

Dépistage/Évaluation du Besoin d'Aide - Internet

DÉBA-I version 5.0 (Adolescents / Adults), 2024, rev. August 18 2025

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Age

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First and last name

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Date of birth

Year				-		Month		-		Day							

Gender

- Female
- Male
- Non binary
- Other
- Prefer not to answer

Date of interview

Year				-		Month		-		Day							

File number

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Telephone number

				-				-									

In the past 12 months...

1. Over the past year, excluding time spent on schoolwork, work, or other obligations, how often did you use screens to:

a. play video games

b. maintain / view / engage with / grow your social network

c. talk

d. watch short entertainment videos

e. watch video games or eSports

f. get informed

g. create content for the internet

h. date people

i. watch series, movies, or TV

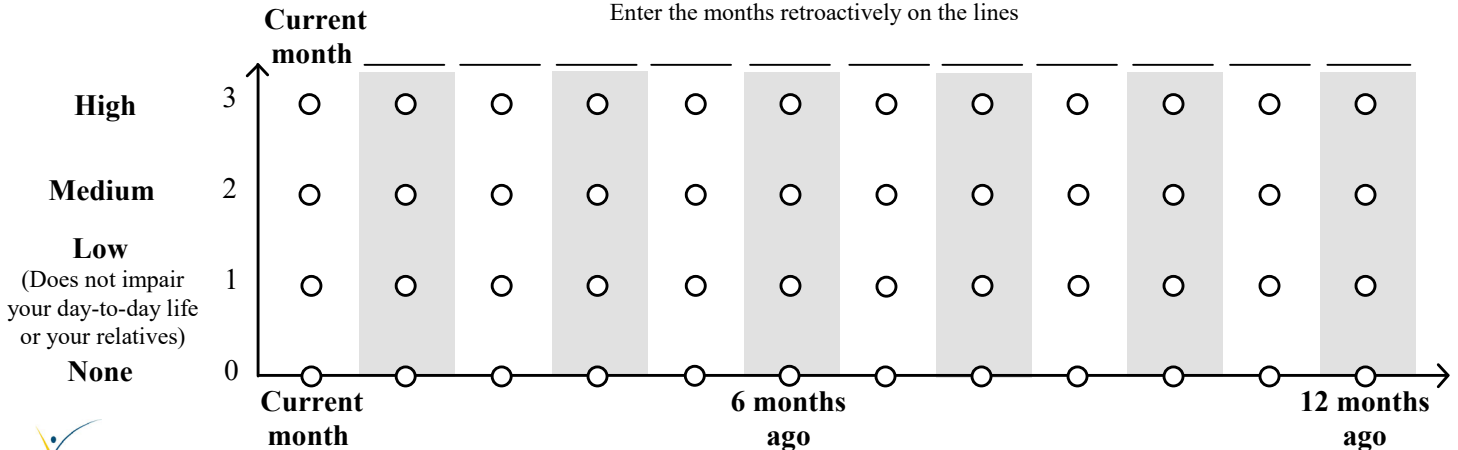
	Never	One time	Some times	Every Month	1-2 times /week	3 or + times /week	Every day	2. Number of hours per typical week	
a. play video games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
b. maintain / view / engage with / grow your social network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
c. talk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
d. watch short entertainment videos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
e. watch video games or eSports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
f. get informed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
g. create content for the internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
h. date people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
i. watch series, movies, or TV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

3. In the past 12 months, excluding time spent on schoolwork, your job, and other obligations, how many hours on average per week did you spend on screen activities ?

- | | | | |
|--|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="radio"/> less than 1 hour | <input type="radio"/> 21 to 30 hours | <input type="radio"/> 51 to 60 hours | <input type="radio"/> 81 to 90 hours |
| <input type="radio"/> 1 to 10 hours | <input type="radio"/> 31 to 40 hours | <input type="radio"/> 61 to 70 hours | <input type="radio"/> 91 and over |
| <input type="radio"/> 11 to 20 hours | <input type="radio"/> 41 to 50 hours | <input type="radio"/> 71 to 80 hours | |

4. Thinking about all the time you've spent in front of screens over the past 12 months, how much place did these activities take up each month (excluding time spent on school, work, and other obligations) ?

Enter the months retroactively on the lines



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	Often			Always		

Continue with the questionnaire for the activities that concern the individual, their family and friends, or the care providers.

5. ÉCo-I / Consequences

In the past 12 months, did the following activities...

- 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 ?.....

Gaming (1. a)	Social networks (1. b and c)	Other activities (1. d to i)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

6. ÉDép-I / Addiction

In the past 12 months, did you...

- a. worry about not being able to do this activity ?
- b. have strong cravings to do this activity ?.....
- c. have difficulty limiting your time doing this activity ?.....
- d. have trouble getting through your days without doing this activity ?.....
- e. try to reduce or stop doing this activity unsuccessfully ?.....
- f. have felt that this activity was taking up a lot of your time ?.....
- g. continue to do this activity knowing that it would cause you a lot of problems ?

Subtotal Q. 5 a-g		
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

7. ÉMo-I / Causes

In the past 12 months, you've been doing this activity...

- 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. 6 a-g		
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Gaming		Social networks		Other activities		Score interpretation
Teen	Adults	Teen	Adults	Teen	Adults	
0 - 14	0 - 24	0 - 15	0 - 15	0 - 14	0 - 23	Green: Prévention
15 - 29	25 - 44	16 - 35	16 - 40	15 - 36	24 - 36	Yellow: Early intervention
30 +	45 +	36 +	41 +	37 +	37 +	Red: Specialized addiction services

Subtotal Q. 7 a-d		
<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Score Q. 5 to 7		
<input type="text"/>	<input type="text"/>	<input type="text"/>

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: _____