INDICE DE GRAVITÉ D’UNE TOXICOMANIE POUR LES ADOLESCENTS (ENGLISH)

Version 3.1


The “User’s Manual” is essential and training is required for use of this questionnaire.


Translation made by Geneviève Barlow and Annie Fournier-Gendron, Centre André-Boudreau - Revision of translation made by Morris Kokin and Genevière Lefebvre, Pavillon Foster.

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April 2003

(translation February 2001)
PERSONAL IDENTIFICATION

Last name                                      First name

Current address

Postal code

Telephone number

Permanent address

Postal code

Are you presently being followed by a counsellor? (CJ / Batshaw, CLSC, RC, HC, school counsellor, psychologist, physician)
1- Yes  2- No

If yes, specify the reason(s).

Counsellor’s name :

Organization :

FOR INTERNAL USE ONLY

Medicare number

Exp.

Social insurance number

Confidential
### GENERAL INFORMATION

**Questionnaire number**

**File number**

**Completion date**

**Starting time**

**Finishing time**

**Date of birth**

**Age**

**Sex**

1- Male  
2- Female

**Interviewer’s code**

**Organization’s code**

**Source of referral**

1- Self-referred  
2- Family  
3- Friend(s)  
4- School  
5- Professional  
6- Community organization  
7- Health and Social Services Agency (CLSC, hospital, etc.)  
8- Centre-jeunesse / Batshaw  
9- Court  
10- Other (specify) 

---

**Was this assessment suggested or ordered by someone from the social, or legal system?**

1- Yes  
2- No

**If yes, by whom?**

1- Counsellor  
2- Youth representative  
3- Lawyer  
4- Judge  
5- Other (specify) 

**2. Are you presently in:**

1- Youth rehabilitation centre (CJ)  
2- Drug & alcohol abuse rehabilitation centre  
3- Foster home  
4- Group home  
5- Community resource  
6- No fixed address  
7- At home  
8- Other (specify) 

---

**OVERALL CONFIDENCE RATING**

Overall, is this questionnaire significantly distorted by:

3. **Client’s misrepresentation of the facts?**

1- Yes  
2- No

4. **Client’s inability to understand?**

1- Yes  
2- No

---

**TO BE NOTED**

**FOR INTERNAL USE ONLY**

1. **SUICIDAL RISK**

2. **RISK OF VIOLENCE**

3. **OTHER:**

---

**INSTRUCTIONS**

Codes « 9 » (or « 99 », « 999 », « 9999 ») are used for « don’t know » or « refuses to respond ».

N/A means « non applicable ».

- Crucial objective items.  
- Composite score items.

**Note:** It is important to fill out all the blanks (except when asked to « proceed to »). If in doubt, use the space provided for comments and mention the question number, giving as many details as possible.
### SEVERITY PROFILE

1. Adolescent’s severity ratings

<table>
<thead>
<tr>
<th>Problems</th>
<th>Alcohol</th>
<th>Drugs</th>
<th>Physical health</th>
<th>School</th>
<th>Work</th>
<th>Leisure</th>
<th>Psychological status</th>
<th>Interpersonal relationships</th>
<th>Social / legal</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
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</table>

2. Adolescent’s perceived need for help

<table>
<thead>
<tr>
<th>Problems</th>
<th>Alcohol</th>
<th>Drugs</th>
<th>Physical health</th>
<th>School</th>
<th>Work</th>
<th>Leisure</th>
<th>Psychological status</th>
<th>Interpersonal relationships</th>
<th>Social / legal</th>
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</tbody>
</table>

3. Interviewer’s severity ratings

<table>
<thead>
<tr>
<th>Problems</th>
<th>Alcohol</th>
<th>Drugs</th>
<th>Physical health</th>
<th>School</th>
<th>Work</th>
<th>Leisure</th>
<th>Psychological status</th>
<th>Interpersonal relationships</th>
<th>Social / legal</th>
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### INTERVIEWER’S SUMMARY

**ADOLESCENT’S EXPECTATIONS**

Interviewer’s signature

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Indice de gravité d’une toxicomanie pour les adolescents (english) – Version 3.1

