INSPQ
INSTITUT NATIONAL
DE SANTÉ PUBLIQUE
DU QUÉBEC

Post-Disaster Mental Health Impacts Surveillance Toolkit

PROFESSIONAL PRATICE GUIDE

Québec

Post-Disaster Mental Health Impacts Surveillance Toolkit

PROFESSIONAL PRACTICE GUIDE

Direction de la santé environnementale et de la toxicologie

February 2019

Institut national de santé publique
Québec

AUTHORS

Magalie Canuel, MSc
Pierre Gosselin, MD, MPH
Direction de la santé environnementale et de la toxicologie

Arnaud Duhoux, PhD
Université de Montréal

Alain Brunet, PhD
Douglas Mental Health University Institute

Alain Lesage, MD
Bureau d'information et d'études en santé des populations

REVISER

Mathieu Langlois, MSc
Bureau d'information et d'études en santé des populations

REVISION AND LAYOUT

Véronique Paquet, Administrative Officer
Direction de la santé environnementale et de la toxicologie

ACKNOWLEDGEMENTS

The Québec government's Green Fund under the *2013-2020 Climate Change Action Plan* funded this study. Traduction of this document has been made possible through a financial contribution from Health Canada, through funding from the Climate Change and Health Adaptation Capacity Building Program. The views expressed herein do not necessarily represent the views of Health Canada.

This document is available in its entirety in electronic format (PDF) on the Institut national de santé publique du Québec website at: http://www.inspq.qc.ca.

Reproduction for the purpose of private study or research is authorized pursuant to section 29 of the Copyright Act*. Any other use is subject to authorization by the Québec government, which holds the exclusive intellectual property rights on this document. Such authorization can be obtained by submitting a request to the central clearing house of the Publications du Québec copyright management service using the online form accessible at: http://www.droitauteur.gouv.qc.ca/autorisation.php, or by email at: droit.auteur@cspq.gouv.qc.ca.*

Data in this document can be cited provided that the source is acknowledged.

Legal deposit – 3rd quarter 2020
Bibliothèque et Archives nationales du Québec
ISBN: 978-2-550-83724-4 (French PDF)
ISBN: 978-2-550-87173-6 (PDF)

© Gouvernement du Québec (2020)

Table of Contents

Tables ... III
Studies ... V
Information sheets ... VII
Questionnaires ... IX
Initialisms and acronyms ... XI
Summary ... 1
1 Introduction ... 5
1.1 Context ... 5
1.2 Objectives ... 6
1.3 Potential impacts on mental health ... 7
1.4 Use of the toolkit ... 7
2 Surveillance systems ... 11
2.1 Québec Integrated Chronic Disease Surveillance System (QICDSS) ... 11
2.2 Banque de données communes des urgences (BDCU) ... 12
2.3 Surveillance and Prevention of the Impacts of Extreme Meteorological Events on Public Health System (SUPREME) ... 12
2.4 Info-Santé and Info-Social ... 13
3 Population-based surveys ... 15
3.1 Québec Population Health Survey (QPHS) ... 15
3.2 Québec Health Survey of High School Students (QHSHSS) ... 15
3.3 Québec Survey of Smoking, Alcohol, Drugs and Gambling in High School Students (QSSADGHSS) ... 16
3.4 Québec Survey of Child Development in Kindergarten (QSCDK) ... 16
3.5 Enquête québécoise sur les limitations d'activités, les maladies chroniques et le vieillissement (EQLAV) ... 16
3.6 Canadian Community Health Survey (CCHS) – Annual Component ... 17
3.7 Canadian Community Health Survey (CCHS) – Mental Health ... 17
3.8 Canadian Health Measures Survey (CHMS) ... 18
3.9 Census and National Household Survey (NHS) ... 18
3.10 Surveys of the Aboriginal peoples ... 18
4 Statistical dissemination portals ... 29
4.1 Infocentre de santé publique – PNS tab ... 29
4.2 Géo portail de santé publique ... 30
4.3 Atlas de la Santé et des Services sociaux Québec's ... 31
5 Directory of studies produced in French ... 32
5.1 Study with questionnaires that are available online or at the INSPQ ... 36
5.2 Study with questionnaires that are not available online or at the INSPQ ... 49
6 Standardized measurement instruments ... 57
6.1 Recommendations ... 58

6.1.1 Anxiety symptoms 60
6.1.2 Depressive symptoms 60
6.1.3 Post-traumatic stress disorder symptoms 62
6.1.4 Psychological distress 63
6.1.5 Immediate impact of the trauma 63
6.1.6 Well-being 64
6.1.7 Functioning and disability 65
6.1.8 Quality of life 66
6.1.9 Social support 67
6.1.10 Alcohol use 67
6.1.11 Drug use 69
6.1.12 Medication use 70
6.1.13 Use of mental health services 70
6.2 Information sheets for the standardized measurement instruments recommended 71
6.2.1 Anxiety symptoms 71
6.2.2 Depressive symptoms 73
6.2.3 Post-traumatic stress disorder symptoms 76
6.2.4 Psychological distress 81
6.2.5 Immediate impact of the trauma 82
6.2.6 Well-being 84
6.2.7 Functioning and disability 86
6.2.8 Quality of life 88
6.2.9 Social support 91
6.2.10 Alcohol use 92
6.2.11 Drug use 95
6.3 Questionnaires 96
6.3.1 Anxiety symptoms 96
6.3.2 Depressive symptoms 97
6.3.3 Post-traumatic stress disorder symptoms 99
6.3.4 Psychological distress 103
6.3.5 Immediate impact of the trauma 104
6.3.6 Well-being 107
6.3.7 Functioning and disability 109
6.3.8 Social support 114
6.3.9 Alcohol use 115
6.3.10 Medication use 120
6.3.11 Use of mental health services 125
7 Conclusion 127
8 References 129
Appendix 1 Other publications 139
Appendix 2 Methodology for the selection of the studies 143
Appendix 3 Methodology respecting the recommendation of standardized measurement instruments 147

