

Questionnaire number

Indice de Gravité d'une Toxicomanie (IGT)

Version 6.1

May 2018

L'indice de gravité d'une toxicomanie est l'adaptation de l'Addiction Severity Index (ASI) de McLellan, A.T., Luborsky, L., O'Brien, C.P. (1980).
Traduit et validé par le RISQ (Bergeron, J., Landry, M., Brochu, S., Guyon, L. 1998).
Le «manuel d'utilisation» est essentiel pour l'usage de ce questionnaire et une formation est requise pour la passation de ce questionnaire.

Recherche et intervention sur les substances psychoactives - Québec
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GENERAL INFORMATION

Date of interview

				-			-		
Year					Month			Day	

Last name

First name

Time started

Hours		Minutes	

File number

--	--	--	--	--	--	--	--	--	--

Postal code

--	--	--	--	--	--

Time ended

Hours		Minutes	

Interviewer's code

--	--	--	--

Age

--	--

Sex

- ☐ Male
☐ Female

Contact code

- ☐ In person
☐ Telephone
☐ Video-conference

Ethnicity

1. Have you been in an institution in the last 30 days?

☐ Yes

☐ No



Go to section on Alcohol/Drugs

If yes, which one(s)?

- ☐ Prison, halfway house
☐ Treatment program for alcohol or drugs (ex: rehabilitation center or detox)
☐ Medical treatment (ex: hospital)
☐ Psychiatric treatment (ex: crisis center)
☐ Shelter (ex: shelter for battered women, for youth or homeless, group home)
☐ Other (specify) _____

How many days?

--	--

TO BE USED BY THE CENTER

Please note :

- | | | | |
|---------------------|--------|-------|--------------------------|
| 1. RISK OF SUICIDE | 1. Yes | 2. No | <input type="checkbox"/> |
| 2. RISK OF VIOLENCE | 1. Yes | 2. No | <input type="checkbox"/> |
| 3. OTHER (Specify) | 1. Yes | 2. No | <input type="checkbox"/> |

Intervener's signature

INSTRUCTIONS

- The codes "9" (or 99, 999, 9999) are used for "does not know (DNK)" or "refuses to answer"
- Enter "N/A" if "Not applicable"
- Critical objective items
- Compound score items (research) ☐
- Help with decision making for referral to internal services for gambling
- When you have to enter a minimum number of digits in a maximum number of spaces, enter the number by starting from the right

Example:

	3	4	or	0	3	4
--	---	---	----	---	---	---

Note : It is important to fill in all the boxes, unless indicated "go to..." or "N/A". If in doubt, use the space provided for comments, by indicating the number of the question and giving as many details as possible.

SEVERITY PROFILE

A. Estimate of the severity of the client's problem

Extreme	9								
	8								
Considerable	7								
	6								
Moderate	5								
	4								
Mild	3								
	2								
No problem	1								
	0								
	PROBLEMS	Alcohol	Drugs	Gambling	Phys. Health	Fam./Interp.	Psych.	Employ./Res.	Judicial A

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

B. Estimate of the client's need for additional treatment

Indispensable	9									
	8									
Necessary	7									
	6									
Some mild treatment indicated	5									
	4									
Probably not necessary	3									
	2									
Not indicated	1									
	0									
	PROBLEMS	Alcohol	Drugs	Gambling	Phys. Health	Fam./Interp.	Psych.	Employ./Res.	Judicial B	Judicial C

LEGEND	8-9	Treatment is indispensable
	6-7	Treatment is necessary
	4-5	Some mild treatment indicated
	2-3	Treatment is probably not necessary
	0-1	Treatment is not indicated

INTERVENER'S SUMMARY

[illegible]

CLIENT'S EXPECTATIONS

Intervener's signature



○ Darken if this section is not completed because the client does not rank in DEBA-A/D. Enter the prescribed medications just the same.

☞	Substances	Last 30 days		In one's lifetime				
		Date of last consumption	Number of days consumed	Usual quantity consumed/day	Age first used	Age reg. use	Number of years of reg. use	Method of admin.
<input type="checkbox"/>	1. Alcohol (all use)	Year - Month - Day						
<input type="checkbox"/>	2. Alcohol (to level of intoxication)	Year - Month - Day						
<input type="checkbox"/>	3. Heroin	Year - Month - Day						
<input type="checkbox"/>	4. Methadone	Year - Month - Day						
<input type="checkbox"/>	5. Other opioids	Year - Month - Day						
<input type="checkbox"/>	6. Barbiturates	Year - Month - Day						
<input type="checkbox"/>	7. a) Other sedatives/hypnotics/tranquilizers	Year - Month - Day						
<input type="checkbox"/>	7. b) Antipsychotics/antidepressants/lithium	Year - Month - Day						
<input type="checkbox"/>	8. Cocaine	Year - Month - Day						
<input type="checkbox"/>	9. Amphetamines	Year - Month - Day						
<input type="checkbox"/>	10. Cannabis	Year - Month - Day						
<input type="checkbox"/>	11. Hallucinogenic	Year - Month - Day						
<input type="checkbox"/>	12. Inhalants	Year - Month - Day						
<input type="checkbox"/>	XIII. GHB	Year - Month - Day						

Regular use : 3 times/week during at least one month (or intensive session of 2/days/week)

Alcohol to level of intoxication : 4 or more drinks of alcohol in a single session

Method of administration (most frequent) :
 1- Oral
 2- Nasal (sniffing)
 3- Smoked
 4- Injected (non intravenous, non IV)
 5- Injected (IV)
 6- Other (specify in comments)

Enter:
 - N/A if not applicable
 - 99 if DNK or refuses to answer

1211504420



13. More than one substance per day (including alcohol) Num. of days Num. of years

in last 30 days		in lifetime	

14. Which substance(s) cause(s) a major problem ?

Please code as above or

00 – no problem

15 – alcohol and drugs (double addiction)

16 – polydrugs

If uncertain, ask the client

If code 15 or 16, check off the number related to these substances.

