

概 要

M.I.N.I.は DSM-IVと ICD-10 における主要な第1軸診断のための、簡略な構造化面接として作成されたものである。妥当性と信頼性の検討は、M.I.N.I.を SCID-P (DSM-III-R) 及び CIDI (非専門家が ICD-10 診断を行うために WHO が開発した構造化面接) と比較してなされた。これらの研究によれば、M.I.N.I.は十分に高い妥当性と信頼性を有し、SCID-P や CIDI よりもはるかに短時間 (平均 18.7 ± 11.6 分, 中央値 15 分) で施行可能である。M.I.N.I.は臨床家が使用する場合、短時間のトレーニングで使用可能だが、専門家でない面接者の場合は多少のトレーニングが必要である。M.I.N.I.plus は M.I.N.I.のより詳細なものである。M.I.N.I.では、器質的要因またはアルコールや薬物使用によるとらえた方がよい症状の評価は行わない。M.I.N.I.plus にはそれらの問題を検討するための設問がある。

患者への説明：

面接をなるべく短時間で終了するために、患者に次のようなことを知らせるべきである。すなわち、これから行う面接は通常より構造化されたものであること、心理的問題に関する具体的な質問があり、「はい」または「いいえ」のどちらかで回答する形式であることを告げる。

構 成：

M.I.N.I.plus はモジュールに分けられ、それぞれが診断カテゴリーに対応している。

- ・ それぞれの診断モジュール (精神病性障害モジュールは除く) の最初に、障害の主要な診断基準に対応したスクリーニングのための質問がグレーのボックスとして提示されている。
- ・ 診断モジュールの最後には、診断基準を満たすか否かについて臨床医が記入するための診断ボックスがある。

指 示：

<通常の字体>で書いてある文章は、診断基準の評価を標準化するために、書いてあるとおりに読むこと。

<ゴシック文字+下線>で書かれた文は、患者に対して読み上げてはならない。それらは、面接者による診断アルゴリズムの採点を助けるための教示である。

<太文字>で書かれた文は、検討すべき時間枠を示している。面接者は、必要に応じて何度も読むべきである。回答を採点する際には、示された時間枠の中でみられた症状だけを考慮する。

<横に矢印のある回答 (→)>は、その診断に必要な診断基準のひとつが満たされていないことを示す。この場合、面接者はその診断モジュールの最後に進み、すべての診断ボックスで「いいえ」に○をつけ、次の診断モジュールに進む。

<用語がスラッシュ (/) で分けられているとき>、面接者はその患者にあてはまる症状のみを読むこと (たとえば、質問 M20-M23)。

() 内の文は、臨床症状の例示である。これらは、質問をより明確にするために患者に対して読み上げてもよい。

採点方法

すべての質問に対して評価をすること。評価は、それぞれの質問の右側の“はい”か“いいえ”に○をつけるで行う。回答をコードする際には、臨床的に判断する。評価者は、コードがより正確に行われるために、必要があれば具体的な例示を求めるべきである。患者には、わかりにくい質問に対しては、遠慮なく尋ねるよう伝えておく。

臨床家は、患者がその質問でなにを聞かれているかわかっているかどうかを、随時確認すること（たとえば、時間枠、頻度、重症度、「及び／または」で示されている選択の幅）。

M.I.N.I.においては、器質的要因またはアルコールや薬物使用によるとらえた方がよい症状についての評価をしない。M.I.N.I.-Plus ではこれらの問題を検討するための設問がある。

面接の最後に、精神病性障害の診断アルゴリズムに進む。一例として、M11a と m11b のアイテムを参照のこと：

もし、精神分裂病の診断基準“a”を満たすなら（m11c and/or m11d が“はい”）、診断アルゴリズムⅠに進む。

もし、精神分裂病の診断基準“a”を満たさないなら（m11c and/or m11d が“いいえ”）、診断アルゴリズムⅡに進む。

感情障害は、診断アルゴリズムⅢに進む。

資料 3

PARTICIPANT INTERVIEW SCHEDULE

PARTICIPATING CENTRE: **Australia** **Japan** **Philippines** **Thailand**

PARTICIPANT NUMBER:

INTERVIEWER INITIALS:

DATE OF PATIENT ADMISSION : M M / D D /

DATE OF INTERVIEW: M M / D D /

LOCATION OF INTERVIEW:

INTERVIEWER NOTE: Ensure that instrument cue cards and appendix III of the protocol (Manchester scale scoring) are ready for use during the interview. Please read Appendix IV of the protocol before administering the MINI Plus component of the interview.

Informed consent

Interviewer: ensure that participant has give informed consent for interview before continuing.

Check to show that ICF form has been completed for interview

Check to show if ICF form has been completed for possible follow up interview

Preamble

Thank you for agreeing to take part in this WHO organised project on health problems of ATS use.

As you know the study is being conducted in four countries. This interview will last about 45 minutes. I'll be asking you questions about your experience and opinions about ATS and about other drugs that you may have used. Please remember that this is an anonymous and totally confidential interview.

FRAMING THE INTERVIEW

Before we begin the interview, let me mention that we will be looking at different time periods - some things I ask you will concern:

- Your whole life,
- The past 12 months;
- The past 90 days;
- The past 30 days

WHO MULTI-CENTRE STUDY ON METHAMPHETAMINE INDUCED PSYCHOSIS

Source of referral: Self ¹ Family ² Friend ³ Welfare ⁴ Police ⁵

Other ⁶ (specify)

Persons accompanying patient at admission: No one ¹ Family ² Friend ³

Welfare ⁴ Police ⁵ Other ⁶ (specify)

CLINICAL SCREENING DATA

Summarise results of toxicology, health screening below

Drug toxicology Opiates (- or +) Cannabis (- or +) benzodiazepines (- or +)

Methamphetamine (- or +) Other amphetamine (- or +)

Other (- or +) (specify:

Not Done

Liver function GGT : ; AST: ; ALT: ;

Not Done

Blood Borne Infections HIV antibody (- or +) Hep B antibody (- or +)

Hep B Antigen (- or +) Hep C antibody (- or +)

Not Done

Method of determining methamphetamine use in the week prior to admission.

Self Report (- or +)

Relative report (- or +)

Other (- or +) Specify:

Clinical evidence of methamphetamine intoxication at time of admission (- or +)

Results of examination recorded in case notes AT ADMISSION

BP ____/____ Pulse _____ Weight Kg.

Past Psychiatric History (LIST):

Family History of psychotic illness (- or +)

Family History of Drug and/or alcohol dependence (- or +)

Past Medical History (LIST):

Current Medications prior to admission:

| DRUG | DOSE | FREQUENCY |
|------|------|-----------|
| | | |
| | | |
| | | |

Tattoos: (- or +)

Movement Disorders:

Formication ¹ (- or +) Chewing ² (- or +) Stereopathy ³ (- or +)

Restless legs ⁴ (- or +) Other (Specify) ⁵ (- or +)

SECTION 1: SOCIO-DEMOGRAPHIC INFORMATION

Before we begin, I'd like to record some information about you.

1.1 What is your age? ----- years

1.2 Sex Male ¹ Female ²

1.3 What country were you born in? ----- country

1.4 Ethnic origin Participating Centre co-ordinators should record appropriate ethnic origin

1.5 What is your marital status?

Married ¹ Cohabiting ² Single ³ Divorced ⁴ Widowed ⁵

Separated ⁶

Other (specify)

1.6 Do you have any children? No ¹ Yes ² If yes, how many?

1.7. How many of these children live with you?.....

1.7.1 How many of your brother(s)/sister(s) live with you?.....

1.8. Which of these best describes your present living arrangements (ie. where you live).

Parents in house or flat ¹ Friends/group in house or flat ²

Partner/children in a house or flat ³ Boarding in college residence ⁴

Boarding (external) ⁵ Live alone in a house or flat ⁶ Refuge/shelter ⁷

Other (specify)

