Indice de Gravité d'une toxicomanie (IGT)
(English)

5ième Version

The "User’s Manual" is essential for use of this questionnaire and training is required for administration of the questionnaire. Any reproduction must mention the author’s name.
Translation and validation by the RISQ (Bergeron, J., Landry, M., Brochu, S., Guyon, L. (1998)).
Translation from the French of the "Indice de Gravité d’une Toxicomanie 5ième version" by Michel Poirier, Programme Le Portage and Annie Gendron, Centre André Boudreau.

April 2001
Date of interview

Time started

Time ended

Contact code
1- In person
2- By telephone

Last Name
First Name

File number

Interviewer code

Postal code

Age

Gender
1- Male
2- Female

Race

1. Have you been in an institution in the last 30 days?
   1- Yes
   2- No

   If yes, what type?
   N/A (if "No" to previous question)
   1- Prison, halfway house
   2- Treatment program for alcohol or drugs (e.g. rehabilitation centre or detox)
   3- Medical treatment (e.g. hospital)
   4- Psychiatric treatment (e.g. crisis centre)
   5- Shelter (e.g. shelter for battered women, shelter for youth or homeless, group home)
   6- Other (specify)

   Awaiting file (delay):
   - other:
   - conditions:

   Non-admissible:
   Referred to:

   Other:

   File closed:

   Date:

INSTRUCTIONS
- The code "9" (or 99, 999, 9999) is used for "Does not know" or "refuses to answer".
- N/A means "not applicable"
- Critical objective items

Note: It is important to fill in all the blanks (except where indicated "go to"). When in doubt, use the space provided for comments, indicating the question number and giving as many details as possible.
### SEVERITY PROFILE

**A. Estimate of the severity of respondent’s problem**

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**Legend**

- 0-1: No real problem
- 2-3: Slight problem
- 4-5: Moderate problem
- 6-7: Considerable problem
- 8-9: Extreme problem

### INTERVIEWER’S SUMMARY

**USER’S EXPECTATIONS**

Interviewer’s signature
A) What was the date of your last use of each of these substances and what was the quantity used?

B) What was your normal pattern of consumption over the last three months (substance and quantity)?

ANSWER QUESTIONS USING THE FOLLOWING TABLE

<table>
<thead>
<tr>
<th>Substances</th>
<th>last 30 days</th>
<th>Age first used</th>
<th>Age regular use</th>
<th>No. years using</th>
<th>Type use</th>
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<tbody>
<tr>
<td>1. Alcohol (all use)</td>
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<td>2. Alcohol (to intoxication))</td>
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<td>3. Heroin</td>
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<td>4. Methadone</td>
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<td>5. Other opiates/analgesics</td>
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<td>6. Barbiturates</td>
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<td>7a. Other sedative / hypn./ tranquilizers</td>
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<td>7b. Antipsychotics / antidepressants / lithium</td>
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<td>8. Cocaine</td>
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<td>9. Amphetamines</td>
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<td>10. Cannabis</td>
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<td>11. Hallucinogens</td>
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<td>12. Inhalants</td>
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</table>

CRITERIA TO BE USED WHEN COMPLETING TABLE

<table>
<thead>
<tr>
<th>Regular use</th>
<th>Alcohol “to intoxication”</th>
<th>TYPE OF USE</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 times/week (or an intensive 2-day session/week) for at least one month.</td>
<td>3 or more drinks of alcohol at one session</td>
<td>1-Oral 2-Nasal 3-Smoking 4-Injection (non IV) 5-Injection (IV) 6-Other (specify in comments)</td>
<td>Use N/A for questions concerning age and type of use. 99- Does not know or refuses to answer.</td>
</tr>
</tbody>
</table>

13. More than one substance per day (including alcohol)

14. Which substance(s) is/are a major problem?

Please code as above or
00- no problem
15- alcohol and drugs
16- polydrugs
If uncertain, ask the client.

If code 15 or 16, circle product numbers:

15. How long was your last period of voluntary abstinence from this or these substance(s)?

00- never abstinent
01- at least one month
98- 98 months or more
99- Does not know or refuses to answer
N/A if 00 to question 14

16. How many months ago did this abstinence end?

00- still abstinent
98- 98 months or more
99- Does not know or refuses to answer
N/A if 00 to question 14
### Questions

**17. How many times have you:**
- had alcohol DTs?
- overdosed (drugs)?

**18. How many times in your life have you been treated for:**
- alcohol abuse only?
- drug abuse only?
- drug and alcohol abuse?