April 2003
## CONSUMPTION PROFILE

### Substances

<table>
<thead>
<tr>
<th>Substance</th>
<th>Past 30 days</th>
<th>Average quantity per occasion during the past 30 days</th>
<th>Age first use</th>
<th>Frequency during the past 12 months</th>
<th>Average quantity per occasion during the past 12 months</th>
<th>Age of regular use</th>
<th>Duration of regular use (MONTHS)</th>
<th>With whom do you usually use this substance?</th>
<th>Method of use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
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<td>Hallucinogenics</td>
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<tr>
<td>Ecstasy (MDMA)</td>
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<td>Mushrooms</td>
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<td>Methamphetamines or speed (e.g.: peach or pink) and other amphetamine, Ritalin</td>
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<td>Inhalants / volatile solvent</td>
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<td>Heroin / opiates / analgesic narcotic</td>
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<td>Benzodiazepines* and other anxiolytic, sedatives (tranquilizers), hypnotic</td>
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<td>Barbiturates</td>
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<td>GHB (e.g.: liquid ecstasy or liquid X)</td>
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<td>Tobacco (Number of cigarettes per day)</td>
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*Valium®, Ativan®, Serax®, Xanax®, Rivotril®, etc.

### Frequency of consumption

- 1. Every day
- 2. 3 times or more per week
- 3. 1 or 2 times per week
- 4. Weekends only
- 5. Occasionally
- N/A if no substance use in the past 12 months or during lifetime

### Partners of consumption

1. Alone
2. With best friends
3. With acquaintances or pusher
4. With boyfriend or girlfriend
5. With brothers or sisters
6. With parents
7. Extended family
8. Anybody

### Method of use

1. Oral
2. Nasal
3. Smoked
4. Injected
5. Injected (IV)
6. Other

### COMMENTS :
12. With whom did you start using this substance
1. Alone
2. With best friends
3. With acquaintances or pusher
4. With boyfriend or girlfriend
5. With brothers or sisters
6. With parents
7. Extended family
8. Anybody
N/A If never use substance (during lifetime)

13. Where do you usually use this substance?
1. Public places
2. Work or school
3. At friends’ houses
4. At home
5. Secret locations
6. Anywhere
N/A If never use substance (during lifetime)

14. What substances did you use most recently?

<table>
<thead>
<tr>
<th>Substance</th>
<th>Amount</th>
<th>Date</th>
</tr>
</thead>
</table>

15. What are your drug(s) of choice (including alcohol)?

1 2 3 4 5 6 7 8 9

16. What are the main reasons for using drugs/alcohol?
(The 3 most important reasons, by order of importance)
1. To see what it’s like
2. To be part of the crowd
3. For pleasure
4. To relax / To sleep
5. To escape from my problems
6. To feel better about myself
7. For stimulation (school, work, hobbies)
8. For the effect of the substance
Other (specify) ___________________

17. Have you ever experienced any of the following as a result of substance use?
1. Yes 2. No

a. Black out
b. Bad trip
c. Overdose

18. During the past 12 months, what sources of income did you use to purchase these substance(s)?
1. Yes 2. No
N/A if no substance use in the past 12 months

a. Parents
b. Work
c. Borrowed money
d. Sale of personal items
e. Illegal activities (including dealing)
f. Other (specify)____________________

19. In the past 30 days, how much money do you think you have spent on:

a. alcohol?

b. drugs?

20a. Do you have any debts? (Legal or illegal)
1. Yes 2. No ➔ proceed to question 21
b. If yes, how much?
c. If yes, to who? ___________________________

21. Which of the following substances have caused the most problems?

Please code as follow:
00- No problem
1 to 9- Substance listed in the profile
15- Alcohol and drugs (dual addiction)
16- Multiple drugs

a. Adolescent’s perception

b. Interviewer’s perception

If code 15 or 16, circle the corresponding substance numbers:
22. How long was your last period of voluntary abstinence from this/these substance(s)?

- Never
- From 1 to 97 weeks
- 98 weeks or more
- Don’t know or refuse to answer
- If 00 to question 21a or b.

23. How long has it been since you stopped being abstinent?

- Still abstinent
- From 1 to 97 weeks
- 98 weeks or more
- Don’t know or refuse to answer
- Never been abstinent or if 00 to question 21a or b.

24. Have you ever taken steps to deal with your alcohol and/or drug consumption?

- Yes
- No

If yes, what?

25. In the past 30 days, on how many days have you experienced problems related to your consumption of:

- Alcohol?
- Drug(s)?

26. In the past 30 days, how troubled or worried have you been about:

- Your alcohol consumption?
- Your drug consumption?

27. How important is it to you now, to get help for your:

- Alcohol consumption?
- Drug consumption?