3	4	5	6	7a	8	9	10	11	12	XIII
<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"/>	<input type="radio"/>

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 and more

99 – DNK or refuses to answer

N/A – if 00 to question 14

months	

16. How many months ago did this period of abstinence end ?

00 – still abstinent

98 – 98 months and more

99 – DNK or refuses to answer

N/A – never abstinent or if 00 to question 14

months	

17. How many times have you had :

- alcohol DT's ?

--	--

- an overdose (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\$ and more

9999 = DNK or refuses to answer

- on alcohol ?

--	--	--	--

- on drugs ?

--	--	--	--

21. How many days have you been treated in an external setting for problems with alcohol or drugs during the past 30 days ?

(including NA-AA-CA)

--	--

22. During how many of the last 30 days have you experienced :

- alcohol problems ?

--	--

- drug problems ?

--	--

QUESTIONS 23 AND 24 : ASK THE CLIENT TO USE THE SUBJECTIVE EVALUATION SCALE (0-4)

23. Over the last 30 days, to what extent have you been disturbed or preoccupied by :

- these alcohol problems ?

--

- these drug problems ?

--

24. How important is it to you now to receive additional treatment for :

- these alcohol problems ?

--

- these drug problems ?

--

Intervener's evaluation of the severity (0-9)

25a. How would you rate the severity of the client's problem with :

- alcohol abuse ?

--

- drug abuse ?

--

25b. In your opinion, to what extent does this client need treatment for :

- alcohol abuse ?

--

- drug abuse ?

--

CONFIDENCE RATING

Is the above information significantly distorted because :

26. the client dissimulates the truth ?

- ☐ Yes
☐ No

27. the client does not understand the questions ?

- ☐ Yes
☐ No

Optional question

In the past 12 months, have you been drinking rubbing alcohol, window washing fluid or any other type of alcohol that is not ethyl alcohol ? If yes, ask about quantity and frequency.

- ☐ Yes
☐ No

Comments :



DÉBA - Jeu-8

Détection et besoin d'aide en regard du jeu excessif

Tremblay, Blanchette-Martin, Ferland, Ménard, et Berthelot, (2016 adapté pour l'IGT provincial)

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1. Have you engaged in gambling during the past year ? ☐ Yes
☐ No

a. If no gambling in the past year → STOP HERE AND GO TO THE PHYSICAL HEALTH SECTION

Or

b. If **only** purchased lottery or instant draw tickets (q. 1).

If yes, ask : "Did you experience any problems with these lotteries?" ☐ No → STOP HERE AND GO TO THE PHYSICAL HEALTH SECTION

Or

☐ Yes → GO TO THE FOLLOWING QUESTIONS (2 to 9)

c. If engaged in any other type of gambling in the past year → GO TO THE FOLLOWING QUESTIONS (2 to 9)

The following questions are about your gambling habits. How often did you experience these situations DURING THE LAST YEAR ?

Darken the appropriate circle.

2. In the past year, during a gambling session, have you played longer than you originally planned ?

3. In the past year, have you been hiding or trying to hide your gambling habits from others (Ex.: family members) ?.....

4. In the last year, have you spent more money in a gambling session than you originally planned ?...

5. In the past year, have you experienced periods when you have thought at length about gambling, either thinking about past gambling experiences or future gambling attempts ?.....

6. In the past year, have you gone gambling to win back the money you lost before ?.....

7. In the past year, have you felt nervous or irritable after trying to reduce or stop your gambling habits ?.....

8. In the past year, have you asked people to lend you money because of financial problems caused by your gambling ?.....

9. In the last year, when you were gambling, did you get the feeling of being someone else ?.....

	Never	Rarely	Occasionally	Often	Almost always
2. In the past year, during a gambling session, have you played longer than you originally planned ?	0	1	2	3	4
3. In the past year, have you been hiding or trying to hide your gambling habits from others (Ex.: family members) ?.....	0	1	2	3	4
4. In the last year, have you spent more money in a gambling session than you originally planned ?...	0	1	2	3	4
5. In the past year, have you experienced periods when you have thought at length about gambling, either thinking about past gambling experiences or future gambling attempts ?.....	0	1	2	3	4
6. In the past year, have you gone gambling to win back the money you lost before ?.....	0	1	2	3	4
7. In the past year, have you felt nervous or irritable after trying to reduce or stop your gambling habits ?.....	0	1	2	3	4
8. In the past year, have you asked people to lend you money because of financial problems caused by your gambling ?.....	0	1	2	3	4
9. In the last year, when you were gambling, did you get the feeling of being someone else ?.....	0	1	2	3	4