**19. How many of these treatments were exclusively detox:**
N/A if 00 to question 18
- for alcohol only?
- for drugs only?
- for drugs and alcohol?

**20. How much money would you say you have spent over the last 30 days:**
9998 = $9998 or more
9999 = DNK or refuses to answer
- on alcohol?
- on drugs?

**21. How many days have you been treated in an out-patient setting for problems with alcohol or drugs during the past 30 days** (including NA-AA-CA)?

**22. During how many of the past 30 days have you experienced:**
- alcohol problems?
- drug problems?

### Questions 23 and 24: Please ask client to use subjective evaluation scale (0 to 4)

**23. Over the last 30 days, how troubled or bothered have you been by:**
- alcohol problems?
- drug problems?

**24. How important is it to you now to receive treatment for:**
- alcohol problems?
- drug problems?

### Interviewer's Severity Rating Scale (0 to 9)

**25a. How would you rate the severity of the client's problem with:**
- alcohol abuse?
- drug abuse?

**25b. In your estimate, to what extent does this client need treatment for:**
- alcohol abuse?
- drug abuse?

### Confidence Rating

Is the above information significantly distorted by:

**26. the client's misrepresentation of the facts?**
- Yes
- No

**27. the client's inability to understand the questions?**
- Yes
- No

### Comments:
PHYSICAL HEALTH

1. How many times in your life have you been hospitalized (24 hrs or more) for a physical health problem? (including overdosed and DTs; excluding detox)
   00- never been hospitalized
   98- 98 hospitalizations or more
   99- does not know or refuses to answer

2. How long ago was your last hospitalization for a physical health problem?
   00- was not hospitalized in the last 30 days
   99- does not know or refuses to answer
   N/A- because never been hospitalized

3. Do you have any chronic problems with your physical health which continue to interfere with your life?
   1- Yes            2- No

4. Are you taking any prescribed medication on a regular basis for a physical health problem?
   1- Yes            2- No

5. In the past 12 months, have you consulted a doctor for a physical health problem?
   1- Yes            2- No

6. Do you have a permanent disability?
   1- Yes            2- No go to question 8

7. Is this disability the result of an accident?
   1- Yes             2- No go to question 8
   If yes, was it:
   1- A car accident?
   2- A work-related accident?
   3- An accident that happened at home?
   4- Another type of accident (specify)

8. On how many days during the past 30 have you experienced physical health problems?

9. How troubled or bothered have you been by these physical health problems in the last 30 days?

10. How important is it to you now to receive treatment for these physical health problems?

11a. How would you rate the severity of the client’s physical health problems?

11b. How would you rate the client’s need for medical treatment?
CONFIDENCE RATING

Is the above information significantly distorted by:

12. the client’s misrepresentation of the facts?
   1- Yes         2- No

13. the client’s inability to understand the questions?
   1- Yes         2- No

COMMENTS:
### FAMILY AND INTERPERSONAL RELATIONSHIPS

1. Are you presently:
   - Married and living with your spouse?
   - Living with a common-law spouse?
   - Separated (legally or not), divorced and not living with a spouse?
   - Widow and not living with a spouse?
   - Never married but have lived with a common-law spouse in the past?
   - Never married and have never lived with a common-law spouse?

2a. How long have you been in your present situation? (since age 18 if code 6 at question 1)

2b. Are you satisfied with your situation?
   - Yes
   - No
   - Indifferent

3. Are you presently:
   - the owner of your residence?
   - A tenant?
   - Living in a rooming house?
   - Living with your parents?
   - Living in an institution?
   - Homeless?
   - Other: (specify) ________________________

4. Living arrangements:

   now last 3 years

   - With spouse and children
   - With spouse only
   - With children only
   - With parents
   - With family
   - With friends
   - Alone or in a rooming house
   - In an institution
   - With roommates
   - Homeless
   - No stable living conditions (applies only to last 3 years)

5a. How long have you lived this way? (since age 18 if you still live with parents or family)

   - 15 days to 1 month
   - years months

5b. Are you satisfied with your current living arrangements?
   - Yes
   - No
   - Indifferent

6a. Do you live with anyone who has an alcohol problem?
   - Yes
   - No
   - DNK or refuses to answer

6b. Do you live with anyone who uses drugs for non-medical purposes?
   - Yes
   - No
   - DNK or refuses to answer

7a. With whom do you spend most of your free time?
   - Family
   - Friends
   - Alone

7b. Are you satisfied spending your free time this way?
   - Yes
   - No
   - Indifferent

8. How many close friends do you have? __________

COMMENTS:
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<th>Person</th>
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9. Have you had extended periods during which there were serious problems in your relationship with your last 30 days in your life.

