

ENGELSK – Basisregistrering

National quality register for the treatment of harmful substance use or addiction (Kvarus)

INITIAL REGISTRATION

Patient questions

Social conditions (*Sosiale forhold*)

Living situation

Residence (*if the patient has their own residence but is in an institution or in prison when taken into treatment or later during treatment, register the alternative “Private residence (owned or rented)”. Public housing encompasses institutions, nursing homes and shared accommodation of permanent nature. Temporary residences are institutions, prison, hospice, half-way house etc. Patients older than the age of 18 who live with a caregiver without a special agreement, register the alternative “Temporary residence”.*)

- Private residence (owned or rented)
- Public housing or other similar institution
- Temporary residence
- Without residence
- With parents
- Don't want to answer

Living

- Alone
- With partner
- With friends, family or similar

Children

Living with or have regular contact with children below the age of 18 (*this applies to children below the age of 18 regardless of whether it is the child of the patient, cohabitant, younger sibling etc. Regular contact can be digital contact, visitation or visits during weekends, whole days, during vacations, sporadic visits etc.*)

- No
- Yes, 1 child
- Yes, 2 children
- Yes, 3 children
- Yes, 4 children
- Yes, more than 4 children
- Don't want to answer

Education

Highest completed level of education

- No completed education
- Primary school
- High school. First grade
- High school
- Vocational education
- Higher education
- Don't want to answer

Work and activity

- Not in any form of work, education, or activity
- Full time work
- Part time work
- In education
- Participating in regular unpaid activity or work

Number of days at work/school the last 30 days

Number of days of regular activities the last 30 days

Income

- Income from work
- Temporary social security benefits
- Retirement pension
- Other permanent social security benefits
- Public financial assistance
- Student loan
- Supported by others
- Unemployment benefits while in prison

None of the above

Events and experiences you believe could be significant for your treatment (Hendelser og erfaringer som du mener kan ha betydning for behandlingen)

Have you had any negative events or experiences in your childhood, upbringing, or adulthood you think could be significant for your continued treatment?

Yes

No

Are these events and experiences you would like to elaborate on now?

Yes

No

- Been witness to psychological or physical violence
- Been subject to psychological or physical violence
- Subjected others to physical or psychological violence
- Persons in my family of upbringing have had issues connected to substance use
- Persons in my family of upbringing have had psychological issues
- Persons in my family of upbringing have attempted to, or have, taken their life
- Experienced the loss of a close family member or others who were dear to me
- Experienced child neglect in my upbringing
- Been subject to serious bullying (by bullying we mean harassment/threats/systematically ignored, excluded or treated as unimportant. This applies to both physical bullying and psychological bullying in social media.)
- Been sexually violated or abused (for example. Groped, raped, harassed)
- Lived in a destructive romantic relationship (Persistently destructive relationship)
- Been imprisoned continuously, 6 months or more
- Experienced trauma linked to war, disasters, or serious accidents
- Sexual services: sold or traded for benefits

Physical health (*Fysisk helse*)

How tall are you without shoes?

cm

How much do you weigh without clothes and shoes?

kg

How many minutes are you physically active each week (*all activity with an intensity at least equivalent to a brisk walk*)?

minutes

Do you smoke?

- No, I have never smoked, or quit more than 6 months ago
- No, but I quit less than 6 months ago
- Yes, but not daily the past 6 months
- Yes, daily the past 6 months

Mental health (*Psykisk helse*)

Self-reporting of mental health

Alternative answers to all questions:

No

Yes, earlier in life

Yes, the past 30 days

Yes, the past 30 day and earlier in life

Been depressed, in a way that has affected your daily tasks for an extended period (two weeks or more)

Had anxiety, in a way that has affected your daily tasks for an extended period (two weeks or more)

Had bad sleep, in a way that has affected your daily tasks for an extended period (two weeks or more)

Eaten a lot more or less than you normally do (two weeks or more)

Tried to take your own life

Tried to hurt yourself

Frequently ended up in conflict with others

Frequently ended up in fights

Been troubled by hearing voices

Heard things which other people can't hear when you do

Felt that others are out to get you (doesn't apply to people in the drug scene or police)

Hallucinated without being intoxicated

Had problems with memory, concentration, planning, getting things done or acting without thinking

Spent so much time on games, computers, shopping or similar that it has affected your daily tasks.

