

ALCOHOL AND OTHER DRUGS (AOD) SCREENING QUESTIONS

« I will ask you a few questions regarding your drug and alcohol use. Please note that certain questions might not apply to you, however I will still have to ask them. Please answer « yes » or « no ». We can discuss your answers after if you would like. »

In the past 12 months :

1. Have you ever tried to reduce your alcohol or drug use?
Yes No
2. Has your alcohol or drug use ever caused a reaction from those around you?
Yes No
3. Have you ever thought that you drink too much or use too many drugs?
Yes No
4. The day after you consumed a lot, did you find that your body was reacted (e.g. : need to drink in the morning, sweats, shaking hands)?
Yes No

Interpretation :

*If « yes » to one of the questions or more
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Do a detection tool evaluation (DÉBA-A or DÉBA-D)*