28. How would you rate the severity of the client’s problem of:

- Alcohol abuse?
- Drug abuse?
1. How long has it been since your last visit to the doctor? [ ] months
   Reason(s) for visit: __________________________
   __________________________

2. How many times in your life have you been hospitalized for a physical health problem?
   Indicate the reason(s) for which you were hospitalized.
   __________________________
   __________________________

3. Do you have any chronic medical problem(s)? 
   1- Yes  2- No
   If yes, which one(s)? __________________________

4. Do you have any medication prescribed by your doctor for chronic problems of physical health?
   1- Yes  2- No
   If yes, which one(s)? __________________________

5. If you use syringes, where do you get them?
   1- Distribution center
   2- Other users
   3- Other (specify) __________________________
   N/A – If no use of syringes

6. Are you sexually active? (Past 12 months)
   1- Yes  2- No
   [ ] proceed to Q. 10.

7. When you have sexual intercourse, do you use a condom?
   0 - Never
   1 - Occasionally
   2 - Always

8. When you have sexual intercourse, do you use any other contraceptive methods? (Other than condom)
   0 - Never
   1 - Occasionally
   2 - Always

9. If you are sexually active, how many partners have you had during:
   a. the past 30 days?
   b. the past 12 months?

10. In the past 30 days, on how many days have you experienced physical health problems?

11. In the past 30 days, how troubled or worried have you been about these physical health problems?

12. How important is it to you to get help with regard to these physical health problems?

13. How would you rate the severity of the client’s physical health problems?

COMMENTS: __________________________
### OCCUPATION

1. What is your current occupation?  
   1- School  
   2- Work  
   3- School and work  
   4- None  

2. Are you satisfied with your current occupation?  
   1- Yes  
   2- No  

### SCHOOL

3. What is the last grade you completed?  
   ____________________________  

4. How many school year(s) have you failed?  
   1- Yes  
   2- No  

5. Have you ever been:  
   1- Yes  
   2- No  
   a. Suspended  
   b. Expelled  

6. Are you presently registered in a school?  
   1- Yes  
   2- No  
   If no, why?  
   1- Expelled  
   2- Dropped out  
   3- Finished school  
   4- Other (specify)  

7. What grade are you currently in?  
   ____________________________  

8. What type of school program are you in?  
   1- Regular program  
   2- Special program  

9. During the last 30 days of school did you attend classes?  
   1- Regularly  
   2- Irregularly  
   3- Not at all  

10. Are you presently having, or have you ever had in the past, problems at school?  
    1- Yes  
    2- No  

### WORK

11. What academic level do you hope to achieve?  
   ____________________________  

12. Have you worked in the past 12 months?  
    1- Yes  
    2- No  

13. Type of occupation:  
   ____________________________  

14. Is your work:  
   1- Full time  
   2- Part time  
   3- Seasonal  
   4- Other (specify)  

15. How much money did you earn from your work in the past 12 months?  

16. Have you experienced any problems at work in the past 12 months?  
    1- Yes  
    2- No  

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If yes, what type(s)?  
1- Yes  
2- No  

1- Learning  
2- Behavioral  
3- Problem with authority  
4- Drug/alcohol consumption  
5- Motivational  
6- Other (specify)  

1- Absenteeism  
2- Respecting rules  
3- Productivity  
4- Relationship with co-workers  
5- Relationship with employer  
6- Drug/alcohol consumption  
7- Other (specify)  

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Indice de gravité d’une toxicomanie pour les adolescents (english) – Version 3.1  
April 2003
**LEISURE ACTIVITIES**

17. With whom do you spend most of your free time?
1- Alone
2- Girlfriend / boyfriend
3- User friends
4- Non-user friends
5- Family
6- Other (specify) ___________________

18. What are your activities in your free time? (*past 12 months*)

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>FREQUENCY</th>
<th>CONSUMPTION</th>
<th>CONDITIONS (internal use only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1- Sports</td>
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<tr>
<td>2- Reading</td>
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<td>3- Television</td>
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<td>4- Music (listening)</td>
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<td>5- Music (playing)</td>
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<tr>
<td>6- Outings (cinema, shows, shopping)</td>
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<td>7- Outings (bar, pub)</td>
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<td>8- Arcade</td>
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<td>9- Gambling</td>
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<tr>
<td>10- Volunteer work</td>
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<tr>
<td>11- Computer (video games, Internet)</td>
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<tr>
<td>12- Theatre, dance</td>
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<tr>
<td>13- Drawing, painting, writing</td>
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<tr>
<td>14- Nothing (&quot;veggingout&quot;)</td>
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<tr>
<td>15- Other (specify)</td>
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</tbody>
</table>

**Frequency**
0- Never
1- Occasionally
2- Regularly

**Consumption**
0- Never
1- Occasionally
2- Often
3- Always
N/A if no activity

**Conditions**
1- Alone
2- Informal group
3- Structured activity

19. Are you satisfied with the way you spend your free time?
1- Yes 2- No

20. In the past 30 days, on how many days have you experienced problems at:

- school?
- work?
- leisure activities?

