

# Addiction treatment documentation in Austria

Report

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On behalf of the Federal Ministry for Social Affairs, Health, Care and Consumer Protection



# Addiction treatment documentation in Austria

Core items for the treatment documentation in the areas of illegal drugs, tobacco and other nicotine-containing products, alcohol, gambling and/or sports betting, gaming and medicines

Report on results

Author:

Tanja Schwarz  
Deniz Akartuna  
Martin Busch  
Birgit Priebe

With the collaboration of:

Alexandra Puhm  
Irene Schmutterer  
Julian Strizek

Professional support:

Raphael Bayer  
Franz Pietsch

Project assistance:

Monika Löbau  
Yvonne Schatz

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# Summary

## Background and Objectives

The documentation and reporting system of clients of Austrian drug treatment services (DOKLI) has been providing nationwide valid data in the drug treatment sector in Austria since 2006. It contributes to an overall understanding of the addiction epidemiological situation in Austria. The system operates with the participation of most addiction treatment facilities in Austria and serves as a crucial cornerstone in national monitoring.

Comparable data to DOKLI are lacking for areas such as tobacco and other nicotine-containing products, alcohol, gambling and/or sports betting, gaming, and medications. Therefore, one of the objectives of treatment documentation in the addiction field is to provide a nationally standardized data collection tool with coordinated documentation standards across various substance and behavior-based addiction forms.

## Methodology

The foundation of this work lies in a questionnaire developed through a lengthy process involving Austrian addiction treatment facilities. This questionnaire aligns with the EMCDDA guidelines specific to the data collected for illegal drugs. Experts from provincial addiction/drug coordination offices as well as treatment facilities provided critical feedback on the proposed new items and specific questions. Through intensive exchange of ideas and content, significant proposed changes were developed and approved during a DOKLI advisory board meeting in May 2022.

## Results

Treatment documentation standards for substance and behavioral addictions have been developed in six areas: illegal drugs, tobacco and other nicotine-containing products, alcohol, gambling and/or sports betting, gaming, and medications. Each documentation standard includes seven components that are repeated for each of the defined substance and behavioral addictions: a) basic data, b) treatment episode, c) situation at the beginning of treatment, d) sociodemographic and living circumstances, e) medical history, f) classification according to ICD-10, and g) situation at the end of treatment episode.

## Outlook

The core items developed as part of this project are intended to form the basis for a wide range of treatment documentation systems at the facility level, establishing them as nationwide minimum standards in Austria. A well-founded, nationally standardized, and interdisciplinary moni-

toring system should, in the future, provide the basis for a realistic assessment of the epidemiological situation regarding addiction and enable empirically based planning and (further) development of drug and addiction-related strategies and (prevention) measures.

**Keywords**

Treatment documentation, addiction, addiction and drug support, documentation standards, DOKLI

# Index

Summary .....	III
Tables .....	VII
Abbreviations .....	IX
1 Background .....	1
1.1 Framework conditions of DOKLI .....	1
1.2 Expansion of addiction-related treatment documentation.....	1
1.3 Objective .....	2
1.4 Methodological Approach.....	2
1.5 Establishment of documentation standards .....	3
2 Illegal drugs .....	5
2.1 Case definition.....	5
2.2 Treatment episode.....	6
2.3 Start of treatment .....	7
2.4 Sociodemographics and living conditions .....	9
2.5 Anamnesis.....	11
2.5.1 Consumption behavior .....	11
2.5.2 Substance .....	12
2.5.3 Infectious disease .....	18
2.6 Classification according to ICD-10.....	24
2.7 End of treatment.....	27
3 Tobacco and other nicotine-containing products .....	28
3.1 Case definition.....	28
3.2 Treatment episode.....	29
3.3 Start of treatment .....	30
3.4 Sociodemographics and living conditions .....	31
3.5 Anamnesis.....	33
3.6 Classification according to ICD-10.....	34
3.7 End of treatment.....	37
4 Alcohol.....	38
4.1 Case definition.....	38
4.2 Treatment episode.....	39
4.3 Start of treatment .....	40
4.4 Sociodemographics and living conditions .....	41
4.5 Anamnesis.....	43
4.6 Classification according to ICD-10.....	44
4.7 End of treatment.....	47
5 Gambling and sports betting.....	48
5.1 Case definition.....	48
5.2 Treatment episode.....	49
5.3 Start of treatment .....	50

5.4	Sociodemographics and living conditions .....	51
5.5	Anamnesis .....	54
5.6	Classification according to ICD-10 .....	55
5.7	End of treatment.....	58
6	Gaming .....	59
6.1	Case definition.....	59
6.2	Treatment episode.....	60
6.3	Start of treatment .....	61
6.4	Sociodemographics and living conditions .....	62
6.5	Anamnesis .....	64
6.6	Classification according to ICD-10 .....	65
6.7	End of treatment.....	68
7	Medicines .....	69
7.1	Case definition.....	69
7.2	Treatment episode.....	70
7.3	Start of treatment .....	71
7.4	Sociodemographics and living conditions .....	72
7.5	Anamnesis .....	74
7.6	Classification according to ICD-10 .....	75
7.7	End of treatment.....	78
8	Conclusions.....	79
9	Glossary .....	80

# Tables

Table 2.1: Case definition of the client: Illegal drugs.....	5
Table 2.2: Treatment episode: Illegal drugs .....	6
Table 2.3: Start of treatment: Illegal drugs.....	7
Table 2.4: Sociodemographics and living conditions: Illegal drugs .....	9
Table 2.5: Anamnesis: Illegal drugs I – Consumption behavior .....	11
Table 2.6: Anamnesis: Illegal drugs II – Substance .....	12
Table 2.7: Illegal drugs III – Infectious disease (general).....	18
Table 2.8: Anamnesis: Illegal drugs III – Infectious disease (infection status) .....	19
Table 2.9: Anamnesis: Illegal drugs III – Infectious disease (vaccination status) .....	21
Table 2.10: Anamnesis: Illegal drugs III – Infectious disease (disease status) .....	22
Table 2.11: Classification according to ICD-10: Illegal drugs .....	24
Table 2.12: End of treatment: Illegal drugs .....	27
Table 3.1: Case definition of the client: Tobacco and other nicotine-containing products.....	28
Table 3.2: Treatment episode: Tobacco and other nicotine-containing products .....	29
Table 3.3: Start of treatment: Tobacco and other nicotine-containing products.....	30
Table 3.4: Sociodemographics and living conditions: Tobacco and other nicotine-containing products.....	31
Table 3.5: Anamnesis: Tobacco and other nicotine-containing products .....	33
Table 3.6: Classification according to ICD-10: Tobacco and other nicotine-containing products.....	34
Table 3.7: End of treatment: Tobacco and other nicotine-containing products .....	37
Table 4.1: Case definition of the client: Alcohol .....	38
Table 4.2: Treatment episode: Alcohol .....	39
Table 4.3: Start of treatment: Alcohol .....	40
Table 4.4: Sociodemographics and living conditions: Alcohol.....	41
Table 4.5: Anamnesis: Alcohol .....	43
Table 4.6: Classification according to ICD-10: Alcohol .....	44
Table 4.7: End of treatment: Alcohol .....	47
Table 5.1: Case definition of the client: Gambling and sports betting.....	48
Table 5.2: Treatment episode: Gambling and sports betting .....	49

Table 5.3:	Start of treatment: Gambling and sports betting .....	50
Table 5.4:	Sociodemographics and living conditions: Gambling and sports betting.....	51
Table 5.5:	Anamnesis: Gambling and sports betting .....	54
Table 5.6:	Classification according to ICD-10: Gambling and sports betting .....	55
Table 5.7:	End of treatment: Gambling and sports betting .....	58
Table 6.1:	Case definition of the client: Gaming.....	59
Table 6.2:	Treatment episode: Gaming .....	60
Table 6.3:	Start of treatment: Gaming.....	61
Table 6.4:	Sociodemographics and living conditions: Gaming .....	62
Table 6.5:	Anamnesis: Gaming .....	64
Table 6.6:	Classification according to ICD-10: Gaming .....	65
Table 6.7:	End of treatment: Gaming .....	68
Table 7.1:	Case definition of the client: Medicines .....	69
Table 7.2:	Treatment episode: Medicines.....	70
Table 7.3:	Start of treatment: Medicines .....	71
Table 7.4:	Sociodemographics and living conditions: Medicines .....	72
Table 7.5:	Anamnesis: Medicines – Substance .....	74
Table 7.6:	Classification according to ICD-10: Medicines.....	75
Table 7.7:	End of treatment: Medicines.....	78

# Abbreviations

ABGB	(Austrian) General Civil Code
AHS	(Austrian) General Secondary school
BMSGPK	Federal Ministry of Social Affairs, Health, Care and Consumer protection
Resp.	respectively
DOKLI	Documentation and reporting system of clients of Austrian drug treatment services
EMCDDA	European Monitoring Center for Drugs and Drug Addiction
e.g.	for example
etc.	et cetera
EU	European Union
GmbH	Limited liability company
GÖG	Gesundheit Österreich GmbH [The Austrian National Public Health Institute]
HAV	Hepatitis A Virus
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human immunodeficiency virus
ICD	International Statistical Classification of Diseases and Related Health Problems
KOSU	Addiction Competence Centre (of the Austrian National Public Health Institute)
OAT	Opioid agonist treatment
PCR	Polymerase Chain reaction
RNA	Ribonucleic acid
SMG	(Austrian) Narcotic Drugs Act
StGB	(Austrian) Criminal Code
StPO	(Austrian) Code of Criminal Procedure
TBC	Tuberculosis
TDI	treatment demand indicator



# 1 Background

## 1.1 Framework conditions of DOKLI

The documentation and reporting system of clients of Austrian drug treatment services (DOKLI) has been providing **nationwide valid data in the drug treatment sector in Austria since 2006** and puts the under § 15 SMG documentation and reporting obligations of facilities notified under § 15 SMG on a quality-assured basis. The collected data allows insights especially for the living conditions and consumption patterns of clients of drug treatment services and thus contributes to an overall understanding of the addiction epidemiological situation in Austria. The system operates with the participation of most addiction treatment facilities for people who use drugs in Austria and serves as a crucial cornerstone in national monitoring. The alignment of DOKLI with EU requirements also ensures **comparability with European data** and fulfils Austria's obligations regarding the implementation of the **key indicator "treatment demand"** established at EU level (TDI Protocol appropriate European Monitoring Center for Drugs and Drug Addiction, EMCDDA).

The results of the analyses for the current reporting year are published annually in the "Epidemiologiebericht Sucht 2022 Illegale Drogen, Alkohol und Tabak" and in the "Bericht zur Drogensituation". Additionally, supplementary evaluations are conducted in accordance with international requirements (EMCDDA).

## 1.2 Expansion of addiction-related treatment documentation

Comparable data to those provided by DOKLI are lacking for the areas of **tobacco and other nicotine-containing products, alcohol, gambling and/or sports betting, gaming and medicines**, even though they represent crucial puzzle pieces for describing the epidemiological situation. Consequently, these forms of addiction and the associated services of treatment facilities are less visible, and currently, reliance is solely placed on less informative hospital discharge diagnoses in this regard. Addiction treatment facilities are increasingly operating in a **comprehensive manner**, meaning they address various forms of addiction. At the facility level, a variety of documentation systems are used, which **do not follow uniform documentation standards**.

For these reasons, the Addiction Competence Centre (Kompetenzzentrum Sucht, KOSU) of the Austrian National Public Health Institute (Gesundheit Österreich GmbH, GÖG) was commissioned in 2021 by the Federal Ministry for Social Affairs, Health, Care and Consumer Protection (BMSGPK) to implement an **expansion of the existing documentation and reporting system** to include the areas of tobacco and other nicotine-containing products, alcohol, gambling and/or sports betting, gaming, and medicines.

## 1.3 Objective

The aim is to provide a **nationally uniform data collection system** with coordinated documentation standards across various substance- and behavior-based forms of addiction.

## 1.4 Methodological Approach

The starting point for the work is the questionnaire developed through a lengthy process, in compliance with the EMCDDA guidelines and in collaboration with Austrian addiction support institutions and treatment facilities, specifically designed for the illegal drug sector. For instance, questions related to sociodemographic factors were adopted for all forms of addiction from this questionnaire.

### **Advisory board**

At the federal level, an "advisory board for issues related to a unified documentation and reporting system for drug treatment facilities" was established in September 2006. The board includes representatives from the Federal Ministry of Health, the drug or addiction coordination offices of the federal states, and the drug treatment facilities. The advisory board advises the BMSGPK on all matters concerning the unified documentation and reporting system, particularly in the implementation and development of the client documentation system (DOKLI) and the analysis of client data. During the annual advisory board meetings, decisions are made regarding the subject matter. Additionally, these meetings involve discussions and consultations on the annual report, potential system adaptations, and the disclosure of data to third parties (e.g., for scientific studies).

### **Feedback group**

As part of the project activities for the expansion of addiction-related treatment documentation, a feedback group was established in May 2021, comprising interested members from the advisory board. The formation of this small group aimed to subject the new items and specific questions proposed by the team of the Addiction Competence Centre to critical feedback. Simultaneously, it sought to facilitate an intensive exchange of content between experts from drug or addiction coordination offices of the federal states and those from drug treatment facilities.

The definition of items related to gambling and/or sports betting took place in 2018/2019, involving experts in the project "Epidemiological Monitoring of Pathological Gambling." During this process, a basic module and an extended module were designed to ensure the capture of core variables while also providing the option for more detailed documentation.

## Decision on the expansion of addiction-related treatment documentation and new items

The written exchange between the team of the Addiction Competence Centre and the feedback group took place over several weeks. Through these collaborative efforts and the feedback received from the small group, significant proposed changes emerged. These proposals were thoroughly discussed and ultimately resolved during the advisory board meeting in May 2022.

### 1.5 Establishment of documentation standards

In the area of illegal drugs, the EMCDDA has successfully defined common core items across the EU, implemented and adopted by all EU countries. However, for other substance- and behavior-based forms of addiction, there lacks a comparable institution. Consequently, the **documentation of addiction-specific treatments** varies in each country, and there is no European-wide comparability. For this reason, the core items developed in Austria have been translated into English and published separately, allowing other countries to access them.

The presentation of the six treatment documentation standards integrated into DOKLI is done separately for each substance- or behavior-related addiction:

1. Illegal drugs
2. Tobacco and other nicotine-containing products
3. Alcohol
4. Gambling and sports betting
5. Gaming
6. Medicines

The documentation standards for these six substance- or behavior-related addictions each consist of **seven components**, which are repeated for each of the defined substance- or behavior-related addictions:

- A. Case definition
- B. Treatment episode
- C. Start of treatment
- D. Sociodemographics and living conditions
- E. Anamnesis
- F. Classification according to ICD-10
- G. End of treatment

While the components A. Case definition, B. Treatment episode, D. Sociodemographics and living conditions, F. Classification according to ICD-10 plus G. End of treatment are **documented identically** for every substance or behavioral addiction, the documentation for C. Start of treatment and E. Anamnesis is **substance or behavior-related**. In practice, this means that for clients with multiple substance- or behavior-related support and treatment measures, only the components C. Start of treatment and E. Anamnesis need to be documented. However, the constant components A. B. D. F. and G. are carried over for all other treatment documentation standards after the initial survey.

The treatment documentation standards for tobacco and other nicotine-containing products, alcohol, gambling and/or sports betting, gaming, and medications closely align with those for illegal drugs. Although this standardization may result in some response options not fully applying to all substance- or behavior-related addictions, it appears reasonable, given that the core items in the realm of illegal drugs have already been implemented and adopted across all EU countries.

There are three color-coded markers used to distinguish between mandatory and voluntary responses to individual questions:

- Core item according to EMCDDA
  - only applicable to questions about illegal drugs
- mandatory
- optional

It is crucial for the following representations to distinguish between **single-choice questions** (questions where only one answer can be selected) and **multiple-choice questions** (questions where multiple answers can be chosen simultaneously). Single-choice questions are indicated with ○, while those allowing for multiple alternatives are indicated with □.

In Chapter 9, "Important Definitions / Glossary," comprehensive definitions and agreements for the treatment documentation of substance and behavioral addictions at the Austrian level are extensively described.

## 2 Illegal drugs

### 2.1 Case definition

Table 2.1:  
Case definition of the client: Illegal drugs

ID of the client	
Date of birth	<input type="radio"/> known <input type="radio"/> estimated
Date of birth	day _____ month _____ year _____ if no date of birth could be collected, please enter the (estimated) year of birth here: _____
Sex (according to official documents)	<input type="radio"/> male <input type="radio"/> female <input type="radio"/> other sex assignment (z. B. diverse, inter, open, no entry ...), namely _____ (free text optional)
Sex (self-assignment of the client)	<input type="radio"/> male <input type="radio"/> female <input type="radio"/> diverse <input type="radio"/> inter <input type="radio"/> open <input type="radio"/> no entry <input type="radio"/> other sex assignment, namely _____

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## 2.2 Treatment episode

Table 2.2:  
Treatment episode: Illegal drugs

Start of treatment	day _____ month _____ year _____
Type of treatment relationship	<input type="radio"/> short-term contact <input type="radio"/> low-threshold counselling <input type="radio"/> long-term treatment or counselling
Focus of treatment (multiple choices possible)	<input type="checkbox"/> drug-related problems <input type="checkbox"/> alcohol-related problems <input type="checkbox"/> medicines-related problems <input type="checkbox"/> nicotine-related problems <input type="checkbox"/> gambling and/or sports betting-related problems <input type="checkbox"/> gaming-related problems <input type="checkbox"/> other problems, namely _____
Has the client previously utilized services for the treatment of drug-related problems?	<input type="radio"/> no, never <input type="radio"/> not known <input type="radio"/> yes
Due to drug-related problems	<input type="checkbox"/> in the form of (partial) inpatient treatment <input type="checkbox"/> in the form of outpatient treatment/care/counselling <input type="checkbox"/> in the form of low-threshold support <input type="checkbox"/> only short-term counselling and information

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## 2.3 Start of treatment

Table 2.3:  
Start of treatment: Illegal drugs

Has the client already received addiction-specific treatment at your facility?	<input type="radio"/> no <input type="radio"/> not known <input type="radio"/> yes
Ever previously treated?	<input type="radio"/> no <input type="radio"/> not known <input type="radio"/> yes
If previously treated: age at start of first opioid agonist treatment	_____ years
Currently in opioid agonist treatment	<input type="radio"/> no <input type="radio"/> not known <input type="radio"/> yes
If currently in opioid agonist treatment	<input type="radio"/> methadone <input type="radio"/> levomethadone <input type="radio"/> buprenorphine <input type="radio"/> buprenorphine + naloxone <input type="radio"/> morphine in prolonged form <input type="radio"/> buprenorphine depot <input type="radio"/> other opioids <input type="radio"/> other substances <input type="radio"/> not known OAT substance
Has the client ever been tested for HIV? <sup>1</sup>	<input type="radio"/> no <input type="radio"/> not known <input type="radio"/> yes
If yes: time of the last HIV test <sup>1</sup>	<input type="radio"/> within the last 12 months <input type="radio"/> earlier, but not in the last 12 months <input type="radio"/> not known
Has the client ever been tested for HCV? <sup>1</sup>	<input type="radio"/> no <input type="radio"/> not known <input type="radio"/> yes
If yes: time of the last HCV test <sup>1</sup>	<input type="radio"/> within the last 12 months <input type="radio"/> earlier, but not in the last 12 months <input type="radio"/> not known
Main reason for current contact	<input type="radio"/> own initiative <input type="radio"/> family or friends <input type="radio"/> other addiction-specific facilities <input type="radio"/> referral from a registered physician <input type="radio"/> referral from a hospital, other non-addiction-specific facilities <input type="radio"/> social welfare office, youth welfare office, health authority <input type="radio"/> employment office <input type="radio"/> justice (directive, treatment requirement) <input type="radio"/> school <input type="radio"/> driving license authority <input type="radio"/> other, namely _____ <input type="radio"/> not known

Is there a requirement/ directive/ recommendation for a health-related measure?	<input type="radio"/> no <input type="radio"/> not known <input type="radio"/> yes
If there is a requirement/ directive/ recommendation for a health-related measure (multiple choices possible)	<input type="checkbox"/> according to § 12 SMG <input type="checkbox"/> according to § 13 SMG <input type="checkbox"/> according to § 35 SMG <input type="checkbox"/> according to § 37 SMG <input type="checkbox"/> according to § 39 SMG <input type="checkbox"/> according to § 173 StPO <input type="checkbox"/> according to § 50/51 StGB <input type="checkbox"/> according to another §, namely: _____ <input type="radio"/> not known
Planned setting (type of treatment)	<input type="radio"/> sporadic contact as needed <input type="radio"/> regular, prearranged contacts at least once a month <input type="radio"/> regular, prearranged contacts at least once a week <input type="radio"/> (partial) inpatient admission <input type="radio"/> other, namely _____
Planned payer (multiple choices possible)	<input type="checkbox"/> social insurance <input type="checkbox"/> municipality/region (social welfare, basic income support, youth services, rehabilitation, etc.) <input type="checkbox"/> judiciary <input type="checkbox"/> employment office <input type="checkbox"/> self-payer <input type="checkbox"/> no case-related payer (e.g. general subsidy from the facility) <input type="checkbox"/> other, namely _____ (e.g. basic support)
Socially insured at the start of treatment	<input type="radio"/> no <input type="radio"/> not known <input type="radio"/> yes

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The purpose of this question is not to ascertain the infection status of the client, it is only to ascertain whether when a test was done. From an epidemiological point of view, this question provides insights into the awareness of the problem and the availability of testing possibilities.