1.9 In general how satisfied are you with your current accommodation arrangements, on a scale from 1 to 7, where 1 = very dissatisfied, 4 = satisfied and 7 = very satisfied

SHOW CUE CARD A

VERY DISSATISFIED **1** - **2** - **3** - **4** - **5** - **6** - **7** VERY SATISFIED

WHO MULTI-CENTRE STUDY ON METHAMPHETAMINE INDUCED PSYCHOSIS

1.10 How would you describe your occupational status?

Full-time employed ¹ Part-time employed ² Unemployed ³

Part-time student ⁴ Full-time student ⁵ If 4 OR 5 skip to 1.12.

Other ⁶ (specify)

1.10.1 If working: what type of work do you do?

Manager/Administrator ⁶ Professional ⁵ Tradesperson ⁴ Clerk ³

Sales person ² Machine operator/driver ¹ Labourer ⁰

1.11. How much of the last six months have you been unemployed? (not students or homemakers)

All of the time ⁴ Most of the time ³ About half of the time ²

Some of the time ¹ None of the time ⁰

1.12 What is the highest level of formal education that you have completed? (include courses that provide qualifications such as trades, nursing, private colleges etc)

Some primary/elementary school ¹ Completed primary/elementary school ²

Completed junior high school ³

Some secondary/high school ⁴ Completed secondary/high school ⁵

Some trade/technical ⁶ Completed trade/technical course ⁷

Some university ⁸ Completed university course ⁹

Other ¹⁰ (specify)

SECTION 2: ATS USE HISTORY

2.1 How old were you when you first used an amphetamine?

Years

2.2. Can you tell me all of the different types of ATS that you have used?

- | | | | | | | |
|-----------------------------|----|--------------------------|--------------|-----|--------------------------|---------------------------|
| Methamphetamine/Amphetamine | No | <input type="checkbox"/> | ⁰ | Yes | <input type="checkbox"/> | ¹ Years of use |
| Ephedrine | No | <input type="checkbox"/> | ⁰ | Yes | <input type="checkbox"/> | ¹ Years of use |
| Ecstasy | No | <input type="checkbox"/> | ⁰ | Yes | <input type="checkbox"/> | ¹ Years of use |
| Caffeine tablets | No | <input type="checkbox"/> | ⁰ | Yes | <input type="checkbox"/> | ¹ Years of use |
| Methylphenidate | No | <input type="checkbox"/> | ⁰ | Yes | <input type="checkbox"/> | ¹ Years of use |
| Dexamphetamine | No | <input type="checkbox"/> | ⁰ | Yes | <input type="checkbox"/> | ¹ Years of use |
| Other (List) | No | <input type="checkbox"/> | ⁰ | Yes | <input type="checkbox"/> | ¹ Years of use |

2.3. What is the MOST amount of ATS you have **EVER** used in a 24 -hour period?

*Caps,
Grams,
Tablets,
or
money
spent*

2.4. In the past 12 months, how often have you used ATS?

SHOW CUE CARD C

- | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Never | Once or twice only | 3-5 times | Once every 2 months | Monthly | 2-3 times a month | Once a week | 2-3 times a week | 4-6 times a week | Every day |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

2.5 Have you **ever** taken ATS ORALLY

No 0 Yes 1

2.5.1 If yes, how often did you take ATS this/these ways in the past 90 days?:

SHOW CUE CARD C

| | | | | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Never | Once or twice only | 3-5 times | Once every 2 months | Monthly | 2-3 times a month | Once a week | 2-3 times a week | 4-6 times a week | Every day |
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 |