**QUESTIONS 21 AND 22: ASK CLIENT TO USE THE SUBJECTIVE EVALUATION SCALE (0 TO 4)**

21. In the past 30 days, how troubled or worried have you been by these problems at:

- school?
- work?
- leisure activities?

22. How important is it to you to get help with regard to these problems at:

- school?
- work?
- leisure activities?

**INTERVIEWER'S SEVERITY RATING (0 TO 4)**

23. How would you rate the severity of the client’s problems with respect to:

- school?
- work?
- leisure activities?

**COMMENTS:**
1. How many times have you consulted a professional for psychological or emotional problems:
   a. In a hospital setting? [ ] [ ]
   b. In a CLSC, centre, clinical setting, school, private practitioner? [ ] [ ]
   c. For which reason(s)? ___________________ ___________________ ___________________

2. How old were you when you first consulted? (N/A if 0 to Q. 1) [ ] [ ]

3. Have you ever been through a long period during which you:
   a. lost interest in things that were once important to you, felt extremely tired, lacked energy, felt sad or hopeless (frequently tearful)?
      1- Yes 2- No
      in the past 30 days in your life (2 weeks) [ ] [ ]
   b. experienced anxiety or severe stress (feeling very tense, unable to relax or sleep)?
      1- Yes 2- No
      in the past 30 days in your life (2 weeks) [ ] [ ]
   c. experienced difficulty understanding, concentrating or remembering, THAT WAS NOT A DIRECT RESULT OF DRUG AND/OR ALCOHOL USE?
      1- Yes 2- No
      in the past 30 days in your life (2 weeks) [ ] [ ]
   d. had thoughts of failure, diminished self-confidence, felt extremely shy?
      1- Yes 2- No
      in the past 30 days in your life (2 weeks) [ ] [ ]
   e. felt agitated, hyperactive (unable to stay put, extremely absent-minded)?
      1- Yes 2- No
      in the past 30 days in your life (2 weeks) [ ] [ ]
   f. lost self control (acted angrily, impulsively), felt extremely hostile or were physically violent?
      1- Yes 2- No
      in the past 30 days in your life [ ] [ ]
   g. intentionally broke rules (refused to comply, rebelled, intentionally provoked others or disrupted their activities)?
      1- Yes 2- No
      in the past 30 days in your life [ ] [ ]
   h. were constantly and excessively concerned about how much you eat, your weight and your measurements?
      1- Yes 2- No
      in the past 30 days in your life (2 weeks) [ ] [ ]
   i) experienced hallucinations (seeing things, people or hearing voices that didn’t exist even if only for a brief period), THAT WERE NOT A DIRECT RESULT OF DRUG AND/OR ALCOHOL USE?
      1- Yes 2- No
      in the past 30 days in your life [ ] [ ]
   j. felt excessively suspicious of others (felt, watched, attacked or fooled without sufficient justification), THAT WAS NOT A DIRECT RESULT OF DRUG AND/OR ALCOHOL USE?
      1- Yes 2- No
      in the past 30 days in your life (2 weeks) [ ] [ ]
4. Have you ever been through a period during which you:
   a. had serious suicidal thoughts (with a plan to carry it out)?
   1- yes 2- No
   in the past 30 days in your life
   __________ __________

   b. attempted suicide?
   1- Yes 2- No
   in the past 30 days in your life
   __________ __________

   c) intentionally attempted to injure yourself (other than a suicide)?
   1- Yes 2- No
   in the past 30 days in your life
   __________ __________

   d. took medication prescribed for a psychological or emotional problem?
   1- Yes 2- No
   in the past 30 days in your life
   __________ __________

5. Have you ever been verbally abused?
   1- Yes 2- No
   in the past 30 days in your life
   __________ __________

6. Have you ever been physically abused (resulting in physical injuries)?
   1- Yes 2- No
   in the past 30 days in your life
   __________ __________

7. Have you ever been sexually abused (unwanted sexual advances or forced sexual relations)?
   1- Yes 2- No
   in the past 30 days in your life
   __________ __________