## 2.4 Sociodemographics and living conditions

Table 2.4:  
Sociodemographics and living conditions: Illegal drugs

<b>Does the client have dependent children?</b>	<input type="radio"/> no <input type="radio"/> not known <input type="radio"/> yes
<b>Highest completed level of education</b>	<input type="radio"/> none <input type="radio"/> primary school or 4 years special school <input type="radio"/> compulsory school (lower secondary school or lower grades of academic secondary school (AHS), special school years 4–8, vocational school) <input type="radio"/> apprenticeship examination <input type="radio"/> vocational middle school = technical/vocational school without graduation) <input type="radio"/> (vocational) higher school with graduation, upper level (AHS) <input type="radio"/> university studies or university-related institution, college <input type="radio"/> not known
<b>Livelihood and employment</b>	<input type="radio"/> yes, full-time employment (35 hours or more per week, multiple part-time employments are summed) <input type="radio"/> yes, part-time employment (13 to 34 hours per week, multiple part-time employments are summed) <input type="radio"/> yes, marginal employment (less than 13 hours per week, multiple part-time employments are summed) <input type="radio"/> no, not employed <input type="radio"/> not known if employed
<b>Other forms of livelihood (at least one selection required)</b>	<input type="checkbox"/> no other form of livelihood <input type="checkbox"/> Unemployment benefits (registered as unemployed for up to 6 months) <input type="checkbox"/> Unemployment benefits/emergency assistance (registered as unemployed for more than 6 months) <input type="checkbox"/> needs-based minimum income security <input type="checkbox"/> community or civilian service <input type="checkbox"/> parental leave benefits <input type="checkbox"/> pension <input type="checkbox"/> homemaker (= livelihood provided by partner) <input type="checkbox"/> child, student (= so-called dependents) <input type="checkbox"/> other livelihood (e.g., support from relatives, illegal income) <input type="checkbox"/> vocational reintegration measure or retraining program <input type="checkbox"/> other forms of livelihood <input type="checkbox"/> not known
<b>Citizenship</b>	<input type="radio"/> ... <input type="radio"/> other EU country <input type="radio"/> non-EU country <input type="radio"/> stateless <input type="radio"/> not known

Residence in the last six months before the start of treatment (federal state)	<input type="radio"/> Burgenland <input type="radio"/> Carinthia <input type="radio"/> Lower Austria <input type="radio"/> Upper Austria <input type="radio"/> Salzburg <input type="radio"/> Styria <input type="radio"/> Tyrol <input type="radio"/> Vorarlberg <input type="radio"/> Vienna <input type="radio"/> Abroad <input type="radio"/> not known
Current living situation (how?)	<input type="radio"/> secured (e.g., own apartment, permanent residence with family, friends, etc.) <input type="radio"/> unsecured (e.g. homelessness, varying overnight/living arrangements) <input type="radio"/> institution (e.g., therapy station, clinic), with secured living situation (e.g., apartment) <input type="radio"/> institution (e.g., therapy station, clinic), without secured living situation <input type="radio"/> supported living, with secured living situation (e.g., apartment) <input type="radio"/> supported living, without secured living situation <input type="radio"/> detention <input type="radio"/> not known
Current living-situation (with whom?)	free text
Does the client live with (at least) one child in a common household?	<input type="radio"/> no <input type="radio"/> not known <input type="radio"/> yes
With whom does the client currently live (besides) in a shared household?	<input type="radio"/> with (besides) no one else <input type="radio"/> with parents or close relatives (e.g. grandparents, siblings) <input type="radio"/> with partner <input type="radio"/> with friends or other individuals (e.g., flatmates, etc.) <input type="radio"/> other <input type="radio"/> not known
Does the client use tobacco and nicotine-containing products?	<input type="radio"/> no, no use in the last month <input type="radio"/> not known <input type="radio"/> yes, occasional use in the last month <input type="radio"/> yes, daily use in the last month
If daily use in the last month: which tobacco and other nicotine-containing products does the client use <u>on a daily basis</u> ?	<input type="checkbox"/> cigarettes (including cigars, cigarillos, and pipes) <input type="checkbox"/> waterpipes/hookahs/shishas <input type="checkbox"/> electronic inhalation products (including e-cigarettes, heated tobacco products, e-shishas, and e-pipes) <input type="checkbox"/> other smokeless tobacco products (tobacco-containing nicotine bags/pouches, chewing tobacco, snuff, lozenges) <input type="checkbox"/> tobacco-free nicotine pouches <input type="checkbox"/> others, namely _____ <input type="checkbox"/> not known

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## 2.5 Anamnesis

### 2.5.1 Consumption behavior

Table 2.5:  
Anamnesis: Illegal drugs I – Consumption behavior

Ever injected or currently injecting any drug	<input type="radio"/> no, never injected (except for medical purposes) <input type="radio"/> not known <input type="radio"/> yes, ever injected
<i>if intravenous drug use yes:</i> When was the <u>last</u> intravenous drug use?	<input type="radio"/> in the last 30 days <input type="radio"/> in the last 12 months (but not in the last 30 days) <input type="radio"/> earlier, but not in the last 12 months
<i>if intravenous drug use yes:</i> When was the <u>first</u> intravenous drug use?	<input type="radio"/> not known <input type="radio"/> in the last year <input type="radio"/> more than a year ago (but in the last two years) <input type="radio"/> more than two years ago (but within the last three years) <input type="radio"/> more than three years ago
Age at first injection	----- years
Did the client share the needle or pump with others during intravenous use?	<input type="radio"/> no, never shared a needle or syringe <input type="radio"/> not known <input type="radio"/> yes, ever shared a needle or syringe
If yes: When was the last time the client shared a needle or pump with others during intravenous use?	<input type="radio"/> currently shared (in the last 30 days) <input type="radio"/> shared in the last 12 months, but not in the last 30 days <input type="radio"/> shared but not in the last 12 months <input type="radio"/> not known

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## 2.5.2 Substance

Table 2.6:  
Anamnesis: Illegal drugs II – Substance

Substance	Questions for short-term contacts and long-term treatment				Questions exclusively for long-term treatment		
	Primary drug	Secondary drug	Exclusively legal issues (not primary drug)	No or no treatment-relevant use	Frequency of use in the last 30 days before start of treatment	Age at first use	Usual route of administration of primary drug
Heroin <sup>2</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____ days per week	_____ years	<input type="radio"/> inject <input type="radio"/> smoke/inhale <input type="radio"/> eat/drink <input type="radio"/> sniff <input type="radio"/> others <input type="radio"/> not known
Methadone <sup>2</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____ days per week	_____ years	<input type="radio"/> inject <input type="radio"/> smoke/inhale <input type="radio"/> eat/drink <input type="radio"/> sniff <input type="radio"/> others <input type="radio"/> not known
Buprenorphine <sup>2</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____ days per week	_____ years	<input type="radio"/> inject <input type="radio"/> smoke/inhale <input type="radio"/> eat/drink <input type="radio"/> sniff <input type="radio"/> others

Substance	Questions for short-term contacts and long-term treatment				Questions exclusively for long-term treatment		
	Primary drug	Secondary drug	Exclusively legal issues (not primary drug)	No or no treatment-relevant use	Frequency of use in the last 30 days before start of treatment	Age at first use	Usual route of administration of primary drug
Slow-release oral morphine <sup>2</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____ days per week	_____ years	<input type="radio"/> not known <input type="radio"/> inject <input type="radio"/> smoke/inhale <input type="radio"/> eat/drink <input type="radio"/> sniff <input type="radio"/> others <input type="radio"/> not known
Other opioid <sup>3</sup> , namely: -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____ days per week	_____ years	<input type="radio"/> inject <input type="radio"/> smoke/inhale <input type="radio"/> eat/drink <input type="radio"/> sniff <input type="radio"/> others <input type="radio"/> not known
Cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____ days per week	_____ years	<input type="radio"/> inject <input type="radio"/> smoke/inhale <input type="radio"/> eat/drink <input type="radio"/> sniff <input type="radio"/> others <input type="radio"/> not known
Crack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____ days per week	_____ years	<input type="radio"/> inject <input type="radio"/> smoke/inhale <input type="radio"/> eat/drink <input type="radio"/> sniff <input type="radio"/> others <input type="radio"/> not known
Other cocaine, namely:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____ days per week	_____ years	<input type="radio"/> inject

Substance	Questions for short-term contacts and long-term treatment				Questions exclusively for long-term treatment		
	Primary drug	Secondary drug	Exclusively legal issues (not primary drug)	No or no treatment-relevant use	Frequency of use in the last 30 days before start of treatment	Age at first use	Usual route of administration of primary drug
----- Amphetamine (e.g., Speed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	----- days per week	----- years	<input type="radio"/> smoke/inhale <input type="radio"/> eat/drink <input type="radio"/> sniff <input type="radio"/> others <input type="radio"/> not known <input type="radio"/> inject <input type="radio"/> smoke/inhale <input type="radio"/> eat/drink <input type="radio"/> sniff <input type="radio"/> others <input type="radio"/> not known
MDMA (Ecstasy) and derivatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	----- days per week	----- years	<input type="radio"/> inject <input type="radio"/> smoke/inhale <input type="radio"/> eat/drink <input type="radio"/> sniff <input type="radio"/> others <input type="radio"/> not known
Other stimulant, namely: -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	----- days per week	----- years	<input type="radio"/> inject <input type="radio"/> smoke/inhale <input type="radio"/> eat/drink <input type="radio"/> sniff <input type="radio"/> others <input type="radio"/> not known
Benzodiazepine <sup>4</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	----- days per week	----- years	<input type="radio"/> inject <input type="radio"/> smoke/inhale <input type="radio"/> eat/drink

Substance	Questions for short-term contacts and long-term treatment				Questions exclusively for long-term treatment		
	Primary drug	Secondary drug	Exclusively legal issues (not primary drug)	No or no treatment-relevant use	Frequency of use in the last 30 days before start of treatment	Age at first use	Usual route of administration of primary drug
Barbiturate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____ days per week	_____ years	<input type="radio"/> sniff <input type="radio"/> others <input type="radio"/> not known <input type="radio"/> inject <input type="radio"/> smoke/inhale <input type="radio"/> eat/drink
Other tranquilizers or hypnotics, namely: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____ days per week	_____ years	<input type="radio"/> sniff <input type="radio"/> others <input type="radio"/> not known <input type="radio"/> inject <input type="radio"/> smoke/inhale <input type="radio"/> eat/drink
LSD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____ days per week	_____ years	<input type="radio"/> sniff <input type="radio"/> others <input type="radio"/> not known <input type="radio"/> inject <input type="radio"/> smoke/inhale <input type="radio"/> eat/drink
Other hallucinogens, namely: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____ days per week	_____ years	<input type="radio"/> sniff <input type="radio"/> others <input type="radio"/> not known <input type="radio"/> inject <input type="radio"/> smoke/inhale <input type="radio"/> eat/drink
Cannabis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____ days per week	_____ years	<input type="radio"/> sniff <input type="radio"/> others <input type="radio"/> not known <input type="radio"/> inject <input type="radio"/> smoke/inhale <input type="radio"/> eat/drink

Substance	Questions for short-term contacts and long-term treatment				Questions exclusively for long-term treatment		
	Primary drug	Secondary drug	Exclusively legal issues (not primary drug)	No or no treatment-relevant use	Frequency of use in the last 30 days before start of treatment	Age at first use	Usual route of administration of primary drug
Inhalants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____ days per week	_____ years	<input type="radio"/> not known <input type="radio"/> inject <input type="radio"/> smoke /inhale <input type="radio"/> eat /drink <input type="radio"/> sniff <input type="radio"/> others <input type="radio"/> not known
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____ days per week	_____ years	<input type="radio"/> inject <input type="radio"/> smoke /inhale <input type="radio"/> eat /drink <input type="radio"/> sniff <input type="radio"/> others <input type="radio"/> not known
Other drugs: -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____ days per week	_____ years	<input type="radio"/> inject <input type="radio"/> smoke /inhale <input type="radio"/> eat /drink <input type="radio"/> sniff <input type="radio"/> others <input type="radio"/> not known
Other drugs: -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____ days per week	_____ years	<input type="radio"/> inject <input type="radio"/> smoke /inhale <input type="radio"/> eat /drink <input type="radio"/> sniff <input type="radio"/> others <input type="radio"/> not known
Other drugs: -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____ days per week	_____ years	<input type="radio"/> inject <input type="radio"/> smoke /inhale <input type="radio"/> eat /drink <input type="radio"/> sniff <input type="radio"/> others <input type="radio"/> not known

#### Drug history notes

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Methadone, buprenorphine, morphine in prolonged form and benzodiazepines may only be selected if they are illegal substances or if the OAT medication is administered differently than prescribed. Otherwise, select “no or no treatment-relevant use”. If the person is in opioid agonist treatment and consumes these substances only on prescription and in the prescribed form of administration, the substance that led to the opioid agonist treatment (e.g., heroin) should be indicated.

3

If a drug cannot be clearly assigned to a sub-category, the following should be entered under the category “other [e.g.] opioid, namely” namely: “not specified by client”. If a drug cannot be clearly assigned to a sub-category, the following should be entered under the category “other [e.g.] opioid, namely” namely: “not specified by client”.

4

Benzodiazepines may only be selected if they are illegally acquired substances or if the substances are administered differently than prescribed (e.g., intravenous instead of orally). If benzodiazepines are taken as prescribed, please select „no or no treatment-relevant use”.

## 2.5.3 Infectious disease

### 2.5.3.1 Infection status

When collecting the infection status regarding HIV, hepatitis, and tuberculosis, two main approaches are generally considered. The anamnestic survey is based on the client's self-disclosure. Specific test data collection is indicated when the institution conducts relevant tests or when the client presents the test results during the anamnesis.

Table 2.7:  
Illegal drugs III – Infectious disease (general)

	In your facility, are data on infectious diseases (HIV, hepatitis, TB; infection status, vaccination status, disease status) of your clients collected?	<input type="radio"/> yes <input type="radio"/> no
	Have data on infectious diseases such as HIV, hepatitis, or TB been collected for the client?	<input type="radio"/> yes <input type="radio"/> no

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Table 2.8:  
Anamnesis: Illegal drugs III – Infectious disease (infection status)

	Infection status		
	Yes, anamnestic	Yes, test conducted	Not assessed
<b>HIV</b>			
<b>Infection status assessed?</b> <b>Has an HIV test ever been conducted?</b>	<input type="radio"/> anamnestic <input type="radio"/> no, an HIV test has never been conducted <input type="radio"/> not known <input type="radio"/> yes Date of last HIV test month _____ year _____	<input type="radio"/> Test  Date of last HIV test month _____ year _____	<input type="radio"/>
<b>Result of the HIV test</b>	<input type="radio"/> not infected <input type="radio"/> infected <input type="radio"/> not known	<input type="radio"/> not infected <input type="radio"/> infected	
<b>Hepatitis A</b>			
<b>Infection status assessed?</b> <b>Has an HAV test ever been conducted?</b>	<input type="radio"/> anamnestic <input type="radio"/> no, an HAV test has never been conducted <input type="radio"/> not known <input type="radio"/> yes Date of last HAV test month _____ year _____	<input type="radio"/> Test  Date of last HAV test month _____ year _____	<input type="radio"/>
<b>Result of the HAV test</b>	<input type="radio"/> not infected <input type="radio"/> infected <input type="radio"/> not known	<input type="radio"/> not infected <input type="radio"/> infected	
<b>Infection status</b>			
	Yes, anamnestic	Yes, test conducted	Not assessed
<b>Result of the HAV test</b>	<input type="radio"/> not infected <input type="radio"/> infected <input type="radio"/> not known	<input type="radio"/> not infected <input type="radio"/> infected	
<b>Hepatitis B</b>			
<b>Infection status assessed?</b> <b>Has an HBV test ever been conducted?</b>	<input type="radio"/> anamnestic <input type="radio"/> no, an HBV test has never been conducted <input type="radio"/> not known <input type="radio"/> yes Date of last HBV test month _____ year _____	<input type="radio"/> Test  Date of last HBV test month _____ year _____	<input type="radio"/>
<b>Result of the HBV test</b>	<input type="radio"/> not infected <input type="radio"/> infected <input type="radio"/> not known		
<b>HBc antibodies</b>		<input type="radio"/> negative <input type="radio"/> positive <input type="radio"/> not known	
<b>HBs antibodies</b>		<input type="radio"/> negative <input type="radio"/> positive <input type="radio"/> not known	
<b>HBs antigen</b>		<input type="radio"/> negative <input type="radio"/> positive <input type="radio"/> not known	

Hepatitis C			
Infection status assessed?	<input type="radio"/> anamnestic	<input type="radio"/> Test	<input type="radio"/>
Has an HCV test ever been conducted?	<input type="radio"/> no, an HCV test has never been conducted <input type="radio"/> not known <input type="radio"/> yes		
Result of the HCV test	Date of last HCV test month _____ year _____ <input type="radio"/> not infected <input type="radio"/> infected <input type="radio"/> not known	Date of last HCV test month _____ year _____ <input type="radio"/> negative <input type="radio"/> positive <input type="radio"/> yes <input type="radio"/> no	
HCV antibodies		<input type="radio"/> negative <input type="radio"/> positive <input type="radio"/> yes <input type="radio"/> no	
if positive: Was an HCV RNA (PCR test) conducted?		<input type="radio"/> HCV-RNA-negative <input type="radio"/> HCV-RNA-positive	
If yes: Result of the HCV test			
Tuberculosis			
Infection status raised?	<input type="radio"/> anamnestic	<input type="radio"/> Test	<input type="radio"/>
Have you ever been tested for TBC?	<input type="radio"/> no, a test for tuberculosis has never been conducted		
Infection status			
	Yes, anamnestic	Yes, test conducted	Not assessed
Result of the TBC examination	<input type="radio"/> not known <input type="radio"/> yes Date of last TBC examination month _____ year _____ <input type="radio"/> not infected <input type="radio"/> infected <input type="radio"/> not known	Date of last TBC examination month _____ year _____ <input type="radio"/> not infected <input type="radio"/> infected	

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### 2.5.3.2 Vaccination status

The vaccination status can be documented both anamnestically and based on the administration of vaccinations in the facility.

Table 2.9:  
Anamnesis: Illegal drugs III – Infectious disease (vaccination status)

	Vaccination status	
	Yes, assessed	Not assessed
	<b>Hepatitis A</b>	
Vaccination status assessed?	<input type="radio"/>	<input type="radio"/>
Vaccinated against hepatitis A	<input type="radio"/> no <input type="radio"/> not known <input type="radio"/> yes Date of last vaccination month _____ year _____	
	<b>Hepatitis B</b>	
Vaccination status assessed?	<input type="radio"/>	<input type="radio"/>
Vaccinated against hepatitis B	<input type="radio"/> no <input type="radio"/> not known <input type="radio"/> yes Date of last vaccination month _____ year _____	
	<b>Tuberculosis</b>	
Vaccination status assessed?	<input type="radio"/>	<input type="radio"/>
Vaccinated against hepatitis TBC	<input type="radio"/> no <input type="radio"/> not known <input type="radio"/> yes Date of last vaccination	
	<b>Vaccination status</b>	
	Yes, assessed	Not assessed
	month _____ year _____	

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### 2.5.3.3 Disease status

The disease status can be entered anamnestically or based on the completion of a medical examination at the start of treatment.