In your opinion, did any of these people have:

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10. problems with alcohol?

* * *

11. problems with drugs?

* * *

12. psychiatric problems?

* * *

13. Do you feel that you have established a close and lasting relationship with these people?

1- Yes 2- No 9- Does not know or refuses to answer

N/A – does not apply because respondent does not have anyone in that category in his life (e.g. no adoptive mother), has had no contact with them or the person is deceased (except question 13).

* Optional

°°°°

Ask age of child (children) and insert here: __________________________________________

14. Have you been emotionally abused
(by offensive remarks)
1-Yes 2-No

- in the past 30 days?
- in your life?

15. Have you been physically abused
(bodily harm):
1-Yes 2-No

- in the past 30 days?
- in your life?

16. Have you been sexually abused
(had unwanted sexual advances or acts forced on you):
1-Yes 2-No

- in the past 30 days?
- in your life?

17. On how many of the past 30 days have you had serious conflicts:

a) with your family?

b) with other persons?

QUESTIONS 18 TO 21: ASK CLIENT TO USE SUBJECTIVE RATING SCALE (0 TO 4)

Over the last 30 days, how troubled or bothered have you been by:

18. Family problems?

19. Problems in relationships with other people (including isolation and solitude)?

20. Family problems?

21. Problems in relationships with other people (including isolation and solitude)?

INTERVIEWER’S SEVERITY RATING SCALE (0 TO 9)

22a. How would you rate the severity of the client’s problem?

22b. How would you rate the client’s need for family and/or social counselling?

CONFIDENCE RATING

Is the above information significantly distorted by:

23. the client’s misrepresentation of the facts?
1- Yes 2- No

24. the client’s inability to understand the questions?
1- Yes 2- No
## MENTAL AND EMOTIONAL HEALTH

1. How many times in your life have you been treated for any psychological or emotional problems:
   - in a hospital?
   - in an out-patient or private clinic?

| Have you had extended periods, NOT AS A RESULT OF DRUG OR ALCOHOL CONSUMPTION, during which you have: |
|---|---|---|
| 1. experienced severe depression? (sadness, despair, severe loss of interest, apathy, feelings of guilt, crying fits). |
|   | last 30 days | in your life for a period of at least 2 weeks |
|   | 1-Yes | 2-No | 9-Does not know or refuses to answer |
| 2. suffered from anxiety or serious tension? (feelings of tension, inability to relax, irrational fears) |
|   | last 30 days | in your life for a period of at least 2 weeks |
|   | 1-Yes | 2-No | 9-Does not know or refuses to answer |
| 3. suffered from hallucinations? (seeing things people or hearing voices that don’t exist, even if only for a short period of time) |
|   | last 30 days | in your life |
|   | 1-Yes | 2-No | 9-Does not know or refuses to answer |
| 4. experienced severe difficulty concentrating, remembering and/or understanding? |
|   | last 30 days | in your life for a period of at least 2 weeks |
|   | 1-Yes | 2-No | 9-Does not know or refuses to answer |

Have you, AS A RESULT OF DRUG OR ALCOHOL CONSUMPTION OR NOT, had a period during which you:

6. experienced trouble controlling violent behaviour?

| 6. experienced trouble controlling violent behaviour? |
|---|---|---|
| last 30 days | in your life |
| 1-Yes | 2-No | 9-Does not know or refuses to answer |

7. intentionally tried to hurt yourself? (other than a suicide attempt)?

| 7. intentionally tried to hurt yourself? (other than a suicide attempt)? |
|---|---|---|
| last 30 days | in your life |
| 1-Yes | 2-No | 9-Does not know or refuses to answer |

8. experienced serious thoughts of suicide? (with a plan)?

| 8. experienced serious thoughts of suicide? (with a plan)? |
|---|---|---|
| last 30 days | in your life |
| 1-Yes | 2-No | 9-Does not know or refuses to answer |

9. attempted suicide?

| 9. attempted suicide? |
|---|---|---|
| last 30 days | in your life |
| 1-Yes | 2-No | 9-Does not know or refuses to answer |

10. had medication prescribed for a psychological or emotional problem?

| 10. had medication prescribed for a psychological or emotional problem? |
|---|---|---|
| last 30 days | in your life |
| 1-Yes | 2-No | 9-Does not know or refuses to answer |

