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Dépistage/Évaluation du Besoin d'Aide - Psychoactive Substances

DÉBA-SPA version 5.0 (Adolescents / Adults), 2024, rév. August 18 2025

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Age

First and last name

Date of birth (Year - Month - Day)

Gender: ○ Female ○ Male ○ Non binary ○ Other ○ Prefer not to answer

Date of interview (Year - Month - Day)

File number

Telephone number

In the past 12 months...

1. a. Alcohol use frequency?

- ○ Never
- ○ One time
- ○ Some times
- ○ Every months
- ○ 1-2 times / weeks
- ○ 3 or + times / weeks
- ○ Everyday

One standard drink (SD) of alcohol equals :

*1 **beer** 341 ml (5%), 1 1/2 ounce (43 ml) of **hard liquor** (40%), 1 bottle of **wine** (13% / 750 ml = 6 SD)*

b. How many drinks do you usually have each day during a typical week?
Note in SD.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total

c. Number of times...
...4+ SD - women or
...5+ SD - men
in 2 hours or less?

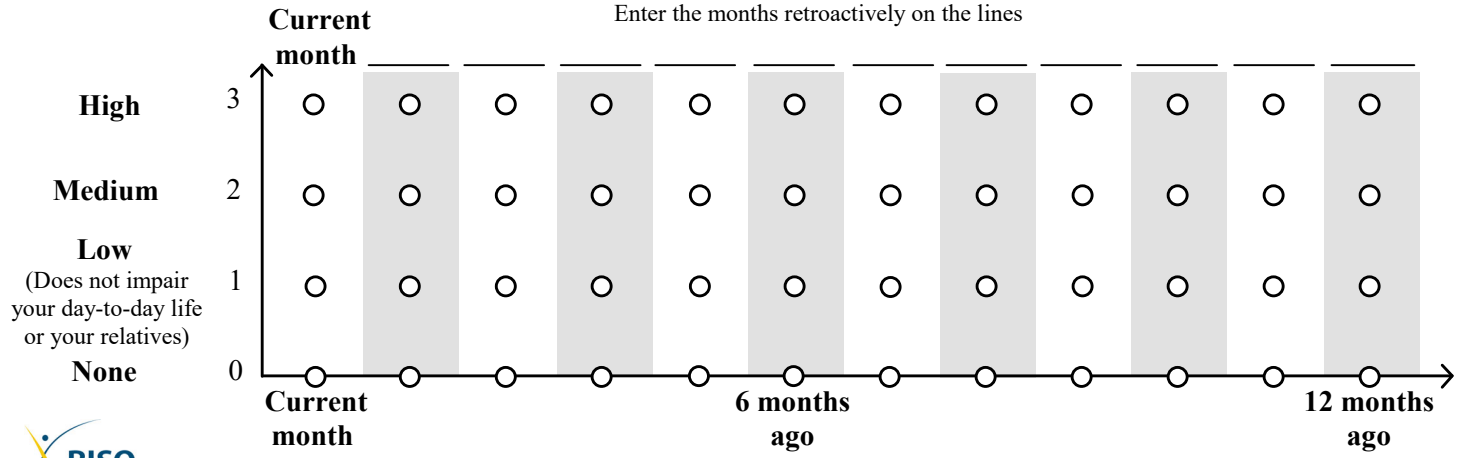
2.1 Frequency of use of...

	Never	One time	Some times	Every Month	1-2 times /week	3 or + times /week	Every day	2.2 Methods of use: Oral	Nasal	Smo-ked	Injec-ted	Other	3. a. Do you only take medications that have been prescribed for you? Yes	No	3. b. If Yes, do you respect the dosage? Yes	No
a. Cannabis (ex.: marijuana, hasch, oil, wax, synth. cannabinoids)	○	○	○	○	○	○	○	□	□	□	□	□	○	○	○	○
b. Sedatives (Ativan®, Valium®, Rivotril®, Xanax®)	○	○	○	○	○	○	○	□	□	□	□	□	○	○	○	○
c. Amphetamines (ex.: Speeds, methamphétamines, Vyvanse®, Ritalin®)	○	○	○	○	○	○	○	□	□	□	□	□	○	○	○	○
d. Opioids (ex.: Dilaudid®, hydro, morphine, héroin, codeine, lean)	○	○	○	○	○	○	○	□	□	□	□	□	○	○	○	○
e. Cocaine (ex.: coke, crack, freebase, powder)	○	○	○	○	○	○	○	□	□	□	□	□				
f. Hallucinogens (ex.: MDMA, LSD, mushrooms)	○	○	○	○	○	○	○	□	□	□	□	□				
g. GHB (juice, GH, GBL)	○	○	○	○	○	○	○	□	□	□	□	□				
h. Others (ex.: Glue, volatile solvents, Ketamine, PCP, Anabolic steroids)	○	○	○	○	○	○	○	□	□	□	□	□				

If **prescribed for you** and **dosage is respected**, stop questionning this substance

4. Thinking about all the substances you have used over the past 12 months, your usage for each month was...

Enter the months retroactively on the lines



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DÉBA-SPA

Not at all		A little		Moderately		A lot		Extremely
0	1	2	3	4	5	6	7	8	9	10
Never	Once	Sometimes		Several times		Often		Always

If the person used substances every month or more, or if you suspect that they are having difficulties with one or more substance categories, continue with the questionnaire for those categories.

5. ÉCo7-SPA / Consequences

In the past 12 months, did your _____ use...

	Alcohol	Cannabis	Other drugs and psychotropic medications
a. impair your responsibilities or your commitments ?			
b. impair your mood (depressed, stressed, angry, others) ?			
c. impair your social, sports or leisure activities ?			
d. impair your finances ?			
e. lead you to isolate yourself ?			
f. lead you to lose motivation or interest ?			
g. cause you exhaustion or major fatigue ?			
Subtotal Q. 5 a-g			

6. ÉDép7-SPA / Addiction

In the past 12 months, did you...

a. worry about not having enough _____?			
b. have strong cravings to use _____ ?			
c. have difficulty limiting your use of _____ ?			
d. have difficulty getting through your days without using any _____ ?			
e. try to reduce or stop your use of _____ unsuccessfully ?			
f. feel that your _____ use was taking up a lot of your time ?			
g. continue to use _____ knowing that it would cause you a lot of problems ?			
Subtotal Q. 6 a-g			

7. ÉMo4-SPA / Causes

In the past 12 months, did you use _____ ...

a. to relax, to reduce your stress or your anxiety ?			
b. when you felt lonely or sad ?			
c. to forget your problems or avoid feeling your emotions ?			
d. when you felt frustrated or angry ?			
Subtotal Q. 7 a-d			
Total score Q. 5 to 7			

Alcohol		Cannabis	Other drugs and psychotropic medications	Score interpretation
Teen	Adults	(Teen and Adults)	(Teen and Adults)	
0 - 9	0 - 11	0 - 18	0 - 12	**Green** light: Prevention
10 - 26	12 - 41	19 - 53	13 - 59	**Yellow** light: Early Intervention
27 +	42 +	54 +	60 +	**Red** light: Specialized addiction services

I authorize the transmission of this evaluation and the sharing of my personal informations, for the purpose of service referral, with any public, private, or community organization.
Signature: _____ Date: _____

Signature of interviewer