Table 2.10:  
Anamnesis: Illegal drugs III – Infectious disease (disease status)

	Disease status	
	Yes, assessed	Not assessed
	<b>HIV</b>	
Disease status assessed?	<input type="radio"/>	<input type="radio"/>
If an HIV infection is present, have diseases due to use of HIV ever been diagnosed by a physician?	<input type="radio"/> no <input type="radio"/> not known <input type="radio"/> yes, the following ----- ----- -----	
	<b>Hepatitis A</b>	
Disease status assessed?	<input type="radio"/>	<input type="radio"/>
If an HAV infection is present, have diseases due to use of HAV ever been diagnosed by a physician?	<input type="radio"/> no <input type="radio"/> not known <input type="radio"/> yes, the following ----- ----- -----	
	<b>Hepatitis B</b>	
Disease status assessed?	<input type="radio"/>	<input type="radio"/>
If an HBV infection is present, have diseases due to use of HBV ever been diagnosed by a physician?	<input type="radio"/> no <input type="radio"/> not known <input type="radio"/> yes, the following ----- ----- -----	
	<b>Hepatitis C</b>	
Disease status assessed?	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/> no <input type="radio"/> not known <input type="radio"/> yes, the following	

	Disease status	
	Yes, assessed	Not assessed
<p>If an HCV infection is present, have diseases due to use of HCV ever been diagnosed by a physician?</p> <p>-----</p> <p>-----</p> <p>-----</p> <p><b>Hepatitis/liver inflammation</b></p> <p>Have you ever been diagnosed with hepatitis/liver inflammation by a physician?</p> <p><input type="radio"/> no</p> <p><input type="radio"/> not known</p> <p><input type="radio"/> yes, namely</p> <p><input type="checkbox"/> Hepatitis A</p> <p><input type="checkbox"/> Hepatitis B</p> <p><input type="checkbox"/> Hepatitis C</p> <p><input type="checkbox"/> Type not known</p>		

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## 2.6 Classification according to ICD-10

In the following list, please indicate one primary drug (○ tick) and up to five secondary drugs (□ tick).

Table 2.11:  
Classification according to ICD-10: Illegal drugs

Does your facility collect diagnoses of your clients according to ICD-10?	<input type="radio"/> yes <input type="radio"/> no
Has the client been diagnosed according to ICD-10?	<input type="radio"/> yes <input type="radio"/> no
<b>F10.- Mental and behavioral disorders due to use of alcohol</b> <input type="checkbox"/> F10.0 Alcohol \ Acute intoxication <input type="checkbox"/> F10.1 Alcohol \ Harmful use <input type="checkbox"/> F10.2 Alcohol \ Dependence syndrome <input type="checkbox"/> F10.3 Alcohol \ Withdrawal state <input type="checkbox"/> F10.4 Alcohol \ Withdrawal state with delirium <input type="checkbox"/> F10.5 Alcohol \ Psychotic disorder <input type="checkbox"/> F10.6 Alcohol \ Amnesic syndrome <input type="checkbox"/> F10.7 Alcohol \ Residual and late-onset psychotic disorder <input type="checkbox"/> F10.8 Alcohol \ Other mental and behavioral disorders <input type="checkbox"/> F10.9 Alcohol \ Unspecified mental and behavioral disorder	<b>F11.- Mental and behavioral disorders due to use of opioids</b> <input type="checkbox"/> F11.0 Opioids \ Acute intoxication <input type="checkbox"/> F11.1 Opioids \ Harmful use <input type="checkbox"/> F11.2 Opioids \ Dependence syndrome <input type="checkbox"/> F11.3 Opioids \ Abstinence phenomenon <input type="checkbox"/> F11.4 Opioids \ Withdrawal state with delirium <input type="checkbox"/> F11.5 Opioids \ Psychotic disorder <input type="checkbox"/> F11.6 Opioids \ Amnesic syndrome <input type="checkbox"/> F11.7 Opioids \ Residual and late-onset psychotic disorder <input type="checkbox"/> F11.8 Opioids \ Other mental and behavioral disorders <input type="checkbox"/> F11.9 Opioids \ Unspecified mental and behavioral disorder
<b>F12.- Mental and behavioral disorders due to use of cannabinoids</b> <input type="checkbox"/> F12.0 Cannabinoids \ Acute intoxication <input type="checkbox"/> F12.1 Cannabinoids \ Harmful use <input type="checkbox"/> F12.2 Cannabinoids \ Dependence syndrome <input type="checkbox"/> F12.3 Cannabinoids \ Abstinence phenomenon <input type="checkbox"/> F12.4 Cannabinoids \ Withdrawal state with delirium <input type="checkbox"/> F12.5 Cannabinoids \ Psychotic disorder <input type="checkbox"/> F12.6 Cannabinoids \ Amnesic syndrome <input type="checkbox"/> F12.7 Cannabinoids \ Residual and late-onset psychotic disorder <input type="checkbox"/> F12.8 Cannabinoids \ Other mental and behavioral disorders <input type="checkbox"/> F12.9 Cannabinoids \ Unspecified mental and behavioral disorder	<b>F13.- Mental and behavioral disorders due to use of sedatives or hypnotics</b> <input type="checkbox"/> F13.0 Sedatives/Hypnotics \ Acute intoxication <input type="checkbox"/> F13.1 Sedatives/Hypnotics \ Harmful use <input type="checkbox"/> F13.2 Sedatives/Hypnotics \ Dependence syndrome <input type="checkbox"/> F13.3 Sedatives/Hypnotics \ Abstinence phenomenon <input type="checkbox"/> F13.4 Sedatives/Hypnotics \ Withdrawal state with delirium <input type="checkbox"/> F13.5 Sedatives/Hypnotics \ Psychotic disorder <input type="checkbox"/> F13.6 Sedatives/Hypnotics \ Amnesic syndrome <input type="checkbox"/> F13.7 Sedatives/Hypnotics \ Residual and late-onset psychotic disorder <input type="checkbox"/> F13.8 Sedatives/Hypnotics \ Other mental and behavioral disorders <input type="checkbox"/> F13.9 Sedatives/Hypnotics \ Unspecified mental and behavioral disorder

**F14.- Mental and behavioral disorders due to use of cocaine**

- F14.0 Cocaine \ Acute intoxication
- F14.1 Cocaine \ Harmful use
- F14.2 Cocaine \ Dependence syndrome
- F14.3 Cocaine \ Abstinence phenomenon
- F14.4 Cocaine \ Withdrawal state with delirium
- F14.5 Cocaine \ Psychotic disorder
- F14.6 Cocaine \ Amnesic syndrome
- F14.7 Cocaine \ Residual and late-onset psychotic disorder
- F14.8 Cocaine \ Other mental and behavioral disorders
- F14.9 Cocaine \ Unspecified mental and behavioral disorder

**F16.- Mental and behavioral disorders due to use of hallucinogen**

- F16.0 Hallucinogen \ Acute intoxication
- F16.1 Hallucinogen \ Harmful use
- F16.2 Hallucinogen \ Dependence syndrome
- F16.3 Hallucinogen \ Abstinence phenomenon
- F16.4 Hallucinogen \ Withdrawal state with delirium
- F16.5 Hallucinogen \ Psychotic disorder
- F16.6 Hallucinogen \ Amnesic syndrome
- F16.7 Hallucinogen \ Residual and late-onset psychotic disorder
- F16.8 Hallucinogen \ Other mental and behavioral disorders
- F16.9 Hallucinogen \ Unspecified mental and behavioral disorder

**F15.- Mental and behavioral disorders due to use of other stimulants**

- F15.0 Other stimulants \ Acute intoxication
- F15.1 Other stimulants \ Harmful use
- F15.2 Other stimulants \ Dependence syndrome
- F15.3 Other stimulants \ Abstinence phenomenon
- F15.4 Other stimulants \ Withdrawal state with delirium
- F15.5 Other stimulants \ Psychotic disorder
- F15.6 Other stimulants \ Amnesic syndrome
- F15.7 Other stimulants \ Residual and late-onset psychotic disorder
- F15.8 Other stimulants \ Other mental and behavioral disorders
- F15.9 Other stimulants \ Other mental and behavioral disorders

**F17.- Mental and behavioral disorders due to use of tobacco**

- F17.0 Tobacco \ Acute intoxication
- F17.1 Tobacco \ Harmful use
- F17.2 Tobacco \ Dependence syndrome
- F17.3 Tobacco \ Abstinence phenomenon
- F17.4 Tobacco \ Withdrawal state with delirium
- F17.5 Tobacco \ Psychotic disorder
- F17.6 Tobacco \ Amnesic syndrome
- F17.7 Tobacco \ Residual and late-onset psychotic disorder
- F17.8 Tobacco \ Other mental and behavioral disorders
- F17.9 Tobacco \ Unspecified mental and behavioral disorder

**F18.- Mental and behavioral disorders due to use of solvent**

- F18.0 Volatile solvent \ Acute intoxication
- F18.1 Volatile solvent \ Harmful use
- F18.2 Volatile solvent \ Dependence syndrome
- F18.3 Volatile solvent \ Abstinence phenomenon
- F18.4 Volatile solvent \ Withdrawal state with delirium
- F18.5 Volatile solvent \ Psychotic disorder
- F18.6 Volatile solvent \ Amnesic syndrome
- F18.7 Volatile solvent \ Residual and late-onset psychotic disorder
- F18.8 Volatile solvent \ Other mental and behavioral disorders
- F18.9 Volatile solvent \ Unspecified mental and behavioral disorder

**F63.- Habit and impulse disorders**

- F63.0 Pathological Gambling

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**F19.- Mental and behavioral disorders due to use of polydrug use and use of other psychotropic substances**

- F19.0 Polydrug use / Other psychotropic substance \ Acute intoxication
- F19.1 Polydrug use / Other psychotropic substance \ Harmful use
- F19.2 Polydrug use / Other psychotropic substance \ Dependence syndrome
- F19.3 Polydrug use / Other psychotropic substance \ Abstinence phenomenon
- F19.4 Polydrug use / Other psychotropic substance \ Withdrawal state with delirium
- F19.5 Polydrug use / Other psychotropic substance \ Psychotic disorder
- F19.6 Polydrug use / Other psychotropic substance \ Amnesic syndrome
- F19.7 Polydrug use / Other psychotropic substance \ Residual and late-onset psychotic disorder
- F19.8 Polydrug use / Other psychotropic substance \ Other mental and behavioral disorders
- F19.9 Polydrug use / Other psychotropic substance \ Unspecified mental and behavioral disorder

**Other ICD-10 secondary diagnoses (psychiatric comorbidity and concomitant diseases)**

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if yes, please select the primary drug/addiction diagnosis for  1 and the secondary drug/addiction diagnosis for  2.

## 2.7 End of treatment

Table 2.12:  
End of treatment: Illegal drugs

<b>End of treatment</b>	day _____ month _____ year _____
<b>Termination of treatment</b> (= last contact of the current treatment episode)	day _____ month _____ year _____
<b>Funding sources</b> (multiple selections possible, select <u>all</u> that have been utilized during the course of treatment)	<input type="checkbox"/> social insurance <input type="checkbox"/> municipality/region (social welfare, basic income support, youth services, rehabilitation, etc.) <input type="checkbox"/> judiciary <input type="checkbox"/> employment office <input type="checkbox"/> self-payer <input type="checkbox"/> no case-related payer (e.g. general subsidy from the facility) <input type="checkbox"/> other, namely _____ (e.g. basic support)
<b>Socially insured at end of treatment</b>	<input type="radio"/> no <input type="radio"/> not known <input type="radio"/> yes
<b>End of treatment</b>	<input type="radio"/> scheduled termination of treatment <input type="radio"/> unscheduled termination of treatment, no discontinuation (e.g., illness, detention, death) <input type="radio"/> discontinuation of treatment <input type="radio"/> other, namely _____
<b>Is a continuation of counselling/treatment planned?</b>	<input type="radio"/> no <input type="radio"/> not known <input type="radio"/> yes
<b>If a continuation of the counselling/treatment is planned: which ones?</b>	<input type="checkbox"/> (partial) inpatient (post)treatment <input type="checkbox"/> outpatient (post)treatment <input type="checkbox"/> social (re-)integration measures (work, housing) <input type="checkbox"/> sporadic contacts for aftercare <input type="checkbox"/> other, namely _____

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## 3 Tobacco and other nicotine-containing products

### 3.1 Case definition

Table 3.1:

Case definition of the client: Tobacco and other nicotine-containing products

ID of the client	
Date of birth	<input type="radio"/> known <input type="radio"/> estimated
Date of birth	day _____ month _____ year _____ if no date of birth could be collected, please enter the (estimated) year of birth here: _____
Sex (according to official documents)	<input type="radio"/> male <input type="radio"/> female <input type="radio"/> other sex assignment (z. B. diverse, inter, open, no entry ...), namely _____ (free text optional)
Sex (self-assignment of the client)	<input type="radio"/> male <input type="radio"/> female <input type="radio"/> diverse <input type="radio"/> inter <input type="radio"/> open <input type="radio"/> no entry <input type="radio"/> other sex assignment, namely _____

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## 3.2 Treatment episode

Table 3.2:  
Treatment episode: Tobacco and other nicotine-containing products

Start of treatment	day _____ month _____ year _____
Type of treatment relationship	<input type="radio"/> short-term contact <input type="radio"/> low-threshold counselling <input type="radio"/> long-term treatment or counselling
Focus of treatment (multiple choices possible)	<input type="checkbox"/> drug-related problems <input type="checkbox"/> alcohol-related problems <input type="checkbox"/> medicines-related problems <input type="checkbox"/> nicotine-related problems <input type="checkbox"/> gambling and/or sports betting-related problems <input type="checkbox"/> gaming-related problems <input type="checkbox"/> other problems, namely _____
Has the client previously utilized services for the treatment of nicotine-related problems?	<input type="radio"/> no, never <input type="radio"/> not known <input type="radio"/> yes
Due to nicotine-related problems	<input type="checkbox"/> in the form of (partial) inpatient treatment <input type="checkbox"/> in the form of outpatient treatment/care/counselling <input type="checkbox"/> in the form of low-threshold support <input type="checkbox"/> only short-term counselling and information

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### 3.3 Start of treatment

Table 3.3:  
Start of treatment: Tobacco and other nicotine-containing products

Has the client already received addiction-specific treatment at your facility?	<input type="radio"/> no <input type="radio"/> not known <input type="radio"/> yes
Main reason for current contact	<input type="radio"/> own initiative <input type="radio"/> family or friends <input type="radio"/> other addiction-specific facilities <input type="radio"/> referral from a registered physician <input type="radio"/> referral from a hospital, other non-addiction-specific facilities <input type="radio"/> social welfare office, youth welfare office, health authority <input type="radio"/> employment office <input type="radio"/> justice (directive, treatment requirement) <input type="radio"/> school <input type="radio"/> driving license authority <input type="radio"/> other, namely _____ <input type="radio"/> not known
Planned setting (type of treatment)	<input type="radio"/> sporadic contact as needed <input type="radio"/> regular, prearranged contacts at least once a month <input type="radio"/> regular, prearranged contacts at least once a week <input type="radio"/> (partial) inpatient admission <input type="radio"/> other, namely _____
Planned payer (multiple choices possible)	<input type="checkbox"/> social insurance <input type="checkbox"/> municipality/region (social welfare, basic income support, youth services, rehabilitation, etc.) <input type="checkbox"/> judiciary <input type="checkbox"/> employment office <input type="checkbox"/> self-payer <input type="checkbox"/> no case-related payer (e.g. general subsidy from the facility) <input type="checkbox"/> other, namely _____ (e.g. basic support)
Socially insured at the start of treatment	<input type="radio"/> no <input type="radio"/> not known <input type="radio"/> yes

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### 3.4 Sociodemographics and living conditions

Table 3.4:  
Sociodemographics and living conditions: Tobacco and other nicotine-containing products

Highest completed level of education	<ul style="list-style-type: none"> <li><input type="radio"/> none</li> <li><input type="radio"/> primary school or 4 years special school</li> <li><input type="radio"/> compulsory school (lower secondary school or lower grades of academic secondary school (AHS), special school years 4–8, vocational school)</li> <li><input type="radio"/> apprenticeship examination</li> <li><input type="radio"/> vocational middle school = technical/vocational school without graduation)</li> <li><input type="radio"/> (vocational) higher school with graduation, upper level (AHS)</li> <li><input type="radio"/> university studies or university-related institution, college</li> <li><input type="radio"/> not known</li> </ul>
Livelihood and employment	<ul style="list-style-type: none"> <li><input type="radio"/> yes, full-time employment (35 hours or more per week, multiple part-time employments are summed)</li> <li><input type="radio"/> yes, part-time employment (13 to 34 hours per week, multiple part-time employments are summed)</li> <li><input type="radio"/> yes, marginal employment (less than 13 hours per week, multiple part-time employments are summed)</li> <li><input type="radio"/> no, not employed</li> <li><input type="radio"/> not known if employed</li> </ul>
Other forms of livelihood (at least one selection required)	<ul style="list-style-type: none"> <li><input type="checkbox"/> no other form of livelihood</li> <li><input type="checkbox"/> unemployment benefits (registered as unemployed for up to 6 months)</li> <li><input type="checkbox"/> unemployment benefits/emergency assistance (registered as unemployed for more than 6 months)</li> <li><input type="checkbox"/> needs-based minimum income security</li> <li><input type="checkbox"/> community or civilian service</li> <li><input type="checkbox"/> parental leave benefits</li> <li><input type="checkbox"/> pension</li> <li><input type="checkbox"/> homemaker (= livelihood provided by partner)</li> <li><input type="checkbox"/> child, student (= so-called dependents)</li> <li><input type="checkbox"/> other livelihood (e.g., support from relatives, illegal income)</li> <li><input type="checkbox"/> vocational reintegration measure or retraining program</li> <li><input type="checkbox"/> other forms of livelihood</li> <li><input type="checkbox"/> not known</li> </ul>
Citizenship	<ul style="list-style-type: none"> <li><input type="radio"/> ...</li> <li><input type="radio"/> other EU country</li> <li><input type="radio"/> non-EU country</li> <li><input type="radio"/> stateless</li> <li><input type="radio"/> not known</li> </ul>

<p>Residence in the last six months before the start of treatment (federal state)</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Burgenland</li> <li><input type="radio"/> Carinthia</li> <li><input type="radio"/> Lower Austria</li> <li><input type="radio"/> Upper Austria</li> <li><input type="radio"/> Salzburg</li> <li><input type="radio"/> Styria</li> <li><input type="radio"/> Tyrol</li> <li><input type="radio"/> Vorarlberg</li> <li><input type="radio"/> Vienna</li> <li><input type="radio"/> Abroad</li> <li><input type="radio"/> not known</li> </ul>
<p>Does the client live with (at least) one child in the same household?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> no</li> <li><input type="radio"/> not known</li> <li><input type="radio"/> yes</li> </ul>
<p>With whom does the client currently live (otherwise still) together?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> with (other) no one</li> <li><input type="radio"/> with parents or close relatives (e.g. grandparents, siblings)</li> <li><input type="radio"/> with Partners</li> <li><input type="radio"/> with friends or other persons (e.g. co-living)</li> <li><input type="radio"/> other</li> <li><input type="radio"/> not known</li> </ul>

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### 3.5 Anamnesis

Table 3.5:  
Anamnesis: Tobacco and other nicotine-containing products

Which tobacco or other nicotine-containing products is the client's main problem?	<input type="checkbox"/> cigarettes (including cigars, cigarillos, and pipes) <input type="checkbox"/> waterpipes/hookahs/shishas <input type="checkbox"/> electronic inhalation products (including e-cigarettes, heated tobacco products, e-shishas, and e-pipes) <input type="checkbox"/> other smokeless tobacco products (tobacco-containing nicotine bags/pouches, chewing tobacco, snuff, lozenges) <input type="checkbox"/> tobacco-free nicotine pouches <input type="checkbox"/> others, namely _____ <input type="checkbox"/> not known
What is the current personal goal of the client regarding the consumption of tobacco and other nicotine-containing products?	<input type="radio"/> reduce current consumption <input type="radio"/> has already reduced consumption and wants to maintain it <input type="radio"/> wants to reduce consumption to zero (quit) <input type="radio"/> has already quit and wants to maintain it <input type="radio"/> not decided(yet)
If cigarettes are the client's main problem: (1) On the days that you smoke, how soon after you wake up do you have your first cigarette?	<input type="radio"/> within 5 minutes (3 points) <input type="radio"/> within 6–30 minutes (2 points) <input type="radio"/> within 31–60 minutes (1 points) <input type="radio"/> over 60 minutes (0 points)
(2) How many cigarettes do you typically smoke per day?	<input type="radio"/> 10 or less (0 points) <input type="radio"/> 11–20 (1 points) <input type="radio"/> 21–30 (2 points) <input type="radio"/> 31 or more (3 points)
Scoring of the Heaviness of Smoking Index (HSI) <sup>6</sup> (which is based on the two questions above)	<input type="radio"/> low addiction (0–2 points) <input type="radio"/> moderate addiction (3–4 points) <input type="radio"/> high addiction (5–6 points)

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6

The Heaviness of Smoking Index (HSI) is a measuring instrument that contains questions about the time of the first cigarette on a normal day and the number of cigarettes smoked daily and was derived from the Fagerström test for nicotine addiction. Heatherton, Todd F.; Kozlowski, Lynn T.; Frecker, Richard C.; Fagerström, Karl-Olov (1991). The Fagerström Test for Nicotine Dependence: a revision of the Fagerström Tolerance Questionnaire. *British Journal of Addiction*. 86 (9). pp 1119-27. doi: 10.1111/j.1360-0443.1991.tb01879.x.