2.7 Have you **ever** taken ATS by SNIFFING into your nose (SNORTING)?

No 0 Yes 1

2.7.1 If yes, how often did you take ATS this/these ways in the past 90 days?:

SHOW CUE CARD C

| | | | | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Never | Once or twice only | 3-5 times | Once every 2 months | Monthly | 2-3 times a month | Once a week | 2-3 times a week | 4-6 times a week | Every day |
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 |

2.8 Have you **ever** taken ATS by SMOKING/INHALING (e.g. by chasing it over foil or in a cigarette)

No 0 Yes 1

2.8.1 If yes, how often did you take ATS this/these ways in the past 90 days?:

SHOW CUE CARD C

| | | | | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Never | Once or twice only | 3-5 times | Once every 2 months | Monthly | 2-3 times a month | Once a week | 2-3 times a week | 4-6 times a week | Every day |
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 |

WHO MULTI-CENTRE STUDY ON METHAMPHETAMINE INDUCED PSYCHOSIS

2.9 Have you **ever** taken ATS by INJECTING?

No 0 Yes 1

2.9.1 If yes, how often did you take ATS this/these ways in the past 90 days?:

SHOW CUE CARD C

| | | | | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Never | Once or twice only | 3-5 times | Once every 2 months | Monthly | 2-3 times a month | Once a week | 2-3 times a week | 4-6 times a week | Every day |
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 |

2.10 Interviewer: record all routes used:

Swallow 1 Snort/sniff 2 Inhale/ Chase 3 Inject 4

2.11 Which of the following would you say has been the *pattern* of your ATS use in the past 12 months:

Used on *both WEEKDAYS and at WEEKENDS* 3

ONLY used on WEEKDAYS 2

ONLY used at the WEEKEND (Between Friday night and Monday morning) 1

No consistent pattern of use 4

2.12. In the last 12 months, how much ATS would you say you have used on a typical day at the *WEEKEND*?

*Caps, Grams, Tablets, or
money spent*

WHO MULTI-CENTRE STUDY ON METHAMPHETAMINE INDUCED PSYCHOSIS

2.13 In the last 12 months, how much ATS have you used on a typical day during the *WEEK*?

Caps, Grams, Tablets, or money spent

2.14 In the past 12 months, what is the MOST ATS you have used in one 24-hour period?

Caps, Grams, Tablets, or money spent

2.15 Description of last consumption of ATS which resulted in this admission:

2.15.1 How many days in the week before admission did you use ATS?Days

2.15.2 Quantity ATS used each day? *Caps, Grams, Tablets, or money spent*

2.15.3 When did you last use ATS before admission? Hours/Days [Circle]

2.15.4 How many hours per day did you sleep before ceasing ATS use?

2.15.5 What other illicit drugs did you use in the week before admission?

..... [list]

.....

.....

2.16 These next questions are about problems you may have experienced when using ATS:

SHOW CUE CARD D

| IN THE PAST <u>12 MONTHS</u> How often have you: | Never 0 | Rarely 1 | Some times 2 | Often 3 | Always 4 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Felt sick or unwell as a result of using ATS? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Wished that the effects of ATS would reduce or stop? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Felt anxious or nervous as a result of using ATS? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Had an accident and hurt yourself when using ATS? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Driven a vehicle (car/bike, etc.) when you were using ATS? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Missed work/school as a consequence of using ATS? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Broken the law to get money or property to obtain ATS? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Broken the law when you were intoxicated on ATS? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Broken the law when you were intoxicated on alcohol? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Had an unusual feeling under your skin (bugs crawling) as a result of using ATS? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Been disturbed by unusual smells (that others couldn't smell) as a result of using ATS? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Taken ATS when alone at home? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