Add results of questions 2 to 9

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Interpretation of scores

0 - 5 Green light : No intervention

6 - 10 Yellow light : First line intervention

11 - 32 Red light : Specialized intervention

→ Go to State of Physical Health

→ Continue evaluation of gambling area on the following page



If never played	During lifetime	Last 30 days		During last 12 months		Age when gambling became a problem	Darken if gambling causes prob. today	Darken the locations where gambling occurs					
	14. For each type of gambling, note the date of the last gambling episode. If you do not know the day or even the month, note at least the year (then the month, if known) and leave the other date boxes empty.	Number of days played	Money spent \$	Freq. of gambling habit	Money spent gambling \$			I	C	P	O		
	a) Buy lottery tickets												
<input type="radio"/>	<div> <div>Year</div> <div>Month</div> <div>Day</div> </div>												
	b) Play Bingo for money												
<input type="radio"/>	<div> <div>Year</div> <div>Month</div> <div>Day</div> </div>												
	c) Play cards for money												
<input type="radio"/>	<div> <div>Year</div> <div>Month</div> <div>Day</div> </div>												
	d) Bet on horses, dogs or other animal racing												
<input type="radio"/>	<div> <div>Year</div> <div>Month</div> <div>Day</div> </div>												
	e) Play the stock market or day trading												
<input type="radio"/>	<div> <div>Year</div> <div>Month</div> <div>Day</div> </div>												
	f) Play slot machines, video lotteries or other types of machines for money												
<input type="radio"/>	<div> <div>Year</div> <div>Month</div> <div>Day</div> </div>												
	g) Play bowling, billiards, golf or other skill games for money												
<input type="radio"/>	<div> <div>Year</div> <div>Month</div> <div>Day</div> </div>												
	h) Play dice for money												
<input type="radio"/>	<div> <div>Year</div> <div>Month</div> <div>Day</div> </div>												
	i) Bet on sports												
<input type="radio"/>	<div> <div>Year</div> <div>Month</div> <div>Day</div> </div>												
	j) Play any other game for money												
<input type="radio"/>	<div> <div>Year</div> <div>Month</div> <div>Day</div> </div>												

Frequency of gambling habits :

- | | |
|----------------------------|---------------------------|
| 0 – Never | 3 – 1 time/week |
| 1 – Less than once a month | 4 – More than 1 time/week |
| 2 – Once a month | 5 – Every day or almost |

Gambling locations :

- I** – Internet
C – Casino
P – Public places (Bars, gaming room, restaurants)
O – Other (residence, friends)



15. How many hours per week have you spent gambling, all types of gambling included ?

In the last
30 days

--	--	--

hours/week

Within the last
12 months

--	--	--

hours/week

16a. In the last 12 months, have you experienced periods of abstinence from the types of gambling that are a problem for you ?

Important : the period of abstinence from gambling must have lasted at least 2 weeks.

- ☐ Yes
☐ No → Go to q.17
☐ DKN/Refuses to answer → Go to q.17

16b. If yes, how many periods of abstinence (two weeks and +) have you had from the types of gambling that are giving you problems? (Name the types of gambling)

Number of periods of abstinence

--	--	--

16c. How long did these periods of abstinence from gambling last in total ?

--	--	--

weeks

17. Do you ever drink alcohol or consume other substances before/during/after you go gambling?

If yes, in what proportion of the time?
(ex: 1/10, convert to %)

Before		During		After																			
Yes	No	Yes	No	Yes	No																		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																		
<table border="1"><tr><td></td><td></td><td></td></tr></table> %				<table border="1"><tr><td></td><td></td><td></td></tr></table> %				<table border="1"><tr><td></td><td></td><td></td></tr></table> %				<table border="1"><tr><td></td><td></td><td></td></tr></table> %				<table border="1"><tr><td></td><td></td><td></td></tr></table> %				<table border="1"><tr><td></td><td></td><td></td></tr></table> %			




18. To what extent do your gambling habits:

- a) affect your basic needs and those of your family (housing, groceries, etc.) ?.....
- b) impair your ability to have recreational activities for you and your family ?.....
- c) affect your relationship with your children ?.....
- d) affect your personal life (self-esteem, guilt, helplessness, etc.) ?.....
- e) affect your marital life (separation, risk of separation, trust, violence, communication, control) ?.....
- f) affect your psychological health (anxiety, stress, fatigue, depression, etc.) ?.....
- g) affect your physical health ?.....
- h) affect your work life (absenteeism, job loss, etc.) ?.....
- i) put you at risk for illegal acts (theft, etc.) ?.....
- j) affect your financial security ?.....

	Not at all	A little	Moderately	A lot	Extremely	N/A	Risk of severe consequences (interviewer's evaluation) ¹
a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

¹Check off areas where there is a risk of very serious consequences if the person continues to gamble and that could justify a referral to an internal service.



 **19. During your lifetime, have you ever been treated for a gambling problem ?**

☐ Yes → How many times ?

--	--

☐ No → Go to q. 22

☐ DNK/refuses to answer

 **20. Treatment modalities (where (location), when, type: internal, external services) :**

 **21. What are the results of the followed treatment(s) ? (reason for termination, changes made)**

Comments :



22. On how many days during the last 30 days have you experienced problems with gambling ?

(disturbing effects of gambling, gambling abstinence, failures in your desire to stop playing, irresistible urge to gamble, guilt, missed work days because of gambling, days where usual daily activities have stopped because of gambling or its consequences)

days

23. During the last 30 days, to what extent have you been disturbed or preoccupied by these gambling problems ?

(use Subjective Evaluation Scale: 0-4)

24. How important is it to you now to receive treatment for these gambling problems ?

(use Subjective Evaluation Scale: 0-4)

**INTERVENER'S EVALUATION
OF THE SEVERITY (0-9)**



25a. How would you rate the severity of the client's problem with gambling ?

25b. In your opinion, to what extent does this client need treatment for gambling problems ?

