


Questionnaire number

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

Version 3.1

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Any reproduction must mention the author's name **RISQ**, Germain, M., Landry, M., Bergeron, J. (2003, ©1999). *Indice de gravité d'une toxicomanie (IGT) pour les adolescents*. Recherche et intervention sur les substances psychoactives - Québec (RISQ)

The "User's Manual" is essential and training is required for use of this questionnaire.

Conception and validation made by the RISQ : Landry, M., Bergeron, J., Provost, G., Germain, M., Guyon, L. (2000) *Indice de gravité d'une toxicomanie (IGT) pour les adolescents et adolescentes : études des qualités psychométriques*.

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

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**April 2003**  
(translation February 2001)

## PERSONAL IDENTIFICATION

\_\_\_\_\_  
Last name

\_\_\_\_\_  
First name

\_\_\_\_\_  
Current address

\_\_\_\_\_

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Postal code

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Telephone number

\_\_\_\_\_  
Permanent address

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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

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Exp.

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

Social insurance number

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**Confidential**

## GENERAL INFORMATION

Questionnaire number

File number

Completion date        
 Year Month Day

Starting time      
 Hour Minute

Finishing time      
 Hour Minute

Date of birth        
 Year Month Day

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. 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

Problems	0	1	2	3	4
Alcohol					
Drugs					
Physical health					
Occupation	School				
	Work				
	Leisure				
Psychological status					
Interpersonal relationships					
Family relationships					
Social / legal					

## 2. Adolescent's perceived need for help

Problems	0	1	2	3	4
Alcohol					
Drugs					
Physical health					
Occupation	School				
	Work				
	Leisure				
Psychological status					
Interpersonal relationships					
Family relationships					
Social / legal					

### 3. Interviewer's severity ratings

Problems	0	1	2	3	4
Alcohol					
Drugs					
Physical health					
Occupation	School				
	Work				
	Leisure				
Psychological status					
Interpersonal relationships					
Family relationships					
Social / legal					

## INTERVIEWER'S SUMMARY

[illegible]

## ADOLESCENT'S EXPECTATIONS


\_\_\_\_\_  
Interviewer's signature

## CONSUMPTION PROFILE



Substances	Past 30 days	Average quantity per occasion during the past 30 days	Age first use (N/A)	Frequency during the past 12 months (N/A)	Average quantity per occasion during the past 12 months	Age of regular use ♦ (N/A)	Duration of regular use (MONTHS) (N/A)	With whom do you usually use this substance? (N/A)	Method of use (N/A)
1. 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"/>
2. Cannabis	<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"/>
3. Hallucinogenics <input type="checkbox"/> Ecstasy (MDMA) <input type="checkbox"/> PCP <input type="checkbox"/> LSD <input type="checkbox"/> Mushrooms	<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"/>
4. Methamphetamines or speed (e.g. : peach or pink) and other amphetamine, Ritalin	<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"/>
5. Cocaine	<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"/>
6. Inhalants / volatile solvent	<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"/>
7. Heroin / opiates / analgesic narcotic	<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"/>
8. Benzodiazepines* and other anxiolytic, sedatives (tranquillisers), hypnotic <input type="checkbox"/> Rohypnol®	<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"/>
9. Barbiturates (Fiorinal®, Phenobarbital, etc.)	<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"/>
10. GHB (e.g. : liquid ecstasy or liquid X)	<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. Tobacco (Number of cigarettes per day : <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"/>

\*Valium®, Ativan®, Serax®, Xanax®, Rivotril®, etc.