### 3.6 Classification according to ICD-10

Table 3.6:  
Classification according to ICD-10: Tobacco and other nicotine-containing products

Does your facility collect diagnoses of your clients according to ICD-10?	<input type="radio"/> yes <input type="radio"/> no
Has the client been diagnosed according to ICD-10 <sup>7</sup> ?	<input type="radio"/> yes <input type="radio"/> no
<b>F10.- Mental and behavioral disorders due to use of alcohol</b> <input type="checkbox"/> F10.0 Alcohol \ Acute intoxication <input type="checkbox"/> F10.1 Alcohol \ Harmful use <input type="checkbox"/> F10.2 Alcohol \ Dependence syndrome <input type="checkbox"/> F10.3 Alcohol \ Withdrawal state <input type="checkbox"/> F10.4 Alcohol \ Withdrawal state with delirium <input type="checkbox"/> F10.5 Alcohol \ Psychotic disorder <input type="checkbox"/> F10.6 Alcohol \ Amnesic syndrome <input type="checkbox"/> F10.7 Alcohol \ Residual and late-onset psychotic disorder <input type="checkbox"/> F10.8 Alcohol \ Other mental and behavioral disorders <input type="checkbox"/> F10.9 Alcohol \ Unspecified mental and behavioral disorder	<b>F11.- Mental and behavioral disorders due to use of opioids</b> <input type="checkbox"/> F11.0 Opioids \ Acute intoxication <input type="checkbox"/> F11.1 Opioids \ Harmful use <input type="checkbox"/> F11.2 Opioids \ Dependence syndrome <input type="checkbox"/> F11.3 Opioids \ Abstinence phenomenon <input type="checkbox"/> F11.4 Opioids \ Withdrawal state with delirium <input type="checkbox"/> F11.5 Opioids \ Psychotic disorder <input type="checkbox"/> F11.6 Opioids \ Amnesic syndrome <input type="checkbox"/> F11.7 Opioids \ Residual and late-onset psychotic disorder <input type="checkbox"/> F11.8 Opioids \ Other mental and behavioral disorders <input type="checkbox"/> F11.9 Opioids \ Unspecified mental and behavioral disorder
<b>F12.- Mental and behavioral disorders due to use of cannabinoids</b> <input type="checkbox"/> F12.0 Cannabinoids \ Acute intoxication <input type="checkbox"/> F12.1 Cannabinoids \ Harmful use <input type="checkbox"/> F12.2 Cannabinoids \ Dependence syndrome <input type="checkbox"/> F12.3 Cannabinoids \ Abstinence phenomenon <input type="checkbox"/> F12.4 Cannabinoids \ Withdrawal state with delirium <input type="checkbox"/> F12.5 Cannabinoids \ Psychotic disorder <input type="checkbox"/> F12.6 Cannabinoids \ Amnesic syndrome <input type="checkbox"/> F12.7 Cannabinoids \ Residual and late-onset psychotic disorder <input type="checkbox"/> F12.8 Cannabinoids \ Other mental and behavioral disorders <input type="checkbox"/> F12.9 Cannabinoids \ Unspecified mental and behavioral disorder	<b>F13.- Mental and behavioral disorders due to use of sedatives or hypnotics</b> <input type="checkbox"/> F13.0 Sedatives/Hypnotics \ Acute intoxication <input type="checkbox"/> F13.1 Sedatives/Hypnotics \ Harmful use <input type="checkbox"/> F13.2 Sedatives/Hypnotics \ Dependence syndrome <input type="checkbox"/> F13.3 Sedatives/Hypnotics \ Abstinence phenomenon <input type="checkbox"/> F13.4 Sedatives/Hypnotics \ Withdrawal state with delirium <input type="checkbox"/> F13.5 Sedatives/Hypnotics \ Psychotic disorder <input type="checkbox"/> F13.6 Sedatives/Hypnotics \ Amnesic syndrome <input type="checkbox"/> F13.7 Sedatives/Hypnotics \ Residual and late-onset psychotic disorder <input type="checkbox"/> F13.8 Sedatives/Hypnotics \ Other mental and behavioral disorders <input type="checkbox"/> F13.9 Sedatives/Hypnotics \ Unspecified mental and behavioral disorder

**F14.- Mental and behavioral disorders due to use of cocaine**

- F14.0 Cocaine \ Acute intoxication
- F14.1 Cocaine \ Harmful use
- F14.2 Cocaine \ Dependence syndrome
- F14.3 Cocaine \ Abstinence phenomenon
- F14.4 Cocaine \ Withdrawal state with delirium
- F14.5 Cocaine \ Psychotic disorder
- F14.6 Cocaine \ Amnesic syndrome
- F14.7 Cocaine \ Residual and late-onset psychotic disorder
- F14.8 Cocaine \ Other mental and behavioral disorders
- F14.9 Cocaine \ Unspecified mental and behavioral disorder

**F16.- Mental and behavioral disorders due to use of hallucinogen**

- F16.0 Hallucinogen \ Acute intoxication
- F16.1 Hallucinogen \ Harmful use
- F16.2 Hallucinogen \ Dependence syndrome
- F16.3 Hallucinogen \ Abstinence phenomenon
- F16.4 Hallucinogen \ Withdrawal state with delirium
- F16.5 Hallucinogen \ Psychotic disorder
- F16.6 Hallucinogen \ Amnesic syndrome
- F16.7 Hallucinogen \ Residual and late-onset psychotic disorder
- F16.8 Hallucinogen \ Other mental and behavioral disorders
- F16.9 Hallucinogen \ Unspecified mental and behavioral disorder

**F15.- Mental and behavioral disorders due to use of other stimulants**

- F15.0 Other stimulants \ Acute intoxication
- F15.1 Other stimulants \ Harmful use
- F15.2 Other stimulants \ Dependence syndrome
- F15.3 Other stimulants \ Abstinence phenomenon
- F15.4 Other stimulants \ Withdrawal state with delirium
- F15.5 Other stimulants \ Psychotic disorder
- F15.6 Other stimulants \ Amnesic syndrome
- F15.7 Other stimulants \ Residual and late-onset psychotic disorder
- F15.8 Other stimulants \ Other mental and behavioral disorders
- F15.9 Other stimulants \ Other mental and behavioral disorders

**F17.- Mental and behavioral disorders due to use of tobacco**

- F17.0 Tobacco \ Acute intoxication
- F17.1 Tobacco \ Harmful use
- F17.2 Tobacco \ Dependence syndrome
- F17.3 Tobacco \ Abstinence phenomenon
- F17.4 Tobacco \ Withdrawal state with delirium
- F17.5 Tobacco \ Psychotic disorder
- F17.6 Tobacco \ Amnesic syndrome
- F17.7 Tobacco \ Residual and late-onset psychotic disorder
- F17.8 Tobacco \ Other mental and behavioral disorders
- F17.9 Tobacco \ Unspecified mental and behavioral disorder

**F18.- Mental and behavioral disorders due to use of solvent**

- F18.0 Volatile solvent \ Acute intoxication
- F18.1 Volatile solvent \ Harmful use
- F18.2 Volatile solvent \ Dependence syndrome
- F18.3 Volatile solvent \ Abstinence phenomenon
- F18.4 Volatile solvent \ Withdrawal state with delirium
- F18.5 Volatile solvent \ Psychotic disorder
- F18.6 Volatile solvent \ Amnesic syndrome
- F18.7 Volatile solvent \ Residual and late-onset psychotic disorder
- F18.8 Volatile solvent \ Other mental and behavioral disorders
- F18.9 Volatile solvent \ Unspecified mental and behavioral disorder

**F63.- Habit and impulse disorders**

- F63.0 Pathological Gambling

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**F19.- Mental and behavioral disorders due to use of polydrug use and psychotropic substances**

- F19.0 Polydrug use / Other psychotropic substance \ Acute intoxication
- F19.1 Polydrug use / Other psychotropic substance \ Harmful use
- F19.2 Polydrug use / Other psychotropic substance \ Dependence syndrome
- F19.3 Polydrug use / Other psychotropic substance \ Abstinence phenomenon
- F19.4 Polydrug use / Other psychotropic substance \ Withdrawal state with delirium
- F19.5 Polydrug use / Other psychotropic substance \ Psychotic disorder
- F19.6 Polydrug use / Other psychotropic substance \ Amnesic syndrome
- F19.7 Polydrug use / Other psychotropic substance \ Residual and late-onset psychotic disorder
- F19.8 Polydrug use / Other psychotropic substance \ Other mental and behavioral disorders
- F19.9 Polydrug use / Other psychotropic substance \ Unspecified mental and behavioral disorder

**Other ICD-10 secondary diagnoses (psychiatric comorbidity and concomitant diseases)**

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7

if yes, please tick the primary drug/addiction diagnosis for  1 and the secondary drug/addiction diagnosis for  2.

### 3.7 End of treatment

Table 3.7:  
End of treatment: Tobacco and other nicotine-containing products

<b>End of treatment</b>	day _____ month _____ year _____
<b>Termination of treatment</b> (= last contact of the current treatment episode)	day _____ month _____ year _____
<b>Funding sources</b> (multiple selections possible, select <u>all</u> that have been utilized during the course of treatment)	<input type="checkbox"/> social insurance <input type="checkbox"/> municipality/region (social welfare, basic income support, youth services, rehabilitation, etc.) <input type="checkbox"/> judiciary <input type="checkbox"/> employment office <input type="checkbox"/> self-payer <input type="checkbox"/> no case-related payer (e.g. general subsidy from the facility) <input type="checkbox"/> other, namely _____ (e.g. basic support)
<b>Socially insured at end of treatment</b>	<input type="radio"/> no <input type="radio"/> not known <input type="radio"/> yes
<b>End of treatment</b>	<input type="radio"/> scheduled termination of treatment <input type="radio"/> unscheduled termination of treatment, no discontinuation (e.g., illness, detention, death) <input type="radio"/> discontinuation of treatment <input type="radio"/> other, namely _____
<b>Is a continuation of counselling/treatment planned?</b>	<input type="radio"/> no <input type="radio"/> not known <input type="radio"/> yes
<b>If a continuation of the counselling/treatment is planned: which ones?</b>	<input type="checkbox"/> (partial) inpatient (post)treatment <input type="checkbox"/> outpatient (post)treatment <input type="checkbox"/> social (re-)integration measures (work, housing) <input type="checkbox"/> sporadic contacts for aftercare <input type="checkbox"/> other, namely _____

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## 4 Alcohol

### 4.1 Case definition

Table 4.1:  
Case definition of the client: Alcohol

ID of the client	
Date of birth	<input type="radio"/> known <input type="radio"/> estimated
Date of birth	day _____ month _____ year _____ if no date of birth could be collected, please enter the (estimated) year of birth here: _____
Sex (according to official documents)	<input type="radio"/> male <input type="radio"/> female <input type="radio"/> other sex assignment (z. B. diverse, inter, open, no entry ...), namely _____ (free text optional)
Sex (self-assignment of the client)	<input type="radio"/> male <input type="radio"/> female <input type="radio"/> diverse <input type="radio"/> inter <input type="radio"/> open <input type="radio"/> no entry <input type="radio"/> other sex assignment, namely _____

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## 4.2 Treatment episode

Table 4.2:  
Treatment episode: Alcohol

Start of treatment	day _____ month _____ year _____
Type of treatment relationship	<input type="radio"/> short-term contact <input type="radio"/> low-threshold counselling <input type="radio"/> long-term treatment or counselling
Focus of treatment (multiple choices possible)	<input type="checkbox"/> drug-related problems <input type="checkbox"/> alcohol-related problems <input type="checkbox"/> medicines-related problems <input type="checkbox"/> nicotine-related problems <input type="checkbox"/> gambling and/or sports betting-related problems <input type="checkbox"/> gaming-related problems <input type="checkbox"/> other problems, namely _____
Has the client previously utilized <b>services for the treatment of alcohol-related problems?</b>	<input type="radio"/> no, never <input type="radio"/> not known <input type="radio"/> yes
Due to alcohol-related problems	<input type="checkbox"/> in the form of (partial) inpatient treatment <input type="checkbox"/> in the form of outpatient treatment/care/counselling <input type="checkbox"/> in the form of low-threshold support <input type="checkbox"/> only short-term counselling and information

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## 4.3 Start of treatment

Table 4.3:  
Start of treatment: Alcohol

<b>Has the client already received addiction-specific treatment at your facility?</b>	<input type="radio"/> no <input type="radio"/> not known <input type="radio"/> yes
<b>Main reason for current contact</b>	<input type="radio"/> own initiative <input type="radio"/> family or friends <input type="radio"/> other addiction-specific facilities <input type="radio"/> referral from a registered physician <input type="radio"/> referral from a hospital, other non-addiction-specific facilities <input type="radio"/> social welfare office, youth welfare office, health authority <input type="radio"/> employment office <input type="radio"/> justice (directive, treatment requirement) <input type="radio"/> school <input type="radio"/> driving license authority <input type="radio"/> other, namely _____ <input type="radio"/> not known
<b>Is there a requirement/ directive/ recommendation for alcohol-related counselling/treatment of the client by a court or authority, etc.?</b>	<input type="radio"/> no <input type="radio"/> yes, namely _____ (OPTIONAL)
<b>Planned setting (type of treatment)</b>	<input type="radio"/> sporadic contact as needed <input type="radio"/> regular, prearranged contacts at least once a month <input type="radio"/> regular, prearranged contacts at least once a week <input type="radio"/> (partial) inpatient admission <input type="radio"/> other, namely _____
<b>Planned payer (multiple choices possible)</b>	<input type="checkbox"/> social insurance <input type="checkbox"/> municipality/region (social welfare, basic income support, youth services, rehabilitation, etc.) <input type="checkbox"/> judiciary <input type="checkbox"/> employment office <input type="checkbox"/> self-payer <input type="checkbox"/> no case-related payer (e.g. general subsidy from the facility) <input type="checkbox"/> other, namely _____ (e.g. basic support)
<b>Socially insured at the start of treatment</b>	<input type="radio"/> no <input type="radio"/> not known <input type="radio"/> yes

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## 4.4 Sociodemographics and living conditions

Table 4.4:  
Sociodemographics and living conditions: Alcohol

Highest completed level of education	<input type="radio"/> no <input type="radio"/> not known <input type="radio"/> yes
Highest completed level of education	<input type="radio"/> none <input type="radio"/> primary school or 4 years special school <input type="radio"/> compulsory school (lower secondary school or lower grades of academic secondary school (AHS), special school years 4–8, vocational school) <input type="radio"/> apprenticeship examination <input type="radio"/> vocational middle school = technical/vocational school without graduation) <input type="radio"/> (vocational) higher school with graduation, upper level (AHS) <input type="radio"/> university studies or university-related institution, college <input type="radio"/> not known
Livelihood and employment	<input type="radio"/> yes, full-time employment (35 hours or more per week, multiple part-time employments are summed) <input type="radio"/> yes, part-time employment (13 to 34 hours per week, multiple part-time employments are summed) <input type="radio"/> yes, marginal employment (less than 13 hours per week, multiple part-time employments are summed) <input type="radio"/> no, not employed <input type="radio"/> not known if employed
Other forms of livelihood (at least one selection required)	<input type="checkbox"/> no other form of livelihood <input type="checkbox"/> unemployment benefits (registered as unemployed for up to 6 months) <input type="checkbox"/> unemployment benefits/emergency assistance (registered as unemployed for more than 6 months) <input type="checkbox"/> needs-based minimum income security <input type="checkbox"/> community or civilian service <input type="checkbox"/> parental leave benefits <input type="checkbox"/> pension <input type="checkbox"/> homemaker (= livelihood provided by partner) <input type="checkbox"/> child, student (= so-called dependents) <input type="checkbox"/> other livelihood (e.g., support from relatives, illegal income) <input type="checkbox"/> vocational reintegration measure or retraining program <input type="checkbox"/> other forms of livelihood <input type="checkbox"/> not known
Citizenship	<input type="radio"/> ... <input type="radio"/> other EU country <input type="radio"/> non-EU country <input type="radio"/> stateless <input type="radio"/> not known

Residence in the last six months before the start of treatment (federal state)	<input type="radio"/> Burgenland <input type="radio"/> Carinthia <input type="radio"/> Lower Austria <input type="radio"/> Upper Austria <input type="radio"/> Salzburg <input type="radio"/> Styria <input type="radio"/> Tyrol <input type="radio"/> Vorarlberg <input type="radio"/> Vienna <input type="radio"/> Abroad <input type="radio"/> not known
Current living-situation (how?)	<input type="radio"/> secured (e.g., own apartment, permanent residence with family, friends, etc.) <input type="radio"/> unsecured (e.g. homelessness, varying overnight/living arrangements) <input type="radio"/> institution (e.g., therapy station, clinic), with secured living situation (e.g., apartment) <input type="radio"/> institution (e.g., therapy station, clinic), without secured living situation <input type="radio"/> supported living, with secured living situation (e.g., apartment) <input type="radio"/> supported living, without secured living situation <input type="radio"/> detention <input type="radio"/> not known
Current living-situation (with whom?)	free text
Does the client live with (at least) one child in a common household?	<input type="radio"/> no <input type="radio"/> not known <input type="radio"/> yes
With whom does the client currently live (otherwise still) together?	<input type="radio"/> with (other) no one <input type="radio"/> with parents or close relatives (e.g. grandparents, siblings) <input type="radio"/> with Partners <input type="radio"/> with friends or other persons (e.g. co-living) <input type="radio"/> other <input type="radio"/> not known
Does the client consume tobacco and nicotine-containing products?	<input type="radio"/> no, no consumption in the last month <input type="radio"/> not known <input type="radio"/> yes, occasional use in the last month <input type="radio"/> yes, daily consumption in the last month
If daily use in the last month: which tobacco and/or other nicotine-containing products does the client consume <u>on a daily basis</u> ?	<input type="checkbox"/> cigarettes (including cigars, cigarillos, and pipes) <input type="checkbox"/> waterpipes/hookahs/shishas <input type="checkbox"/> electronic inhalation products (including e-cigarettes, heated tobacco products, e-shishas, and e-pipes) <input type="checkbox"/> other smokeless tobacco products (tobacco-containing nicotine bags/pouches, chewing tobacco, snuff, lozenges) <input type="checkbox"/> tobacco-free nicotine pouches <input type="checkbox"/> others, namely _____ <input type="checkbox"/> not known

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## 4.5 Anamnesis

Table 4.5:  
Anamnesis: Alcohol

Frequency of use in the last 30 days before the current decision to seek treatment <sup>8</sup> (days per week)?	_____ number of consumption days per week (daily consumption = 7 days)
On a typical day when the client consumes alcohol, the average is/was: <sup>8</sup>	_____ alcohol standard units
Which of the following statements is applicable to the alcohol consumption behavior of the client <sup>8</sup> ?	<input type="checkbox"/> the client has difficulty controlling their alcohol consumption (and drinks more than they intend to) <input type="checkbox"/> the client regularly drinks larger amounts of alcohol during the day <input type="checkbox"/> the client often goes through extended periods without drinking alcohol but also has phases of excessive alcohol consumption <input type="checkbox"/> the drinking behavior of the client leads to problems, e.g., memory gaps, falls, unintended sleep, etc. <input type="checkbox"/> none of the above
The drinking behavior <sup>8</sup> of the client has already had negative effects on:	<input type="checkbox"/> relationships (partnership, friends, family ...) <input type="checkbox"/> health <input type="checkbox"/> financial matters (debts ...) <input type="checkbox"/> work and education (problems, [potential] loss, etc.) <input type="checkbox"/> housing ([potential] loss of home ...) <input type="checkbox"/> none of the above
What is the current personal goal of the client regarding alcohol consumption?	<input type="radio"/> reduce current alcohol consumption <input type="radio"/> become abstinent (reduce alcohol consumption to zero) <input type="radio"/> remain abstinent <input type="radio"/> no change in alcohol consumption <input type="radio"/> (not) decided yet

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8

This question refers to consumption in the last 30 days before the decision to start the current treatment in order to rule out self-reduction in the period before starting treatment.

