

# UngMap© English Edition

**Personal identification number** \_\_\_\_\_  
**Name** \_\_\_\_\_  
**Date (dd-mm-yyyy)** \_\_\_\_\_

- Seeking alcohol treatment
- Seeking drug treatment

## Social conditions

### 1. Are you pursuing an education? (if yes, which?)

- No, I am not currently enrolled in an education program
- Primary School (e.g. 7<sup>th</sup>, 8<sup>th</sup> and 9<sup>th</sup> grade)
- 10<sup>th</sup> grade
- Continuation school/boarding school for teenagers
- Folk high school
- Upper secondary education (STX: common education program; HHX: commercial program; HTX: technical program; EUX: vocational training)
- HF: Higher preparatory course (full course)
- VUC (AVU and HF single subject)
- STU (Specially adapted youth education)
- FGU (Preparatory basic education)
- Labour marked education or TAMU (træningskolens arbejdsmarkedssuddannelser)
- EUD Vocational education or technical college (e.g. social and health care helper, carpenter, bricklayer, gardener, butcher, office education, hairdresser, electrician, photographer, crane operator)
- Academy profession degree (e.g. agricultural economist, IT technician, insurance academy)
- Short-cycle higher education (e.g. health and social care assistant, AP Graduate in Computer Science, academy profession degree)
- Medium-cycle higher education (e.g. pedagogue, nurse, social worker, professional bachelor programs)
- Long-cycle higher education (e.g. university degrees such as candidate degrees)
- Police and Armed Forces
- Master's degree or diploma program
- In an apprenticeship or school-based practical training
- In an internship (not apprenticeship)
- Preparatory course for immigrants and refugees
- Other education: \_\_\_\_\_

**2. What was your main source of income during the last month?**

- Pocket money/financial support (from family and similar)
- Paid part-time job incl. spare time job (write which) \_\_\_\_\_
- Paid full-time job (write which) \_\_\_\_\_
- SU: State Education Support
- School benefits
- Unemployment activation program, wage subsidiary or rehabilitation
- Unemployment benefits (Dagpenge)
- Sickness benefits or maternity benefits
- Educational assistance/integration benefits/work ability enhancement program/social assistance (Kontanthjælp)
- Early retirement/disability pension
- Other (write which) \_\_\_\_\_
- No income (write how you get on in that case): \_\_\_\_\_

**3. How many days have you been absent from school or work within the last 30 days (20 days = full-time work/education) (If in education/employment)?**

Days \_\_\_\_\_

**4. How is your housing situation?**

- Stable (I live in a place where I can stay as long as I want)
- Partly stable (I can stay there for a long time, but I will have to move at some point)
- Unstable (I can stay there for less than 1 year)
- I am homeless (I live on the street or wherever possible)
- I live in a residential institution/residential care home/shelter **(If institution go to Q6)**
- I am serving a prison sentence/in an arrest house **(If prison/arrest house go to Q6)**

**5. Who do you live with?**

- With both parents
- With one parent
- With one parent and a stepfather/stepmother
- Alone
- Alone with child/children
- With boyfriend/girlfriend/partner/spouse
- With boyfriend/girlfriend/partner/spouse and child/children
- With other relatives (indicate whom): \_\_\_\_\_
- With a foster family
- With friends
- With other young people at a residential institution/residential care home/shelter
- With other young people at continuation school/boarding school for teenagers/folk high school
- With other young people at college accommodation
- I am homeless
- With others (indicate whom): \_\_\_\_\_

**6. How many of your friends do you perceive as close friends?**

Number: \_\_\_\_\_

**7. Do you have a boyfriend/girlfriend/partner/spouse? (Question should not be asked if living with boyfriend/girlfriend/partner/spouse)**

- Yes
- No

**8. Do you have children?**

- Yes
- No

**9. Are you or your partner pregnant?**

- Yes
- No

**10. Do you receive a high level of personal support (not financial) from any of the following people in your network? (You can choose more than one)**