Frequency of consumption	Partners of consumption	Method of use
1. Every day	1. Alone	1. Oral
2. 3 times or more per week	2. With best friends	2. Nasal
3. 1 or 2 times per week	3. With acquaintances or pusher	3. Smoked
4. Weekends only	4. With boyfriend or girlfriend	4. Injected
5. Occasionally	5. With brothers or sisters	5. Injected (IV)
N/A if no substance use in the past 12 months or during lifetime	6. With parents	6. Other
♦ Regular use = once a week for at least 1 month	7. Extended family	N/A If no PAS consumption during lifetime
	8. Anybody	
	N/A If never use substance (during lifetime)	

## 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?**

Substance	Amount	Date

**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) \_\_\_\_\_

1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>

**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**

If code 15 or 16, circle the corresponding substance numbers:

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

**b. Interviewer's perception**

If code 15 or 16, circle the corresponding substance numbers:

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

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

- 00 -Never  
01 to 97 -From 1 to 97 weeks  
98 -98 weeks or more  
99 -Don't know or refuse to answer  
N/A -If 00 to question 21.a or b.

  
weeks

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

- 00 -Still abstinent  
01 to 97 -From 1 to 97 weeks  
98 -98 weeks or more  
99 -Don't know or refuse to answer  
N/A -Never been abstinent or if 00 to question 21a. or b.

  
weeks

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

- 1- Yes 2- No

If yes, what? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

a. alcohol?

b. drug(s)?

**QUESTIONS 26 AND 27 : ASK CLIENT TO USE THE SUBJECTIVE EVALUATION SCALE (0 TO 4)**

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

a. your alcohol consumption?

b. your drug consumption?

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

a. alcohol consumption?

b. drug consumption?



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

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

a. alcohol abuse?

b. drug abuse?

**COMMENTS :**

## PHYSICAL HEALTH

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?

QUESTIONS 11 AND 12 : ASK CLIENT TO USE THE SUBJECTIVE EVALUATION SCALE (0 TO 4)

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?

INTERVIEWER'S SEVERITY RATING (0 TO 4)

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? ☐

5. Have you ever been:

1- Yes 2- No How many times

a. Suspended


b. Expelled


☞ 6. Are you presently registered in a school ? ☐

- 1- Yes ➔ proceed to Q. 7
- 2- No

If no, why ?

- 1- Expelled
- 2- Dropped out
- 3- Finished school
- 4- Other (specify) \_\_\_\_\_

Proceed  
to  
Q.10

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 ➔ proceed to Q. 11

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) \_\_\_\_\_

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

\_\_\_\_\_

### WORK

☞ 12. Have you worked in the past 12 months? ☐

- 1- Yes
- 2- No ➔ proceed to Q. 17.

13. Type of occupation : \_\_\_\_\_

\_\_\_\_\_

14. Is your work :

- 1- Full time
- 2- Part time
- 3- Seasonal
- 4- Other (specify) \_\_\_\_\_

- 1- Day
- 2- Evening
- 3- Night
- 4- Variable

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 ➔ proceed to Q 17

If yes, what kind?

- 1- Yes
- 2- No

1- Absenteeism

2- Respecting rules

3- Productivity

4- Relationship with co-workers

5- Relationship with employer

6- Drug/alcohol consumption

7- Other (specify) \_\_\_\_\_

## 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)

ACTIVITIES	FREQUENCY	CONSUMPTION	CONDITIONS (internal use only)
1- Sports	<input type="text"/>	<input type="text"/>	<input type="text"/>
2- Reading	<input type="text"/>	<input type="text"/>	<input type="text"/>
3- Television	<input type="text"/>	<input type="text"/>	<input type="text"/>
4- Music (listening)	<input type="text"/>	<input type="text"/>	<input type="text"/>
5- Music (playing)	<input type="text"/>	<input type="text"/>	<input type="text"/>
6- Outings (cinema, shows, shopping)	<input type="text"/>	<input type="text"/>	<input type="text"/>
7- Outings (bar, pub)	<input type="text"/>	<input type="text"/>	<input type="text"/>
8- Arcade	<input type="text"/>	<input type="text"/>	<input type="text"/>
9- Gambling	<input type="text"/>	<input type="text"/>	<input type="text"/>
10- Volunteer work	<input type="text"/>	<input type="text"/>	<input type="text"/>
11- Computer (video games, Internet)	<input type="text"/>	<input type="text"/>	<input type="text"/>
12- Theatre, dance	<input type="text"/>	<input type="text"/>	<input type="text"/>
13- Drawing, painting, writing	<input type="text"/>	<input type="text"/>	<input type="text"/>
14- Nothing ("vegging out")	<input type="text"/>	<input type="text"/>	<input type="text"/>
15- Other (specify) _____	<input type="text"/>	<input type="text"/>	<input type="text"/>

Frequency	Consumption	Conditions
0- Never	0- Never	1- Alone
1- Occasionally	1- Occasionally	2- Informal group
2- Regularly	2- Often	3- Structured activity
	3- Always	
	N/A if no 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 :

## PSYCHOLOGICAL STATUS

-  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 :

1- Yes 2- No

a. older than you?

b. younger than you?