## 4.6 Classification according to ICD-10

Table 4.6:  
Classification according to ICD-10: Alcohol

Does your facility collect diagnoses of your clients according to ICD-10?	<input type="radio"/> yes <input type="radio"/> no
Has the client been diagnosed according to ICD-10 <sup>9</sup> ?	<input type="radio"/> yes <input type="radio"/> no
<b>F10.- Mental and behavioral disorders due to use of alcohol</b> <input type="checkbox"/> F10.0 Alcohol \ Acute intoxication <input type="checkbox"/> F10.1 Alcohol \ Harmful use <input type="checkbox"/> F10.2 Alcohol \ Dependence syndrome <input type="checkbox"/> F10.3 Alcohol \ Withdrawal state <input type="checkbox"/> F10.4 Alcohol \ Withdrawal state with delirium <input type="checkbox"/> F10.5 Alcohol \ Psychotic disorder <input type="checkbox"/> F10.6 Alcohol \ Amnesic syndrome <input type="checkbox"/> F10.7 Alcohol \ Residual and late-onset psychotic disorder <input type="checkbox"/> F10.8 Alcohol \ Other mental and behavioral disorders <input type="checkbox"/> F10.9 Alcohol \ Unspecified mental and behavioral disorder	<b>F11.- Mental and behavioral disorders due to use of opioids</b> <input type="checkbox"/> F11.0 Opioids \ Acute intoxication <input type="checkbox"/> F11.1 Opioids \ Harmful use <input type="checkbox"/> F11.2 Opioids \ Dependence syndrome <input type="checkbox"/> F11.3 Opioids \ Abstinence phenomenon <input type="checkbox"/> F11.4 Opioids \ Withdrawal state with delirium <input type="checkbox"/> F11.5 Opioids \ Psychotic disorder <input type="checkbox"/> F11.6 Opioids \ Amnesic syndrome <input type="checkbox"/> F11.7 Opioids \ Residual and late-onset psychotic disorder <input type="checkbox"/> F11.8 Opioids \ Other mental and behavioral disorders <input type="checkbox"/> F11.9 Opioids \ Unspecified mental and behavioral disorder

**F12.- Mental and behavioral disorders due to use of cannabinoids**

- F12.0 Cannabinoids \ Acute intoxication
- F12.1 Cannabinoids \ Harmful use
- F12.2 Cannabinoids \ Dependence syndrome
- F12.3 Cannabinoids \ Abstinence phenomenon
- F12.4 Cannabinoids \ Withdrawal state with delirium
- F12.5 Cannabinoids \ Psychotic disorder
- F12.6 Cannabinoids \ Amnesic syndrome
- F12.7 Cannabinoids \ Residual and late-onset psychotic disorder
- F12.8 Cannabinoids \ Other mental and behavioral disorders
- F12.9 Cannabinoids \ Unspecified mental and behavioral disorder

**F14.- Mental and behavioral disorders due to use of cocaine**

- F14.0 Cocaine \ Acute intoxication
- F14.1 Cocaine \ Harmful use
- F14.2 Cocaine \ Dependence syndrome
- F14.3 Cocaine \ Abstinence phenomenon
- F14.4 Cocaine \ Withdrawal state with delirium
- F14.5 Cocaine \ Psychotic disorder
- F14.6 Cocaine \ Amnesic syndrome
- F14.7 Cocaine \ Residual and late-onset psychotic disorder
- F14.8 Cocaine \ Other mental and behavioral disorders
- F14.9 Cocaine \ Unspecified mental and behavioral disorder

**F16.- Mental and behavioral disorders due to use of hallucinogen**

- F16.0 Hallucinogen \ Acute intoxication
- F16.1 Hallucinogen \ Harmful use
- F16.2 Hallucinogen \ Dependence syndrome
- F16.3 Hallucinogen \ Abstinence phenomenon
- F16.4 Hallucinogen \ Withdrawal state with delirium
- F16.5 Hallucinogen \ Psychotic disorder
- F16.6 Hallucinogen \ Amnesic syndrome
- F16.7 Hallucinogen \ Residual and late-onset psychotic disorder
- F16.8 Hallucinogen \ Other mental and behavioral disorders
- F16.9 Hallucinogen \ Unspecified mental and behavioral disorder

**F13.- Mental and behavioral disorders due to use of sedatives or hypnotics**

- F13.0 Sedatives/Hypnotics \ Acute intoxication
- F13.1 Sedatives/Hypnotics \ Harmful use
- F13.2 Sedatives/Hypnotics \ Dependence syndrome
- F13.3 Sedatives/Hypnotics \ Abstinence phenomenon
- F13.4 Sedatives/Hypnotics \ Withdrawal state with delirium
- F13.5 Sedatives/Hypnotics \ Psychotic disorder
- F13.6 Sedatives/Hypnotics \ Amnesic syndrome
- F13.7 Sedatives/Hypnotics \ Residual and late-onset psychotic disorder
- F13.8 Sedatives/Hypnotics \ Other mental and behavioral disorders
- F13.9 Sedatives/Hypnotics \ Unspecified mental and behavioral disorder

**F15.- Mental and behavioral disorders due to use of other stimulants**

- F15.0 Other stimulants \ Acute intoxication
- F15.1 Other stimulants \ Harmful use
- F15.2 Other stimulants \ Dependence syndrome
- F15.3 Other stimulants \ Abstinence phenomenon
- F15.4 Other stimulants \ Withdrawal state with delirium
- F15.5 Other stimulants \ Psychotic disorder
- F15.6 Other stimulants \ Amnesic syndrome
- F15.7 Other stimulants \ Residual and late-onset psychotic disorder
- F15.8 Other stimulants \ Other mental and behavioral disorders
- F15.9 Other stimulants \ Other mental and behavioral disorders

**F17.- Mental and behavioral disorders due to use of tobacco**

- F17.0 Tobacco \ Acute intoxication
- F17.1 Tobacco \ Harmful use
- F17.2 Tobacco \ Dependence syndrome
- F17.3 Tobacco \ Abstinence phenomenon
- F17.4 Tobacco \ Withdrawal state with delirium
- F17.5 Tobacco \ Psychotic disorder
- F17.6 Tobacco \ Amnesic syndrome
- F17.7 Tobacco \ Residual and late-onset psychotic disorder
- F17.8 Tobacco \ Other mental and behavioral disorders
- F17.9 Tobacco \ Unspecified mental and behavioral disorder

**F18.- Mental and behavioral disorders due to use of solvent**

- F18.0 Volatile solvent \ Acute intoxication
- F18.1 Volatile solvent \ Harmful use
- F18.2 Volatile solvent \ Dependence syndrome
- F18.3 Volatile solvent \ Abstinence phenomenon
- F18.4 Volatile solvent \ Withdrawal state with delirium
- F18.5 Volatile solvent \ Psychotic disorder
- F18.6 Volatile solvent \ Amnesic syndrome
- F18.7 Volatile solvent \ Residual and late-onset psychotic disorder
- F18.8 Volatile solvent \ Other mental and behavioral disorders
- F18.9 Volatile solvent \ Unspecified mental and behavioral disorder

**F63.- Habit and impulse disorders**

- F63.0 Pathological Gambling

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**F19.- Mental and behavioral disorders due to use of polydrug use and psychotropic substances**

- F19.0 Polydrug use / Other psychotropic substance \ Acute intoxication
- F19.1 Polydrug use / Other psychotropic substance \ Harmful use
- F19.2 Polydrug use / Other psychotropic substance \ Dependence syndrome
- F19.3 Polydrug use / Other psychotropic substance \ Abstinence phenomenon
- F19.4 Polydrug use / Other psychotropic substance \ Withdrawal state with delirium
- F19.5 Polydrug use / Other psychotropic substance \ Psychotic disorder
- F19.6 Polydrug use / Other psychotropic substance \ Amnesic syndrome
- F19.7 Polydrug use / Other psychotropic substance \ Residual and late-onset psychotic disorder
- F19.8 Polydrug use / Other psychotropic substance \ Other mental and behavioral disorders
- F19.9 Polydrug use / Other psychotropic substance \ Unspecified mental and behavioral disorder

**Other ICD-10 secondary diagnoses (psychiatric comorbidity and concomitant diseases)**

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9

if yes, please tick the primary drug/addiction diagnosis for  1 and the secondary drug/addiction diagnosis for  2.

## 4.7 End of treatment

Table 4.7:  
End of treatment: Alcohol

<b>End of treatment</b>	day _____ month _____ year _____
<b>Termination of treatment</b> (= last contact of the current treatment episode)	day _____ month _____ year _____
<b>Funding sources</b> (multiple selections possible, select <u>all</u> that have been utilized during the course of treatment)	<input type="checkbox"/> social insurance <input type="checkbox"/> municipality/region (social welfare, basic income support, youth services, rehabilitation, etc.) <input type="checkbox"/> judiciary <input type="checkbox"/> employment office <input type="checkbox"/> self-payer <input type="checkbox"/> no case-related payer (e.g. general subsidy from the facility) <input type="checkbox"/> other, namely _____ (e.g. basic support)
<b>Socially insured at end of treatment</b>	<input type="radio"/> no <input type="radio"/> not known <input type="radio"/> yes
<b>End of treatment</b>	<input type="radio"/> scheduled termination of treatment <input type="radio"/> unscheduled termination of treatment, no discontinuation (e.g., illness, detention, death) <input type="radio"/> discontinuation of treatment <input type="radio"/> other, namely _____
<b>Is a continuation of counselling/treatment planned?</b>	<input type="radio"/> no <input type="radio"/> not known <input type="radio"/> yes
<b>If a continuation of the counselling/treatment is planned: which ones?</b>	<input type="checkbox"/> (partial) inpatient (post)treatment <input type="checkbox"/> outpatient (post)treatment <input type="checkbox"/> social (re-)integration measures (work, housing) <input type="checkbox"/> sporadic contacts for aftercare <input type="checkbox"/> other, namely _____

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# 5 Gambling and sports betting

## 5.1 Case definition

Table 5.1:  
Case definition of the client: Gambling and sports betting

ID of the client	
Date of birth	<input type="radio"/> known <input type="radio"/> estimated
Date of birth	day _____ month _____ year _____ if no date of birth could be collected, please enter the (estimated) year of birth here: _____
Sex (according to official documents)	<input type="radio"/> male <input type="radio"/> female <input type="radio"/> other sex assignment (z. B. diverse, inter, open, no entry ...), namely _____ (free text optional)
Sex (self-assignment of the client)	<input type="radio"/> male <input type="radio"/> female <input type="radio"/> diverse <input type="radio"/> inter <input type="radio"/> open <input type="radio"/> no entry <input type="radio"/> other sex assignment, namely _____

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## 5.2 Treatment episode

Table 5.2:  
Treatment episode: Gambling and sports betting

Start of treatment	day _____ month _____ year _____
Type of treatment relationship	<input type="radio"/> short-term contact <input type="radio"/> low-threshold counselling <input type="radio"/> long-term treatment or counselling
Focus of treatment (multiple choices possible)	<input type="checkbox"/> drug-related problems <input type="checkbox"/> alcohol-related problems <input type="checkbox"/> medicines-related problems <input type="checkbox"/> nicotine-related problems <input type="checkbox"/> gambling and/or sports betting-related problems <input type="checkbox"/> gaming-related problems <input type="checkbox"/> other problems, namely _____
Has the client previously utilized services for the treatment of gambling-related problems?	<input type="radio"/> no, never <input type="radio"/> not known <input type="radio"/> yes
Due to gambling-related problems	<input type="checkbox"/> in the form of (partial) inpatient treatment <input type="checkbox"/> in the form of outpatient treatment/care/counselling <input type="checkbox"/> in the form of low-threshold support <input type="checkbox"/> only short-term counselling and information

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## 5.3 Start of treatment

Table 5.3:  
Start of treatment: Gambling and sports betting

Has the client already received addiction-specific treatment at your facility?	<input type="radio"/> no <input type="radio"/> not known <input type="radio"/> yes
Main reason for current contact	<input type="radio"/> own initiative <input type="radio"/> family or friends <input type="radio"/> other addiction-specific facilities <input type="radio"/> referral from a registered physician <input type="radio"/> referral from a hospital, other non-addiction-specific facilities <input type="radio"/> social welfare office, youth welfare office, health authority <input type="radio"/> employment office <input type="radio"/> justice (directive, treatment requirement) <input type="radio"/> school <input type="radio"/> driving license authority <input type="radio"/> other, namely _____ <input type="radio"/> not known
Is there a requirement/ directive/ recommendation for gambling-related counselling/treatment of the client by a court or authority, etc.?	<input type="radio"/> no <input type="radio"/> yes, namely _____ (OPTIONAL)
If the client is under electronically monitored house arrest ([electronically] ankle monitor) due to use of a gambling-related offense	<input type="radio"/> no <input type="radio"/> yes
Does the client have a gambling ban (provider of self-imposed ban)?	<input type="radio"/> no <input type="radio"/> ever in the past <input type="radio"/> currently
Planned setting (type of treatment)	<input type="radio"/> sporadic contact as needed <input type="radio"/> regular, prearranged contacts at least once a month <input type="radio"/> regular, prearranged contacts at least once a week <input type="radio"/> (partial) inpatient admission <input type="radio"/> other, namely _____
Planned payer (multiple choices possible)	<input type="checkbox"/> social insurance <input type="checkbox"/> municipality/region (social welfare, basic income support, youth services, rehabilitation, etc.) <input type="checkbox"/> judiciary <input type="checkbox"/> employment office <input type="checkbox"/> self-payer <input type="checkbox"/> no case-related payer (e.g. general subsidy from the facility) <input type="checkbox"/> other, namely _____ (e.g. basic support)
Socially insured at the start of treatment	<input type="radio"/> no <input type="radio"/> not known <input type="radio"/> yes

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## 5.4 Sociodemographics and living conditions

Table 5.4:  
Sociodemographics and living conditions: Gambling and sports betting

Highest completed level of education	<input type="radio"/> no <input type="radio"/> not known <input type="radio"/> yes
Highest completed level of education	<input type="radio"/> none <input type="radio"/> primary school or 4 years special school <input type="radio"/> compulsory school (lower secondary school or lower grades of academic secondary school (AHS), special school years 4–8, vocational school) <input type="radio"/> apprenticeship examination <input type="radio"/> vocational middle school = technical/vocational school without graduation) <input type="radio"/> (vocational) higher school with graduation, upper level (AHS) <input type="radio"/> university studies or university-related institution, college <input type="radio"/> not known
Livelihood and employment	<input type="radio"/> yes, full-time employment (35 hours or more per week, multiple part-time employments are summed) <input type="radio"/> yes, part-time employment (13 to 34 hours per week, multiple part-time employments are summed) <input type="radio"/> yes, marginal employment (less than 13 hours per week, multiple part-time employments are summed) <input type="radio"/> no, not employed <input type="radio"/> not known if employed
Other forms of livelihood (at least one selection required)	<input type="checkbox"/> no other form of livelihood <input type="checkbox"/> unemployment benefits (registered as unemployed for up to 6 months) <input type="checkbox"/> unemployment benefits/emergency assistance (registered as unemployed for more than 6 months) <input type="checkbox"/> needs-based minimum income security <input type="checkbox"/> community or civilian service <input type="checkbox"/> parental leave benefits <input type="checkbox"/> pension <input type="checkbox"/> homemaker (= livelihood provided by partner) <input type="checkbox"/> child, student (= so-called dependents) <input type="checkbox"/> other livelihood (e.g., support from relatives, illegal income) <input type="checkbox"/> vocational reintegration measure or retraining program <input type="checkbox"/> other forms of livelihood <input type="checkbox"/> not known
Citizenship	<input type="radio"/> ... <input type="radio"/> other EU country <input type="radio"/> non-EU country <input type="radio"/> stateless <input type="radio"/> not known

Residence in the last six months before the start of treatment (federal state)	<input type="radio"/> Burgenland <input type="radio"/> Carinthia <input type="radio"/> Lower Austria <input type="radio"/> Upper Austria <input type="radio"/> Salzburg <input type="radio"/> Styria <input type="radio"/> Tyrol <input type="radio"/> Vorarlberg <input type="radio"/> Vienna <input type="radio"/> Abroad <input type="radio"/> not known
Current living-situation (how?)	<input type="radio"/> secured (e.g., own apartment, permanent residence with family, friends, etc.) <input type="radio"/> unsecured (e.g. homelessness, varying overnight/living arrangements) <input type="radio"/> institution (e.g., therapy station, clinic), with secured living situation (e.g., apartment) <input type="radio"/> institution (e.g., therapy station, clinic), without secured living situation <input type="radio"/> supported living, with secured living situation (e.g., apartment) <input type="radio"/> supported living, without secured living situation <input type="radio"/> detention <input type="radio"/> not known
Current living-situation (with whom?)	free text
Does the client live with (at least) one child in a common household?	<input type="radio"/> no <input type="radio"/> not known <input type="radio"/> yes
With whom does the client currently live (otherwise still) together?	<input type="radio"/> with (other) no one <input type="radio"/> with parents or close relatives (e.g. grandparents, siblings) <input type="radio"/> with Partners <input type="radio"/> with friends or other persons (e.g. co-living) <input type="radio"/> other <input type="radio"/> not known
Financial situation: Is the client in debt?	<input type="radio"/> no <input type="radio"/> yes, Amount of debt in euros _____ (OPTIONAL)
Executions	<input type="radio"/> no <input type="radio"/> yes
Gambling-related offenses	<input type="radio"/> no <input type="radio"/> yes, without a court conviction <input type="radio"/> yes, with a court conviction
Suicide attempts	<input type="radio"/> no <input type="radio"/> not known <input type="radio"/> yes
Does the client consume tobacco and nicotine-containing products?	<input type="radio"/> no, no consumption in the last month <input type="radio"/> not known <input type="radio"/> yes, occasional use in the last month <input type="radio"/> yes, daily consumption in the last month

If daily use in the last month: which tobacco and/or other nicotine-containing products does the client consume on a daily basis?

- cigarettes (including cigars, cigarillos, and pipes)
- waterpipes/hookahs/shishas
- electronic inhalation products (including e-cigarettes, heated tobacco products, e-shishas, and e-pipes)
- other smokeless tobacco products (tobacco-containing nicotine bags/pouches, chewing tobacco, snuff, lozenges)
- tobacco-free nicotine pouches
- others, namely \_\_\_\_\_
- not known

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## 5.5 Anamnesis

Table 5.5:  
Anamnesis: Gambling and sports betting

Duration of gambling problems		----- Years						
	Usage <sup>10</sup>	Location						
	Currently problematic forms of gambling	Casino	Slot machine arcade	Restaurant/ gas station	Tobacco shops and betting acceptance points	Betting shop	Internet	Other
<input type="checkbox"/> Slot machines/Slots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Roulette	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Poker	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Card games (except Poker)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Betting	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lotteries	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Scratch cards	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stock market speculation	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other forms of gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Average monthly expenses		----- Euro						
The gambling of the client has already had negative effects on:		<input type="checkbox"/> relationships (partnership, friends, family ...) <input type="checkbox"/> health <input type="checkbox"/> financial matters (debts ...) <input type="checkbox"/> work and education (problems, [potential] loss, etc.) <input type="checkbox"/> housing ([potential] loss of home ...) <input type="checkbox"/> none of the above						

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<sup>10</sup>

This question refers to the use of games of chance in the last 30 days before the start of treatment.

