beer (5%) = 3 units
- 1 bottle (750ml) of wine = 9 units
- 1 bottle (750ml) fortified wine (Buckfast) = 10.5 units
- 1 bottle (750ml) of spirits (38%) = 28.5 units

Low risk weekly guidelines for adults:

- Up to 14 units/standard drinks for a women
- Up to 21 units/standard drinks for a man

An alcohol binge:

- Greater than 6 units/standard drinks in one sitting