Appendix A: Lesch Alcoholism Typology—Questionnaire

Personal Data	
Patient's number:	
Patient ID:	
Surname:	
First Name:	
Date of examination:	
Sex:	○ Male
	○ Female
Date of birth:	
Age (in years):	
Maiden name:	
Street:	
ZIP-code:	
City:	
Phone nr. (patient):	
E-mail:	
Phone nr. (relatives)	
Outpatient:	○ No
	○ Yes
Place of admission:	
Height (cm):	
Weight (kg):	
Time of observation (how many months is the patient known to the examiner):	

DSM-5	
Diagnosis DSM-5:	
	☐ Alcohol is often taken in larger amounts or over a longer period than was intended.
	☐ There is a persistent desire or unsuccessful efforts to cut down or control alcohol use.
	☐ A great deal of time is spent in activities necessary to obtain alcohol, use alcohol or recover from its effects.
	☐ Craving, or a strong desire or urge to use alcohol.
	☐ Recurrent alcohol use resulting in a failure to fulfil major role obligations at work, school or home.
	☐ Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol.
	☐ Important social, occupational or recreational activities are given up or reduced because of alcohol use.
	☐ Recurrent alcohol use in situations in which it is physically hazardous.
	☐ Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol.
	☐ Tolerance, as defined by either of the following: -- a) A need for markedly increased amounts of alcohol to achieve intoxication or desired effect. -- b) A markedly diminished effect with continued use of the same amount of alcohol.
	☐ Withdrawal, as manifested by either of the following: (a) The characteristic withdrawal syndrome for alcohol (refer to Criteria A and B of the criteria set for alcohol withdrawal according to DSM 5); (b) Alcohol (or a closely related substance, such as benzodiazepine) is taken to relieve or avoid withdrawal symptoms
Diagnosis DSM-5:	○ No (0–1 items)
	○ Mild (2–3 items)
	○ Moderate (4–5 items)
	○ Severe (6–11 items)
4–11 items checked: Alcohol dependency according to ICD10 and ICD11.	

Social and family history	
Patient's data up to the age of 14:	
Date of examination:	
Mother's age at patient's birth:	
Alcohol addictions among 1st degree relatives?	○ No
	○ Yes
Nicotine addictions among 1st degree relatives?	○ No
	○ Yes
Severe chronic diseases in the family (or household):	○ No
	○ Yes
Parent's attitude towards the patient when s/he was a child (patient's view):	○ Loved
	○ Not loved
	○ Judgement not possible
Who raised the patient:	○ Parents
	○ Grandparents
	○ Other family members
	○ Frequently changing people
Psychiatric diseases in the patient's family (other than alcohol):	○ No
	○ Yes
If applicable, which:	
Did the patient suffer from severe developmental disorders according to DSM 5:	○ No
	○ Yes
Patient's data after the age of 14:	
Marital status:	○ Single
	○ Living with a partner
	○ Divorced
	○ Widowed
Partner's attitude towards the patient:	○ Inconspicuous
	○ Dominant
	○ Insecure/Resigning
	○ Dismissive

Examination's report	
Date of examination:	
Admission/Examination:	○ Voluntary
	○ Involuntary
Pretreatment:	○ None
	○ Outpatient
	○ Once inpatient
	○ Repeatedly inpatient
Inpatient treatment, how often?	
Onset of alcohol dependence (age):	
Onset of somatic withdrawal symptoms (age):	
Onset of tolerance decrease (age):	
Drinking pattern:	○ Constant
	○ Periodically changing
	○ Changing in irregular intervals
Criminal acts before admission:	○ None
	○ Alcohol-related crime
	○ Other crimes
Type of crime (1):	○ Disturbance of the peace
	○ Bodily harm
	○ Damage of property
	○ Sex offence
	○ Traffic offences
	○ Others
If applicable, which (1):	
Type of crime (2):	○ Disturbance of the peace
	○ Bodily harm
	○ Damage of property
	○ Sex offence
	○ Traffic offences
	○ Others
If applicable, which (2):	
Type of crime (3):	○ Disturbance of the peace
	○ Bodily harm
	○ Damage of property
	○ Sex offence
	○ Traffic offences
	○ Others
If applicable, which (3):	
Injuries under the influence of alcohol:	○ None
	○ Once
	○ Repeated
Self-assessment (last 3 months):	○ Abstinent
	○ Moderate drinking
	○ Heavy drinking
	○ Judgement not possible

