

Translated by Villeneuve A.-C. (2005) of "Dépistage/Évaluation du Besoin d'Aide - Alcool" (DÉBA-Alcool)  
v1.7a Tremblay, J., Rouillard, P., & Sirois, M. 2000. Rév. 01 mai. 2001

User's first name (please print)

User's last name (please print)

Male  Female

Age

Home tel. No.  -

Other tel. No.  -

**Question #1**

Within the past 12 months, how often have you consumed beer, wine, liquor or any other alcoholic beverages?

- Never consumed
- Less than once a month, i.e. a total of 11 times or less/year
- 1 to 3 times a month (12 to 51 times/year)
- 1 or 2 times a week
- 3 or more times a week

**End here**

**Go on to questions 2 and 3**

**Question #2** Within the past 12 months, during a typical week of alcohol consumption...

... How many days a week do you drink?   **X** ... During those days, how many drinks do you usually do?   = Calculate the number of drinks during a typical week

*See chart on verso*

**If the number of drinks/week is 10 and up for women and 15 and up for men OR**

**If the number of binge drinking episodes within the last year is 12 and up, go on to questions 4 to 19.**

**If not, end here.**

**Question #3** (Binge drinking episodes)

Within the past 12 months, how many times have you drunk...

**WOMEN**  ... 4 or more drinks on one occasion?

**MEN**  ... 5 or more drinks on one occasion?

**Severity of Alcohol Dependence Data (SADD)**

Raistrick, D., Dunbar, G., & Davidson, D. G. (1983)

"I will ask you a few questions related to your drinking habits. **Think about your drinking habits within the last year and answer me spontaneously**"  
Fill in the appropriate circle

	Never	Sometimes	Often	Nearly always
4. Do you find difficulty in getting the thought of drink out of your mind? .....	4. <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Is getting drunk more important than your next meal?.....	5. <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Do you plan your day around when and where you can drink? .....	6. <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Do you drink in the morning, afternoon and evening? .....	7. <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Do you drink for the effect of alcohol without caring what the drink is? .....	8. <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Do you drink as much as you want irrespective of what you are doing the next day? ....	9. <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Given that many problems might be caused by alcohol do you still drink too much? .....	10. <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Do you know that you won't be able to stop drinking once you start? .....	11. <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Do you try to control your drinking by giving it up completely for days or weeks at a time? .....	12. <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. The morning after a heavy drinking session do you need your first drink to get yourself going? .....	13. <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. The morning after a heavy drinking session do you wake up with a definite shakiness of your hands? .....	14. <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. After a heavy drinking session do you wake up and retch or vomit? .....	15. <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. The morning after a heavy drinking session do you go out of your way to avoid people? .....	16. <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. After a heavy drinking session do you see frightening things that later you realize were imaginary? .....	17. <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Do you go drinking and next day find you have forgotten what happened the night before? .....	18. <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Would you like to receive help to change your alcohol drinking habits?.....  Yes  No **SADD** Total 4 to 18

-  -  Last and First Name of counsellor (block letters please)

month day year

See verso for interpretation

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Tremblay, J., Rouillard, P., & Sirois, M. 2000. Rév. 01 mai. 2001

"LIQUOR" (40%)	BEER (5%)	WINE (12%)
43 ml (≅ 1½ oz.) = 1 drink	1 small beer bottle (341 ml) = 1 drink	1 glass (5oz/142 ml) = 1 drink
375 ml (≅ 13 oz.) = 9 drinks	1 large beer bottle (625 ml) = 2 drinks	1/2 litre = 3,5 drinks
750 ml (≅ 26 oz.) = 18 drinks	1 King can ( 750 ml) = 2 drinks	1 bottle (750 ml) = 5 drinks
1,141 (≅ 40 oz.) = 27 drinks	1 Boss (950 ml) = 3 drinks	1 bottle (1 l) = 7 drinks
	1 Max Bull (1.18 l) = 3.5 drinks	
60 ml of Listerine = 1 drink	1 pitcher = 4-6 drinks	<b>"FORTIFIED WINE (20%)"</b>
30 ml of Aqua Velva = 1 drink	1 little keg = 15 drinks	1 small glass (85 ml) = 1 drink

1 drink = 17 ml or 13,6 g of pure alcohol. For example, 341 ml beer at 5% alcohol contains 17 ml of pure alcohol (i.e. 341 ml X .05)

<b>Score Interpretation of the SADD</b>	
<b>0-9</b>	<b>A first line intervention by the CLSC</b>
<b>10-17</b>	<b>Answer questions 20-28 before contacting the counsellor of the substance abuse center to discuss the counselling options</b>
<b>18-45</b>	<b>Intervention by the substance abuse center</b>

I authorize \_\_\_\_\_ to forward the present evaluation to \_\_\_\_\_ and to discuss it for counselling purposes.