## 5.6 Classification according to ICD-10

Table 5.6:  
Classification according to ICD-10: Gambling and sports betting

Does your facility collect diagnoses of your clients according to ICD-10?	<input type="radio"/> yes <input type="radio"/> no
Has the client been diagnosed according to ICD-10 <sup>11</sup> ?	<input type="radio"/> yes <input type="radio"/> no
<b>F10.- Mental and behavioral disorders due to use of alcohol</b> <input type="checkbox"/> F10.0 Alcohol \ Acute intoxication <input type="checkbox"/> F10.1 Alcohol \ Harmful use <input type="checkbox"/> F10.2 Alcohol \ Dependence syndrome <input type="checkbox"/> F10.3 Alcohol \ Withdrawal state <input type="checkbox"/> F10.4 Alcohol \ Withdrawal state with delirium <input type="checkbox"/> F10.5 Alcohol \ Psychotic disorder <input type="checkbox"/> F10.6 Alcohol \ Amnesic syndrome <input type="checkbox"/> F10.7 Alcohol \ Residual and late-onset psychotic disorder <input type="checkbox"/> F10.8 Alcohol \ Other mental and behavioral disorders <input type="checkbox"/> F10.9 Alcohol \ Unspecified mental and behavioral disorder	<b>F11.- Mental and behavioral disorders due to use of opioids</b> <input type="checkbox"/> F11.0 Opioids \ Acute intoxication <input type="checkbox"/> F11.1 Opioids \ Harmful use <input type="checkbox"/> F11.2 Opioids \ Dependence syndrome <input type="checkbox"/> F11.3 Opioids \ Abstinence phenomenon <input type="checkbox"/> F11.4 Opioids \ Withdrawal state with delirium <input type="checkbox"/> F11.5 Opioids \ Psychotic disorder <input type="checkbox"/> F11.6 Opioids \ Amnesic syndrome <input type="checkbox"/> F11.7 Opioids \ Residual and late-onset psychotic disorder <input type="checkbox"/> F11.8 Opioids \ Other mental and behavioral disorders <input type="checkbox"/> F11.9 Opioids \ Unspecified mental and behavioral disorder
<b>F12.- Mental and behavioral disorders due to use of cannabinoids</b> <input type="checkbox"/> F12.0 Cannabinoids \ Acute intoxication <input type="checkbox"/> F12.1 Cannabinoids \ Harmful use <input type="checkbox"/> F12.2 Cannabinoids \ Dependence syndrome <input type="checkbox"/> F12.3 Cannabinoids \ Abstinence phenomenon <input type="checkbox"/> F12.4 Cannabinoids \ Withdrawal state with delirium <input type="checkbox"/> F12.5 Cannabinoids \ Psychotic disorder <input type="checkbox"/> F12.6 Cannabinoids \ Amnesic syndrome <input type="checkbox"/> F12.7 Cannabinoids \ Residual and late-onset psychotic disorder <input type="checkbox"/> F12.8 Cannabinoids \ Other mental and behavioral disorders <input type="checkbox"/> F12.9 Cannabinoids \ Unspecified mental and behavioral disorder	<b>F13.- Mental and behavioral disorders due to use of sedatives or hypnotics</b> <input type="checkbox"/> F13.0 Sedatives/Hypnotics \ Acute intoxication <input type="checkbox"/> F13.1 Sedatives/Hypnotics \ Harmful use <input type="checkbox"/> F13.2 Sedatives/Hypnotics \ Dependence syndrome <input type="checkbox"/> F13.3 Sedatives/Hypnotics \ Abstinence phenomenon <input type="checkbox"/> F13.4 Sedatives/Hypnotics \ Withdrawal state with delirium <input type="checkbox"/> F13.5 Sedatives/Hypnotics \ Psychotic disorder <input type="checkbox"/> F13.6 Sedatives/Hypnotics \ Amnesic syndrome <input type="checkbox"/> F13.7 Sedatives/Hypnotics \ Residual and late-onset psychotic disorder <input type="checkbox"/> F13.8 Sedatives/Hypnotics \ Other mental and behavioral disorders <input type="checkbox"/> F13.9 Sedatives/Hypnotics \ Unspecified mental and behavioral disorder

**F14.- Mental and behavioral disorders due to use of cocaine**

- F14.0 Cocaine \ Acute intoxication
- F14.1 Cocaine \ Harmful use
- F14.2 Cocaine \ Dependence syndrome
- F14.3 Cocaine \ Abstinence phenomenon
- F14.4 Cocaine \ Withdrawal state with delirium
- F14.5 Cocaine \ Psychotic disorder
- F14.6 Cocaine \ Amnesic syndrome
- F14.7 Cocaine \ Residual and late-onset psychotic disorder
- F14.8 Cocaine \ Other mental and behavioral disorders
- F14.9 Cocaine \ Unspecified mental and behavioral disorder

**F16.- Mental and behavioral disorders due to use of hallucinogen**

- F16.0 Hallucinogen \ Acute intoxication
- F16.1 Hallucinogen \ Harmful use
- F16.2 Hallucinogen \ Dependence syndrome
- F16.3 Hallucinogen \ Abstinence phenomenon
- F16.4 Hallucinogen \ Withdrawal state with delirium
- F16.5 Hallucinogen \ Psychotic disorder
- F16.6 Hallucinogen \ Amnesic syndrome
- F16.7 Hallucinogen \ Residual and late-onset psychotic disorder
- F16.8 Hallucinogen \ Other mental and behavioral disorders
- F16.9 Hallucinogen \ Unspecified mental and behavioral disorder

**F15.- Mental and behavioral disorders due to use of other stimulants**

- F15.0 Other stimulants \ Acute intoxication
- F15.1 Other stimulants \ Harmful use
- F15.2 Other stimulants \ Dependence syndrome
- F15.3 Other stimulants \ Abstinence phenomenon
- F15.4 Other stimulants \ Withdrawal state with delirium
- F15.5 Other stimulants \ Psychotic disorder
- F15.6 Other stimulants \ Amnesic syndrome
- F15.7 Other stimulants \ Residual and late-onset psychotic disorder
- F15.8 Other stimulants \ Other mental and behavioral disorders
- F15.9 Other stimulants \ Other mental and behavioral disorders

**F17.- Mental and behavioral disorders due to use of tobacco**

- F17.0 Tobacco \ Acute intoxication
- F17.1 Tobacco \ Harmful use
- F17.2 Tobacco \ Dependence syndrome
- F17.3 Tobacco \ Abstinence phenomenon
- F17.4 Tobacco \ Withdrawal state with delirium
- F17.5 Tobacco \ Psychotic disorder
- F17.6 Tobacco \ Amnesic syndrome
- F17.7 Tobacco \ Residual and late-onset psychotic disorder
- F17.8 Tobacco \ Other mental and behavioral disorders
- F17.9 Tobacco \ Unspecified mental and behavioral disorder

**F18.- Mental and behavioral disorders due to use of solvent**

- F18.0 Volatile solvent \ Acute intoxication
- F18.1 Volatile solvent \ Harmful use
- F18.2 Volatile solvent \ Dependence syndrome
- F18.3 Volatile solvent \ Abstinence phenomenon
- F18.4 Volatile solvent \ Withdrawal state with delirium
- F18.5 Volatile solvent \ Psychotic disorder
- F18.6 Volatile solvent \ Amnesic syndrome
- F18.7 Volatile solvent \ Residual and late-onset psychotic disorder
- F18.8 Volatile solvent \ Other mental and behavioral disorders
- F18.9 Volatile solvent \ Unspecified mental and behavioral disorder

**F63.- Habit and impulse disorders**

- F63.0 Pathological Gambling

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**F19.- Mental and behavioral disorders due to use of polydrug use and psychotropic substances**

- F19.0 Polydrug use / Other psychotropic substance \ Acute intoxication
- F19.1 Polydrug use / Other psychotropic substance \ Harmful use
- F19.2 Polydrug use / Other psychotropic substance \ Dependence syndrome
- F19.3 Polydrug use / Other psychotropic substance \ Abstinence phenomenon
- F19.4 Polydrug use / Other psychotropic substance \ Withdrawal state with delirium
- F19.5 Polydrug use / Other psychotropic substance \ Psychotic disorder
- F19.6 Polydrug use / Other psychotropic substance \ Amnesic syndrome
- F19.7 Polydrug use / Other psychotropic substance \ Residual and late-onset psychotic disorder
- F19.8 Polydrug use / Other psychotropic substance \ Other mental and behavioral disorders
- F19.9 Polydrug use / Other psychotropic substance \ Unspecified mental and behavioral disorder

**Other ICD-10 secondary diagnoses (psychiatric comorbidity and concomitant diseases)**

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11

if yes, please tick the primary drug/addiction diagnosis for  1 and the secondary drug/addiction diagnosis for  2.

## 5.7 End of treatment

Table 5.7:  
End of treatment: Gambling and sports betting

End of treatment	day _____ month _____ year _____
Termination of treatment (= last contact of the current treatment episode)	day _____ month _____ year _____
Funding sources (multiple selections possible, select <b>all</b> that have been utilized during the course of treatment)	<input type="checkbox"/> social insurance <input type="checkbox"/> municipality/region (social welfare, basic income support, youth services, rehabilitation, etc.) <input type="checkbox"/> judiciary <input type="checkbox"/> employment office <input type="checkbox"/> self-payer <input type="checkbox"/> no case-related payer (e.g. general subsidy from the facility) <input type="checkbox"/> other, namely _____ (e.g. basic support)
Socially insured at end of treatment	<input type="radio"/> no <input type="radio"/> not known <input type="radio"/> yes
End of treatment	<input type="radio"/> scheduled termination of treatment <input type="radio"/> unscheduled termination of treatment, no discontinuation (e.g., illness, detention, death) <input type="radio"/> discontinuation of treatment <input type="radio"/> other, namely _____
Is a continuation of counselling/treatment planned?	<input type="radio"/> no <input type="radio"/> not known <input type="radio"/> yes
If a continuation of the counselling/treatment is planned: which ones?	<input type="checkbox"/> (partial) inpatient (post)treatment <input type="checkbox"/> outpatient (post)treatment <input type="checkbox"/> social (re-)integration measures (work, housing) <input type="checkbox"/> sporadic contacts for aftercare <input type="checkbox"/> other, namely _____

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# 6 Gaming

## 6.1 Case definition

Table 6.1:  
Case definition of the client: Gaming

ID of the client	
Date of birth	<input type="radio"/> known <input type="radio"/> estimated
Date of birth	day _____ month _____ year _____ if no date of birth could be collected, please enter the (estimated) year of birth here: _____
Sex (according to official documents)	<input type="radio"/> male <input type="radio"/> female <input type="radio"/> other sex assignment (z. B. diverse, inter, open, no entry ...), namely _____ (free text optional)
Sex (self-assignment of the client)	<input type="radio"/> male <input type="radio"/> female <input type="radio"/> diverse <input type="radio"/> inter <input type="radio"/> open <input type="radio"/> no entry <input type="radio"/> other sex assignment, namely _____

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## 6.2 Treatment episode

Table 6.2:  
Treatment episode: Gaming

Start of treatment	day _____ month _____ year _____
Type of treatment relationship	<input type="radio"/> short-term contact <input type="radio"/> low-threshold counselling <input type="radio"/> long-term treatment or counselling
Focus of treatment (multiple choices possible)	<input type="checkbox"/> drug-related problems <input type="checkbox"/> alcohol-related problems <input type="checkbox"/> medicines-related problems <input type="checkbox"/> nicotine-related problems <input type="checkbox"/> gambling and/or sports betting-related problems <input type="checkbox"/> gaming-related problems <input type="checkbox"/> other problems, namely _____
Has the client previously utilized <b>services for the treatment of gaming-related problems?</b>	<input type="radio"/> no, never <input type="radio"/> not known <input type="radio"/> yes
Due to gaming-related problems	<input type="checkbox"/> in the form of (partial) inpatient treatment <input type="checkbox"/> in the form of outpatient treatment/care/counselling <input type="checkbox"/> in the form of low-threshold support <input type="checkbox"/> only short-term counselling and information

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## 6.3 Start of treatment

Table 6.3:  
Start of treatment: Gaming

Has the client already received addiction-specific treatment at your facility?	<input type="radio"/> no <input type="radio"/> not known <input type="radio"/> yes
Main reason for current contact	<input type="radio"/> own initiative <input type="radio"/> family or friends <input type="radio"/> other addiction-specific facilities <input type="radio"/> referral from a registered physician <input type="radio"/> referral from a hospital, other non-addiction-specific facilities <input type="radio"/> social welfare office, youth welfare office, health authority <input type="radio"/> employment office <input type="radio"/> justice (directive, treatment requirement) <input type="radio"/> school <input type="radio"/> driving license authority <input type="radio"/> other, namely _____ <input type="radio"/> not known
Planned setting (type of treatment)	<input type="radio"/> sporadic contact as needed <input type="radio"/> regular, prearranged contacts at least once a month <input type="radio"/> regular, prearranged contacts at least once a week <input type="radio"/> (partial) inpatient admission <input type="radio"/> other, namely _____
Planned payer (multiple choices possible)	<input type="checkbox"/> social insurance <input type="checkbox"/> municipality/region (social welfare, basic income support, youth services, rehabilitation, etc.) <input type="checkbox"/> judiciary <input type="checkbox"/> employment office <input type="checkbox"/> self-payer <input type="checkbox"/> no case-related payer (e.g. general subsidy from the facility) <input type="checkbox"/> other, namely _____ (e.g. basic support)
Socially insured at the start of treatment	<input type="radio"/> no <input type="radio"/> not known <input type="radio"/> yes

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## 6.4 Sociodemographics and living conditions

Table 6.4:  
Sociodemographics and living conditions: Gaming

Highest completed level of education	<input type="radio"/> no <input type="radio"/> not known <input type="radio"/> yes
Highest completed level of education	<input type="radio"/> none <input type="radio"/> primary school or 4 years special school <input type="radio"/> compulsory school (lower secondary school or lower grades of academic secondary school (AHS), special school years 4–8, vocational school) <input type="radio"/> apprenticeship examination <input type="radio"/> vocational middle school = technical/vocational school without graduation) <input type="radio"/> (vocational) higher school with graduation, upper level (AHS) <input type="radio"/> university studies or university-related institution, college <input type="radio"/> not known
Livelihood and employment	<input type="radio"/> yes, full-time employment (35 hours or more per week, multiple part-time employments are summed) <input type="radio"/> yes, part-time employment (13 to 34 hours per week, multiple part-time employments are summed) <input type="radio"/> yes, marginal employment (less than 13 hours per week, multiple part-time employments are summed) <input type="radio"/> no, not employed <input type="radio"/> not known if employed
Other forms of livelihood (at least one selection required)	<input type="checkbox"/> no other form of livelihood <input type="checkbox"/> unemployment benefits (registered as unemployed for up to 6 months) <input type="checkbox"/> unemployment benefits/emergency assistance (registered as unemployed for more than 6 months) <input type="checkbox"/> needs-based minimum income security <input type="checkbox"/> community or civilian service <input type="checkbox"/> parental leave benefits <input type="checkbox"/> pension <input type="checkbox"/> homemaker (= livelihood provided by partner) <input type="checkbox"/> child, student (= so-called dependents) <input type="checkbox"/> other livelihood (e.g., support from relatives, illegal income) <input type="checkbox"/> vocational reintegration measure or retraining program <input type="checkbox"/> other forms of livelihood <input type="checkbox"/> not known
Citizenship	<input type="radio"/> ... <input type="radio"/> other EU country <input type="radio"/> non-EU country <input type="radio"/> stateless <input type="radio"/> not known

Residence in the last six months before the start of treatment (federal state)	<input type="radio"/> Burgenland <input type="radio"/> Carinthia <input type="radio"/> Lower Austria <input type="radio"/> Upper Austria <input type="radio"/> Salzburg <input type="radio"/> Styria <input type="radio"/> Tyrol <input type="radio"/> Vorarlberg <input type="radio"/> Vienna <input type="radio"/> Abroad <input type="radio"/> not known
Current living-situation (how?)	<input type="radio"/> secured (e.g., own apartment, permanent residence with family, friends, etc.) <input type="radio"/> unsecured (e.g. homelessness, varying overnight/living arrangements) <input type="radio"/> institution (e.g., therapy station, clinic), with secured living situation (e.g., apartment) <input type="radio"/> institution (e.g., therapy station, clinic), without secured living situation <input type="radio"/> supported living, with secured living situation (e.g., apartment) <input type="radio"/> supported living, without secured living situation <input type="radio"/> detention <input type="radio"/> not known
Current living-situation (with whom?)	free text
Does the client live with (at least) one child in a common household?	<input type="radio"/> no <input type="radio"/> not known <input type="radio"/> yes
With whom does the client currently live (otherwise still) together?	<input type="radio"/> with (other) no one <input type="radio"/> with parents or close relatives (e.g. grandparents, siblings) <input type="radio"/> with Partners <input type="radio"/> with friends or other persons (e.g. co-living) <input type="radio"/> other <input type="radio"/> not known
Does the client consume tobacco and nicotine-containing products?	<input type="radio"/> no, no consumption in the last month <input type="radio"/> not known <input type="radio"/> yes, occasional use in the last month <input type="radio"/> yes, daily consumption in the last month
If daily use in the last month: which tobacco and/or other nicotine-containing products does the client consume <u>on a daily basis</u> ?	<input type="checkbox"/> cigarettes (including cigars, cigarillos, and pipes) <input type="checkbox"/> waterpipes/hookahs/shishas <input type="checkbox"/> electronic inhalation products (including e-cigarettes, heated tobacco products, e-shishas, and e-pipes) <input type="checkbox"/> other smokeless tobacco products (tobacco-containing nicotine bags/pouches, chewing tobacco, snuff, lozenges) <input type="checkbox"/> tobacco-free nicotine pouches <input type="checkbox"/> others, namely _____ <input type="checkbox"/> not known

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## 6.5 Anamnesis

Table 6.5:  
Anamnesis: Gaming

Duration gaming problems	----- years
Number of gaming days per week:	----- days
Number of hours per day on a typical gaming day during the week	----- hours
Number of hours per day on a typical gaming day on the weekend:	----- hours
Average monthly expenses for in-Game purchases (e.g., additional game rounds, equipment, loot boxes, etc.)	----- Euro
The gaming of the client has already had negative effects on:	<input type="checkbox"/> relationships (partnership, friends, family ...) <input type="checkbox"/> health <input type="checkbox"/> financial matters (debts ...) <input type="checkbox"/> work and education (problems, [potential] loss, etc.) <input type="checkbox"/> housing ([potential] loss of home ...) <input type="checkbox"/> none of the above

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## 6.6 Classification according to ICD-10

Table 6.6:  
Classification according to ICD-10: Gaming

Does your facility collect diagnoses of your clients according to ICD-10?	<input type="radio"/> yes <input type="radio"/> no
Has the client been diagnosed according to ICD-10 <sup>12</sup> ?	<input type="radio"/> yes <input type="radio"/> no
<b>F10.- Mental and behavioral disorders due to use of alcohol</b> <input type="checkbox"/> F10.0 Alcohol \ Acute intoxication <input type="checkbox"/> F10.1 Alcohol \ Harmful use <input type="checkbox"/> F10.2 Alcohol \ Dependence syndrome <input type="checkbox"/> F10.3 Alcohol \ Withdrawal state <input type="checkbox"/> F10.4 Alcohol \ Withdrawal state with delirium <input type="checkbox"/> F10.5 Alcohol \ Psychotic disorder <input type="checkbox"/> F10.6 Alcohol \ Amnesic syndrome <input type="checkbox"/> F10.7 Alcohol \ Residual and late-onset psychotic disorder <input type="checkbox"/> F10.8 Alcohol \ Other mental and behavioral disorders <input type="checkbox"/> F10.9 Alcohol \ Unspecified mental and behavioral disorder	<b>F11.- Mental and behavioral disorders due to use of opioids</b> <input type="checkbox"/> F11.0 Opioids \ Acute intoxication <input type="checkbox"/> F11.1 Opioids \ Harmful use <input type="checkbox"/> F11.2 Opioids \ Dependence syndrome <input type="checkbox"/> F11.3 Opioids \ Abstinence phenomenon <input type="checkbox"/> F11.4 Opioids \ Withdrawal state with delirium <input type="checkbox"/> F11.5 Opioids \ Psychotic disorder <input type="checkbox"/> F11.6 Opioids \ Amnesic syndrome <input type="checkbox"/> F11.7 Opioids \ Residual and late-onset psychotic disorder <input type="checkbox"/> F11.8 Opioids \ Other mental and behavioral disorders <input type="checkbox"/> F11.9 Opioids \ Unspecified mental and behavioral disorder
<b>F12.- Mental and behavioral disorders due to use of cannabinoids</b> <input type="checkbox"/> F12.0 Cannabinoids \ Acute intoxication <input type="checkbox"/> F12.1 Cannabinoids \ Harmful use <input type="checkbox"/> F12.2 Cannabinoids \ Dependence syndrome <input type="checkbox"/> F12.3 Cannabinoids \ Abstinence phenomenon <input type="checkbox"/> F12.4 Cannabinoids \ Withdrawal state with delirium <input type="checkbox"/> F12.5 Cannabinoids \ Psychotic disorder <input type="checkbox"/> F12.6 Cannabinoids \ Amnesic syndrome <input type="checkbox"/> F12.7 Cannabinoids \ Residual and late-onset psychotic disorder <input type="checkbox"/> F12.8 Cannabinoids \ Other mental and behavioral disorders <input type="checkbox"/> F12.9 Cannabinoids \ Unspecified mental and behavioral disorder	<b>F13.- Mental and behavioral disorders due to use of sedatives or hypnotics</b> <input type="checkbox"/> F13.0 Sedatives/Hypnotics \ Acute intoxication <input type="checkbox"/> F13.1 Sedatives/Hypnotics \ Harmful use <input type="checkbox"/> F13.2 Sedatives/Hypnotics \ Dependence syndrome <input type="checkbox"/> F13.3 Sedatives/Hypnotics \ Abstinence phenomenon <input type="checkbox"/> F13.4 Sedatives/Hypnotics \ Withdrawal state with delirium <input type="checkbox"/> F13.5 Sedatives/Hypnotics \ Psychotic disorder <input type="checkbox"/> F13.6 Sedatives/Hypnotics \ Amnesic syndrome <input type="checkbox"/> F13.7 Sedatives/Hypnotics \ Residual and late-onset psychotic disorder <input type="checkbox"/> F13.8 Sedatives/Hypnotics \ Other mental and behavioral disorders <input type="checkbox"/> F13.9 Sedatives/Hypnotics \ Unspecified mental and behavioral disorder

