SOCIODEMOGRAPHIC BACKGROUND

1. **Sex**

   ☐ Male

   ☐ Female

2. **The year you were born:** …….

3. **Your highest education level:**

   ☐ Basic education

   ☐ Secondary education

   ☐ College or university (number of years:……..)

4. **Your annual income (NOK per year)**

   ☐ < 200 000

   ☐ 200 000–349 000

   ☐ ≥ 350 0000

5. **Do you live alone?**

   ☐ No

   ☐ Yes

THE HOSPITAL ANXIETY AND DEPRESSION SCALE

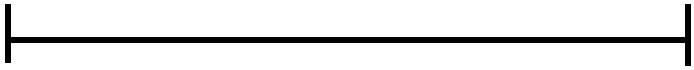
1. I feel tense or 'wound up':	**2. I still enjoy the things I used to enjoy**
3 ☐ Most of the time	**0** ☐ Definitely as much
2 ☐ A lot of the time	**1** ☐ Not quite so much
1 ☐ From time to time, occasionally	**2** ☐ Only a little
0 ☐ Not at all	**3** ☐ Hardly at all
3. I get a sort of frightened feeling as if something awful is about to happen:	**4. I can laugh and see the funny side of things:**
3 ☐ Very definitely and quite badly	**0** ☐ As much as I always could
2 ☐ Yes , but not too badly	**1** ☐ Not quite so much now
1 ☐ A little, but it doesn't worry me	**2** ☐ Definitely not so much no
0 ☐ Not at all	**3** ☐ Not at all
5. Worrying thoughts go through my mind:	**6. I feel cheerful:**
3 ☐ A great deal of the time	**3** ☐ Not at all
2 ☐ A lot of the time	**2** ☐ Not often
1 ☐ From time to time but not too often	**1** ☐ Sometimes
0 ☐ Only occasionally	**0** ☐ Most of the time
7. I can sit at ease and feel relaxed:	**8. I feel as if I have slowed down:**
0 ☐ Definitely	**3** ☐ Nearly all the time
1 ☐ Usually	**2** ☐ Very often
2 ☐ Not often	**1** ☐ Sometimes
3 ☐ Not at all	**0** ☐ Not at all
9. I get a sort of frightened feeling like 'butterflies' in the stomach:	**10. I have lost interest in my appearance:**
0 ☐ Not at all	**3** ☐ Definitely
1 ☐ Occasionally	**2** ☐ I don't take so much care as I should
2 ☐ Quite often	**1** ☐ I may not take quite as much care
3 ☐ Very often	**0** ☐ I take just as much care as ever
11. I feel restless as if I have to be on the move:	**12. I look forward with enjoyment to things:**
3 ☐ Very much indeed	**0** ☐ As much as ever I did
2 ☐ Quite a lot	**1** ☐ Rather less than I used to
1 ☐ Not very much	**2** ☐ Definitely less than I used to
0 ☐ Not a t all	**3** ☐ Hardly at all
13. I get sudden feelings of panic:	**14. I can enjoy a good book or radio or TV programme:**
3 ☐ Very often indeed	**0** ☐Often
2 ☐ Quite often	**1** ☐ Sometimes
1 ☐ Not very often	**2** ☐ Not often
0 ☐ Not at all	**3** ☐ Very seldom

Total anxiety score:

Total depression score:

PAIN INTENSITY
(Visual analogue scale)

Please mark on the line to describe how much pain you are currently feeling:



No pain **Worst pain**

MINI INTERNATIONAL NEUROPSYCHIATRIC INTERVIEW

DSM-IV criteria, Version 6.0.0

PSYCHOACTIVE SUBSTANCE USE DISORDERS (NON-ALCOHOL)

➡ **MEANS: GO TO THE DIAGNOSTIC BOXES, CIRCLE NO IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)**

Now I am going to show you/read to you a list of street drugs or medicines.

		➡	
J1	**Have you in the past 12 months ever taken** any of these drugs more than once to get high, to feel better, or to change your mood?	NO	YES

CIRCLE EACH DRUG TAKEN:

Stimulants: amphetamines, "speed", methamphetamine (crystal meth), “crank”, “rush”, Dexedrine, Ritalin, diet pills.