CONFIDENCE RATING

Is the above information significantly distorted because :

26. the client dissimulates the truth ?

- ☐ Yes
☐ No

27. the client does not understand the questions ?

- ☐ Yes
☐ No

Comments :



1. How many times in your life have you been hospitalized (24 hrs or more) for a physical health problem ?

(including overdoses and DT's; excluding detox, pregnancy without complications, hospitalization in psychiatry)

00 - Never been hospitalized
98 - 98 Hospitalizations and more
99 - DNK or refuses to answer

2. How long ago was your last hospitalization for a physical health problem ?

00 - was hospitalized in the last 30 days
99 - DNK or refuses to answer
N/A - has never been hospitalized

years months

3. Do you have a chronic problem with your physical health which continues to interfere with your life ?

1 - Yes 2 - No ☐

4. Are you taking prescribed medication on a regular basis for a physical health problem ?

1 - Yes 2 - No ☐

- 5a. In the past 12 months, have you consulted a doctor for a physical health problem ?

1 - Yes 2 - No ☐

- 5b. Are you at risk of having contracted a sexually transmitted or blood borne infection (STBBI) ?

1 - Yes 2 - No ☐

If yes, specify the mode of transmission :

- ☐ Sexual relations
☐ Non sterile materials used for drug use

- 5c. Have you ever had a screening test for :

If you do not know the day, enter only the year and the month

Hep. B ☐ Yes ☐ No ☐ DNK/refuses to answer
Date: - - - ☐ +
Year Month Day Result circle

Hep. C ☐ Yes ☐ No ☐ DNK/refuses to answer
Date: - - - ☐ +
Year Month Day Result circle

HIV ☐ Yes ☐ No ☐ DNK/refuses to answer
Date: - - - ☐ +
Year Month Day Result circle

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)?

specify

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

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

9. During the last 30 days, to what extent have you been disturbed or preoccupied by these physical health problems ? ☐

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

**INTERVENER'S EVALUATION OF THE SEVERITY (0-9)**

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

11b. In your opinion, to what extent does this client need treatment for physical health problems ? ☐

CONFIDENCE RATING

Is the above information significantly distorted because :

12. The client dissimulates the truth ? ☐ Yes
☐ No

13. The client does not understand the questions ? ☐ Yes
☐ No

Comments :



1. Are you presently :

- 1 - Married and living with your spouse/partner ? ☐
- 2 - Living with a common-law spouse ?
- 3 - Separated (legally or not), divorced and not living with a spouse ?
- 4 - Widow and not living with a spouse ?
- 5 - Never married and have lived with a common-law spouse in the past ?
- 6 - 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)

Years

Months

2b. Are you satisfied with your situation ?

- 1 - Yes 2 - No 3 - Indifferent ☐

3. Are you presently :

- 1 - The owner of your residence ? ☐
- 2 - A tenant ?
- 3 - Living in a rooming house ?
- 4 - Living with your parents ?
- 5 - Living in an institution ?
- 6 - Homeless ?
- 7 - Other (Specify) _____

4. Usual living conditions :

Now

Last 3 years

- 01 - With spouse and children
- 02 - With spouse only
- 03 - With children only
- 04 - With parents
- 05 - With family
- 06 - With friends
- 07 - Alone or in a rooming house
- 08 - In an institution
- 09 - With roommate(s)
- 10 - Homeless
- 11 - No stable living conditions (applies only to last 3 years)

5a. How long have you been living with your current living conditions? (since age 18 if you live with your parents or your family)

- 01 - 15 days to 1 month

Years

Months

5b. Are you satisfied with your current living conditions ?

- 1 - Yes 2 - No 3 - Indifferent ☐

6a. Do you live with someone who has problems with alcohol ?

- 1 - Yes 2 - No 9 - DNK or refuses to answer ☐

6b. Do you live with someone who has used drugs for non-medical purposes ?

- 1 - Yes 2 - No 9 - DNK or refuses to answer ☐

6c. Do you live with someone who has gambling problems ?

- 1 - Yes 2 - No 9 - DNK or refuses to answer ☐

7a. With whom do you spend most of your free time ?

- 1 - Family 2 - Friends 3 - Alone ☐

7b. Are you satisfied spending your free time this way ?

- 1 - Yes 2 - No 3 - Indifferent ☐

8. How many close friends do you have ?

Comments :

FAMILY AND INTERPERSONAL RELATIONSHIPS

Persons		A Bio. mother	B Adopt. mother.	C Bio. father	D Adopt. father	E Brothers (Num.) <input type="text"/>	F Sisters (Num.) <input type="text"/>	G Spouse/ Partner	H Children (Num.) <input type="text"/>	I Other important relatives	J Friends	K Neigh- bours	L Co- workers
9. Have you had extended periods of time during which there were serious problems in your relationship with	Last 30 days	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	In your lifetime	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
In your opinion, has anyone close to you had :						(1) (2)	(1) (2)		(1) (2)				
10. problems with alcohol ?		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
11. problems with drugs ?		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
1. problems with gambling ?		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
12. psychiatric problems ?		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>		
13. Do you feel you have established a close and lasting relationship with the following people ?		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>		

1 - Yes 2 - No 9 - DNK or refuses to answer
 N/A Does not apply because the client does not have anyone in that category in his life. Example : no adoptive mother or has had no contact with them or the person is deceased (except question 13)
 * Optional

Age of children

Youth Protection implicated

0 - Never 1 - Now 2 - In the past

Do you feel you could use some help to facilitate your role as a parent ?