**F14.- Mental and behavioral disorders due to use of cocaine**

- F14.0 Cocaine \ Acute intoxication
- F14.1 Cocaine \ Harmful use
- F14.2 Cocaine \ Dependence syndrome
- F14.3 Cocaine \ Abstinence phenomenon
- F14.4 Cocaine \ Withdrawal state with delirium
- F14.5 Cocaine \ Psychotic disorder
- F14.6 Cocaine \ Amnesic syndrome
- F14.7 Cocaine \ Residual and late-onset psychotic disorder
- F14.8 Cocaine \ Other mental and behavioral disorders
- F14.9 Cocaine \ Unspecified mental and behavioral disorder

**F16.- Mental and behavioral disorders due to use of hallucinogen**

- F16.0 Hallucinogen \ Acute intoxication
- F16.1 Hallucinogen \ Harmful use
- F16.2 Hallucinogen \ Dependence syndrome
- F16.3 Hallucinogen \ Abstinence phenomenon
- F16.4 Hallucinogen \ Withdrawal state with delirium
- F16.5 Hallucinogen \ Psychotic disorder
- F16.6 Hallucinogen \ Amnesic syndrome
- F16.7 Hallucinogen \ Residual and late-onset psychotic disorder
- F16.8 Hallucinogen \ Other mental and behavioral disorders
- F16.9 Hallucinogen \ Unspecified mental and behavioral disorder

**F15.- Mental and behavioral disorders due to use of other stimulants**

- F15.0 Other stimulants \ Acute intoxication
- F15.1 Other stimulants \ Harmful use
- F15.2 Other stimulants \ Dependence syndrome
- F15.3 Other stimulants \ Abstinence phenomenon
- F15.4 Other stimulants \ Withdrawal state with delirium
- F15.5 Other stimulants \ Psychotic disorder
- F15.6 Other stimulants \ Amnesic syndrome
- F15.7 Other stimulants \ Residual and late-onset psychotic disorder
- F15.8 Other stimulants \ Other mental and behavioral disorders
- F15.9 Other stimulants \ Other mental and behavioral disorders

**F17.- Mental and behavioral disorders due to use of tobacco**

- F17.0 Tobacco \ Acute intoxication
- F17.1 Tobacco \ Harmful use
- F17.2 Tobacco \ Dependence syndrome
- F17.3 Tobacco \ Abstinence phenomenon
- F17.4 Tobacco \ Withdrawal state with delirium
- F17.5 Tobacco \ Psychotic disorder
- F17.6 Tobacco \ Amnesic syndrome
- F17.7 Tobacco \ Residual and late-onset psychotic disorder
- F17.8 Tobacco \ Other mental and behavioral disorders
- F17.9 Tobacco \ Unspecified mental and behavioral disorder

**F18.- Mental and behavioral disorders due to use of solvent**

- F18.0 Volatile solvent \ Acute intoxication
- F18.1 Volatile solvent \ Harmful use
- F18.2 Volatile solvent \ Dependence syndrome
- F18.3 Volatile solvent \ Abstinence phenomenon
- F18.4 Volatile solvent \ Withdrawal state with delirium
- F18.5 Volatile solvent \ Psychotic disorder
- F18.6 Volatile solvent \ Amnesic syndrome
- F18.7 Volatile solvent \ Residual and late-onset psychotic disorder
- F18.8 Volatile solvent \ Other mental and behavioral disorders
- F18.9 Volatile solvent \ Unspecified mental and behavioral disorder

**F63.- Habit and impulse disorders**

- F63.0 Pathological Gambling

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**F19.- Mental and behavioral disorders due to use of polydrug use and psychotropic substances**

- F19.0 Polydrug use / Other psychotropic substance \ Acute intoxication
- F19.1 Polydrug use / Other psychotropic substance \ Harmful use
- F19.2 Polydrug use / Other psychotropic substance \ Dependence syndrome
- F19.3 Polydrug use / Other psychotropic substance \ Abstinence phenomenon
- F19.4 Polydrug use / Other psychotropic substance \ Withdrawal state with delirium
- F19.5 Polydrug use / Other psychotropic substance \ Psychotic disorder
- F19.6 Polydrug use / Other psychotropic substance \ Amnesic syndrome
- F19.7 Polydrug use / Other psychotropic substance \ Residual and late-onset psychotic disorder
- F19.8 Polydrug use / Other psychotropic substance \ Other mental and behavioral disorders
- F19.9 Polydrug use / Other psychotropic substance \ Unspecified mental and behavioral disorder

**Other ICD-10 secondary diagnoses (psychiatric comorbidity and concomitant diseases)**

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12

if yes, please tick the primary drug/addiction diagnosis for  1 and the secondary drug/addiction diagnosis for  2.

## 6.7 End of treatment

Table 6.7:  
End of treatment: Gaming

End of treatment	day _____ month _____ year _____
Termination of treatment (= last contact of the current treatment episode)	day _____ month _____ year _____
Funding sources (multiple selections possible, select <u>all</u> that have been utilized during the course of treatment)	<input type="checkbox"/> social insurance <input type="checkbox"/> municipality/region (social welfare, basic income support, youth services, rehabilitation, etc.) <input type="checkbox"/> judiciary <input type="checkbox"/> employment office <input type="checkbox"/> self-payer <input type="checkbox"/> no case-related payer (e.g. general subsidy from the facility) <input type="checkbox"/> other, namely _____ (e.g. basic support)
Socially insured at end of treatment	<input type="radio"/> no <input type="radio"/> not known <input type="radio"/> yes
End of treatment	<input type="radio"/> scheduled termination of treatment <input type="radio"/> unscheduled termination of treatment, no discontinuation (e.g., illness, detention, death) <input type="radio"/> discontinuation of treatment <input type="radio"/> other, namely _____
Is a continuation of counselling/treatment planned?	<input type="radio"/> no <input type="radio"/> not known <input type="radio"/> yes
If a continuation of the counselling/treatment is planned: which ones?	<input type="checkbox"/> (partial) inpatient (post)treatment <input type="checkbox"/> outpatient (post)treatment <input type="checkbox"/> social (re-)integration measures (work, housing) <input type="checkbox"/> sporadic contacts for aftercare <input type="checkbox"/> other, namely _____

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# 7 Medicines

## 7.1 Case definition

Table 7.1:  
Case definition of the client: Medicines

ID of the client	
Date of birth	<input type="radio"/> known <input type="radio"/> estimated
Date of birth	day _____ month _____ year _____ if no date of birth could be collected, please enter the (estimated) year of birth here: _____
Sex (according to official documents)	<input type="radio"/> male <input type="radio"/> female <input type="radio"/> other sex assignment (z. B. diverse, inter, open, no entry ...), namely _____ (free text optional)
Sex (self-assignment of the client)	<input type="radio"/> male <input type="radio"/> female <input type="radio"/> diverse <input type="radio"/> inter <input type="radio"/> open <input type="radio"/> no entry <input type="radio"/> other sex assignment, namely _____

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## 7.2 Treatment episode

Table 7.2:  
Treatment episode: Medicines

Start of treatment	day _____ month _____ year _____
Type of treatment relationship	<input type="radio"/> short-term contact <input type="radio"/> low-threshold counselling <input type="radio"/> long-term treatment or counselling
Focus of treatment (multiple choices possible)	<input type="checkbox"/> drug-related problems <input type="checkbox"/> alcohol-related problems <input type="checkbox"/> medicines-related problems <input type="checkbox"/> nicotine-related problems <input type="checkbox"/> gambling and/or sports betting-related problems <input type="checkbox"/> gaming-related problems <input type="checkbox"/> other problems, namely _____
Has the client previously utilized <b>services for the treatment of medicines-related problems?</b>	<input type="radio"/> no, never <input type="radio"/> not known <input type="radio"/> yes
Due to medicines-related problems	<input type="checkbox"/> in the form of (partial) inpatient treatment <input type="checkbox"/> in the form of outpatient treatment/care/counselling <input type="checkbox"/> in the form of low-threshold support <input type="checkbox"/> only short-term counselling and information

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## 7.3 Start of treatment

Table 7.3:  
Start of treatment: Medicines

Has the client already received addiction-specific treatment at your facility?	<input type="radio"/> no <input type="radio"/> not known <input type="radio"/> yes
Main reason for current contact	<input type="radio"/> own initiative <input type="radio"/> family or friends <input type="radio"/> other addiction-specific facilities <input type="radio"/> referral from a registered physician <input type="radio"/> referral from a hospital, other non-addiction-specific facilities <input type="radio"/> social welfare office, youth welfare office, health authority <input type="radio"/> employment office <input type="radio"/> justice (directive, treatment requirement) <input type="radio"/> school <input type="radio"/> driving license authority <input type="radio"/> other, namely _____ <input type="radio"/> not known
Planned setting (type of treatment)	<input type="radio"/> sporadic contact as needed <input type="radio"/> regular, prearranged contacts at least once a month <input type="radio"/> regular, prearranged contacts at least once a week <input type="radio"/> (partial) inpatient admission <input type="radio"/> other, namely _____
Planned payer (multiple choices possible)	<input type="checkbox"/> social insurance <input type="checkbox"/> municipality/region (social welfare, basic income support, youth services, rehabilitation, etc.) <input type="checkbox"/> judiciary <input type="checkbox"/> employment office <input type="checkbox"/> self-payer <input type="checkbox"/> no case-related payer (e.g. general subsidy from the facility) <input type="checkbox"/> other, namely _____ (e.g. basic support)
Socially insured at the start of treatment	<input type="radio"/> no <input type="radio"/> not known <input type="radio"/> yes

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## 7.4 Sociodemographics and living conditions

Table 7.4:  
Sociodemographics and living conditions: Medicines

Highest completed level of education	<input type="radio"/> no <input type="radio"/> not known <input type="radio"/> yes
Highest completed level of education	<input type="radio"/> none <input type="radio"/> primary school or 4 years special school <input type="radio"/> compulsory school (lower secondary school or lower grades of academic secondary school (AHS), special school years 4–8, vocational school) <input type="radio"/> apprenticeship examination <input type="radio"/> vocational middle school = technical/vocational school without graduation) <input type="radio"/> (vocational) higher school with graduation, upper level (AHS) <input type="radio"/> university studies or university-related institution, college <input type="radio"/> not known
Livelihood and employment	<input type="radio"/> yes, full-time employment (35 hours or more per week, multiple part-time employments are summed) <input type="radio"/> yes, part-time employment (13 to 34 hours per week, multiple part-time employments are summed) <input type="radio"/> yes, marginal employment (less than 13 hours per week, multiple part-time employments are summed) <input type="radio"/> no, not employed <input type="radio"/> not known if employed
Other forms of livelihood (at least one selection required)	<input type="checkbox"/> no other form of livelihood <input type="checkbox"/> unemployment benefits (registered as unemployed for up to 6 months) <input type="checkbox"/> unemployment benefits/emergency assistance (registered as unemployed for more than 6 months) <input type="checkbox"/> needs-based minimum income security <input type="checkbox"/> community or civilian service <input type="checkbox"/> parental leave benefits <input type="checkbox"/> pension <input type="checkbox"/> homemaker (= livelihood provided by partner) <input type="checkbox"/> child, student (= so-called dependents) <input type="checkbox"/> other livelihood (e.g., support from relatives, illegal income) <input type="checkbox"/> vocational reintegration measure or retraining program <input type="checkbox"/> other forms of livelihood <input type="checkbox"/> not known
Citizenship	<input type="radio"/> ... <input type="radio"/> other EU country <input type="radio"/> non-EU country <input type="radio"/> stateless <input type="radio"/> not known

Residence in the last six months before the start of treatment (federal state)	<input type="radio"/> Burgenland <input type="radio"/> Carinthia <input type="radio"/> Lower Austria <input type="radio"/> Upper Austria <input type="radio"/> Salzburg <input type="radio"/> Styria <input type="radio"/> Tyrol <input type="radio"/> Vorarlberg <input type="radio"/> Vienna <input type="radio"/> Abroad <input type="radio"/> not known
Current living-situation (how?)	<input type="radio"/> secured (e.g., own apartment, permanent residence with family, friends, etc.) <input type="radio"/> unsecured (e.g. homelessness, varying overnight/living arrangements) <input type="radio"/> institution (e.g., therapy station, clinic), with secured living situation (e.g., apartment) <input type="radio"/> institution (e.g., therapy station, clinic), without secured living situation <input type="radio"/> supported living, with secured living situation (e.g., apartment) <input type="radio"/> supported living, without secured living situation <input type="radio"/> detention <input type="radio"/> not known
Current living-situation (with whom?)	free text
Does the client live with (at least) one child in a common household?	<input type="radio"/> no <input type="radio"/> not known <input type="radio"/> yes
With whom does the client currently live (otherwise still) together?	<input type="radio"/> with (other) no one <input type="radio"/> with parents or close relatives (e.g. grandparents, siblings) <input type="radio"/> with Partners <input type="radio"/> with friends or other persons (e.g. co-living) <input type="radio"/> other <input type="radio"/> not known
Does the client consume tobacco and nicotine-containing products?	<input type="radio"/> no, no consumption in the last month <input type="radio"/> not known <input type="radio"/> yes, occasional use in the last month <input type="radio"/> yes, daily consumption in the last month
If daily use in the last month: which tobacco and/or other nicotine-containing products does the client consume <u>on a daily basis</u> ?	<input type="checkbox"/> cigarettes (including cigars, cigarillos, and pipes) <input type="checkbox"/> waterpipes/hookahs/shishas <input type="checkbox"/> electronic inhalation products (including e-cigarettes, heated tobacco products, e-shishas, and e-pipes) <input type="checkbox"/> other smokeless tobacco products (tobacco-containing nicotine bags/pouches, chewing tobacco, snuff, lozenges) <input type="checkbox"/> tobacco-free nicotine pouches <input type="checkbox"/> others, namely _____ <input type="checkbox"/> not known

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## 7.5 Anamnesis

Table 7.5:  
Anamnesis: Medicines – Substance

Substance	Questions for short-term contacts and long-term treatment				Questions exclusively for long-term treatment		
	Pri- mary drug	Sec- ondary drug	Exclusively legal issues (not primary drug)	No or no treatment-rel- evant use	Frequency of use in the last 30 days before start of treat- ment	Age at first use	Usual route of administration of primary drug
Benzodiazepines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____ days per week	_____ years	<input type="radio"/> inject <input type="radio"/> smoke/inhale <input type="radio"/> eat/drink <input type="radio"/> sniff <input type="radio"/> others <input type="radio"/> not known
Barbiturates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____ days per week	_____ years	<input type="radio"/> inject <input type="radio"/> smoke/inhale <input type="radio"/> eat/drink <input type="radio"/> sniff <input type="radio"/> others <input type="radio"/> not known
Other tranquilizer / other hypnotics, namely: -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____ days per week	_____ years	<input type="radio"/> inject <input type="radio"/> smoke/inhale <input type="radio"/> eat/drink <input type="radio"/> sniff <input type="radio"/> others <input type="radio"/> not known

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## 7.6 Classification according to ICD-10

Table 7.6:  
Classification according to ICD-10: Medicines

Does your facility collect diagnoses of your clients according to ICD-10?	<input type="radio"/> yes <input type="radio"/> no
Has the client been diagnosed according to ICD-10 <sup>13</sup> ?	<input type="radio"/> yes <input type="radio"/> no
<b>F10.- Mental and behavioral disorders due to use of alcohol</b> <input type="checkbox"/> F10.0 Alcohol \ Acute intoxication <input type="checkbox"/> F10.1 Alcohol \ Harmful use <input type="checkbox"/> F10.2 Alcohol \ Dependence syndrome <input type="checkbox"/> F10.3 Alcohol \ Withdrawal state <input type="checkbox"/> F10.4 Alcohol \ Withdrawal state with delirium <input type="checkbox"/> F10.5 Alcohol \ Psychotic disorder <input type="checkbox"/> F10.6 Alcohol \ Amnesic syndrome <input type="checkbox"/> F10.7 Alcohol \ Residual and late-onset psychotic disorder <input type="checkbox"/> F10.8 Alcohol \ Other mental and behavioral disorders <input type="checkbox"/> F10.9 Alcohol \ Unspecified mental and behavioral disorder	<b>F11.- Mental and behavioral disorders due to use of opioids</b> <input type="checkbox"/> F11.0 Opioids \ Acute intoxication <input type="checkbox"/> F11.1 Opioids \ Harmful use <input type="checkbox"/> F11.2 Opioids \ Dependence syndrome <input type="checkbox"/> F11.3 Opioids \ Abstinence phenomenon <input type="checkbox"/> F11.4 Opioids \ Withdrawal state with delirium <input type="checkbox"/> F11.5 Opioids \ Psychotic disorder <input type="checkbox"/> F11.6 Opioids \ Amnesic syndrome <input type="checkbox"/> F11.7 Opioids \ Residual and late-onset psychotic disorder <input type="checkbox"/> F11.8 Opioids \ Other mental and behavioral disorders <input type="checkbox"/> F11.9 Opioids \ Unspecified mental and behavioral disorder
<b>F12.- Mental and behavioral disorders due to use of cannabinoids</b> <input type="checkbox"/> F12.0 Cannabinoids \ Acute intoxication <input type="checkbox"/> F12.1 Cannabinoids \ Harmful use <input type="checkbox"/> F12.2 Cannabinoids \ Dependence syndrome <input type="checkbox"/> F12.3 Cannabinoids \ Abstinence phenomenon <input type="checkbox"/> F12.4 Cannabinoids \ Withdrawal state with delirium <input type="checkbox"/> F12.5 Cannabinoids \ Psychotic disorder <input type="checkbox"/> F12.6 Cannabinoids \ Amnesic syndrome <input type="checkbox"/> F12.7 Cannabinoids \ Residual and late-onset psychotic disorder <input type="checkbox"/> F12.8 Cannabinoids \ Other mental and behavioral disorders <input type="checkbox"/> F12.9 Cannabinoids \ Unspecified mental and behavioral disorder	<b>F13.- Mental and behavioral disorders due to use of sedatives or hypnotics</b> <input type="checkbox"/> F13.0 Sedatives/Hypnotics \ Acute intoxication <input type="checkbox"/> F13.1 Sedatives/Hypnotics \ Harmful use <input type="checkbox"/> F13.2 Sedatives/Hypnotics \ Dependence syndrome <input type="checkbox"/> F13.3 Sedatives/Hypnotics \ Abstinence phenomenon <input type="checkbox"/> F13.4 Sedatives/Hypnotics \ Withdrawal state with delirium <input type="checkbox"/> F13.5 Sedatives/Hypnotics \ Psychotic disorder <input type="checkbox"/> F13.6 Sedatives/Hypnotics \ Amnesic syndrome <input type="checkbox"/> F13.7 Sedatives/Hypnotics \ Residual and late-onset psychotic disorder <input type="checkbox"/> F13.8 Sedatives/Hypnotics \ Other mental and behavioral disorders <input type="checkbox"/> F13.9 Sedatives/Hypnotics \ Unspecified mental and behavioral disorder

**F14.- Mental and behavioral disorders due to use of cocaine**

- F14.0 Cocaine \ Acute intoxication
- F14.1 Cocaine \ Harmful use
- F14.2 Cocaine \ Dependence syndrome
- F14.3 Cocaine \ Abstinence phenomenon
- F14.4 Cocaine \ Withdrawal state with delirium
- F14.5 Cocaine \ Psychotic disorder
- F14.6 Cocaine \ Amnesic syndrome
- F14.7 Cocaine \ Residual and late-onset psychotic disorder
- F14.8 Cocaine \ Other mental and behavioral disorders
- F14.9 Cocaine \ Unspecified mental and behavioral disorder

**F16.- Mental and behavioral disorders due to use of hallucinogen**

- F16.0 Hallucinogen \ Acute intoxication
- F16.1 Hallucinogen \ Harmful use
- F16.2 Hallucinogen \ Dependence syndrome
- F16.3 Hallucinogen \ Abstinence phenomenon
- F16.4 Hallucinogen \ Withdrawal state with delirium
- F16.5 Hallucinogen \ Psychotic disorder
- F16.6 Hallucinogen \ Amnesic syndrome
- F16.7 Hallucinogen \ Residual and late-onset psychotic disorder
- F16.8 Hallucinogen \ Other mental and behavioral disorders
- F16.9 Hallucinogen \ Unspecified mental and behavioral disorder

**F15.- Mental and behavioral disorders due to use of other stimulants**

- F15.0 Other stimulants \ Acute intoxication
- F15.1 Other stimulants \ Harmful use
- F15.2 Other stimulants \ Dependence syndrome
- F15.3 Other stimulants \ Abstinence phenomenon
- F15.4 Other stimulants \ Withdrawal state with delirium
- F15.5 Other stimulants \ Psychotic disorder
- F15.6 Other stimulants \ Amnesic syndrome
- F15.7 Other stimulants \ Residual and late-onset psychotic disorder
- F15.8 Other stimulants \ Other mental and behavioral disorders
- F15.9 Other stimulants \ Other mental and behavioral disorders

**F17.- Mental and behavioral disorders due to use of tobacco**

- F17.0 Tobacco \ Acute intoxication
- F17.1 Tobacco \ Harmful use
- F17.2 Tobacco \ Dependence syndrome
- F17.3 Tobacco \ Abstinence phenomenon
- F17.4 Tobacco \ Withdrawal state with delirium
- F17.5 Tobacco \ Psychotic disorder
- F17.6 Tobacco \ Amnesic syndrome
- F17.7 Tobacco \ Residual and late-onset psychotic disorder
- F17.8 Tobacco \ Other mental and behavioral disorders
- F17.9 Tobacco \ Unspecified mental and behavioral disorder

**F18.- Mental and behavioral disorders due to use of solvent**

- F18.0 Volatile solvent \ Acute intoxication
- F18.1 Volatile solvent \ Harmful use
- F18.2 Volatile solvent \ Dependence syndrome
- F18.3 Volatile solvent \ Abstinence phenomenon
- F18.4 Volatile solvent \ Withdrawal state with delirium
- F18.5 Volatile solvent \ Psychotic disorder
- F18.6 Volatile solvent \ Amnesic syndrome
- F18.7 Volatile solvent \ Residual and late-onset psychotic disorder
- F18.8 Volatile solvent \ Other mental and behavioral disorders
- F18.9 Volatile solvent \ Unspecified mental and behavioral disorder

**F63.- Habit and impulse disorders**

- F63.0 Pathological Gambling

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**F19.- Mental and behavioral disorders due to use of polydrug use and psychotropic substances**

- F19.0 Polydrug use / Other psychotropic substance \ Acute intoxication
- F19.1 Polydrug use / Other psychotropic substance \ Harmful use
- F19.2 Polydrug use / Other psychotropic substance \ Dependence syndrome
- F19.3 Polydrug use / Other psychotropic substance \ Abstinence phenomenon
- F19.4 Polydrug use / Other psychotropic substance \ Withdrawal state with delirium
- F19.5 Polydrug use / Other psychotropic substance \ Psychotic disorder
- F19.6 Polydrug use / Other psychotropic substance \ Amnesic syndrome
- F19.7 Polydrug use / Other psychotropic substance \ Residual and late-onset psychotic disorder
- F19.8 Polydrug use / Other psychotropic substance \ Other mental and behavioral disorders
- F19.9 Polydrug use / Other psychotropic substance \ Unspecified mental and behavioral disorder

**Other ICD-10 secondary diagnoses (psychiatric comorbidity and concomitant diseases)**

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13

if yes, please tick the primary drug/addiction diagnosis for  1 and the secondary drug/addiction diagnosis for  2.