11. During how many of the past 30 days have you experienced these psychological or emotional problems?
QUESTIONS 12 AND 13: ASK CLIENT TO USE SUBJECTIVE EVALUATION SCALE (0 TO 4)

12. In the past 30 days, how troubled or bothered have you been by these psychological or emotional problems?

13. How important is it to you now to receive treatment for these psychological or emotional problems?

QUESTIONS TO BE COMPLETED BY INTERVIEWER
(For questions 14, 16 and 19, when in doubt, ask client)

AT THE TIME OF THE INTERVIEW, IS THE CLIENT:

14. obviously depressed or withdrawn?
   1- Yes   2- No

15. obviously hostile?
   1- Yes   2- No

16. obviously anxious or nervous?
   1- Yes   2- No

17. having trouble objectively evaluating the situation, experiencing thought disorders, or having paranoid thoughts?
   1- Yes   2- No

18. having trouble understanding, concentrating and remembering?
   1- Yes   2- No

19. having suicidal thoughts?
   1- Yes   2- No

INTERVIEWER’S SEVERITY RATING SCALE (0 TO 9)

20a. How would you rate the severity of client’s problems?

20b. How would you rate the client’s need for psychiatric/psychological treatment?

CONFIDENCE RATING
Is the above information distorted by:

21. the client’s misrepresentation of the facts?
   1- Yes   2- No

22. the client’s inability to understand the questions?
   1- Yes   2- No

COMMENTS:
1. What is the highest level of schooling you have completed? (indicate corresponding code)
   00- no schooling or kindergarten only
   01- first grade
   02- second grade
   03- third grade
   04- fourth grade
   05- fifth grade
   06- sixth grade
   07- seventh grade
   08- eighth grade or first year of high school
   09- ninth grade or second year of high school
   10- tenth grade or third year of high school
   11- eleventh grade or fourth year of high school
   12- twelfth grade or fifth year of high school
   13- partially completed studies at a CEGEP, trade school or private commercial college, technical institute, nursing school, or teaching school
   14- diploma or certificate from CEGEP trade school or private commercial college, technical institute, nursing school, teachers’ college
   15- partially completed university studies, certificate(s)
   16- Bachelor’s, Master’s or Doctorate completed

2. Other training (upgrading during employment/unemployment)?
   98- 98 months or more
   99- Does not know or refuses to answer

3. Do you have a profession or a trade?
   1- Yes (specify) ________________  
   2- No

4. Do you have a valid driver’s license?
   1- Yes
   2- No, license was not renewed
   3- No, license suspended
   4- No, never had one

5. Do you have access to an automobile?
   1- Yes
   2- No (Use code 2 if license not valid)

6. How long was your longest full-time job?
   [ ] years [ ] months

7. Usual occupation? (or last occupation)
   Specify: ________________________________

8. Does someone else provide you with any form of financial support or assistance?
   1- Yes  2- No

9. If so, is this your principal source of your financial means?
   1- Yes  2- No

10a. Employment situation
   now  [ ]  last 3 years [ ]
   1- full-time work (35 hrs / week)
   2- part-time work (regular hours)
   3- part-time work (irregular hrs or day-by-day basis)
   4- seasonal work (with unemployment)
   5- studies
   6- retired
   7- disabled
   8- unemployed
   9- in an institution
   10- welfare
   11- homemaker
   12- other (including illegal activities)
   13- unstable situation (different situations of varying lengths)

10b. Are you satisfied with your current situation?
   1- Yes  2- No  3- Indifferent

11. For how many days of the past 30 days were you paid?
   (including under the table)

   During the past 30 days, how much money have you received from the following sources:
   9998 = 9998$ or more;  9999 = does not know or refuses to answer

12. employment (net income)?

13. employment insurance?

14. welfare?

15. pension, CSST, RRQ, IVAC, SAAQ compensation, family allowance, alimony?
16. spouse, family/friends, loans and bursaries, bursaries, unexpected sources of revenue (GST, tax return, lottery)?

17. illegal sources?

18. How many people depend on you for the majority of their needs (food, shelter, etc.)?

19a. During how many of the past 30 days have you experienced employment problems?

00- none (including no job hunting)

19b. How many of the past 30 days have you spent looking for a job?

QUESTIONS 20 AND 21: ASK RESPONDANT TO USE SUBJECTIVE RATING SCALE (0 TO 4)

20. In the past 30 days, how troubled or preoccupied have you been by these employment problems?

21. How important is it to you now to receive counselling for these problems?

INTERVIEWER’S SEVERITY RATING SCALE (0 TO 9)

22a. How would you rate the severity of the client’s problem?