Examination's report (2)	
Loss of control (last 3 months):	○ Never
	○ Occasionally
	○ Frequently
	○ Permanently
	○ Judgement not possible
Periods of abstinence:	○ Less than 1 month
	○ 1 month to 6 months
	○ 6 months to 1 year
	○ More than 1 year
	○ Judgement not possible
Assessment of patient's drinking behaviour by others (relatives, doctor):	○ Abstinent
	○ Adapted drinking
	○ Not tolerated drinking
	○ Judgement not possible
Self-treatment with hypnotics and benzodiazepines:	○ None
	○ Regular
	○ Irregular
Alcohol is currently used against (multiple answers possible):	
	☐ Anxiety
	☐ Depressed mood
	☐ Agitation
	☐ Withdrawal symptoms (tremor, sweats, anxious and depressed states)
	☐ Sleep disturbance
	☐ To approve well-being
	☐ Other
Relationship between drinking and smoking:	○ No
	○ Yes
If applicable, which:	
Relationship between drinking and drug abuse:	○ No
	○ Yes
If applicable, which:	
Drug abuse during last 3 months:	○ No
	○ Yes
If applicable, which:	

Typology	
This page defines the Lesch's typology.	
Date of examination:	
Symptoms before the age of 14 having a severe negative impact on childhood development:	
Perinatal traumata:	○ No
	○ Yes
Cerebral traumata:	○ No cerebral trauma
	○ Contusio (unconscious for longer than 6 hours and/or neurological focal signs)
Other cerebral diseases:	○ No
	○ Yes
Bedwetting after the age of 3:	○ No
	○ Yes
Nail biting (>6 months):	○ No
	○ Yes
Stuttering (>6 months):	○ No
	○ Yes
Symptoms before and after the age of 14:	
Seizures (grand mal):	○ None
	○ Only during withdrawal
	○ Also outside withdrawal
Symptoms after the age of 14:	
Polyneuropathy:	○ None
	○ Mild (pain and disturbed sensitivity)
	○ Severe (missing Achilles reflex, calf-muscle atrophy, stocking-like numbness)
Somatic withdrawal syndrome:	○ Not existing
	○ Mild withdrawal syndrome
	○ Severe withdrawal syndrome and/or up to delirium tremens
Assessment of comorbidity:	
Periodicity of drinking behaviour:	○ No periodicity detectable
	○ Periodicity detectable
Depressed mood:	○ None
	○ Reactive depression
	○ Affective mood disorders (ICD10—F3, DSM IV—296.xx)
Sleep disturbances without alcohol intake:	○ No sleep disturbance
	○ Interrupted sleep and/or very early awakening >4 weeks (independent of alcohol or withdrawal)
	○ Major difficulties to fall asleep
Suicidal or parasuicidal tendencies:	○ Never
	○ Only under influence of alcohol or during withdrawal
	○ Independent of alcohol and withdrawal

Laboratory	
Under the influence of alcohol at the time of examination:	
	○ No
	○ Yes
If applicable, breathalyser test:	
Average daily alcohol intake of the last week in units (1 unit = 0.3 l beer, 1/8 l wine, 20 cl spirit)	
% CDT (cut-off ≤2.5%)	