8. In the past 30 days on how many days have you experienced psychological or emotional distress?
   __________

QUESTIONS 9 AND 10: ASK CLIENT TO USE THE SUBJECTIVE EVALUATION SCALE (0 TO 4)

9. In the past 30 days, how troubled or worried have you been about these psychological or emotional problems?
   __________

10. How important is it to you to get help with regard to these psychological or emotional problems?
    __________

INTERVIEWER’S SEVERITY RATINGS (0 TO 4)

11. How would you rate the severity of the client’s psychological or emotional problems?
    __________

COMMENTS:
INTERPERSONAL RELATIONSHIPS

1a. How many close friends do you have?  
00 – if none proceed to Q 2.

b. Are you satisfied with your relationship with your close friends?  
1- Yes 2- No

c. Do most of your close friends consume alcohol/drug(s) on a regular basis?  
1- Yes 2- No

2. Are your friends generally:

   a. older than you?  
   1- Yes 2- No

   b. younger than you?

3. Do you find it easy to:

   a. make new friends?  
   1- Yes 2- No

   b. keep your friends?

4. Are there times when you feel lonely or isolated?  
0- Never 1- Occasionally 2- Often 3- Always

5. Are you a member of a «street gang»?  
1- Yes 2- No

   If yes, the name: ______________________

6a. Do you currently have a girlfriend or a boyfriend?  
1- Yes 2- No proceed to Q c

   b. Since when? (weeks)

   c. Are you satisfied with this situation?  
   1- Yes 2- No

   If no girlfriend or boyfriend proceed to Q. 9.

7. Does your girlfriend / boyfriend use drugs or alcohol on a regular basis?  
1- Yes 2- No

8. Does your girlfriend / boyfriend agree with your use of alcohol/drug(s)?  
1- Yes 2- No

9. In the past 30 days, on how many days have you experienced problems with people other than your family members? (including feelings of isolation and loneliness)

   QUESTIONS 10 AND 11: ASK CLIENT TO USE THE SUBJECTIVE EVALUATION SCALE (0 TO 4)

10. In the past 30 days, how troubled or worried have you been about these interpersonal relationships (including feelings of isolation and loneliness)?

11. How important is it to you to get help with regard to these interpersonal difficulties?

INTERVIEWER’S SEVERITY RATINGS (0 TO 4)

12. How would you rate the severity of the client’s interpersonal problems?

COMMENTS
1. With whom do you currently live?
   1- Mother & father (biological or adoptive)
   2- Mother
   3- Father
   4- Mother and spouse
   5- Father and spouse
   6- Mother & father (shared custody)
   7- Other family member ______________
   8- Alone
   9- Foster home
   10- Rehabilitation centre
   11- Group home
   12. Other (specify) _______________

2. Are you satisfied with this situation?
   1- Yes  2- No

3. What are your (biological or adoptive) parents’ current living arrangements?
   1- Live together
   2- Live with another spouse
   3- Live alone
   4- Deceased
   5- Unknown or unspecified

4. If your parents are divorced or separated, how old were you when this happened?
   (N/A if not divorced or separated)
   Age

5. If one or both of your parents are deceased, how old were you when this happened?
   (N/A if not deceased)

6. How would you describe the quality of the relationship between yourself and your biological or adoptive parents?
   1- No contact
   2- Neutral or indifferent contact
   3- Negative contact
   4- Positive contact
   (N/A if deceased, if any contact in past 30 days or in past 12 months or if no person of the mentioned type)

7. You have how many:
   Brothers __________  Sisters __________
   Half-brothers __________  Half-sisters __________

8. What is your rank in the family?

9a. How many biological children do you have?
   If 0 proceed to Q. 10

9b. How many of these children live with you?

10. Is your father employed?
    1- Yes  2- No  (N/A if deceased)
    Profession or occupation: ______________

11. Is your mother employed?
    1- Yes  2- No  (N/A if deceased)
    Profession or occupation: ______________

12. Has your use of alcohol/drug affected your relationship with your family?
    1- Yes  2- No
    If yes, how?
    ______________________________________
    ______________________________________

13. Have any of the following problems occurred in your family? (in past 12 months)

<table>
<thead>
<tr>
<th>PROBLEMS</th>
<th>1- Yes</th>
<th>2- No</th>
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<tbody>
<tr>
<td>Have any of the following</td>
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<td>problems occurred in your family</td>
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<td>(in past 12 months)</td>
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<td>Internal use only</td>
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<tr>
<td>1- Family rules</td>
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<td>2- Communication</td>
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<td>3- Conflicts</td>
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<td>4- Rejection</td>
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<td>5- Neglect</td>
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<td>6- Violence</td>
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<td>7- Incest</td>
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<td>8- Other (specify)</td>
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### Problems

