

DÉBA-4R, V1.0, September 4 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

 - -

To what extent have the following situations occurred to you in the past 12 months, regarding your use of...

- Alcohol, cannabis or other drugs (e.g. amphetamines, cocaine, sedatives, opioids, GHB, hallucinogens, etc.)
or
- Internet / Screens (e.g. gaming, social networks, other activities on the internet including watching series, movies)
or
- Gambling (e.g. lottery, slot machines, bingo, cards, betting, etc.)

Never / 1 time = 0
More than once = 1

In the past 12 months, did...

Note:

0 if "never happened or happened once"

1 if "happened more than once"

- a. your use of ____ impair your responsibilities or commitments ?.....
- b. your use of ____ cause you exhaustion or major fatigue ?.....
- c. you try to reduce or stop using ____ unsuccessfully ?.....
- d. you have felt that your ____ use was taking up a lot of your time ?.....

Teenagers
and adults

Adults

Alcohol,
cannabis or
other drugs

Internet
/ screens

Gambling

Total score
Q. a-d

Results interpretation

If the result is 1 or higher in any category, complete the DÉBA 5.0 for that category

Signature of interviewer