

User's first name (please print)

User's last name (please print)

Age

Male
 Female

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

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

Never / < 1 time/month / 1 to 3 times/month / 1 to 2 times/week / 3 times or more/week

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Home tel. No.

 -

Other tel. No.

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

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



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

Severity of Dependence Scale (SDS)

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

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

- Sedatives
- Cocaine
- GHB
- Cannabis
- Other stimulants
- PCP
- Opiates
- Hallucinogens
- Inhaled substances

Answer the 5 following questions thinking about your _____ consumption.

WITHIN THE LAST YEAR...

Never	Almost never	Sometimes	Often	Always	Nearly always
<input type="radio"/>					

10. Did you think your use of _____ was out of control?10.

11. Did the prospect of missing of _____ make you anxious or worried?..... 11.

12. Did you worry about your use of _____?..... 12.

13. Did you wish you could stop _____?..... 13.

14. How difficult would you find it to stop or go without _____?..... 14.

- Not difficult (0)
- Very difficult(2)
- Quite difficult (1)
- Impossible (3)

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

SDS / Total =

See interpretation on verso

- -

year month day

First and last names of counsellor (print please)

Counsellor's initials

1. Sedatives

Anxiolytics

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

Hypnotics

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

Barbiturates

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

5. Cocaine

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

6. Other stimulants

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

8. Inhaled substances

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

9. GHB

GHB

Legend:
 * = Benzodiazpine
 ® = Registered
 Italique = street
 D = Discontinued

7. Opiates

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

Syrups with codeine or hydrocodone

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

2. Cannabis

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

3. PCP

- Ketamine
- Ketalar®
- PCP

4. Hallucinogens

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

Score Interpretation of the SDS

- 0-2 Frontline treatment**
- 3-5 Answer questions 16 to 24 before contacting the counsellor of specialized treatment center to discuss the counselling options**
- 6-15 Specialized treatment**

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

Date: _____ User's signature _____

Valid until _____

Drug Use Impact Scale (DUIS)

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

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

WITHIN THE LAST YEAR...

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