WHO MULTI-CENTRE STUDY ON METHAMPHETAMINE INDUCED PSYCHOSIS

2.17 These questions are also about feelings and experiences you may have when using ATS.

| IN THE PAST 12 MONTHS: | | | | | | | | | | |
|---|--------------|----------------------------|---------------|-------------------------|------------------|-----------------------|-----------------|----------------------|----------------------|---------------------|
| SHOW CUE CARD C | No/never (0) | Yes/once of twice only (1) | 3-5 times (2) | Once every 2 months (3) | Once a month (4) | 2-3 times a month (5) | Once a week (6) | 2-3 times a week (7) | 4-6 times a week (8) | About every day (9) |
| 1. How often would you say that you have had a persistent or strong desire to take ATS? | | | | | | | | | | |
| 2. Have you had any difficulty in cutting down, controlling how often OR how much ATS you used? | | | | | | | | | | |
| 3. Have you found that you needed to use more ATS to get the desired effect OR the same amount had less of an effect? | | | | | | | | | | |
| 4. Have you used ATS in a risky or dangerous situation? (For example riding a motor bike or driving a car when under the effects of ATS.) | | | | | | | | | | |
| 5. How often have you felt sick or unwell when the effects of ATS have worn off? | | | | | | | | | | |
| 6. Have you had problems with the law resulting from ATS use? | | | | | | | | | | |
| 7. How often have you used ATS in larger amounts OR for a longer period of time THAN YOU INTENDED? | | | | | | | | | | |
| 8. How often have you taken large amounts of time obtaining OR using OR recovering from the effects of ATS? | | | | | | | | | | |
| 9. Have you found that using ATS has led you to neglect things OR cause problems at socially or home, or work? | | | | | | | | | | |
| 10. Have you continued to use ATS despite having problems with it in your social life or with relationships? | | | | | | | | | | |
| 11. Have you reduced or given up work, recreational or social activities as a result of your ATS use? | | | | | | | | | | |
| 12. Have you continued to use ATS despite having physical or psychological problems with it? | | | | | | | | | | |

INJECTING DRUG USE

2.18 How many times have you injected any drugs in the LAST MONTH?

| | | | | | |
|----------------------------|----------------------------|--|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Hasn't injected | Once a week or less | More than once a week (but less than once a day) | Once a day | 2-3 times a day | More than 3 times a day |

If subject has NOT INJECTED IN THE LAST MONTH, score zero for drug use and **GO TO NEXT SECTION.**

2.19 How many TIMES IN THE LAST MONTH have you used a needle after someone else had already used it?

| | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| No times | One time | Two times | 3-5 times | 6-10 times | More than 10 times |

2.20 How many different people have used a needle before you in the LAST MONTH?

| | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| None | One person | Two people | 3-5 people | 6-10 people | More than 10 people |

2.21 How many times in the LAST MONTH has someone used a needle after you have used it?

| | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| No times | One time | Two times | 3-5 times | 6-10 times | More than 10 times |

2.22 How often in the LAST MONTH have you cleaned needles before re-using them?

| | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Does not re-use | Every time | Often | Sometimes | Rarely | Never |

2.23 Before using needles again, how often in the LAST MONTH did you use bleach or boiled to clean them?

| | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Does not re-use | Every time | Often | Sometimes | Rarely | Never |

SECTION 3: ATS USE CONTEXT

3.1 What is the **most** amount of money you have **ever** spent on ATS on one purchase?

(local currency)
price

3.2.1. Have there EVER been any occasions when you have NOT been able to obtain ATS when you wanted to?

No ⁰ IF NO SKIP TO SECTION 5.

Yes ¹

3.2.2. If Yes: Did you use anything instead?

No ⁰ Yes

What did you use instead?

3.2.3. Name(s) of main other substance(s) used (include alcohol)

1. 2.

3. 4.

SECTION 5: OTHER DRUG USE

In this section, I'm going to ask you some questions about other drugs that you may have used.