- Boyfriend/girlfriend/partner/spouse
- Former boyfriend/girlfriend/partner/spouse
- Mother
- Father
- Sibling(s)
- Other relatives (indicate whom) \_\_\_\_\_
- Foster family
- Friend/friends
- Classmates/colleagues/employer
- Social services/public authorities
- Residential institution/residential care home/shelter
- Others (indicate whom) \_\_\_\_\_
- None

**11. Do you have a high degree of conflict with any of the following in your network? (You can choose more than one)**

- Boyfriend/girlfriend/partner/spouse
- Former boyfriend/girlfriend/partner/spouse
- Mother
- Father
- Sibling(s)
- Other relatives (indicate whom) \_\_\_\_\_
- Foster family
- Friend/friends
- Classmates/colleagues/employer
- Social services/public authorities
- Residential institution/residential care home/shelter
- Others (indicate whom) \_\_\_\_\_
- None

**For the interviewer: Do you have any comments on the respondent's social situation?**

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## Use of substances and medicine

**1. How often do you have a drink containing alcohol? (Think of the last month)**  
**(If the respondent hasn't been drinking alcohol within the last month, go to Q11)**

- Not at all within the last month
- No more than once a month
- 2-4 times a month
- 2-3 times a week
- 4 or more times a week

**2. How many units of alcohol do you drink on a typical day when you are drinking?**  
**(Think of the last month)**

- 1-2 units
- 3-4 units
- 5-6 units
- 7-9 units
- 10 units or more

**3. How often have you had five or more units of alcohol on a single occasion? (Think of the last month)**

- Never
- Rarely
- Monthly
- Weekly
- Daily or almost daily

**4. How often during the last month have you found that you were not able to stop drinking once you had started?**

- Not within the last month
- Once within the last month
- Some times within the last month
- Weekly
- Every day or almost every day

**5. How often during the last month have you failed to do what was normally expected from you because of your drinking?**

- Not within the last month
- Once within the last month
- Some times within the last month
- Weekly
- Every day or almost every day

**6. How often during the last month have you needed to drink alcohol in the morning to get yourself going after a heavy drinking session the day before?**

- Not within the last month
- Once within the last month
- Some times within the last month
- Weekly
- Every day or almost every day

**7. How often during the last month have you had a feeling of guilt or remorse after drinking?**

- Not within the last month
- Once within the last month
- Some times within the last month
- Weekly
- Every day or almost every day

**8. How often during the last month have you been unable to remember what happened the night before because you had been drinking?**

- Not within the last month
- Once within the last month
- Some times within the last month
- Weekly
- Every day or almost every day

**9. Have you or somebody else been injured as a result of your drinking within the last month? (fallen and got hurt or injured, been in a fight/hit others, driving accident, or similar)**

- No, not within the last month
- Yes, once within the last month
- Yes, some times within the last month

**10. During the last month, has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?**

- No, not within the last month
- Yes, once within the last month
- Yes, some times within the last month

**11. How many days have you used nicotine products within the last 30 days (joints with tobacco are not included)? (Examples of nicotine products: Cigarettes, E-cigarettes/vapes/pufbars, waterpipe (hookah), snuff/chewing tobacco)**

Days \_\_\_\_\_ (If 0, go to Q13)

**12. Which nicotine products have you used within the last 30 days?**

- Cigarettes
- E-cigarettes/vapes/pufbars
- Waterpipe (hookah)
- Snuff/chewing tobacco

**For the interviewer: Do you have any comments on the respondent's use of alcohol and nicotine products?**

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**13. How many days have you used the following drugs within the last 30 days**

