



What are your experiences with your inpatient stay in an institution for substance abuse treatment?

The purpose of this survey is to improve the services for patients within substance abuse treatment. We are interested in your experiences with the institution where you are now a patient.

How to fill in the form: Enter an X in the centre of the appropriate box.

Like this: Not like this:

A little about your background

1. Which substance did you use most before your current admission?
You can choose several options.
- | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|
| Alcohol | Medication | Cannabis/ hash | Cocaine/ amphetamines | Heroin/ morphine substances | Other | Not applicable |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
2. How long have you been an inpatient at this institution?
- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0-2 weeks | 3-11 weeks | 3-6 months | 7-12 months | More than 12 months |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Reception and waiting time

3. Did you receive information about the institution's rules and routines when you arrived?
- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Not at all | To a small extent | To some extent | To a large extent | To a very large extent |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
4. Was the way you were welcomed to the institution satisfactory?
- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Not at all | To a small extent | To some extent | To a large extent | To a very large extent |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
5. Did you have to wait to be admitted to the institution?
- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| No | Yes, but not long | Yes, quite long | Yes, far too long |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Therapists/staff

Keep the therapists and staff at the institution in mind when you answer the following questions.

	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable
6. Have you had enough time for discussions and contact with the therapists/staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you find that the therapists/staff have understood your situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you felt confident in the professional skills of the therapists/staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has one therapist/member of staff had primary responsibility for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. To what extent have you been met with courtesy and respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	No, never	Yes, once	Yes, a few times	Yes, many times
11. Have you been patronised or insulted by the therapists/staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Treatment

12. To what extent have you benefitted from the following types of treatment at the institution:
Choose "Not applicable" for treatments you do not have experience with.

	No benefit	Small benefit	Some benefit	Large benefit	Very large benefit	Not applicable
Treatment in groups?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conversations with one therapist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment with medication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Overall, to what extent have you benefitted from the treatment at the institution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

14.	Has the information you have received about your treatment been satisfactory?	Not at all <input type="checkbox"/>	To a small extent <input type="checkbox"/>	To some extent <input type="checkbox"/>	To a large extent <input type="checkbox"/>	To a very large extent <input type="checkbox"/>	Not applicable <input type="checkbox"/>
15.	Have you had influence on your treatment?	Not at all <input type="checkbox"/>	To a small extent <input type="checkbox"/>	To some extent <input type="checkbox"/>	To a large extent <input type="checkbox"/>	To a very large extent <input type="checkbox"/>	Not applicable <input type="checkbox"/>
16.	Do you find that the treatment has been adapted to your needs?	Not at all <input type="checkbox"/>	To a small extent <input type="checkbox"/>	To some extent <input type="checkbox"/>	To a large extent <input type="checkbox"/>	To a very large extent <input type="checkbox"/>	Not applicable <input type="checkbox"/>
17.	Have you had the opportunity to give feedback on your treatment after talking to a therapist?	Not at all <input type="checkbox"/>	To a small extent <input type="checkbox"/>	To some extent <input type="checkbox"/>	To a large extent <input type="checkbox"/>	To a very large extent <input type="checkbox"/>	Not applicable <input type="checkbox"/>
18.	Have you been involved in the choice of treatment you are currently receiving?	Not at all <input type="checkbox"/>	To a small extent <input type="checkbox"/>	To some extent <input type="checkbox"/>	To a large extent <input type="checkbox"/>	To a very large extent <input type="checkbox"/>	Not applicable <input type="checkbox"/>

19.	Have you received help for physical health issues or illness?	Not at all <input type="checkbox"/>	To a small extent <input type="checkbox"/>	To some extent <input type="checkbox"/>	To a large extent <input type="checkbox"/>	To a very large extent <input type="checkbox"/>	Not applicable <input type="checkbox"/>
20.	Have you received help for mental health issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21.	Have you had satisfactory access to a psychologist?	Not at all <input type="checkbox"/>	To a small extent <input type="checkbox"/>	To some extent <input type="checkbox"/>	To a large extent <input type="checkbox"/>	To a very large extent <input type="checkbox"/>	Not applicable <input type="checkbox"/>
22.	Have you had satisfactory access to a medical doctor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23.	Has your physical health been examined by a medical doctor during this stay (e.g. blood tests, listening to heart, heart rate and weight)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>
24.	Have your teeth been assessed by a medical doctor during this stay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Environment and activities

- | | Not at all | To a small extent | To some extent | To a large extent | To a very large extent |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 25. Have you felt safe at the institution? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Has the institution arranged contact with other patients in a satisfactory manner? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Has the range of activities available at the institution been satisfactory? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Has the institution given you the opportunity to be physically active (e.g. walking, jogging, exercising)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Have the meals at the institution been satisfactory? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Have you been satisfied with the level of privacy available? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Preparing for the time after discharge

The following questions are about preparations for the time after discharge.

- | | Not at all | To a small extent | To some extent | To a large extent | To a very large extent | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| 31. Do you find that the therapists/staff have prepared you for the time after discharge? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 32. Do you find that the therapists/staff have helped you with <i>practical issues</i> for the time after discharge (e.g. housing, finances, work/school)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Not applicable
<input type="checkbox"/> |
| 33. Do you find that the therapists/staff have arranged continued <i>treatment</i> in the time after discharge? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Not applicable
<input type="checkbox"/> |
| 34. Do you find that the therapists/staff have helped you so that you can have a meaningful life after discharge? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Not applicable
<input type="checkbox"/> |

Other assessments

35. Overall, have the help and the treatment you have received at the institution been satisfactory?	Not at all <input type="checkbox"/>	To a small extent <input type="checkbox"/>	To some extent <input type="checkbox"/>	To a large extent <input type="checkbox"/>	To a very large extent <input type="checkbox"/>	
└						
36. Are the help and the treatment you are receiving at the institution helping you better <i>understand</i> your substance abuse issues?	Not at all <input type="checkbox"/>	To a small extent <input type="checkbox"/>	To some extent <input type="checkbox"/>	To a large extent <input type="checkbox"/>	To a very large extent <input type="checkbox"/>	Don't know <input type="checkbox"/>
37. Are the help and the treatment you are receiving at the institution helping you better <i>cope with</i> your substance abuse?	Not at all <input type="checkbox"/>	To a small extent <input type="checkbox"/>	To some extent <input type="checkbox"/>	To a large extent <input type="checkbox"/>	To a very large extent <input type="checkbox"/>	Don't know <input type="checkbox"/>
38. Are the help and the treatment you are receiving at the institution giving you confidence that life will be better after discharge?	Not at all <input type="checkbox"/>	To a small extent <input type="checkbox"/>	To some extent <input type="checkbox"/>	To a large extent <input type="checkbox"/>	To a very large extent <input type="checkbox"/>	Don't know <input type="checkbox"/>
<hr/>						
39. Do you find that the therapists/staff have cooperated well with your relatives?	Not at all <input type="checkbox"/>	To a small extent <input type="checkbox"/>	To some extent <input type="checkbox"/>	To a large extent <input type="checkbox"/>	To a very large extent <input type="checkbox"/>	Not applicable <input type="checkbox"/>
40. To what extent did you feel pressured/forced by others to be admitted?	Not at all <input type="checkbox"/>	To a small extent <input type="checkbox"/>	To some extent <input type="checkbox"/>	To a large extent <input type="checkbox"/>	To a very large extent <input type="checkbox"/>	Not applicable <input type="checkbox"/>
41. Do you believe that you have been incorrectly treated in any way (according to your own judgement)?	Not at all <input type="checkbox"/>	To a small extent <input type="checkbox"/>	To some extent <input type="checkbox"/>	To a large extent <input type="checkbox"/>	To a very large extent <input type="checkbox"/>	Not applicable <input type="checkbox"/>

Previous admissions to substance abuse treatment institutions

The following questions relate to previous admissions to substance abuse treatment institutions, with the exception of units only for detox.

42. Have you been admitted to a substance abuse treatment institution prior to this admission?
- | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| | No | Yes, once | Yes, 2 times | Yes, 3-5 times | Yes, more than 5 times | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
43. If you have previously been admitted, did you find the follow-up/aftercare after discharge satisfactory? (Think about the most recent admission if you have been admitted several times.)
- | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Not at all | To a small extent | To some extent | To a large extent | To a very large extent | Not applicable |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
44. If you have previously been admitted, was the last admission at this institution?
- | | | | | | |
|--|--|--|--------------------------|--------------------------|--------------------------|
| | | | Yes | No | Not applicable |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Help from the municipality where you live

45. Do you find that the municipality where you live provides follow-up during your admission (for example, a substance abuse consultant, GP/family doctor or the team responsible for your care)?
- | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Not at all | To a small extent | To some extent | To a large extent | To a very large extent | Not applicable |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
46. If you have previously received help from the municipality where you live, has the help been satisfactory overall?
- | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| | Not at all | To a small extent | To some extent | To a large extent | To a very large extent | Not applicable/ have not received help |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
47. If you have previously received help from the municipality where you live, who or which unit has been most important for you?
You can choose several options.
- | | | | | | | | |
|--|----------------------------|--------------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--|
| | Substance abuse consultant | Team responsible for your care | Follow-up services at home | 24-hour service | GP/family doctor | Other | Not applicable/ have not received help |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
48. If you reply "Other" to question 47, please specify the unit.
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Background information

49. Are you female or male? Female Male
50. How old are you? 16-24 25-44 45-66 67 or older
51. How old were you when you first had substance abuse problems (enter age)?
52. Are you married/living with a partner? Yes No
53. What is your highest level of education? Compulsory primary school (grades 1-10) Upper secondary school College/university
54. Where were you born? Norway In a Nordic country (other than Norway) Western Europe (other than a Nordic country) EU country in Eastern Europe Eastern Europe (not a country in the EU) Africa Asia (including Turkey) North America South America or Central America Oceania
-
55. Do you have an individual plan for treatment/care? (Anyone in need of long-term and coordinated health and social services is entitled to an individual plan.) Yes No Don't know
56. If you have an individual plan, are you satisfied with this plan? Not at all To a small extent To some extent To a large extent To a very large extent Not applicable
57. How would you describe your *physical* health? Excellent Very good Good Fair Poor
58. How would you describe your *mental* health? Excellent Very good Good Fair Poor

