

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



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File No.

Date :

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Year Month Day

Last name : _____ First name : _____
 (optional)

Age :

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 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

* 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?**

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 Years
 (once/week for at least a month)

.....**drugs?**

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 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 style="width: 20px; height: 20px;" type="text"/> |
| c) Harm to your relationships with family members caused by your alcohol/drug use..... | <input type="radio"/> | <input type="radio"/> | <input style="width: 20px; height: 20px;" type="text"/> |
| d) Harm to a friendship, or a romantic relationship caused by your alcohol/drug use..... | <input type="radio"/> | <input type="radio"/> | <input style="width: 20px; height: 20px;" 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 style="width: 20px; height: 20px;" 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 style="width: 20px; height: 20px;" 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 style="width: 20px; height: 20px;" type="text"/> |
| j) Discussing your alcohol/drug use with a counsellor..... | <input type="radio"/> | <input type="radio"/> | <input style="width: 20px; height: 20px;" 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

TOTAL SCORE		
G Y R		

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No. dossier

COMMENTS