

**DEP-ADO**  
**DETECTION OF ALCOHOL AND DRUG PROBLEMS IN ADOLESCENTS**  
 Version 3.2 - September 2007



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File No.

Date : 











  
 Year                      Month                      Day

Last name : \_\_\_\_\_ First name : \_\_\_\_\_  
 (optional)

Age : 



 Sex:  Boy  Girl

What is your current level of schooling?

- Secondary I
- Secondary II
- Secondary III
- Secondary IV
- Secondary V
- Other \_\_\_\_\_ specify

**1. In the last 12 months, have you used one or more of these substances and if so, how often ?**  
 (darken only one answer per substance)

	Never	Occasionally	Approx. once a month	Weekends or once or twice during the week	3 times or more a week but not every day	Every day
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cannabis (e.g. marijuana, pot, haschish, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine (e.g.: coke, snow, crack, freebase, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Glue / Solvents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hallucinogens (e.g. : LSD, PCP, ecstasy, mescaline, blotter, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin (e.g.: smack)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amphetamines/speed (e.g.: uppers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Reserved for use of interviewer*

Factor 1 = alcohol/cannabis  
 Factor 2 = other drugs  
 Factor 3 = consequences

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\* Any of the following drugs, without a prescription: barbiturates, sedatives, hypnotics, tranquillizers, ritalin.

2. a) **In your lifetime, have you ever used one of these substances on a regular basis?** (once/week for at least a month)  Yes **Go to 2b**  
 No **Go to 3**

b) **At what age did you start using on a regular basis.....alcohol?**







  
 (once/week for at least a month) Years

.....**drugs?**







  
 Years

3. **In your lifetime, have you ever used intravenous drugs ?**  Yes  No

If there has been no use over the last 12 months, go to question 7.

4. **Have you used alcohol or other drugs in the last 30 days ?**  Yes  No

**5. In the last 12 months, how many times have you had:**

- a) **Boys**  
i) 5 drinks or more on the same occasion ?  
  
ii) 8 drinks or more on the same occasion ?
- b) **Girls**  
i) 5 drinks or more on the same occasion ?

Time(s)	
Time(s)	
Time(s)	

*Reserved for use of interviewer*

**6. In the last 12 months, have you experienced any of the following situations?**

- |  | Yes                   | No                    |                      |
|--|-----------------------|-----------------------|----------------------|
| a) Harm to your physical health caused by your alcohol/drug use (e.g digestive problems, overdose, infections, nasal irritation, you were injured, etc.).....  | <input type="radio"/> | <input type="radio"/> |                      |
| b) Psychological difficulties caused by your alcohol / drug use (e.g anxiety, depression, difficulty concentrating, suicidal thoughts, etc.)..   | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| c) Harm to your relationships with family members caused by your alcohol/drug use.....   | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| d) Harm to a friendship, or a romantic relationship caused by your alcohol/drug use.....   | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| e) Problems at school because of your alcohol/drug use (e.g. absences,suspension, lower grades, decreased motivation, etc.) .....  | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| f) Spending too much money, or losing a large amount of money due to your alcohol/drug use.....  | <input type="radio"/> | <input type="radio"/> |                      |
| g) Committing a delinquent act while under the influence of alcohol or drugs, even if the police did not arrest you (e.g : theft, you injured someone, vandalism, dealing drugs, driving under the influence, etc.)..... | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| h) Taking risks while under the influence of alcohol or drugs (e.g : unprotected sex, or sex that likely would not have happened had you been sober, riding a bike or doing sports while intoxicated, etc.).....         | <input type="radio"/> | <input type="radio"/> |                      |
| i) Feeling as though the same quantities of alcohol or drugs were having less effect on you than they once did.....  | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| j) Discussing your alcohol/drug use with a counsellor.....   | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |

**7. How often have you smoked tobacco in the last 12 months? (please darken only one answer)**

- |  |  |
|--|--|
| <input type="radio"/> Never                      | <input type="radio"/> Weekends or once or twice during the week  |
| <input type="radio"/> Occasionally               | <input type="radio"/> 3 times or more a week (but not every day) |
| <input type="radio"/> Approximately once a month | <input type="radio"/> Every day                                  |

**RAW FACTOR SCORES**

**TOTAL SCORE**

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

*Circle appropriate LIGHT*

<b>TOTAL SCORE</b>		
<b>G Y R</b>		

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No. dossier

**COMMENTS**