**NOTE! Only drugs that are not prescribed by a doctor**

	Number of days, within the last 30 days
13.1. Cannabis (e.g. hashish, pot, skunk)	days
13.2. Amphetamines	days
13.3. Cocaine	days
13.4. Ecstasy/MDMA	days
13.5. Sedatives/anxiety reducing medicine and/or sleeping pills (e.g. Xanax, Alprox, Stesolid. Not prescribed by a doctor)	days
13.6. Opioids/morphine agents with a painkilling effect (Oxycontin, Tramadol, Fentanyl, methadone, heroin and similar) (not prescribed by a doctor)	days
13.7. Other drugs (e.g. mushrooms, ketamine, LSD, fantasy/GHB, sniffing glue or other solvents, Ritalin or other)	days

**Below only for the last 30 days**

**13.5.1 Which sedatives? (If sedatives used)**

- Alprazolam (Xanax)
- Bromazepam (Lexotan)
- Clonazepam (Rivotril)
- Diazepam (Stesolid)
- Oxazepam (Oxabenz)
- Lorazepam (Rativor, Temesta)
- Benzodiazepine (chosen if the respondent does not know the specific type)
- Quetiapine
- Sleeping pills (not benzodiazepines)
- Other sedatives (write which) \_\_\_\_\_
- Pills I do not know what are

**13.6.2 What types of opioids? (If opioids used)**

- Heroin
- Dolol/Tramadol
- Morfine/Contalgin
- Oxycidin / Oxycontin
- Methadone
- Buprenorphine
- Codeine
- Fentanyl
- Opium
- Other

**13.7.1 Which other drugs? (If other drugs used)**

- GHB / fantasy
- Ketamine
- Nitrous oxide
- LSD
- Mushrooms
- Other psychedelic drugs (e.g. DMT, ayahuasca, mescaline)
- Solvents (e.g. lighter gas, sniffing glue, deodorant, petrol)
- Other drugs (indicate which) \_\_\_\_\_

**For the interviewer: Do you have any comments on the respondent's use of illegal drugs?**

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## Physical problems

**1. How many days have you experienced physical health issues within the last 30 days? (for instance fatigue, nausea, headache, back and joint pain, flu, sore throat or similar):**

Days: \_\_\_\_\_ (If 0 go to Q2)

**1.1 What kinds of physical problems?**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**1.2 For how long have you been experiencing these problems?**

**(indicate the problem that has lasted the longest)**

0-30 days

1-3 months

3-6 months

6-12 months

More than 1 year

**1.3 How affected have you been by this/these physical problems within the last 30 days?**

Not at all

A little

In moderate degree

A lot

Very much

**2. How many days within the last 30 days have you used over-the-counter medicine with a painkilling effect? (For instance: Panodil, Aspirin, Ipren, Ibuprofen or similar)?**

Days: \_\_\_\_\_

**3. How many days within the last 30 days have you used medication prescribed by a doctor for your physical problems?**

Days: \_\_\_\_\_ (If 0 go to Q4)

**3.1 What is the name of the medication? (Prescription only)**

Medicine 1: \_\_\_\_\_

Medicine 2: \_\_\_\_\_

Medicine 3: \_\_\_\_\_

**4. Are you receiving medical treatment for your alcohol or drug use with any of the following?**

- No, I am not in medical treatment
- Antabuse
- Acamprosate
- Buprenorphine
- Subutex/Suboxone
- Buvidal
- Naltrexone
- Methadone
- Other (indicate which): \_\_\_\_\_

**For the interviewer: Do you have any comments on the respondent's physical problems?**

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## Mental and behavioral conditions

Think about your experiences in primary school

	Not at all	To a lesser degree	To a moderate degree	To a large degree	To a very large degree
1. To what extent were/are you and your friends troublemakers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. To what extent were/are you having conflicts with the teachers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. To what extent were/are you disrupting the teaching in class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. To what extent did/do you skip school in primary school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Have you ever been expelled from school because of your behavior?

Yes

No

### Impulsivity

	Never	Rarely	Sometimes	Often	Very often
6. I act impulsively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I speak first and think later	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I get bored doing the same things over and over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I do things without thinking ahead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. It happens that I borrow something and then lose it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For the interviewer: Do you have any comments on the respondent's behavioral conditions?

