

User's first name (please print)	User's last name (please print)	<table border="1" style="width: 20px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 10px; height: 10px;"></td></tr> <tr><td style="width: 10px; height: 10px;"></td></tr> </table>			<table border="1" style="width: 20px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 10px; height: 10px;"></td></tr> <tr><td style="width: 10px; height: 10px;"></td></tr> </table>			<input type="radio"/> Male <input type="radio"/> Female

**In the following list of products, indicate the person's consumption frequency for each of these products within the past year.**

- Ask questions about each of the products
- The list of the most common products on verso

	Never	< 1 time/month	1 to 3 times/month	1 to 2 times/week	3 times or more/week									
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> </table> - <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> </table>								
						Home tel. No.								
						Other tel. No.								

1. Sedatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	If the user takes sedatives every week, ask the following 3 questions	<input type="radio"/> Exceeds dosage <input type="radio"/> From more than one doctor <input type="radio"/> Non-prescribed					
2. Cannabis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center;">Oral</td> <td style="width: 20%; text-align: center;">Nasal</td> <td style="width: 20%; text-align: center;">"sniffed"</td> <td style="width: 20%; text-align: center;">Smoked</td> <td style="width: 20%; text-align: center;">Injected</td> </tr> </table>	Oral	Nasal	"sniffed"	Smoked	Injected
Oral	Nasal	"sniffed"	Smoked	Injected								
3. PCP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>					
4. Hallucinogens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
5. Cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>					
6. Other stimulants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
7. Opiates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>					
8. Inhaled substances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		If the person uses more than one mode of consumption for one product, note them all.					
9. GHB	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
10. What is the cumulative frequency of all drugs consumed from 2 to 9 without distinction?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							

If the user has consumed more than one of the drugs from 2 to 9, answer question 10 →

**If you have checked in a grey zone, go on to questions 10 to 15. If not, end here.**

### Severity of Dependence Scale (SDS)

Gossop, M., Darke, S., Griffiths, P., Hando, J. Powis, B., Hall, W. & Strang, J., (1995)

**Choose the most consumed drug or the one that causes problems and ask questions 10 to 14 solely for that drug.**

<input type="radio"/> Sedatives	<input type="radio"/> Cocaine	<input type="radio"/> GHB
<input type="radio"/> Cannabis	<input type="radio"/> Other stimulants	
<input type="radio"/> PCP	<input type="radio"/> Opiates	
<input type="radio"/> Hallucinogens	<input type="radio"/> Inhaled substances	

Answer the 5 following questions thinking about your \_\_\_\_\_ consumption.

**WITHIN THE LAST YEAR...**

10. Did you think your use of _____ was out of control? .....	10.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center;">Never</td> <td style="width: 20%; text-align: center;">Almost never</td> <td style="width: 20%; text-align: center;">Sometimes</td> <td style="width: 20%; text-align: center;">Often</td> <td style="width: 20%; text-align: center;">Always</td> <td style="width: 20%; text-align: center;">Nearly always</td> </tr> </table>	Never	Almost never	Sometimes	Often	Always	Nearly always
Never	Almost never	Sometimes	Often	Always	Nearly always			
11. Did the prospect of missing of _____ make you anxious or worried?.....	11.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center;">0</td> <td style="width: 20%; text-align: center;">1</td> <td style="width: 20%; text-align: center;">2</td> <td style="width: 20%; text-align: center;">3</td> </tr> </table>	0	1	2	3		
0	1	2	3					
12. Did you worry about your use of _____?.....	12.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center;">0</td> <td style="width: 20%; text-align: center;">1</td> <td style="width: 20%; text-align: center;">2</td> <td style="width: 20%; text-align: center;">3</td> </tr> </table>	0	1	2	3		
0	1	2	3					
13. Did you wish you could stop _____?.....	13.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center;">0</td> <td style="width: 20%; text-align: center;">1</td> <td style="width: 20%; text-align: center;">2</td> <td style="width: 20%; text-align: center;">3</td> </tr> </table>	0	1	2	3		
0	1	2	3					
14. How difficult would you find it to stop or go without _____?.....	14.	<input type="radio"/> Not difficult (0) <input type="radio"/> Very difficult(2) <input type="radio"/> Quite difficult (1) <input type="radio"/> Impossible (3)						

**15. Would you like to receive help to change your medication or drug use habits?**     Yes  
 No

**SDS / Total =**

--	--

See interpretation on verso

<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> </table>					-	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> </table>			-	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> </table>			
year		month		day									

First and last names of counsellor (print please)	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> </table>		
	Counsellor's initials		

**1. Sedatives**

**5. Cocaine**

**6. Other stimulants**

**8. Inhaled substances**

**9. GHB**

**Anxiolytics**

- Alprazolam\* (Xanax®)
- Bromazépam\* (Lectopam®)
- Buspirone (Buspar®)
- Chlordiazépoxide (Librax®, Librium)
- Clonazépam\* (Rivotril®)
- Clorazépate\* (Tranxene (D))
- Diazépam\* (Valium®)
- Hydroxyzine (Atarax®)
- Lorazépam\* (Ativan®)
- Meprobamate (282 MEP®)
- Oxazépam\* (Serax(D))