3. Do you find it easy to :

1- Yes 2- No

a. make new friends?

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

## FAMILY RELATIONSHIPS

-  **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?** □   □  
Father   Mother
- 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?** □ □  
Age
- (N/A if not divorced or separated)*

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

□ □   □ □  
Father      Mother

- 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)*

**Past 30 days**      □   □   □   □  
Father      Mother      Step-father      Step-mother

**Past 12 months**      □   □   □   □  
Father      Mother      Step-father      Step-mother

- 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

- b. 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)**

PROBLEMS	1- Yes 2- No	WHOM? (use codes)
<u>Can include the respondent</u>		<u>Internal use only</u>
1- Family rules	<input type="checkbox"/>	<hr/>
2- Communication	<input type="checkbox"/>	<hr/>
3- Conflicts	<input type="checkbox"/>	<hr/>
4- Rejection	<input type="checkbox"/>	<hr/>
5- Neglect	<input type="checkbox"/>	<hr/>
6- Violence	<input type="checkbox"/>	<hr/>
7- Incest	<input type="checkbox"/>	<hr/>
8- Other (specify)	<input type="checkbox"/>	


PROBLEMS	1- Yes 2- No	WHOM? (Use codes)
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**Excluding the respondent**

Internal use only

9- Financial	<input type="text"/>	<input type="text"/>
10- Physical health	<input type="text"/>	<input type="text"/>
11- Mental health	<input type="text"/>	<input type="text"/>
12- Legal problems	<input type="text"/>	<input type="text"/>
13- Consumption(alcohol or drugs)	<input type="text"/>	<input type="text"/>
14- Other (specify) _____	<input type="text"/>	<input type="text"/>

1- Respondent	6- Half brother/sister
2- Mother	7- Extended family
3- Father	8- Children
4- Brother/sister	9- Respondent's boyfriend/girlfriend
5- Father's or mother's spouse	

 **14. Have you ever run away from home?**   
(more than 24 hours)

1- Yes      2- No ➡ proceed to Q. 15

If yes, how many times?

**15.** In the past 30 days, on how many days have you experienced problems with your family?

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

**16.** In the past 30 days, how troubled or worried have you been about these problems with your family?

**17.** How important is it to you to get help with regard to these problems with your family?

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

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

**COMMENTS :**

**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- Yes      2- No

- 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?

Age

- ☞ 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- Yes      2- No

	Type of resource	Number of months
1- Foster Home	<input type="text"/>	<input type="text"/>
2- Group Home	<input type="text"/>	<input type="text"/>
3- Rehabilitation centre	<input type="text"/>	<input type="text"/>
4- Supervised apartment	<input type="text"/>	<input type="text"/>
5- Other (specify)	<input type="text"/>	<input type="text"/>

4. What is your current situation with regard to the Social Services network ?

- 1- Court-ordered placement ☐
- 2- Voluntary placement ☐
- 3- Ongoing supervision by a social worker
- 4- Ongoing supervision by a community counsellor
- 5- No ongoing supervision

**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 time 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 fire arm)
- ☞ 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        | <input type="text"/> | <input type="text"/> <input type="text"/> |
| 2- Open custody          | <input type="text"/> | <input type="text"/> <input type="text"/> |
| 3- Discontinuous custody | <input type="text"/> | <input type="text"/> <input type="text"/> |
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 ?

QUESTIONS 29 AND 30 : ASK THE CLIENT TO USE THE SUBJECTIVE EVALUATION SCALE (0 TO 4)

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?

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

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

**COMMENTS :**

ADDITIONAL COMMENTS	
Page, question	Comments