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**11. Have you been affected by loneliness within the last 30 days?**

- Not at all
- A little
- In moderate degree
- A lot
- Very much

**12. Have you been affected by symptoms of depression within the last 30 days?**

**(Experienced hopelessness, guilt, sadness, melancholy, lack of interest in everything or similar)**

- Not at all
- A little
- In moderate degree
- A lot
- Very much

**13. Have you been affected by symptoms of anxiety within the last 30 days?**

**(For instance, anxiety attacks in certain social situations, fear of death, feeling tense, not being able to relax)**

- Not at all
- A little
- In moderate degree
- A lot
- Very much

**14. Have you had difficulty controlling your aggression or your temper within the last 30 days?**

**(Experienced easily getting provoked, angry or insulting others, or having difficulty controlling your impulses)**

- Not at all
- A little
- In moderate degree
- A lot
- Very much

**15. Have you been affected by suicidal thoughts within the last 30 days?**

**(Thoughts of or preoccupation with suicide - can range from transient thoughts to detailed planning)**

- Not at all
- A little
- In moderate degree
- A lot
- Very much

**16. Have you ever attempted suicide?**

- Yes
- No
- Do not want to answer

**17. Have you physically injured yourself within the last 30 days?**

**(Cut, burnt yourself, made wounds, torn hair out or similar on purpose)**

**(does not include: Suicide attempts, hitting something in affect or being injured while doing dangerous stunts)**

- Not at all
- A little
- In moderate degree
- A lot
- Very much

**18. Have you been affected by an eating disorder within the last 30 days?**

**(Starved yourself on purpose, felt bad mentally after eating, self-induced vomiting, over-eating)**

- Not at all
- A little
- In moderate degree
- A lot
- Very much

**19. Have you ever directly physically harmed others, e.g. been in a fight, been violent towards others or similar situations, that were not accidents or did not happen in play?**

- Never **(If never, skip Q 19.1)**
- Rarely
- Sometimes
- Often
- Very often

**19.1 How many times have you been in a fight or similar within the last 30 days?**

- 0 times
- 1 time
- 2 times
- 3 times
- More than 3 times

**For the interviewer: Do you have any comments on the respondent's mental condition?**

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**20. Have you ever been exposed to difficult and stressful experiences that still affect you today?  
(e.g. alcohol/drug abuse in your family, bullying, physical assault/violence, psychological abuse, sexual assault, childhood neglect or similar)**

- Yes \_\_\_\_\_
- No **(If no, skip Q 20.01, Q 20.02 og Q 20.1)**
- Do not want to answer **(Skip Q 20.01, Q 20.02 og Q 20.1)**

**20.01 Listed below are a number of difficult or stressful experiences people could be exposed to. Tick off the experiences you have been exposed to or witnessed. (You can choose more than one)**

- Accident (e.g. occupational accident/accident at work or car accident)
- Physical or mental/psychological violence (e.g. serious threats to life or health, exposed to attacks with weapons, punches, kicks, pushes)
- Sexual assault (e.g. sharing of intimate pictures/photos, unwanted sexual touch, rape)
- Life threatening disease (e.g. serious course of cancer)
- Unexpected violent death (e.g. because of murder, suicide, accident, short term illness)
- Other very stressful or violent experience (indicate which)
- Do not want to answer **(Go to Q 20.1)**

**20.02 Which experience or number of experiences affect you the most today? (Tick off only one)**

- Accident (e.g. occupational accident/accident at work or car accident)
- Physical or mental/psychological violence (e.g. serious threats to life or health, exposed to attacks with weapons, punches, kicks, pushes)
- Sexual assault (e.g. sharing of intimate pictures/photos, unwanted sexual touch, rape)
- Life threatening disease (e.g. serious course of cancer)
- Unexpected violent death (e.g. because of murder, suicide, accident, short term illness)
- Other very stressful or violent experience (indicate which)
- Do not want to answer