☐ Yes ☐ No

14. Have you ever been emotionally abused ?

(by offensive remarks)

1 - Yes 2 - No

- In the past 30 days ?

- In your lifetime ?

15. Have you ever been physically abused ?

(by having suffered bodily harm)

1 - Yes 2 - No

- In the past 30 days ?

- In your lifetime ?

16. Have you ever been sexually abused ?

(by having unwanted sexual advances or acts forced on you)

1 - Yes 2 - No

- In the past 30 days ?

- In your lifetime ?

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

a) With your family ?

b) With other persons
(with the exception of your family) ?

QUESTIONS 18 TO 21: ASK THE CLIENT TO USE THE SUBJECTIVE EVALUATION SCALE (0-4)

During the last 30 days, to what extent have you been disturbed or preoccupied by :

18. your family problems ?

19. your relationship problems with others (including problems caused by isolation and solitude) ?

How important is it to you now to receive treatment for :

20. your family problems ?

21. your relationship problems with others (including problems caused by isolation and solitude) ?

INTERVENER'S EVALUATION OF THE SEVERITY (0-9)

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

22b. In your opinion, to what extent does this client need family and/or interpersonal counseling ?

CONFIDENCE RATING

Is the above information significantly distorted because :

23. the client dissimulates the truth ? ☐ Yes ☐ No

24. the client does not understand the questions ? ☐ Yes ☐ No



1. How many times have you been treated for psychological or emotional problems ?

in hospital ?

--	--

in an external clinic or private clinic ?

--	--

Have you had extended periods, NOT AS A RESULT OF DRUG OR ALCOHOL CONSUMPTION, during which you have :

2. experienced severe depression (sadness, despair, severe loss of interest, apathy, guilt feelings, crying fits) ?

Past 30 days ☐ Yes ☐ No ☐ DNK/refuses to answer

In your lifetime for a period lasting at least 2 weeks ☐ Yes ☐ No ☐ DNK/refuses to answer

- 3a. suffered from anxiety or serious tensions (feeling of tension, inability to relax, irrational fear) ?

Past 30 days ☐ Yes ☐ No ☐ DNK/refuses to answer

In your lifetime for a period lasting at least 2 weeks ☐ Yes ☐ No ☐ DNK/refuses to answer

- 3b. suffered from a panic attack (sudden and intense fear or terror not caused by a real danger) ?

Past 30 days ☐ Yes ☐ No ☐ DNK/refuses to answer

In your lifetime ☐ Yes ☐ No ☐ DNK/refuses to answer

4. suffered from hallucinations (seeing things, people or hearing voices that do not exist, even for a short period of time) ?

Past 30 days ☐ Yes ☐ No ☐ DNK/refuses to answer

In your lifetime ☐ Yes ☐ No ☐ DNK/refuses to answer

- 5a. experienced severe difficulties concentrating, remembering and/or understanding ?

Past 30 days ☐ Yes ☐ No ☐ DNK/refuses to answer

In your lifetime for a period lasting at least 2 weeks ☐ Yes ☐ No ☐ DNK/refuses to answer

- 5b. experienced significant problems with your sleep (difficulty falling asleep, staying asleep or oversleeping) ?

Past 30 days ☐ Yes ☐ No ☐ DNK/refuses to answer

In your lifetime for a period lasting at least 2 weeks ☐ Yes ☐ No ☐ DNK/refuses to answer

- 5c. experienced significant difficulties controlling your diet (excessive eating, purgation, inability to eat) ?

Past 30 days ☐ Yes ☐ No ☐ DNK/refuses to answer

In your lifetime for a period lasting at least 2 weeks ☐ Yes ☐ No ☐ DNK/refuses to answer

Have you experienced a period, RESULTING OR NOT OF DRUG OR ALCOHOL CONSUMPTION during which you have :

6. experienced trouble controlling violent behaviors ?

Past 30 days ☐ Yes ☐ No ☐ DNK/refuses to answer

In your lifetime ☐ Yes ☐ No ☐ DNK/refuses to answer

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

Past 30 days ☐ Yes ☐ No ☐ DNK/refuses to answer

In your lifetime ☐ Yes ☐ No ☐ DNK/refuses to answer

- 7b. experienced a traumatic event for which you have "flash-backs" or other intense reactions related to this event ?

Past 30 days ☐ Yes ☐ No ☐ DNK/refuses to answer

In your lifetime for a period lasting at least 2 weeks ☐ Yes ☐ No ☐ DNK/refuses to answer

8. experienced serious suicidal thoughts (with a plan) ?

Past 30 days ☐ Yes ☐ No ☐ DNK/refuses to answer

In your lifetime ☐ Yes ☐ No ☐ DNK/refuses to answer

9. attempted suicide ?

Past 30 days ☐ Yes ☐ No ☐ DNK/refuses to answer

In your lifetime ☐ Yes ☐ No ☐ DNK/refuses to answer

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

Past 30 days ☐ Yes ☐ No ☐ DNK/refuses to answer

In your lifetime ☐ Yes ☐ No ☐ DNK/refuses to answer

11. On how many of the past 30 days have you experienced these psychological or emotional problems ?

--	--

QUESTIONS 12 AND 13: ASK THE CLIENT

TO USE THE SUBJECTIVE EVALUATION SCALE (0-4)

12. During the last 30 days, to what extent have you been disturbed or preoccupied 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 ANSWERED BY THE INTERVENER

(For questions 14, 16 and 19, if in doubt, ask the client)

AT THE TIME OF THE INTERVIEW, IS THE CLIENT :

14. visibly depressed or withdrawn ?

