**Appendix 1: Information about the different psychiatric instruments used in this study.**

<table>
<thead>
<tr>
<th>Name of instrument</th>
<th>Comments</th>
<th>Ref.</th>
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</thead>
<tbody>
<tr>
<td>Hopkins Symptoms Check List – 10-item version (HSCL-10)</td>
<td>The 10-items version of HSCL (HSCL-10) is a reliable assessment of symptoms of depression and anxiety. When applying a cut-off at 1.85 the instrument has been shown to have high sensitivity (89%) and specificity (98%). The positive predictive value (PPV) and negative predictive value (NPV) has also been shown to be satisfactory (PPV=87%, NPV=99%). HSCL-10 is widely used in research and clinical settings in Norway and elsewhere. Cronbach’s Alpha in our study was .859. (1-7)</td>
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<tr>
<td>Bergen Insomnia Scale (BIS)</td>
<td>BIS comprises six items that assesses symptoms of insomnia based on the insomnia criteria found in the Diagnostic and Statistical Manual of Mental Disorders-IV-TR. It is used both in research and in clinical work. In our study Cronbach’s Alpha was .783. (8, 9)</td>
<td>(10-13)</td>
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<tr>
<td>The Eating Disorder Examination – Questionnaire Short (EDE-QS)</td>
<td>The Eating Disorder Examination–Questionnaire (EDE-Q) is a self-report version of the Eating Disorder Examination (EDE), which is a structured clinical interview widely used for measuring eating disorders. The short version of EDE-Q (EDE-QS) consist of 12 items. EDE-QS has shown high internal consistency (Cronbach’s alpha = .913) and it is highly correlated with the original EDE-Q ($r$ = .91 for people without ED; $r$ = .82 for people with ED). An “at-risk score” of 15 has shown good positive predictive value, as well as the best trade-off between sensitivity (.83) and specificity (.85). Cronbach’s Alpha in our study was .874. (10-13)</td>
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<tr>
<td>Canadian Problem Gambling Index (CPGI)</td>
<td>CPGI has demonstrated strong psychometric properties and is appropriate for use in both clinical and non-clinical populations. It has been used in research in Norway (see English abstract in Pallesen et al., 2020) and elsewhere. In our study the Cronbach’s Alpha was .815. (14-17)</td>
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<tr>
<td>The Alcohol Use Disorders Identification Test – Consumption (AUDIT-C)</td>
<td>The AUDIT-C is an effective short self-report questionnaire screening for alcohol misuse. It has been used in research on different populations in Norway. There have been some discussions where the cut-off score/at-risk score should be. In our study we decided to follow the recommendations from “Norwegian National Advisory Unit on Concurrent Substance Abuse and Mental Health Disorders”: <a href="https://rop.no/kartleggingsverkt%C3%B8y/audit-c/">https://rop.no/kartleggingsverktøy/audit-c/</a> (in Norwegian only). (18-21)</td>
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<tr>
<td>Drug Use Disorders Identification Test (DUDIT)</td>
<td>DUDIT is a brief self-report questionnaire to identify individuals with drug problems, and it is used in research (<a href="https://www.emcdda.europa.eu/drugs-library/drug-use-disorders-identification-test-dudit">https://www.emcdda.europa.eu/drugs-library/drug-use-disorders-identification-test-dudit</a>) Cronbach’s alpha is generally &gt; 90, but some studies also show a lower Cronbach’s alpha (.80). It has shown to have acceptable sensitivity-score (90% for both DSM-4 and ICD-10) and specificity-scores 78% (DSM-4) and 88% (ICD-10). (22, 23)</td>
<td></td>
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</table>
References:


