

Substance Use Health Program - Flowsheets

SUBSTANCE USE DETAILS FLOWSHEET			
Variable Name	Description (i.e. the question)	Response Options	Notes
Substance Use Details			
Please note that extensive sociodemographic information is collected at the time of CASH/CASH-CA intake which takes place at the time of screening or upon referral			
Date of session	Date field		
Session Number	Number		
When substances have you ever used?	Check box: Nicotine Vaping, Cigarettes, Alcohol, Cannabis, Prescription stimulants, Ecstasy/MDMA, Cocaine, Methamphetamine, Benzodiazepines, Hallucinogens (Mushrooms, Ketamine, LSD, DMT), Inhalants/Glue, Opioids, Other		
If yes, age first tried:			Question should come up for each substance in question above that is checked off
If yes, age use first became problematic:			Question should come up for each substance in question above that is checked off
If yes, number of days used in the last 30 days:	Number of days in the last 30		Question should come up for each substance in question above that is checked off
Amount used per day when using in the last month:	Nicotine vape: pod concentration, volume, how long one pod lasts Cigarettes: # per day Alcohol: # drinks per day Cannabis: # grams per day Other: free text		
Is there one substance that is most problematic for you?	Select from drop-down list: Nicotine Vaping, Tobacco, Alcohol, Cannabis, Prescription stimulants, Ecstasy/MDMA, Cocaine, Methamphetamine, Benzodiazepines, Hallucinogens, Inhalants/Glue, Opioids, Other		
Negative impact of substance use	Select all that apply: None (0) Responsibilities (1) Family Relationships (2) Peer Relationships (3) Finances (4) Withdrawal symptoms (5) Mental Health (6) Physical Health (7) Legal problems (8) Other (9)		
Have you experienced any withdrawal symptoms in relation to your substance use over the past 12 months?	Select all that apply: No (0), Psychological withdrawal symptoms (1), Physical withdrawal symptoms (2)		
Have you ever experienced any of the following risks related to substance use?	Select all that apply: None (0) Using alone (1) Mixing substances (2) Intravenous use (3) Sharing equipment (4) Risky behaviour to obtain substances (5)		
Have you ever experienced an accidental overdose?	No (0), Yes (1)		
Do you know of any addiction or substance use dependency history in your biological family?	No (0), Yes (1)		
Is there any problematic substance use by other people in your household?	No (0), Yes (1)		
Previous treatment for substance use	None (0) Outpatient (1) Inpatient (2) Withdrawal management (3)		
Does the patient feel they have an issue with substance use?	No (0), Yes (1)		
Goals around substance use	No change (0) Harm reduction (1) Abstain from use (2) Urgent (3)		
What are your goals around substance use?	Goal 1: Goal 2 (if necessary): Goal 3 (if necessary):		
How close are you to reaching the goal you want to get to? (How consistently are you achieving goals related to harm reduction on a week to week basis?)	Goal 1: 0 (Goal not met) to 10 (Goal Reached) Goal 2: 0 (Goal not met) to 10 (Goal Reached) Goal 3: 0 (Goal not met) to 10 (Goal Reached)		
Is patient interested in further support?	No (0), Yes (1)		
What stage of change is the youth in?	Pre-Contemplative (1), Contemplative (2), Preparation (3), Action (4), Maintenance (5), Relapse (6)		
Intervention Provided	Select all that apply: None (0) Information on substance use health in general (1) Information on substance use services (2) Motivational Interviewing (3) Harm Reduction (4) Referral to ongoing CHED-Based Addiction Counseling (5) Referral to Rehabilitation (6) Referral to Le Cap (7) Referral to DSVTC (8) Other referral (9)		
MyLifeTracker - Emerging Adult Quality of Life			
Using the following scale (0-10), rate how you have been feeling over the PAST 4 WEEKS in relation to your: School, work, home, friends, church, sports, etc. Day-to-day activities (study, work, leisure, self-care) Relationships with friends Relationships with family Coping without substances (dealing with life, using your strengths)		sliding scale from 0-10	
Children's Global Assessment Scale			
Clinician-rated assessment of patient function over the last 1-month		100-11: doing very well 90-81: doing well 80-71: doing all right-minor impairment 70-61: some problems-in one area only 60-51: some noticeable problems-in more than one area 50-41: obvious problems-moderate impairment in most areas or severe in one area 40-31: serious problems-major impairment in several areas and unable to function in one area 30-21: severe problems-unable to function in almost all situations 20-11: very severely impaired-so impaired that considerable supervision is required for safety 10-1: Extremely impaired-so impaired that constant supervision is required for safety	
Session Feedback Questionnaire			
Did you feel listened to?			
Did you talk about what you wanted to talk about?			
Did you understand the things said in the meeting?		Not at all (1), Only a little (2), Somewhat (3), Quite a bit (4), Totally (5)	
Did you feel the meeting gave you ideas for what to do?			
GAINS			
The following questions are about common psychological, behavioral or personal problems. These problems are considered significant when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities, or when they make you feel like you can't go on.			Note this scale needs to be auto-calculated a score for Internalizing Disorders, Externalizing Disorders, Substance Use Disorder, and Violence Risk
When was the last time you had significant problems... with feeling very sad, lonely, blue, depressed, or hopeless about the future?		past month (3) 2-12 months ago (2) 1 or more years ago (1) never (0)	
with sleeping, such as bad dreams, sleeping restlessly or falling asleep during the day?		past month (3) 2-12 months ago (2) 1 or more years ago (1) never (0)	
with feeling very nervous, nervous, tense, fearful, scared, panicked or like something bad was going to happen?		past month (3) 2-12 months ago (2) 1 or more years ago (1) never (0)	
when something reminded you of the past, and you became very distressed and upset?		past month (3) 2-12 months ago (2) 1 or more years ago (1) never (0)	
with thinking about ending your life or committing suicide?		past month (3) 2-12 months ago (2) 1 or more years ago (1) never (0)	
When was the last time you did the following things two or more times? Lied or conned to get things you wanted or to avoid having to do something?		past month (3) 2-12 months ago (2) 1 or more years ago (1) never (0)	
Had a hard time paying attention at school, work or home?		past month (3) 2-12 months ago (2) 1 or more years ago (1) never (0)	
Had a hard time listening to instructions at school, work or home? Were a bully or threatened other people?		past month (3) 2-12 months ago (2) 1 or more years ago (1) never (0)	
Got into fights with other people?		past month (3) 2-12 months ago (2) 1 or more years ago (1) never (0)	
When was the last time... you used alcohol or drugs weekly?		past month (3) 2-12 months ago (2) 1 or more years ago (1) never (0)	
you spent a lot of time either getting alcohol or drugs, using alcohol or drugs, or feeling the effects of alcohol or drugs (high, sick)?		past month (3) 2-12 months ago (2) 1 or more years ago (1) never (0)	
you kept using alcohol or drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?		past month (3) 2-12 months ago (2) 1 or more years ago (1) never (0)	
your use of alcohol or drugs caused you to give up, reduce or have problems at important activities at work, school, home or social events?		past month (3) 2-12 months ago (2) 1 or more years ago (1) never (0)	
you had withdrawal problems from alcohol or drugs like shaking hands, throwing up, having trouble sitting still or sleeping, or that you used any alcohol or drugs to stop being sick or avoid withdrawal problems?		past month (3) 2-12 months ago (2) 1 or more years ago (1) never (0)	
When was the last time you... had a disagreement in which you pushed, grabbed, or shoved someone?		past month (3) 2-12 months ago (2) 1 or more years ago (1) never (0)	
took something from a store without paying for it?		past month (3) 2-12 months ago (2) 1 or more years ago (1) never (0)	
sold, distributed or helped to make illegal drugs?		past month (3) 2-12 months ago (2) 1 or more years ago (1) never (0)	
drove a vehicle while under the influence of alcohol or illegal drugs?		past month (3) 2-12 months ago (2) 1 or more years ago (1) never (0)	
purposely damaged or destroyed property that did not belong to you?		past month (3) 2-12 months ago (2) 1 or more years ago (1) never (0)	
Do you have other significant psychological, behavioral or personal problems you want treatment for or help with? (if yes, please describe below)		No (0), Yes (1)	
Free text			
Free text			
Free text			
EDSR score			

	Youth	Caregivers	Clinicians
Baseline:	GAIN-SS, PHQ-9, GAD-7, Child Trauma Screening Questionnaire	McMaster Family Function Scale	Substance Use Details, HONOSCA, C-GAS
Baseline PCYM condition:	**HEADS-ED (ICIC) Demographics, AUE/FCAD/ID/ODIT, Adverse Childhood Experiences Questionnaire, OCHS-EBS or RCADS	Family History, SNAP-IV, OCHS-EBS or RCADS	
Weekly:	SURE		Substance Use Details, Readiness Ruler
Discharge:	Patient Satisfaction Survey	McMaster Family Function Scale, Caregiver Satisfaction Survey	Substance Use Details, HONOSCA, C-GAS, HEADS-ED

SUBSTANCE USE TREATMENT PROGRAM - FOLLOW UP FLOWSHEET			
Variable Name	Description (i.e. the question)	Response Options	Notes
Substance Use Details			
	Date	Date field	
	Session Number	Number	
	Has it been one month since the Brief Intervention (first session)?	No (0), Yes (1)	
	Is this the final session?	No (0), Yes (1) - if yes cascade Flowsheet AND GAIN-SS	
	Which substances have you used in the last month:	Check box: Nicotine Vaping, Cigarettes, Alcohol, Cannabis Prescription stimulants, Ecstasy/MDMA, Cocaine, Methamphetamine Benzodiazepines, Hallucinogens (Mushrooms, Ketamine, LSD, DMT), Inhalants/Glue, Opioids, Other	
	If yes, number of days used in the last 30 days:	Number of days in the last 30	
	What stage of change is the youth in?	Pre-Contemplative (1), Contemplative (2), Preparation (3), Action (4), Maintenance (5), Relapse (6)	
Goal-based Outcomes Measure			
	What is/are your goals around substance use?	Goal 1: Goal 2 (if necessary): Goal 3 (if necessary):	
	How close are you to reaching the goal you want to get to? (How consistently are you achieving goals related to harm reduction on a week to week basis?)	Goal 1: 0 (Goal not met) to 10 (Goal Reached) Goal 2 (if necessary): 0 (Goal not met) to 10 (Goal Reached) Goal 3 (if necessary): 0 (Goal not met) to 10 (Goal Reached)	
MyLifeTracker - Emerging Adult Quality of Life			
	Using the following scale (0-10), rate how you have been feeling over the PAST 4 WEEKS in relation to your...	Sliding scale from 0–10	
	General well-being (emotional, physical, spiritual)		
	Day-to-day activities (study, work, leisure, self-care)		
	Relationships with friends		
	Relationships with family		
	Coping without substances (dealing with life, using your strengths)		
Trauma			
	Has the client disclosed that they have had a traumatic event happen?	No (0), Yes - Past (1), Yes - In the last month (2)	
Next Steps			
	Next steps in treatment:	Dropped out (0) Continuing sessions (1) Completed treatment (2) Referred to Other Services (3)	
Session Feedback Questionnaire			
	Did you feel listened to?	Not at all (1), Only a little (2), Somewhat (3), Quite a bit (4), Totally (5)	
	Did you talk about what you wanted to talk about? (Did your needs get addressed?)		
	Did you understand the things said in the meeting?		
	Did you feel the meeting gave you ideas for what to do?		
Children's Global Assessment Scale			
	Clinician-rated assessment of patient function over the last 1-month	100-91 doing very well 90-81 doing well 80-71 doing all right—minor impairment 70-61 some problems—in one area only 60-51 some noticeable problems—in more than one area 50-41 obvious problems—moderate impairment in most areas or severe in one area 40-31 serious problems—major impairment in several areas and unable to function in one area 30-21 severe problems—unable to function in almost all situations 20-11 very severely impaired—so impaired that considerable supervision is required for safety 10-1 Extremely impaired—so impaired that constant supervision is required for safety	
GAIN-SS		TO BE COMPLETED ONLY AT THE FIRST AND FINAL SESSIONS	

SUBSTANCE USE AND CONCURRENT DISORDERS - CAREGIVER SUPPORT FLOWSHEET			
Variable Name	Description (i.e. the question)	Response Options	Notes
	Is this the first session?	No (0), Yes (1) - if yes cascade Flowsheet	
	Is this the final session?	No (0), Yes (1) - if yes cascade Flowsheet	
	Is their youth receiving services for substance use health?	No (0) Yes (1)	
	If yes, where is their youth receiving services?	CHEO (1) Rideauwood (2) Centre Le Cap (3) Dave Smith Youth Treatment Centre (4) The Royal (5) Other (6)	
	What would you like to achieve while in this program? (First session only)	Free text	
McMaster Family Functioning Scale			
	Planning family activities is difficult because we misunderstand each other.	Strongly Agree (1) Agree (2) Disagree (3) Strongly Disagree (4)	
	In times of crisis we can turn to each other for support.		
	We cannot talk to each other about the sadness we feel.		
	Individuals are accepted for what they are.		
	We avoid discussing our fears and concerns.		
	We can express feelings to each other.		
	There are lots of bad feelings in the family.		
	We feel accepted for what we are.		
	Making decisions is a problem in our family.		
	We are able to make decisions about how to solve problems.		
	We do not get along well with each other.		
	We confide in each other		
Stress Overload Scale SOS-S (A Brief Measure of Day-to-Day Feelings)			
	<i>Below, you will find 10 questions about your feelings during the past week. Please answer every question, even though some might sound similar. Each question names a common feeling, and has five answer boxes. You are to check the box that best describes how much you felt that particular feeling in the last week. Please be as honest as possible. There are no right or wrong answers, and your answers will be kept confidential. In the past week, have you felt...</i>		
	Inadequate?	Not at all (1) (2) (3) (4) A lot (5)	
	Swamped by your responsibilities?		
	That the odds were against you?		
	That there wasn't enough time to get to everything?		
	Like nothing was going right?		
	Like you were rushed?		
	Like there was no escape?		
	Like things just kept piling up?		
	Like just giving up?		
	Like you were carrying a heavy load?		
	Personal Vulnerability Scale Score:	Add items #1, #3, #5, #7, #9	
	Event Load Scale Score:	Add items #2, #4, #6, #8, #10	
	Total Score:	Add Total 1 and 2	
Session Feedback Questionnaire			
	Did you feel listened to?	Not at all (1), Only a little (2), Somewhat (3), Quite a bit (4), Totally (5)	
	Did you talk about what you wanted to talk about? (Did your needs get addressed?)		
	Did you understand the things said in the meeting?		
	Did you feel the meeting gave you ideas for what to do?		