☐ Yes ☐ No

15. visibly hostile ?

☐ Yes ☐ No

16. visibly anxious or nervous ?

☐ Yes ☐ No

17. having trouble objectively evaluating the situation, experiencing thought disorders or having paranoid thoughts ?

☐ Yes ☐ No

18. having trouble understanding, concentrating and remembering?

☐ Yes ☐ No

19. having suicidal thoughts ?

☐ Yes ☐ No

INTERVENER'S EVALUATION OF THE SEVERITY (0-9)

20a. How would you rate the severity of the client's problem ? ☐

20b. In your opinion, to what extent does this client need psychiatric/psychological treatment ? ☐

CONFIDENCE RATING

Is the above information significantly distorted because :

21. the client dissimulates the truth ?

☐ Yes ☐ No

22. the client does not understand the questions ?

☐ Yes ☐ No

Comments :


1. What is the highest level of schooling you have

completed (corresponding to the schooling completed) ?

- ☐ 0 - No schooling or kindergarten only
☐ 1 - First grade
☐ 2 - Second grade
☐ 3 - Third grade
☐ 4 - Fourth grade
☐ 5 - Fifth grade
☐ 6 - Sixth grade
☐ 7 - Seventh grade
☐ 8 - Eighth grade or Secondary 1
☐ 9 - Ninth grade or Secondary 2
☐ 10 - Tenth grade or Secondary 3
☐ 11 - Eleventh grade or Secondary 4
☐ 12 - Twelfth grade or Secondary 5
☐ 13 - Partially completed studies at a CEGEP *
☐ 14 - Diploma or certificate from CEGEP *
☐ 15 - Partially completed university studies, certificate(s)
☐ 16 - Bachelor's, Master's or Doctorate completed

* or trade school or private commercial college, technical institute, nursing school, teacher's college).

2. Other training (training during employment/unemployment) ?

☐ Yes ☐ No

If yes, enter the number of months

98 - 98 months or more

99 - DNK/refuses to answer

3. Do you have a profession or a trade ?

☐ Yes (specify) _____
☐ No

4. Do you have a valid driver's licence ?

- ☐ Yes
☐ No, licence was not renewed
☐ No, licence suspended
☐ No, never had one

5. Can you have access to an automobile ?

☐ Yes
☐ No

6. How long was your longest regular job ?

years months

7. Usual occupation (or last occupation) ?

Specify : _____

8. Does someone else provide you with any form of financial support ?

☐ Yes ☐ No go to question 10a

9. If yes, does this represent your most important financial resource ?

☐ Yes ☐ No

10a. Usual type of activity :

Now	Last 3 years
<input type="radio"/>	<input type="radio"/> 1 - full time work (35 hours and more/week)
<input type="radio"/>	<input type="radio"/> 2 - part-time work (regular hours)
<input type="radio"/>	<input type="radio"/> 3 - part-time work (irregular hours or day by day basis)
<input type="radio"/>	<input type="radio"/> 4 - seasonal work (with unemployment)
<input type="radio"/>	<input type="radio"/> 5 - studies
<input type="radio"/>	<input type="radio"/> 6 - retired
<input type="radio"/>	<input type="radio"/> 7 - disabled
<input type="radio"/>	<input type="radio"/> 8 - employment insurance (unemployed)
<input type="radio"/>	<input type="radio"/> 9 - stay in an institution
<input type="radio"/>	<input type="radio"/> 10 - welfare
<input type="radio"/>	<input type="radio"/> 11 - homemaker
<input type="radio"/>	<input type="radio"/> 12 - other (including illegal activities)
<input type="radio"/>	<input type="radio"/> 13 - unstable situation (several situations of varying lengths)

10b. Are you satisfied with your current situation ?

☐ Yes ☐ No ☐ Indifferent

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

 days

DURING THE PAST 30 DAYS, HOW MUCH MONEY HAVE YOU RECEIVED FROM THE FOLLOWING SOURCES :

9998 = 9998\$ and more 9999 = DNK/refuses to answer

12. employment (net income) ?

13. unemployment benefits ?

14. welfare (social assistance) ?

15. pension, CSST (without employment ties), RRQ, IVAC, SAAQ compensation, family allowance, alimony ?



16. spouse/partner, family or friends, loans and bursaries, unexpected sources of revenue such as 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 ?

days

00 - none (including no job hunting)

19b. How many of the past 30 days have you spent trying to reintegrate the job market ?

QUESTIONS 20 AND 21: ASK THE CLIENT TO USE THE SUBJECTIVE EVALUATION SCALE (0-4)

20. During the last 30 days, to what extent have you been disturbed or preoccupied by these employment problems ?

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

INTERVENER'S EVALUATION OF THE SEVERITY (0-9)

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

22b. In your opinion, to what extent does this client need employment counseling ?

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

☐ Yes ☐ No

24. Have you quit or lost one or more jobs because of your consumption of drugs or alcohol ?

☐ Yes ☐ No

25. How much money do you owe ?
(provide details in comments)

99998 = \$9,998 and more

99999 = DNK/refuses to answer

26. What is your personal annual income ?

☐ \$0 - \$999

☐ \$30,000.-\$39,999.

☐ \$1,000.-\$5,999.

☐ \$40,000.-\$49,999.

☐ \$6,000.-\$11,999.

☐ \$50,000. and more

☐ \$12,000.-\$19,999.