Cocaine: cocaine, snorting, IV, freebase, crack, "speedball".

Opiates: heroin, morphine, opium, methadone, codeine, OxyContin.

Hallucinogens: LSD ("acid"), mescaline, peyote, psilocybin, STP, "mushrooms", “ecstasy”, MDA, MDMA.

Phencyclidin: PCP ("Angel Dust", "PeaCe Pill", “Tranq”) or ketamin (”special K”).

Inhalants: glue, ethyl chloride, "rush", dinitrogen monoxide ("laughing gas"), amyl or butyl nitrate ("poppers").

Cannabis: marijuana, hashish ("hash"), THC, "reefer", "grass".

Anxiolytics: Valium, Vival, Stesolid, Xanor (alprazolam), Seconal, Librium, Ativan, Halcion, barbiturates, GHB, Rohypnol (“Roofies”).

Miscellaneous: steroids, nonprescription sleep or diet pills, cough syrup. Any others?

SPECIFY MOST USED DRUG(S): _____

WHICH SUBSTANCE(S)/MEDICATION(S) CAUSE THE MAJOR PROBLEMS? _____

J2 Considering your use of (name the drug / drug class selected), in the past 12 months:

a.	Have you found that you needed to use more (name of drug / drug class selected) to get the same effect that you did when you first started taking it?	NO	YES
b.	When you reduced or stopped using (name of drug / drug class selected), did you have withdrawal symptoms (aches, shaking, fever, weakness, diarrhea, nausea, sweating, heart pounding, difficulty sleeping, or feeling agitated, anxious, irritable, or depressed)? Did you use any drug(s) to keep yourself from getting sick (withdrawal symptoms) or so that you would feel better? IF **YES** TO EITHER QUESTION, CODE **YES**.	NO	YES
c.	Have you often found that when you used (name of drug / drug class selected),	NO	YES

you ended up taking more than you thought you would?

d. Have you tried to reduce or stop taking (name of drug / drug class selected), but failed? NO YES

e. On the days that you used (name of drug / drug class selected), did you spend substantial time (> 2 hours) in obtaining, using or in recovering from drug(s), or thinking about drug(s)? NO YES

f. Did you spend less time working, enjoying hobbies, or being with family or friends because of your drug use? NO YES

g. Have you continued to use (name of drug / drug class selected) even though it caused you health or mental problems? NO YES

ARE **3** OR MORE **J2** ANSWERS CODED **YES**?

SPECIFY DRUG(S): _____

NO **YES**

SUBSTANCE DEPENDENCE

J3 Considering your use of (name the drug / drug class selected), in the past 12 months:

a. Have you been intoxicated, high, or hungover from (name of drug / drug class selected) more than once, when you had other responsibilities at school, at work, or at home? Did this cause any problems? (CODE **YES** ONLY IF THIS CAUSED PROBLEMS.) NO YES

b. Have you been high or intoxicated from (name of drug / drug class selected) more than once, in any situation where you were physically at risk, (for example, driving a car, riding a motorbike, using machinery, boating, etc.)? NO YES

c. Did you have legal problems more than once, because of your drug use, for example, an arrest or disorderly conduct? NO YES

d. Did you continue to use (name of drug / drug class selected) even though it caused problems with your family or other people? NO YES

ARE **1** OR MORE **J3** ANSWERS CODED YES?

SPECIFY DRUG(S): _____

NO **YES**

SUBSTANCE ABUSE

CURRENT

ADDITIONAL QUESTIONS TO CONFIRM MEDICATION USE PATTERNS

1. How long have you been using this medication?

2. How many days per week do you need to take the medication (on average)?

3. Do you need to take it every day?

   If yes, ask: for how long the patient has used the medication every day?

4. Have there been periods that you have not used the medication at all?

Cheng S, *et al. BMJ Open* 2019; 9:e031483. doi: 10.1136/bmjopen-2019-031483