Date: \_\_\_\_\_ User's signature \_\_\_\_\_

Valid until \_\_\_\_\_

### Drinking Impact Scale (DIS)

Traduct by Villeneuve A.-C. (2005) of "Échelle des Conséquences de la Consommation d'Alcool" (ÉCCA)  
Tremblay, J., Rouillard, P., & Sirois, M. 2000.

If the individual has a score between 10 and 17 according to the SADD, ask the following questions before contacting the counsellor of the substance abuse center.

**WITHIN THE LAST YEAR...**

	Never	Once	2 or 3 times	4 to 10 times	Every month (12 to 51 times)	Every week (52 + times)
20. Has your drinking negatively affected your performance at work, school or when doing your household chores?..... 20.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Has your drinking negatively affected one of your friendships or one of your close relationships? ..... 21.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Has your drinking negatively affected your marriage, romantic relationship or family?..... 22.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Have you missed work or school days because of your drinking?..... 23.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Have you ever drunk in situations where the act of drinking increased the risk of injury, for example operating machinery, using firearms or knives, crossing heavy traffic, mountain climbing or swimming? ..... 24.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Have you ever driven a motorized vehicle (car, motorcycle, boat, SUV, Sea-doo) even though you had drunk alcohol?..... 25.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Have you ever been arrested for driving a vehicle under the influence? ..... 26.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Have you ever been stopped, arrested or held in custody at the police station for public drunkenness or for having disturbed the peace under the influence of alcohol?..... 27.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Has your drinking diminished your ability to take care of your children? ..... 28.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Criteria to consider for registration in the Alcochoix+ program

To be photocopied on verso of the DÉBA-Alcool  
Simoneau, H. Landry, M. & Tremblay, J. (2005) joel.tremblay@ssss.gouv.qc.ca



When you have determined, with the help of the DÉBA-A and DÉBA-D, that the user's consumption corresponds to a level of service as offered by the CLSC, you can then evaluate if the user is eligible for the Alcochoix+ program.

To be eligible in the Alcochoix+ program, the user must not exceed the DÉBA-A first line reference criteria. Also, the user must not present a high-risk drug consumption, as established with the DÉBA-D evaluation. Even though the person (man or woman) who is admitted in the Alcochoix+ program generally takes between 15 to 35 drinks, you must bear in mind that the quantity is not a criterion in itself. Rather, the person must not exceed the ASAN criteria to be eligible for first line services (in other words, evaluating the degree of dependancy and gravity of the consequences of the alcohol consumption is what counts). Also, you must remain cautious as you monitor the person's progress in the program. It is possible that a person reveals, after having been accepted in the program, a higher consumption level than was revealed at first, that he or she talks about a drug use that was never mentioned, etc... You will then have to decide on a different counselling option with the person's agreement. You have to exercise your judgment and not attempt to keep the person in the Alcochoix+ program at all costs if the drinking situation does not correspond to the criteria.

**If one the following criteria is present, the person cannot be admitted into the Alcochoix+ program.**

- |   | <b>Yes</b>               | <b>No</b>             |
|---|--------------------------|-----------------------|
| 1. The person exceeds the criteria for high-risk drug use.(if the answer is yes, offer another type of first-line monitoring).....  | 1. <input type="radio"/> | <input type="radio"/> |
| 2. Has a doctor recently ordered the person to stop drinking because of a medical problem (e.g.: a liver disease, a pancreatitis, etc) ? If so, refer to an abstinence program..... | 2. <input type="radio"/> | <input type="radio"/> |
| 3. Is the person pregnant? If so, refer to an abstinence program.....   | 3. <input type="radio"/> | <input type="radio"/> |

**Other criteria to consider.**

- |   |                          |                       |
|---|--------------------------|-----------------------|
| 4. Are you presently going through a personal crisis?.....<br>If so, specify: _____ | 4. <input type="radio"/> | <input type="radio"/> |
|---|--------------------------|-----------------------|

If the person is going through one of the crisis situations, assess if it is so severe that the person would not be able to follow the program. Sometimes, crisis situations bring about the motivation to act. You must evaluate if the person needs concomitant services.

- |   |                          |                       |
|---|--------------------------|-----------------------|
| 5. Are you experiencing psychological difficulties, like depression, anxiety, or other mental health problems (you must have the client specify its nature, duration and intensity)? Are you seeing a health professional about these difficulties?.....<br>If so, specify: _____ | 5. <input type="radio"/> | <input type="radio"/> |
|---|--------------------------|-----------------------|

If the person is living with mental health issues, evaluate, just like the crisis situation, if the situation is so severe that the person would not be able to follow the program. If not, register the person into the program. Once again, evaluate the relevancy of concomitant services.

- |  |                          |                       |
|--|--------------------------|-----------------------|
| 6. Do you take prescribed medications on a regular basis?.....<br>If so, which ones? _____ | 6. <input type="radio"/> | <input type="radio"/> |
|--|--------------------------|-----------------------|

Has your doctor or pharmacist recommended that you avoid drinking alcohol while taking these medications?  
N.B.: In case of doubt, verify with a doctor or pharmacist and follow his or her recommendation.

**Comments**

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