Laboratory:	**Current status**		**After 3 months sobriety**		**Change**
(∗) ASAT (GOT)		U/l		U/l	
(∗) ALAT (GPT)		U/l		U/l	
(∗) gamma-GT		U/l		U/l	
(∗) Bilirubin		mg/dl		mg/dl	
(∗) Platelets		G/l		G/l	
(∗) MCV		fl		fl	
Glucose		mg/dl		mg/dl	
Cholesterol		mg/dl		mg/dl	
Triglycerides		mg/dl		mg/dl	
Red blood cells		T/l		T/l	
Creatinine		mg/dl		mg/dl	
Uric acid		mg/dl		mg/dl	
INR		Ratio		Ratio	
For scientific purpose:					
Homocysteine		µmol/l		µmol/l	
Leptin		µmol/l		µmol/l	
Ghrelin		µmol/l		µmol/l	
proBNP		pg/ml		pg/ml	

Liver	
Symptoms:	
Jaundice:	○ No
	○ Yes
Ascites:	○ No
	○ Yes
Spider haemangiomata:	○ No
	○ Yes
Sonography:	
Steatosis:	○ No
	○ Yes
Hepatomegaly:	○ No
	○ Yes
Splenomegaly:	○ No
	○ Yes

Hepatitis B Serology (HbS-Ag):	○ Negative
	○ Positive
HCV Antibody:	○ Negative
	○ Positive
Additional information:	

Additional Information	
Date of examination:	
Gastrointestinal or pancreatic diseases:	○ None
	○ Mild
	○ Severe
Other somatic diseases:	○ None
	○ Functional
	○ Severe
Which:	
Cognitive impairment:	○ None
	○ Slight
	○ Severe
	○ Judgement not possible
Temperament: (TEMPS Scale using 85% cut-off)	
	○ Hyperthymic
	○ Anxious
	○ Depressive
	○ Cyclothymic
	○ Irritable
	○ No clear dimension of temperament
Additional important information:	

Appendix B: Lesch European Smoker Classification

**EUROPEAN
SMOKER CLASSIFICATION**

Patient- Initials **Gender** **Age** **Name of questioner**
m f

Date of examination

Treating physician:

Patients: ☐ outpatient ☐ inpatient

☐ Psychiatry

☐ special
addicition center

☐ Pneumology

☐ Surgery

☐ Oncolony

☐ Cardiology/ Angiology

☐ General practitioner

☐ Rehabilitation centre

☐ other:
which:

Please document

**the personal data
of your patient on the
enclosed paper,**

Which, on reasons
of data protection,
should remain to you.

First contact ☐
The patient is known since:

☐ weeks
☐ months
☐ years

Authors:
**M.Kunze
O.M.Lesch
R.Schoberberger
Dr.H.Walter**
Biometry und Statistics:
A.Klingler

History of smoking

| Onset of regular smoking: | ☐ <10years   ☐ 11-14years   ☐ >15years |

Patients self assessment:

Symptoms of dependence according ICD10:

A strong desire or sense of compulsion to smoke a cigarette ☐	Evidence of tolerance, such that increased doses are required in order to achieve effects originally produced by lower doses ☐
Difficulties in controlling substance use in terms of onset, termination, or levels of use ☐	Progressive negiect of alternative pleasures or interests in favor of sustances use ☐
Physical withdrawal ☐ (Mood disturbances, autonomous nervous system or strong desire, aggression and use of tobacco with the aim to soft these symptoms).	Continued substance use despite clear evidence of overty harmful physical or psychological consequences ☐

| Strong nicotine withdrawal syndrome | ☐ yes   ☐ no |

Withdrawal syndrome is characterized by: (multiple answers possible)	☐ Mood disturbances, e.g. depression
	☐ vegetarian syndrome, e.g. sweeting
	☐ strong desire
	☐ aggressiv behaviour
	☐ others

| Kind of pretreatment for nicotine withdrawal | ☐ none   ☐ out-patient |
| | ☐ in-patient   ☐ frequently in-patient |

