

ENGELSK – Målepunktregistrering

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

Assessments

Patient questions

Changes to social conditions since the previous registration (*Endringer i sosiale forhold siden forrige registrering*)

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
- Don't want to answer

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
- 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

Income

- Income from work
- Work assessment allowance (AAP)
- Retirement pension
- Disability benefit
- Public financial assistance
- Student loan
- Supported by others
- Unemployment benefits while in prison
- None of the above

Health (*Helse*)

Physical health

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*)?

Number of 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

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

Suddenly scared for no reason

- Not at all
- A little
- Quite a bit
- Extremely

Feeling fearful

- Not at all
- A little
- Quite a bit
- Extremely

Faintness, dizziness or weakness

- Not at all
- A little
- Quite a bit
- Extremely

Feeling tense or keyed up

- Not at all
- A little
- Quite a bit
- Extremely

Blaming yourself for things

- Not at all
- A little
- Quite a bit
- Extremely

Difficulties in falling asleep or staying asleep

- Not at all
- A little
- Quite a bit
- Extremely

Feelings of worthlessness

- Not at all
- A little
- Quite a bit
- Extremely

Feeling blue

- Not at all
- A little
- Quite a bit
- Extremely

A feeling everything is an effort

- Not at all
- A little
- Quite a bit
- Extremely

Feeling of hopeless about the future

- Not at all
- A little
- Quite a bit
- Extremely

Substance use since the previous registration (*Bruk av rusmidler siden forrige registrering*)

Have you used substances since the previous registration?

- No
- Yes, but not the last 30 days
- Yes, the last 30 days

Total number of days of substance use the last 30 days days

- Alcohol
- Cannabis
- Synthetic cannabis
- Opioids (including heroin, methadone, fentanyl, subutex and subuxone (not as a part of drug-assisted rehabilitation (LAR) or other opiates)
- Sedatives, hypnotic substances or anxiolytics (benzodiazepines)
- Cocaine
- Other stimulants, incl. amphetamine
- Hallucinogens
- Lighter gas, laughing gas or sniffing
- MDMA (Ecstasy), MDA or similar
- Other intoxicating substances or drugs
- Anabolic steroids

If you ticked off any of the substances above (same question for each substance you ticked off):

Number of days of use the last 30 days days

Injection

Have you used a needle since the previous registration?

- No
- Yes
- Don't want to answer

Overdose or alcohol poisoning since the previous registration

Previous overdose or alcohol poisoning that required hospitalization, rescue or antidote since the previous registration

- No
- Yes
- Don't want to answer

Motivation (*Motivasjon*)

On a scale from 1 to 10:

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

How strong is your belief that you will manage to change your substance use (*1 = No belief, 10 = Very strong belief, not applicable*)

Life situation

How do you yourself think your physical health is presently?

- Very bad
- Bad
- Neither good nor bad
- Good
- Very good

How do you yourself think your mental health is presently?

- Very bad
- Bad
- Neither good nor bad
- Good
- Very good

How is your relationship with your partner presently?

- Very bad
- Bad
- Neither good nor bad
- Good
- Very good

How is your relationship with your friends presently?

- Very bad
- Bad
- Neither good nor bad
- Good
- Very good

How is your relationship with yourself presently?

- Very bad
- Bad
- Neither good nor bad
- Good
- Very good

Total personal life situation

- Very bad
- Bad
- Neither good nor bad
- Good
- Very good

Evaluation of treatment given since the previous registration (*Evaluering av behandling gitt siden forrige registrering*)

On a scale from 1 to 5, where 1 is "To a very small degree" and 5 is "To a very large degree", how do you experience...

Having profited from the treatment

That the treatment has better equipped you to master your substance use problem

That the practitioners understand your situation

That information you're given about your treatment is satisfactory

That you have collaborated in working with your treatment plan

Having influence over the treatment

That the practitioner/institution gives you hope

That the practitioner/institution takes you seriously

That the treatment you receive coincides with your expectations

That the treatment you receive is adapted to your needs and wishes

That the practitioner/institution is concerned with your resources

That the treatment takes your cultural background into consideration

That the services you are offered are well connected

Having an influence and contribution in the cooperation between the practitioner/institution and other collaborators to your treatment