**Hypnotics**

- Flunitrazépam (Rohypnol)
- Flurazépam\* (Dalmane (D))
- Hydrate de Chloral
- Nitrazépam\* (Mogadon®)
- Témazépam\* (Restoril®)
- Triazolam (Halcion(D))
- Zapelon (Starnoc (D))
- Zipoclon (Imovane®)

**Barbiturates**

- Butalbitol (Fiorinal®, Trianal®)
- Phénobarbital (Bellergal®, Donnatal (D))

- Cocaine (inhaled + I.V.)
- Crack (smoked)
- Freebase (smoked)

- Amphetamine (Dexedrine®, Benzedrine, Adderall®, Crystal)
- Metamphétamine (Crystalmeth, Methedrine)
- Methylphenidate (Ritalin®, Concerta®)
- Phentermine (Ionamin® (D), Fastin)
- Phenmetrazine (Preludine (D))

- Aerosol
- Glue
- Chloroform
- Paint stripper
- Paint dissolver
- Gasoline
- Ether
- Poppers

GHB

**Legend:**  
 \* = Benzodiazepine  
 ® = Registered  
 Italique = street  
 D = Discontinued

**2. Cannabis**

- Pot
- Hasch
- Hashish oil
- T.H.C.

**3. PCP**

- Ketamine
- Ketalar®
- PCP

**4. Hallucinogens**

- Acid
- Mushrooms
- Ecstasy (MMDA/MDA)
- L.S.D.
- Mescaline
- Sage

**7. Opiates**

- Buprénorphine (Suboxone®)
- Codéine (Empracet®, 222®, Tylenol-C®, Fiorinal-C®, Robaxacet-8®)
- Diphénoxylate (Lomotil®)
- Fentanyl (Duragesic®)
- Héroïne (Smack)
- Hydrocodone (Tussionex®)
- Hydromorphone (Dilaudid®)
- Morphine (MS-Contin®, Statex®, MS IR®)
- Pentazocine (Talwin®)
- Péthidine (Demerol®)
- Propoxyphène (Darvon®)
- Speedball (héroïne/cocaïne)

**Syrups with codeine or hydrocodone**

(These syrups are non prescribed but behind the counter )  
 Benlyin codeine 3,3 mg D-E  
 Dalmacol®  
 Dimetane-Expectorant-C-DC®  
 Novahistex C and DH®  
 Triaminic® DH  
 Tussaminic® C and DH

**Score Interpretation of the SDS**

**0-2 Frontline treatment**

**3-5 Answer questions 16 to 24 before contacting the counsellor of specialized treatment center to discuss the counselling options**

**6-15 Specialized treatment**

I authorize \_\_\_\_\_ to forward the present evaluation to \_\_\_\_\_ and to discuss it for counselling purposes.

Date: \_\_\_\_\_ User's signature \_\_\_\_\_

Valid until \_\_\_\_\_

**Drug Use Impact Scale (DUIS)**

Traduct by Villeneuve A.-C. (2005) of "Échelle des Conséquences de la Consommation de Drogues" (ÉCCD) Tremblay, J., Rouillard, P., & Sirois, M. 2000.

If the individual has a score between 3 and 5 according to the SDS, ask the following questions before contacting a counsellor of the substance abuse centre.

**WITHIN THE LAST YEAR...**

	Never	Once	2 or 3 times	4 to 10 times	Every month (12 to 51 times)	Every week (52 + times)
16. Has your drug use negatively affected your performance at work, school or when doing your household chores? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Has your drug use negatively affected one of your friendships or one of your close relationships? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Has your drug use negatively affected your marriage, romantic relationship or family ? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Have you missed work or school days because of your drug use ? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Have you ever taken drugs in situations where the act of doing so increased the risk of injury, for example operating machinery, using firearms of knives, crossing heavy traffic, mountain climbing or swimming ? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Have you ever driven a motorized vehicle (car, motorcycle, boat, SUV, Sea-doo) even though you had taken drugs ? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Have you ever been arrested for driving a vehicle under the influence of drugs? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Have you ever had legal problems (other than arrests for driving while intoxicated) related to drug use? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If yes, specify : _____						
24. Has your drug use diminished your ability to take care of your children? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The Alcohol and Drug versions of the DÉBA come with a user guide where the scientific rationale is largely outlined as well as the administrative and interpretation procedures. You can obtain the guide by downloading it on the RISQ website at [www.risqtoxico.ca](http://www.risqtoxico.ca). You can reach me at the following email address: [nadine.blanchette-martin@sss.gouv.qc.ca](mailto:nadine.blanchette-martin@sss.gouv.qc.ca)

**COMMENTS**