Since when did/do you want to stop smoking or to reduce the number of cigarettes?	☐ there is no intention ☐ during the last year ☐ 1 year or longer
Motivation for examination	☐ self-motivation ☐ disease ☐ others
Longest non-smoking period	☐ more than 1 year ☐ 6 month - 1 year ☐ 1–6 months ☐ less than 1 month ☐ no episode without smoking
Do you smoke regularly (e.g. a elgarette every 30 minutes) if it is possible	☐ yes ☐ no
Are there periods where you have no creaving for nicotine, and are there situations when you even smoke more than usual?	☐ yes ☐ no

Smoking is used mainly in case of: (multiple answers possible)	☐ anxiety	☐ depression
	☐ agilation	☐ Sleep-disturbarrces
	☐ interrupted sleep	☐ stress
	☐ boredom ———	☐ Digestions-problems
	☐ increase of weight	☐ other
	☐ social reasons	which:
	☐ habit	

| For females only: **Did you stop smoking during pregnancy?** | ☐ yes | ☐ no |
| | ☐ never pregnant | |

| **None prescribed sleeping pills or sedatives** | ☐ yes | |
| | ☐ no | |

Packyears:
average Quantity of the packs
per day x quantity of smoking years
(e.g. 30 Cig. since 40 years:
1.5 Pack/d x 40a = 60 pack- years)

☐

Familyhistory

Dependents in 1st degree relatives (parents, children, brothers)	☐ yes ☐ no	**if yes, addicted to which substance?** (multiple answers possible) ☐ alcohol ☐ tobarcco ☐ others
Marital status of patient	☐ Single ☐ divorced	☐ living with a partner ☐ widowed
Parent's attitude towards the patient as a child (patient's view)	☐ positive	☐ not positive ☐ no judgment positive
Who brought up the patient	☐ mainly father ☐ grandparents ☐ out of family	☐ mainly mother ☐ other family members ☐ chaning persons
Psychiatric diseases in 1st degree relatives? (patient's view)	☐ yes ☐ no	

Subgroups

Perinatal damage, which lead to developmental disturbances	☐ yes	☐ non
Cerbral traumata **Concussion: <6 h unconscious** **Contusion: >6 h unconscious or** **neurological focus**	☐ concussion ☐ no cerebra | tramata	☐ contusion
other cerebral diseases, which had lead to developmental disturbances	☐ yes	☐ no
Epilepsy	☐ yes	☐ no
Enuresis nocturna after the age of 3 years	☐ yes (longer than 6 months)	☐ no ☐ occasionally
Nail biting strongly disturbing	☐ yes (longer than 6 months)	☐ no ☐ occasionally
Stuttering strongly disturbing	☐ yes (longer than 6 months)	☐ no ☐ occasionally
Perodicity of smoking behavior	☐ no periodicity detectable	☐ periodicity detectable

How soon do you smoke your first cigarette after you wake up in the morning?	☐ within 5 minutes ☐ 6-30 minutes ☐ 31-60 minutes ☐ after 60 minutes
Do you find it difficult not to smoke in places where it is forbidden for example, in church, library, etc.?	☐ yes ☐ no
Which cigarette would be hardest to refrain from?	☐ the first one in the morning ☐ any other
How many cigarettes do you smoke per day?	☐ 10 or less ☐ 11-20 ☐ 21-30 ☐ 31 or more
Do you smoke more frequently in the morning than during the rest of the day?	☐ yes ☐ no
Do you smoke when you have to stay bed for some days because you are ill?	☐ yes ☐ no
Sleep disorders	☐ yes ☐ no
Major depression in history	☐ yes ☐ no
Suicidal tendencies and attempts	☐ yes ☐ no

Other diseases:

Alcohol dependence	☐ yes ☐ no

If yes: Lesch's typology	☐ Type I ☐ II ☐ III ☐ IV

Liver diseases	☐ no ☐ light ☐ strong
Gastrointestinal diseases, (pancreatitis)	☐ no ☐ light ☐ strong
Bronchical/Pulmonary diseases	☐ no ☐ light ☐ strong
Cancer	☐ no ☐ light ☐ strong
Cardiovasculare diseases	☐ no ☐ light ☐ strong
Skin diseases	☐ no ☐ light ☐ strong
Metabolisation disturbances	☐ no ☐ light ☐ strong
Osteoporose	☐ no ☐ light ☐ strong

If one of the above mentioned diseases is declared with light or strong, please enter here the kind of the disease:	

If any other somatic diseases, which:

	☐ no ☐ light ☐ strong
	☐ no ☐ light ☐ strong

How strong was the desire for smoking in the last
30 days before your present examination

I had a great aversion
against smoking

Please mark the degree of the desire intensity of
craving.
(It is possible to mark intervalues, e.g. 29).

I don't care about
smoking

I had great
desire to
smoke

Have there ever been moods/situations
or periods within the last 12 months
before the
present examination, in which you
never had a desire
for nicotine?

no ☐

yes ☐

please declare which
situations or moods:

In which situations and moods did you feel a desire for smoking (In the smoking periods) within the last 12 months before the present examination?

Please declare how strong (severe) the **desire** for smoking was. Then mark with a cross, if you have **usually smoked in this mood/situation** or not.

	desire for cigarettes				followed by smoking	
moods and situations	no	low	strong	very strong	yes	no
When I folt lonley	☐	☐	☐	☐	☐	☐
When I folt low-spirited	☐	☐	☐	☐	☐	☐
When I was in a depressed mood	☐	☐	☐	☐	☐	☐
When I wanted to get closer to someone I like	☐	☐	☐	☐	☐	☐
When I wanted to increase my sexual feelings	☐	☐	☐	☐	☐	☐
When I thought it does not matter to smoke a few cigaretts	☐	☐	☐	☐	☐	☐
When I was in good mood	☐	☐	☐	☐	☐	☐
When I was content and relaxed	☐	☐	☐	☐	☐	☐
When I wanted myself to comfortable	☐	☐	☐	☐	☐	☐

Contribution

Please declare how strong (severe) the **desire** for smoking was. Then mark with a cross, if you have usually smoked in this **mood/situation** or not.

	desire for cigarettes				followed by smoking	
moods and situations	no	low	strong	very strong	yes	no
When I had troubles at work, e.g. with collegues	☐	☐	☐	☐	☐	☐
When I was at a party where people smoked	☐	☐	☐	☐	☐	☐

Do you wake up at night and have to smoke, to continue sleep?	☐ Never ☐ rarely ☐ frequently per week

Are there andy situations or **periods with strong desire for food, especially for sweets?**	☐ Never ☐ rarely ☐ frequently per week

To which stress or load are you exposed?	☐ Physical hard work ☐ time-pressure ☐ conflicts ☐ multiple stress ☐ other which:

Comments:

This questionarie was created with the scientific support of:

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Many thanks!

Appendix C: Assessment of Types of Opiate Dependence

Please fill out every item because with missing items the diagnosis of type is insecure.

Symptoms that occurred in the first 14 years of life disturbing the development of young people in a high degree		
Developmental disorders medium or severe according to DSM5	○ No ○ Yes	
Trauma of the brain with more than 6-h unconsciousness or neurological deficits	○ No ○ Yes	
Other severe brain diseases	○ No ○ Yes	
Nocturnal enuresis, severe	○ No ○ Yes	
Nail biting, severe longer than 6 months	○ No ○ Yes	
Stuttering, longer than 6 months	○ No ○ Yes	
Symptoms that occurred before or after 14 years		
Epileptic seizures	○ No	
	○ Only during intake or withdrawal	
	○ Yes, independent from intake behaviour	
Co-morbidity		
Depression		
	○ No	
	○ Depressive reaction	
	○ Affective disorder ICD-10 F32	
	○ Bipolar affective disorder ICD-10 F31	
Suicide tendencies and attempts	○ No	
	○ Only under the influence of drug intake or withdrawal	
	○ Independent from drug intake or withdrawal	
Sleep disorders	○ No	
	○ Interrupted sleep or early awaking independent from intake or withdrawal, longer than 4 weeks	