☐ DNK/refuses to answer

☐ \$20,000.-\$29,999.

27. What is your annual family income ?

☐ \$0.-\$999.

☐ \$30,000.-\$39,999.

☐ \$1,000.-\$5,999.

☐ \$40,000.-\$49,999.

☐ \$6,000.-\$11,999.

☐ \$50,000. and more

☐ \$12,000.-\$19,999.

☐ DNK/refuses to answer

☐ \$20,000.-\$29,999.

CONFIDENCE RATING

Is the above information significantly distorted because :

28. the client dissimulates the truth ?

☐ Yes
☐ No

29. the client does not understand the questions ?

☐ Yes
☐ No

Comments :



1. Was your admission to this program imposed or suggested by the judicial system and/or the social system ?

☐ Yes ☐ No  go to question 2

If yes, by whom ?

(1 to 5: Judicial system; 6 to 8: Social system)

☐ 1 - probation officer

☐ 2 - parole officer

☐ 3 - lawyer

☐ 4 - judge (liberated on bail)

☐ 5 - other (specify) : _____

☐ 6 - Youth Protection workers

☐ 7 - other interveners within the system

☐ 8 - lawyer or judge (Youth Court)

Judicial

Social

2. Are you presently :

☐ 1 - on parole ?

☐ 2 - on probation ?

☐ 3 - in a halfway house ?

☐ 4 - other (ex.: prison, penitentiary) ? _____

☐ 5 - under no legal measures ? specify :

HOW MANY TIMES IN YOUR LIFE HAVE YOU BEEN CHARGED WITH THE FOLLOWING OFFENCES OR CRIMES :

3. disturbing the peace, vagrancy, public drunkenness ?

4. major traffic violations (ex.: dangerous driving, driving without a licence) ?

5a. Of how many of these charges were you found guilty ?


N/A if never charged


5b. How many sentences have you received for those charges for which you were found guilty ?


N/A if never found guilty


HOW MANY TIMES IN YOUR LIFE HAVE YOU BEEN CHARGED WITH THE FOLLOWING CRIMINAL OFFENCES :

(re: criminal code)


 6. infractions against the application of the law (ex.: disobeying a court order, violating probation, obstructing justice by escaping or failing to appear in court) ?


 7. fraud (ex.: stealing credit cards, swindling such as fabricating or using false documents) ?


 8. carrying an illegal weapon (ex.: procession or use of a firearm without a permit) ?


 9. unclassified infractions (ex.: defamatory libel, money counterfeiting) ?

 10. drugs (possession or trafficking) ?

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


 12. impaired driving (and/or failure or refusal to submit to a blood or breathalyzer test) ?

 13. theft (fencing, theft without use of a weapon or without threat of violence on the person) ?

 14. infractions of a sexual nature (prostitution, pimping) ?


 15. assault (death threats, physical aggression) ?

 16. criminal negligence (hit and run) ?

 17. armed robbery (with a weapon or threat of violence on the person) ?

 18. rape, incest, sexual assault ?


 19. homicide, murder (attempted murder) ?

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

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

21a How many months have you spent in detention ?

months

00 less than 15 days, never found guilty or other type of sentence  go to question 24
98 98 months and more
99 DNK/refuses to answer

21b How many periods of incarceration does this represent in total ?



22. How long was your last period of detention ?

- 01 -15 days or more
98 -98 months and more
99 -DNK/refuses to answer

23. For what kind of offence were you placed in detention?

Code by using the corresponding number of the offence (see questions 3-4 and 6-19: question number=code number). If several offences were committed, choose the code that corresponds to the most serious offence. The offences are numbered in increasing order of severity.

24. Are you presently awaiting charges, trial or sentencing ?

- ☐ Yes **if yes, are you :**
 - ☐ in the process of being charged ?
 - ☐ awaiting trial ?
 - ☐ awaiting sentencing ?
- ☐ No **if no, go to question 26**

25. For which offence ?

Code by using the corresponding number of the offence (see questions 3-4 and 6-19: question number=code number). If several offences were committed, choose the code that corresponds to the most serious offence. The offences are numbered in increasing order of severity.

26a. At which age did you commit your first delinquent act (act or infraction for which criminal proceedings can be instituted) ?

00 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 ?

QUESTIONS 29a TO 29c: ASK THE CLIENT TO USE THE SUBJECTIVE EVALUATION SCALE (0-4)

29a. To what extent do you think your legal problems are serious ?

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

29c. How important is it to you now to receive help from psychosocial services for your legal problems ?

INTERVENER'S EVALUATION OF THE SEVERITY (0-9)

30a. How would you rate the severity of the client's problem?

30b. In your opinion, to what extent does this client need legal services or counseling ?

30c. What is your evaluation of the client's need for psychosocial services regarding his/her delinquency profile ?

CONFIDENCE RATING

Is the above information significantly distorted because :

31. the client dissimulates the truth ?

- ☐ Yes
☐ No

32. the client does not understand the questions ?