**20.1 How much does it affect you today (If exposed to stressful experiences)**

- A little
- In moderate degree
- A lot
- Very much

**For the interviewer: Do you have any comments on the respondent's stressful experiences?**

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**21. Have you ever been diagnosed with one or more of the following psychiatric diagnoses by a psychiatrist?**

- Depression
- Bipolar disorder
- Anxiety
- PTSD
- ADHD
- Personality disorder (e.g., borderline)
- OCD (obsessive thoughts/compulsive actions)
- Autism, Asperger (autism-spectrum)
- Schizophrenia
- Psychosis
- Other (indicate which): \_\_\_\_\_
- No diagnosis
- Do not want to answer

**22. Are you currently in contact with the psychiatry?**

- Yes
- No

**23. Have you ever been prescribed medication for mental health issues?**

(e.g. sedatives, sleeping pills, medicine for anxiety, depression, ADHD, psychosis)

- Yes
- No (If no, skip Q23.1 and Q23.2)

**23.1 How many days have you taken medicine for mental health issues within the last 30 days?**

Days: \_\_\_\_\_

**23.2 Which medicine?**

Medicine 1 \_\_\_\_\_

Medicine 2 \_\_\_\_\_

Medicine 3 \_\_\_\_\_

**For the interviewer: Do you have any comments on the respondent's psychiatric condition?**

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## Criminal offenses

**1. Have you been involved in criminal activities within the last 30 days?**

**(e.g. driving under the influence of drugs, property crime, sale of drugs or other criminal offenses.**

**NOTE! Not use of drugs)**

- Yes (indicate which criminal activity) \_\_\_\_\_
- Yes, do not want to elaborate
- No
- Do not want to answer

**For the interviewer: Do you have any comments on the respondent's criminal offenses?**

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## Everyday life

**1. How will you describe the quality of your sleep (think of the last 30 days)?**

- Very good
- Good
- Varying
- Poor
- Very poor

**2. On average, how many times do you typically wake up per night (think of the last 30 days)?**

- 0 times
- 1 time
- 2 times
- 3 times
- 4+ times

**3. How will you rate your ability to get up in the morning (think of the last 30 days)?**

- Very good
- Good
- Varying
- Poor
- Very poor

**4. How will you describe your level of physical fitness (think of the last 30 days)?**

- Very good
- Good
- Varying
- Poor
- Very poor

**5. How will you describe your eating habits (think of the last 30 days)?**

- Very healthy
- Healthy
- Varying
- Unhealthy
- Very unhealthy

**6. How will you rate your ability to concentrate? (think of the last 30 days)**

- Very good
- Good
- Varying
- Poor
- Very poor

**7. How will you rate your ability to plan your day?**

**(Get to work/school, pay bills, shopping, get up in the mornings, get necessary things done and the like)**

**(Think of the last 30 days)**

- Very good
- Good
- Varying
- Poor
- Very poor

**8. How will you rate your ability to keep appointments?**

**(With friends, parents, supervisors/caseworkers, colleagues or other people you had an appointment with)**

**(Think of the last 30 days)**

- Very good
- Good
- Varying
- Poor
- Very poor

**9. How will you rate your ability to clean up around you?**

**(Think of the last 30 days)**

- Very good
- Good
- Varying
- Poor
- Very poor

**For the interviewer: Do you have any comments on the respondent's everyday life?**

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## Leisure time activities

**1. Have you practiced any sport or hobby within the last 30 days?**

(e.g. soccer, fitness, cooking, reading books, gaming, playing music, going for walks, or something completely different defined by you)

Yes

No (If no, go to the section on mental and behavioral conditions)

**5.1 Which type of sport/hobby:**

	Sport/hobby	Days per week	Hours per day
Sport/hobby 1			
Sport/hobby 2			
Sport/hobby 3			

**For the interviewer: Do you have any comments on the respondent's leisure time activities?**

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