Self-reporting of mental health the last week (up to, and including, today)

Alternative answers to all questions:

Not at all
A little
Quite a bit
Extremely

Suddenly scared for no reason

Feeling fearful

Faintness, dizziness or weakness

Feeling tense or keyed up

Blaming yourself for things

Difficulties in falling asleep or staying asleep

Feelings of worthlessness

Feeling blue

A feeling everything is an effort

Feeling of hopeless about the future

Substance use (*Bruk av rusmidler*)

Choose one or more substances taken before referral to treatment, including before detox. All questions about the last 30 days apply up to referral/detox. (*See follow up questions below*)

- Alcohol
- Cannabis
- Amphetamine
- Cocaine
- Other stimulants
- Heroin
- Methadone

- Subutex/Suboxone
- GHB/GBL
- Other opioids
- Hypnotics and sedatives (benzodiazepines)
- Hallucinogens
- Solvents
- Anabolic androgen steroids
- Other synthetic substances (Legal highs)
- Other

Follow up questions for all substances used:

Age when first intoxicated

years old

Years of use

years

Years of highly frequent (severe) use (only for alcohol)

years

Used the last 30 days

Number of days of use the last 30 days

days

Most frequent method of drug administration

- Eating/drinking
- Smoking/inhaling
- Sniffing
- Injecting
- Other

Total number of days of substance use the last 30 days

days

Choose primary substance

- Alcohol
- Cannabis
- Amphetamines

- Cocaine
- Other stimulants
- Heroin
- Methadone
- Subutex/Suboxone
- GHB/GBL
- Other opioids
- Hypnotics and sedatives (benzodiazepines)
- Hallucinogens
- Solvents
- Anabolic androgen steroids
- Other synthetic substances (legal highs)
- Other

Injection (*Injising*)

Have you ever used a needle?

- No
- Yes

Total number of years you've used needles

years

How old were you when you first used a needle?

years old

Have you used a needle the past 30 days?

- No
- Yes
- Don't want to answer

Have you used a needle the past 12 months?

- No
- Yes
- Don't want to answer

- Don't want to answer

Overdose/alcohol poisoning (*Overdose/alkoholforgiftning*)

Previous overdose/alcohol poisoning

- No
- Yes

Overdose/alcohol poisoning the last 30 day

- No
 - Yes
 - Don't want to answer
-
- Don't want to answer

What have you yourself done to change your substance use habits?

- Reduced the use
- Changed substance
- Had substance free periods
- Been in treatment
- Been open and honest about your own drug habits
- None of the above

Motivation, life situation and resources (*Motivasjon, livssituasjon og ressurser*)

Motivation

On a scale from 1 to 10:

To what extent do you experience your use of substances as a problem (*1 = No problem, 10 = Substantial problem*)

How important is it for you to change your substance use (*1 = Not important, 10 = Very important*)

How strong is your belief that you will manage to change your substance use (*1 = No belief, 10 = Very strong belief*)

How ready are you to change your substance use (*1 = Not ready, 10 = Very ready/have begun*)

Life situation

Alternative answers to all questions:

Very bad

Bad

Neither good nor bad

Good

Very good

How do you yourself think your physical health is presently?

How do you yourself think your mental health is presently?

How is your relationship with yourself presently?

How is your relationship with your friends presently?

How is your relationship with your partner presently?

Relationship with your own or your partners children

Relationship with family

Economy

Work situation (including unpaid work)

School situation

Participation in social activities

Total personal life situation

Resources

Experiences you find could be a resource in your process of change

- I have contact with a person who can give me social support
- I have been/am working
- I have been/am going to school (after primary school)
- I have/have had my own residence
- I have/have had an interest which is meaningful to me
- I have previously had substance free periods
- I am hopeful for a life which is less influenced by substance use (By substance is meant both the use of legal (alcohol) and illegal substances and drugs beyond what the doctor has prescribed)