- ☐ Yes
☐ No

Comments :

The stages of change, v.2.0

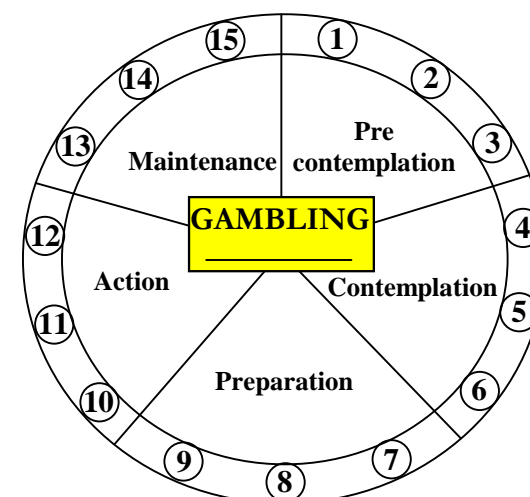
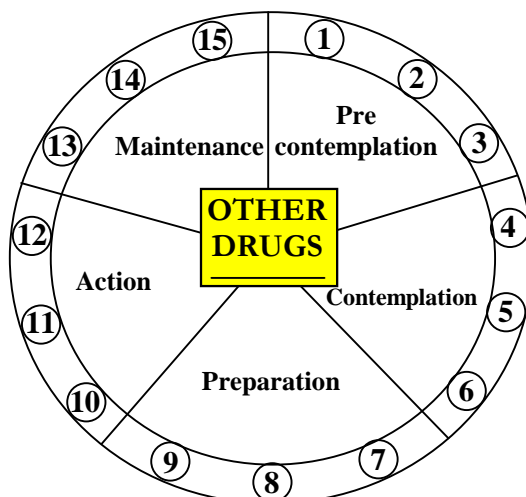
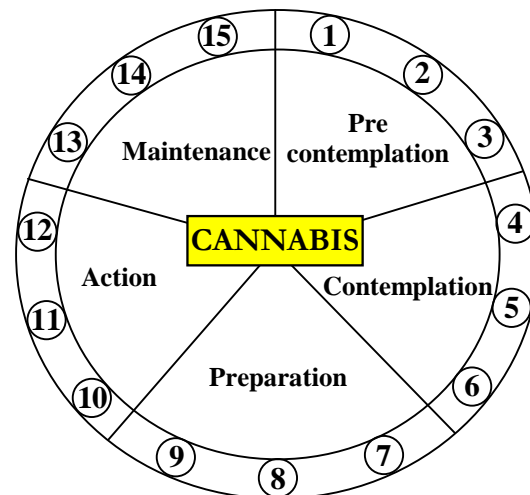
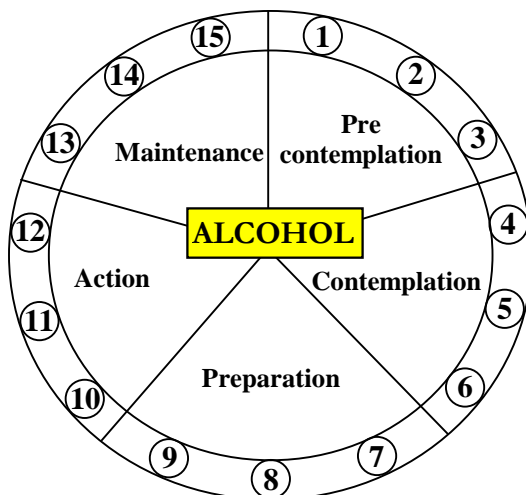
Tremblay, Bergeron, Landry, Cournoyer, & Brochu (2003)
Modèle transthéorique (Prochaska et DiClemente; 1992)

Evaluate the motivation to change that you observed during your interview with the client (pay attention to the content obtained at the end of the interview).

THE SUBSTANCES JUDGED TO BE PROBLEMATIC (by the intervener)

- ☐ Alcohol
- ☐ Cannabis
- ☐ Other drugs, specify : _____
- ☐ Gambling, specify : _____

Evaluate the client's motivation only for the substances that were checked off.



Alcohol or drugs :

1. How important is it to you to reduce or stop your consumption of drugs or alcohol ? (on a scale of 1 to 10 where "0" signifies not important at all and "10" signifies very important)

Not important at all 0 1 2 3 4 5 6 7 8 9 10 Very important

2. If you were to decide to reduce or stop your consumption of drugs or alcohol, to what extent would you be able to do so ? (on a scale of 1 to 10 where "0" signifies not capable at all and "10" signifies completely capable)

Not capable at all 0 1 2 3 4 5 6 7 8 9 10 Completely capable

Gambling :

3. How important is it to you to reduce or stop your gambling habits ? (on a scale of 1 to 10 where "0" signifies not important at all and "10" signifies very important)

Not important at all 0 1 2 3 4 5 6 7 8 9 10 Very important

4. If you were to decide to reduce or stop your gambling, to what extent would you be able to do so ? (on a scale of 1 to 10 where "0" signifies not capable at all and "10" signifies completely capable)

Not capable at all 0 1 2 3 4 5 6 7 8 9 10 Completely capable

RÉSO - Evaluation summary

v.1.4, décembre 2005 rev. juin 2015

Évaluation des besoins en RÉinsertion Sociale

Tremblay, J., Blanchette-Martin, N., Sirois, M., Dorval, J., Drouin, M., & Leblanc, L.
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List of needs

Indicate in which area(s) the person needs help and the level of priority of the intervention associated with this need. If the person feels no need, check the box at the bottom of the page.

Does the person have a need for services in each of the following areas ?	Level of priority of the intervention		Does the person want help ?		Does not apply to the person's situation	Comments		
	Yes	No	Moderate	Important			Urgent	Yes
1. Nutrition.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2. Clothing.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3. Housing.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4. Hygiene.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5. Economic condition.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6. Education/Work.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7. Leisure activities.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8. Support network.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9. Other situations of concern.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

☐ No need for social reintegration services for now

ADDITIONAL COMMENTS

Page, question

Comments