Interviewer: use recall cards

Interviewer: SHOW CUE CARD C

FREQUENCY OF USE IN THE PAST 12 MONTHS

| | | | | | | | | | |
|-------|---------------|---------------|---------------------|-----------------|------------------|----------------|-----------------|-----------------|-----------|
| Never | 1-2 days only | 3-5 days only | Once every 2 months | One day a month | 2-3 days a month | One day a week | 2-3 days a week | 4-6 days a week | Every day |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

FREQUENCY OF USE IN THE PAST 90 DAYS

| | | | | | | | | | |
|-------|---------------|---------------|---------------------|-----------------|------------------|----------------|-----------------|-----------------|-----------|
| Never | 1-2 days only | 3-5 days only | Once every 2 months | One day a month | 2-3 days a month | One day a week | 2-3 days a week | 4-6 days a week | Every day |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

WHO MULTI-CENTRE STUDY ON METHAMPHETAMINE INDUCED PSYCHOSIS

ROUTES OF ADMINISTRATION

Oral = 0 Snort/sniff = 1 Inhale/chase = 2 Inject = 3

| DRUG TYPE | Age 1 st used | Days used past 12 months | Days used past 90 days | Route(s) of administration last 90 days |
|--|--------------------------|--------------------------|------------------------|---|
| 1. <u>Alcohol</u> | | | | |
| 2. <u>Solvents</u> (glues/gases/fuels) | | | | |
| 3. <u>Cannabis</u> | | | | |
| 4. <u>LSD/Mushrooms</u> | | | | |
| 5. <u>Heroin</u> | | | | |
| 6. <u>other illicit opiate</u> Specify: _____ | | | | |
| 7. <u>Ketamine</u> | | | | |
| 8. <u>Main illicit benzo.</u> Specify: _____ | | | | |
| 9. <u>Cocaine powder</u> | | | | |
| 10. <u>Crack/rock cocaine</u> | | | | |

SECTION 6: SOCIAL CONTEXT AND SITUATION

6.1.1. Are you currently in a personal relationship? Yes 1 No 0 **IF NO SKIP TO 6.2.**

6.1.2. Does this person use ATS? Yes 1 No 0

6.2. Does any member of your family use ATS? Yes 1 No 0

6.3. How many of the people you socially spend time with use ATS?

SHOW CUE CARD F

All of them 4 More than half 3 About half of them 2 Less than half 1
None 0

6.4. How many of the people you socially spend time with use **ECSTASY**?

SHOW CUE CARD F

All of them ⁴ More than half ³ About half of them ² Less than half ¹ None ⁰

6.5. How many of the people you socially spend time with use **CANNABIS**?

SHOW CUE CARD F

All of them ⁴ More than half ³ About half of them ² Less than half ¹ None ⁰

6.6. How many of the people you socially spend time with use **COCAINE**?

SHOW CUE CARD F

All of them ⁴ More than half ³ About half of them ² Less than half ¹ None ⁰

6.7. How many of the people you socially spend time with use **HEROIN**?

SHOW CUE CARD F

All of them ⁴ More than half ³ About half of them ² Less than half ¹ None ⁰

6.8. How many of the people you socially spend time with use **OPIUM**?

SHOW CUE CARD F

All of them ⁴ More than half ³ About half of them ² Less than half ¹ None ⁰

SECTION 7: LEGAL ISSUES

In this section I am interested in any contact you may have had with the police and legal authorities. I don't want to know any specific details. Remember that any information you give me is completely confidential.

7.1. How many times have you been apprehended or arrested by the police

SHOW CUE CARD G

| | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Never | Once only | 2-5 times | 6-10 times | 11-20 times | 21+ times |
| <input type="checkbox"/> ⁰ | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ | <input type="checkbox"/> ⁵ |

WHO MULTI-CENTRE STUDY ON METHAMPHETAMINE INDUCED PSYCHOSIS

7.1.1 Were any of these arrests or apprehensions drug related?

No ⁰ Yes ¹

7.2. How many times have you been convicted for an offence?

7.3. Have you ever been in
prison/youth detention centre? No ⁰ Yes ¹ How many times?

| |
|--|
| |
| |
| |

7.3.1. Age at first prison/youth detention centre sentence

7.3.2. Total time spent in prison and youth detention centre (months)