## 7.7 End of treatment

Table 7.7:  
End of treatment: Medicines

End of treatment	day _____ month _____ year _____
Termination of treatment (= last contact of the current treatment episode)	day _____ month _____ year _____
Funding sources (multiple selections possible, select all that have been utilized during the course of treatment)	<input type="checkbox"/> social insurance <input type="checkbox"/> municipality/region (social welfare, basic income support, youth services, rehabilitation, etc.) <input type="checkbox"/> judiciary <input type="checkbox"/> employment office <input type="checkbox"/> self-payer <input type="checkbox"/> no case-related payer (e.g. general subsidy from the facility) <input type="checkbox"/> other, namely _____ (e.g. basic support)
Socially insured at end of treatment	<input type="radio"/> no <input type="radio"/> not known <input type="radio"/> yes
End of treatment	<input type="radio"/> scheduled termination of treatment <input type="radio"/> unscheduled termination of treatment, no discontinuation (e.g., illness, detention, death) <input type="radio"/> discontinuation of treatment <input type="radio"/> other, namely _____
Is a continuation of counselling/treatment planned?	<input type="radio"/> no <input type="radio"/> not known <input type="radio"/> yes
If a continuation of the counselling/treatment is planned: which ones?	<input type="checkbox"/> (partial) inpatient (post)treatment <input type="checkbox"/> outpatient (post)treatment <input type="checkbox"/> social (re-)integration measures (work, housing) <input type="checkbox"/> sporadic contacts for aftercare <input type="checkbox"/> other, namely _____

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## 8 Conclusions

Over the past 20 years, the monitoring system in the field of drugs has been continuously expanded and improved according to the standards of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The implementation of the documentation and reporting system of clients of Austrian drug treatment services (DOKLI), in which most relevant drug facilities in Austria participate, represented an important milestone.

The commissioning to expand the existing documentation and reporting system to include the treatment areas of tobacco and other nicotine-containing products, alcohol, gambling, gaming and sports betting, and medications serves, on the one hand, to address the substance- and behavior-addiction concept of Austria's addiction prevention strategy. An expansion of DOKLI is also intended to shift the focus from drug addiction to addiction as a whole, aligning with the state-of-the-art approach to the addiction theme. On the other hand, the expanded documentation standards are designed to better reflect the practices in addiction treatment facilities, as there is an increasing trend towards comprehensive addiction work, and the associated services of treatment facilities are currently less visible.

The core items developed in the course of the project are intended to form the basis for a variety of treatment documentation systems at the institutional level, serving as nationwide minimum standards. A well-founded, nationally uniform, and overarching addiction monitoring system is expected to provide the foundation for a realistic assessment of the addiction epidemiological situation in the future. This will enable empirical-based planning and (further) development of drug/addiction-related strategies and (prevention) measures. Subsequently, the provided information should also facilitate adapting the addiction treatment system to the needs of clients, optimizing its accessibility and treatment quality, as well as developing and evolving adequate prevention measures.

## 9 Glossary

In the English publication, a detailed description of Austria-specific terminology in the areas of social, education, and administration has been omitted.

Addiction-specific support	Support relates to substance-related or non-substance-related dependence. Short-term contacts are not considered here.
Addiction-specific treatment	Treatment for substance-related or non-substance-related dependence. Short-term contacts are not considered here.
Alcohol standard units	Standard units refer to the total amount of different alcoholic beverages consumed per day. One standard unit consists of half a liter of beer, a quarter liter of wine, or three small spirits (each 2 cl). For example, if on a typical day in the last 30 days, two large beers or four eighth-liter wines were consumed, indicate 2 as the number of standard units. If on a typical day, four large beers and three small spirits were consumed, indicate 5 as the number of standard units. Standard units (SE) of common drink quantities: 0.5 liters of beer = 1 SE; $3 \times 0.3$ beer = 2 SE; Eighth of wine = 0.5 SE; Quarter of wine = 1 SE; Bottle of wine (0.7 liters) = 3 SE; Cocktail with 6 cl spirits = 1 SE; Bottle of spirits (0.7 liters) = 12 SE.
Child	This question pertains to children up to 18 years of age who currently (in the last 30 days before the start of treatment) live in the same household as the client. It is not relevant whether it is one or more of the client's children or whether the client is responsible for the care of this child or these children. Siblings of the client are not included.
Compulsory school	Refers to clients who have successfully completed mandatory schooling. Completion of the nine-year compulsory education (applicable to Austria) does not necessarily mean obtaining a (positive) completion of compulsory education.
Core data	Core data are the minimum standard for documenting clients who initiate a long-term treatment or

	counselling, low-threshold counselling, or short-term contact.
Counselling	Professional counselling, distinguished from advice, is a scientifically grounded, specific form of developmental and life assistance. Counselling is defined in the professional literature as a social interaction in which a competent counselor assists clients in solving a current or future problem. Voluntariness and self-responsibility of clients, as well as the formulation of counselling goals, are highlighted as characteristic features of counselling. In this definition, counselling encompasses both short-term, information-oriented counselling and medium- to long-term problem-solving-oriented counselling. The role of the counselor extends beyond the conveyance of factual information; they also strive to structure and guide the problem-solving process through reflection on alternative solutions. Short-term, information-oriented counselling typically occurs in a low-threshold setting, while medium- to long-term problem-solving-oriented counselling takes place in an outpatient setting.
Current living situation	The current living situation in the last 30 days before the start of treatment.
Day outpatient treatment	Extended outpatient treatment provided during a single day within defined outpatient care areas.
Day partial inpatient stay	Extended inpatient stay where patients are admitted and discharged on the same day or spend the night outside the hospital/clinic/facility. It involves daily treatment during the day over several weeks (sometimes referred to as "day-structuring treatment" in psychiatry).
Employed	Individuals who work as self-employed or employed (workers, employees, civil servants, apprentices, home workers), regardless of the number of hours worked (excluding individuals on parental leave and individuals in military or civilian service, who are recorded in separate categories). "Employed" also includes assisting family members who work in a

family business without receiving specific remuneration and without a formal employment relationship (social insurance). In agricultural enterprises (full-time and part-time), the partner of the farm owner will often be recorded as "employed." Here, "employed" encompasses not only individuals with regular employment (full-time and part-time) but also all individuals with marginal employment. This definition is necessary for international comparisons. Individuals who identify as retirees, homemakers, students, and other non-working individuals or unemployed should also be recorded as "employed" if they engage in (marginal) employment. "Employed" also includes individuals in "part-time leave" and disabled individuals working in sheltered workshops. Individuals participating in retraining measures are considered employed only if they are insured through a company and not through the labor market administration. Similarly, individuals in a paid training program, apart from traditional apprenticeships, are classified as "employed." This category includes graduates of nursing, police, or military schools, for example.

End of treatment

The end of treatment is determined by the date of the last face-to-face contact with the client. A treatment episode concludes when (1) the treatment is terminated (e.g., regular termination, discontinuation) or (2) the client, without a corresponding agreement, does not appear in the institution for more than half a year. The date of treatment end is the last face-to-face contact with the client. In exceptional cases, the last telephone contact can also be defined as the end of treatment. However, this is only the case when face-to-face treatment continues via telephone and this continuation aligns with the definitions of counselling or treatment (see also treatment episode and treatment termination).

Exclusively legal issues

Check this category if the drug was occasionally consumed, there is no harmful use or dependency issue, but a legal directive exists.

Executions	Indicate whether the client has undergone executions under the Execution Ordinance due to gambling problems.
Financial situation	Estimated amount of debt as assessed by the client. If the client does not know, select "not known". If the client has no debts, select "none". Possible answers are none, small amount (up to €1,000), medium amount (up to €5,000), large amount (up to €50,000), and very large amount (over €50,000).
First use	This refers to the very first use of the drug (not the onset of regular consumption) – the corresponding age should be entered. If the age is not known, enter 99.
Gambling-related offenses	Please indicate whether the client has committed an offense to obtain funds for gambling or to repay debts resulting from gambling activities.
Harm reduction	Harm reduction is a concept aimed at reducing the risks associated with substance use. The concept assumes that continued substance use poses significant risks in terms of physical and mental health, as well as social problems. Harm reduction encompasses measures that decrease these risks without necessarily requiring or insisting on immediate substance abstinence as a condition for the intervention. The long-term goal of facilities offering harm reduction is to motivate the target audience for further interventions by collaborating with other addiction support services. Examples of harm reduction measures include needle exchange programs, consumption rooms, day centers, day beds, washing facilities, overnight accommodations, short-term medical care, services for short-term daily structuring, and short-term crisis intervention. Exclusive harm reduction is typically provided in a low-threshold setting.
Heaviness of Smoking Index (HSI)	The Heaviness of Smoking Index (HSI) is a measurement tool that includes questions about the time of smoking the first cigarette on a typical day and the number of cigarettes smoked daily. It is derived from the Fagerström Test for Nicotine Dependence.

(Professional) higher schools	Under this category, vocational schools with a graduation diploma or the completion of a general secondary education are to be coded.
Legally obligated care	In accordance with §137 ABGB (parents are responsible for the upbringing of their minor children and, in general, for promoting their well-being) and §144 ABGB (custody: parents are responsible for caring for and educating the minor child, managing their assets, and representing them).
Long-term treatment and support	Long-term treatment/support is considered when there is either a specific agreement with the client (e.g., inpatient treatment, OAT, long-term psychosocial support) or when there are more than five face-to-face contacts with a client within a twelve-month period.
Low-threshold counselling	Low-threshold counselling is referred to when clients regularly utilize services from low-threshold facilities (counselling, harm reduction services, etc.) and are personally known to their support staff by name or nickname (regular clientele).
Main place of residence	Place of residence is where the individual primarily resided in the last six months before the start of the current counselling/support/treatment.
Main reason for current contact	Please specify the subjectively most important reason for the client's initiation of the current treatment/support relationship.
Missing	If a question was not presented (e.g., treatment/counselling/support is terminated before all questions could be presented to the client), nothing should be marked or entered for that question. The corresponding question remains coded as "missing" in the database (see also not known).
No treatment-relevant use or no use	This category is pre-set in the DOKLI software. Institutions not using the DOKLI software should configure their recording system similarly. The default setting should be changed if the consumption of the

	<p>corresponding substance corresponds to the categories primary drug, secondary drug, or exclusively legal issues (no substance use issue).</p>
Not known	<p>"Not known" is reserved for cases where the client refuses to provide information or cannot give information (e.g., due to lack of memory). The question was presented, but no answer was obtained (see also "missing").</p>
Outreach measures	<p>Outreach measures in addiction services are based on the idea of not waiting for at-risk individuals or those with substance-related disorders to contact an addiction service institution. Instead, the approach is to proactively reach out to them at familiar meeting points in their environment, such as drug scenes, homes, prisons, psychiatric clinics, and hospitals.</p>
Parental leave allowance	<p>Individuals in parental leave are those who, after the birth of a child, are receiving parental leave allowance during the statutory parental leave. This legal entitlement applies only to salaried employees (both women and men) until the end of the child's second year of life. Individuals who, after the expiration of these two years, are granted additional unpaid leave for the purpose of childcare based on company agreements (or, for example, in the public sector) are no longer in statutory parental leave and should therefore be classified as homemakers. Women in maternity leave (usually eight weeks before and after the birth of the child) are not considered parental leave recipients but are categorized as "employed." Individuals who are granted unpaid leave by the employer for training purposes or other professional activities for an extended period and should never be counted as "on parental leave" unless the leave exceeds one year; in that case, they are still considered employed.</p>
Pension	<p>Used to capture individuals whose livelihood primarily comes from pensions, retirement benefits, and income from personal assets (e.g., annuities, shareholders, lessors). This group also includes recipients of a farmer's pension, i.e., former owners of</p>

an agricultural business or their widows/widowers, who, in addition to benefits from the statutory social insurance, receive certain maintenance benefits (accommodation, ongoing in-kind or cash benefits) based on an agreement with the successor to the farm. Widows/widowers of owners of a commercial enterprise are recorded as "employed" if they are active in the business; otherwise, they are categorized under "Pension."

Previous utilization of treatment services

This question primarily serves to determine the incidence of treatment for addiction or substance use issues (= how many individuals initiate long-term care for addiction or substance use for the first time in their lives each year). Since the incidence is a crucial indicator for describing the addiction and substance use situation, providing an answer to this question is mandatory. Selecting "not known" should be avoided if possible.

Primary drug

The primary drug refers to the substance that, from the client's subjective perspective, causes the most problems. The definition of problems, aligned with ICD-10, pertains to psychosocial and health-related issues rather than purely legal matters. Generally, the primary drug is also the one that led to the current treatment /support/counselling. If the client cannot decide on a specific drug as the primary one, multiple drugs can be indicated here.

Special Case: Documentation of the primary drug for clients with a legal treatment order: If there is no "problematic" use, no primary drug should be documented. Instead, the consumed substance(s) should be recorded under "solely legal issues (no problematic drug)."

Registered as unemployed

Individuals registered as unemployed and receiving either unemployment benefits or emergency assistance.

Secondary drug

Secondary drugs are those substances that the client consumed in addition to the primary (main) drug(s) in the last six months and also caused problems.

Short-term contacts	For clients in cases where it is not clear during the initial contacts whether a long-term treatment relationship will develop, the first five contacts are considered non-binding, short-term counselling = short-term contact. These should be documented using the appropriate questionnaire for short-term contacts. From the sixth contact onward, it will definitely be considered a long-term counselling/treatment relationship (see also long-term treatment and support).
Social benefits	The client is registered as unemployed and receives emergency assistance (social benefits).
Start of treatment	The initiation of treatment is marked by the date of the first face-to-face contact. The beginning of a treatment episode is defined as (1) when the client is being treated for the first time in the institution, or (2) when the client had been previously treated in the institution, but the treatment was terminated (e.g., regular termination, discontinuation, referral to another institution) and a new treatment phase begins, or (3) when the client interrupts the treatment without an agreement for more than half a year (e.g., the client simply does not return) and then resumes treatment (see also treatment episode).
Substance	Methadone, buprenorphine, slow-release morphine, and benzodiazepines should only be selected if they are obtained illegally or if the OAT medication is administered differently than prescribed (e.g., intravenous instead of oral). Otherwise, "no or no treatment-relevant use" should be selected. If the person is undergoing OAT and consumes these substances solely based on a medical prescription and in the prescribed form of administration, the substance that led to OAT should be indicated (e.g., heroin).
Suicide attempt	Indicate whether the client has reported a suicide attempt in the past. Suicidal thoughts are not to be included here.
Support	Support refers to all-encompassing services for a specific group of clients, where a combination of

pronounced physical impairments, along with psychological and social sequelae related to the consumption of psychotropic substances, has occurred. These individuals, whether abstinent or (stable) non-abstinent, chronically and multiply impaired patients, require medium to long-term assistance in addressing problems across various life domains due to the amalgamation of diverse issues hindering self-directed life management. Support is typically provided in an outpatient setting.

#### Termination of treatment

The conclusion of treatment occurs unexpectedly, either initiated by the client or by the institution (e.g., due to the client not adhering to agreements). Treatment termination is also considered when, despite different agreements, there is no contact with the client for more than six months (see also end of treatment).

#### Tobacco and other nicotine-containing products

This question pertains to traditional tobacco cigarettes (both hand-rolled and pre-made cigarettes), hookahs, pipes, cigars, e-cigarettes, as well as smokeless tobacco or nicotine products.

#### Treatment

Treatment measures can be implemented as individual, couple, or group therapeutic interventions and require specific qualifications. They necessitate an appropriate treatment setting (treatment contract, defined treatment duration, etc.). Typically, treatment can be divided into the following steps: anamnesis, diagnosis and indication, promotion of change motivation, development of common goals, treatment planning, implementation of treatment, conclusion of the therapeutic process, and evaluation of treatment outcomes. Opioid agonist treatment is also considered a form of treatment. However, detoxifications alone are not considered treatment. Treatment can take place in either an inpatient or outpatient setting.

#### Treatment episode

The treatment episode is the period between the start and end of treatment, usually spanning several weeks or months. If treatment (regularly or through termination) is ended and a new treatment begins

with the same client at a later date, it is considered a new treatment episode.

University studies or university-related institution, college

University-related institutions include, for example, pedagogical academies, academies for social work, schools of advanced medical-technical services, universities of applied sciences, etc. A college is characterized by the requirement of a high school diploma for admission.

Vocational middle schools

Under this category, vocational schools without a graduation diploma are to be coded.

§ 12 SMG

Clients are under care when an assessment by the district administrative authority as the health authority (medical officer) indicates that they require health-related measures according to § 11(2) SMG due to drug use or addiction, and the health authority works to ensure they undergo health-related measures or verifies if they comply.

§ 13 SMG

Clients are under care if a school medical examination (suspected substance use) indicates the need for health-related measures according to § 11(2) SMG.

§ 173 StPO

Clients are under care if, in the course of criminal proceedings related to their drug consumption, with their consent, the court issues an instruction instead of pretrial detention, directing them to undergo detoxification treatment, medical treatment, psychotherapy, or health-related measures according to § 11(2) SMG as a milder means to achieve the purpose of detention.

§ 35 SMG

Clients are under care if reported to law enforcement for violating the SMG, and the prosecution, considering the client's willingness to undergo necessary health-related measures according to § 11(2) SMG, provisionally sets aside the case for a probationary period of one to two years.

§ 37 SMG

Clients are under care if facing judicial proceedings for violating the SMG, and the court, considering the

client's willingness to undergo necessary health-related measures according to § 11(2) SMG, provisionally suspends the proceedings for a probationary period of one to two years.

§ 39 SMG

Clients are under care if convicted for violating the SMG with a fine or imprisonment, and the court, considering the client's willingness to undergo one or more necessary health-related measures according to § 11(2) SMG, grants a deferral of the prison sentence for a probationary period of up to two years.

§§ 50/51 StGB

Clients are under care if, to deter them from further drug-related offenses punishable by law, the court issues an instruction – particularly with their consent – to undergo detoxification treatment, psychotherapeutic, or medical treatment.