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<th>PROBLEMS</th>
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<th>2- No</th>
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<td>Internal use only</td>
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<tr>
<td>9- Financial</td>
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<td>10- Physical health</td>
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<td>11- Mental health</td>
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<td>12- Legal problems</td>
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<td>13- Consumption (alcohol or drugs)</td>
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<td>14- Other (specify)</td>
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**WHOM?** *(Use codes)*

- U Excluding the respondent
- U U Internal use only

**QUESTIONS 16 AND 17: ASK CLIENT TO USE THE SUBJECTIVE EVALUATION SCALE (0 TO 4)**

**INTERVIEWER’S SEVERITY RATINGS (0 TO 4)**

18. How would you rate the severity of the client’s problems with family relationships?

**COMMENTS:**
SOCIAL AND LEGAL SYSTEM

SOCIAL SYSTEM

1. Have you ever been the subject of a “signalement” in accordance with the Youth Protection authorities under the “Loi sur la protection de la jeunesse” (LPJ) or requested help from the Social Service network? (under the LPJ or LSSSS)?
   1- Yes  2- No  proceed to Q. 5.

2a. What was the reason for the most recent “signalement” or for your request for help and how old were you?
   1- Behavioural problems (including consumption)
   2- Running Away
   3- Absenteeism from school
   4- Neglect
   5- Physical Abuse
   6- Sexual Abuse
   7- Other (specify) __________________

b. How old were you?

3. Have you ever been placed in protective custody by Youth Protection after being reported or requesting help?
   1- Yes  2- No  proceed to Q. 4.

If yes, in which type of facility and how long did you stay?
   1- Foster Home
   2- Group Home
   3- Rehabilitation centre
   4- Supervised apartment
   5- Other (specify) __________________

LEGAL SYSTEM

5a. Have you ever committed a delinquent act?
   1- Yes  2- No

b. If yes, which of the following? (optional)
   7  8  9  10  11  12  13  14  15  16  17  18  19  20

c. If yes, how old were you?
   the first time __________
   the last time __________

6. Have you ever been arrested or charged with an offence?
   1- Yes  2- No  proceed to Q. 27.

If yes, how many times for the following offences?

7. Offences against the administration of law and justice (e.g., disobeying a Court order, probation violations, obstructions of justice such as failure to appear in Court or running away)

8. Fraud (e.g., stealing credit cards, swindling, forgery or use of forged documents)

9. Carrying illegal weapons (e.g., possession or use of an unlicensed firearm)

10. Unclassified offences (e.g., libel, counterfeiting money)

11. Drugs (possession or trafficking)

12. Mischief (e.g., breaking and entering, vandalism, disturbing the peace, arson)

13. Drunk driving (and/or refuse to provide breath or blood sample)

14. Theft (possession of stolen goods, common theft with no weapon or threats of violence against a person)

15. Sexual offences (prostitution, pimping)
16. Assault (death threats, physical aggression)
17. Criminal negligence (hit and run)
18. Robbery (with a weapon or threats of violence against a person, taxing)
19. Rape, incest, sexual assault
20. Homicide, murder (attempted murder)

21. You were charged for how many of these acts?

22. You were found guilty of how many of these charges?

23. Are you presently awaiting charges, trial or sentencing?
   1- Yes  2- No→ proceed to Q. 24
   If so, for which offence? (refer to questions 7 to 20.)

24. Have you ever been the object of a court order or alternative measures under the YOA or extra judicial measures under the YCJA?
   1- Yes  2- No

25. Following an offence, have you ever been placed in custody by order of the Court?
   1- Yes  2- No→ proceed to Q. 26
   If so, what kind of custody was it and for how long?
   1- Yes  2- No
   Type of measure  Number of months
   1- Closed custody
   2- Open custody
   3- Discontinuous custody

26. What is your current situation with regards to the YCJA?
   1- Temporary detention
   2- Open custody
   3- Closed custody
   4- Release on parole
   5- Probation
   6- Extrajudicial measures
   7- Two measures or more____________________
   8- Other (specify) _______________________

27. In the past 30 days, on how many days have you experienced difficulties with the social or legal system?

28. In the past 30 days, how troubled or worried have you been about these social or legal problems?

29. How important is it to you to get help with respect to these legal/social problems?

30. How would you rate the severity of the client’s problems with the social and legal system?

COMMENTS:
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