22b. How would you rate the client’s need for employment counselling?

23. Was this request for help initiated or demanded by your employer?

1- Yes 2- No

24. Have you quit or lost one or more jobs because of drug or alcohol abuse?

1- Yes 2- No

25. How much do you owe? (explain in COMMENTS)

99998 = 99998$ or more
99999 = Does not know or refuses to answer

26. What is your annual income? (use revenue scale below)

1- 0 $ - 999 $
2- 1 000 $ - 5 999 $
3- 6 000 $ - 11 999 $
4- 12 000 $ - 19 999 $
5- 20 000 $ - 29 999 $
6- 30 000 $ - 39 999 $
7- 40 000 $ - 49 999 $
8- 50 000 $ or more
9- Does not know or refuses to answer

27. What is your total family income? (use revenue scale below)

CONFIDENCE RATING

Is the above information significantly distorted by:

28. the client’s misrepresentation of the facts?

1- Yes 2- No

29. the client’s inability to understand the questions?

1- Yes 2- No

COMMENTS:
1. Was your admission to this program prompted by or suggested by the criminal justice system or social services?
   1- Yes  2- No  go to question 2

If so, by whom?

- **Criminal Justice System:**
  1- probation officer
  2- parole officer
  3- lawyer
  4- judge (liberated on bail)
  5- other: (specify) _________________________

- **Social Services:**
  6- youth protection worker
  7- other worker within the system
  8- lawyer or judge (Youth Court)

2. Are you presently:
   1- on parole?
   2- on probation?
   3- in a halfway house?
   4- other (prison, penitentiary, bail)?
   5- under no judicial restraint?

3. disturbing the peace, vagrancy, public drunkenness?

4. Major traffic violations (e.g.: dangerous driving, driving without a licence)?

5a. Of how many of these charges were you found guilty?
   N/A if never convicted

5b. How many sentences have you received for these convictions?

6. offences against the administration of law and justice (e.g.: disobeying a court order, violating probation, obstructing justice by escaping or failing to appear in court)?

7. fraud (e.g.: stealing credit cards, committing forgery, using fake documents)?

8. weapons offences (e.g.: possession or use of a firearm without a permit)?

9. unclassified offences (e.g.: libel, counterfeiting)?

10. drug-related offences (possession or trafficking)?

11. mischief (e.g.: breaking and entering, vandalism, arson, disturbing the peace, poaching)?

12. impaired driving (and/or refusal to submit to blood or breathalyser test)?

13. theft (possession of stolen goods, unarmed and without violence)?

14. sexual offences (prostitution, pimping)?

15. assault (death threats, physical aggression)?

16. criminal negligence (hit and run)?

17. armed robbery (with a weapon or threats of violence)?

18. rape, incest, sexual assault?

19. homicide, murder (attempted murder)?

20a. Of how many of these charges (6 to 19) have you ever been found guilty?
   N/A if never been charged

20b. How many sentences have you received for those charges for which you were found guilty?
   N/A if never sentenced

21a. How many months have you spent in detention?
   00 less than 15 days, never been found guilty or other type of sentence  go to question 24
   98 98 months or more
   99 does not know or refuses to answer

21b. How many periods of incarceration does this represent?
22. How long was your last period of incarceration?
   01- 15 days or more
   98- 98 months and more
   99- does not know or refuses to answer

23. For what type of crime were you placed in detention?
   3-4, 6-19, code corresponding to the item or offence.
   If several offences, code the most serious; the items are numbered in order of increasing severity.

24. Are you presently awaiting charges, trial or sentencing?
   1- Yes         2- No  go to question 26a
   If so, are you:
   1- in the process of being charged?
   2- awaiting trial?
   3- awaiting sentencing?

25. For what offence?
   3-4, 6-19, code corresponding to the item or the crime.
   If several offences, code the most serious; the items are numbered in order of increasing severity.

26a. At what age did you commit your first delinquent act (act or omission for which criminal proceedings could be instituted)?
   00 if no delinquent act

26b. At what age were you last charged with an offence (under the criminal code)?
   00 if no charges

27. During how many of the past 30 days were you detained?

28. During how many of the past 30 days were you involved in illegal activities for the purposes of making a profit?

29a. How serious do you think your current legal problems are? (excluding civil charges)

29b. How important is it to you now to receive help or counselling for your legal problems?
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