Tables

Table 1 Summary of the population-based surveys useful for the surveillance of mental health impacts 19

Table 2 QPHS: standardized instruments used for certain mental health indicators and availability at the Infocentre 25

Table 3 QHSHSS: standardized instruments used for certain mental health indicators and availability at the Infocentre 25

Table 4 CCHS – Annual Component: standardized instruments used for certain mental health indicators and availability at the Infocentre 26

Table 5 CCHS – Mental Health: standardized instruments used for certain mental health indicators and availability at the Infocentre 27

Table 6 Data sources for which the indicators are disseminated by the Infocentre de santé publique 30

Table 7 List of standardized instruments used in certain surveys and studies listed 33

Table 8 Summary of recommended instruments or tools to be used in population-based surveys 58

Studies

Study 1 Flooding in the Saguenay region (1996) ... 36

Study 2 Ice storm (1998) ... 37

Study 3 Terrorist attack against Charlie-Hebdo (2015) ... 38

Study 4 Explosion at the AZF plant (2001) – Toulouse residents ... 40

Study 5 Explosion at the AZF plant (2001) – Workers ... 41

Study 6 Explosion at the AZF plant (2001) – Children ... 42

Study 7 Québec Population Health Survey (QPHS) ... 43

Study 8 Québec Health Survey of High School Students (QHSHSS) ... 44

Study 9 Canadian Community Health Survey (CCHS) – Annual Component ... 45

Study 10 Canadian Community Health Survey (CCHS) – Mental Health ... 46

Study 11 Canadian Forces Mental Health Survey (CFMHS) ... 47

Study 12 Baromètre santé ... 48

Study 13 Enquête de santé populationnelle estrienne (ESPE) – Tragédie ferroviaire de Lac-Mégantic (2013) ... 49

Study 14 The Dawson College shooting (2006) ... 50

Study 15 European Study of the Epidemiology of Mental Disorders/Mental Health Disability (ESEMeD) ... 52

Study 16 Enquête santé mentale en population générale : images et réalités (SMPG) ... 53

Study 17 Étude transversale sur les indicateurs en santé mentale pour la planification des soins ... 54

Study 18 Enquête sur la santé et les consommations lors de la Journée d'appel et de préparation à la défense (ESCAPAD) – Drogues illicites ... 55

Study 19 Lac-Mégantic rail tragedy (2013) – Qualitative section ... 56

Information sheets

Information sheet 1 Generalized Anxiety Disorder – 7 items (GAD-7) 71

Information sheet 2 Mini International Neuropsychiatric Interview (MINI) – “Generalized anxiety disorder” section 72

Information sheet 3 Patient Health Questionnaire – 9 items (PHQ-9) 73

Information sheet 4 Center for Epidemiologic Studies – Depression Scale (CES-D) 74

Information sheet 5 Mini International Neuropsychiatric Interview (MINI) – “Major depression episode” section 75

Information sheet 6 Impact of Event Scale – Revised (IES-R) 76

Information sheet 7 Children’s Revised Impact of Event Scale (CRIES) 77

Information sheet 8 Posttraumatic Stress Disorder Checklist for DSM-IV (PCL-S; PCL-C; PCL-M) 78

Information sheet 9 Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5) 79

Information sheet 10 Mini International Neuropsychiatric Interview (MINI) – “Post-traumatic stress disorder” section 80

Information sheet 11 Kessler Psychological Distress Scale – 6 items (K6) 81

Information sheet 12 Peritraumatic Distress Inventory (PDI) 82

Information sheet 13 Peritraumatic Dissociative Experiences Questionnaire (PDEQ) 83

Information sheet 14 World Health Organization Well-Being Index (WHO-5) 84

Information sheet 15 Mental Health Continuum Short Form (MHC-SF) 85

Information sheet 16 World Health Organization Disability Assessment Schedule (WHODAS 2.0) 86

Information sheet 17 Social functioning questionnaire (SFQ) 87

Information sheet 18 World Health Organization Quality of Life (WHOQOL-BREF) 88

Information sheet 19 EuroQol-5-Dimension (EQ-5D-5L including the EQ-VAS) 89

Information sheet 20 SF-12v2 Health Survey 90

Information sheet 21 Social Provisions Scale – 10 items (SPS-10) 91

Information sheet 22 Alcohol Use Disorders Identification Test (AUDIT) 92

Information sheet 23 CAGE Questionnaire 93

Information sheet 24 Detection of Alcohol and Drug Problems in Adolescents (DEP-ADO) 94

Information sheet 25 Drug Abuse Screening Test – 10 items (DAST-10) 95

Questionnaires

Questionnaire 1 Generalized Anxiety Disorder – 7 items (GAD-7) 96
Questionnaire 2 Patient Health Questionnaire – 9 items (PHQ-9) 97
Questionnaire 3 Center for Epidemiologic Studies — Depression Scale (CES-D) 98
Questionnaire 4 Impact of Event Scale – Revised (IES-R) 99
Questionnaire 5 Children's Revised Impact of Event Scale (CRIES) 100
Questionnaire 6 Posttraumatic Stress Disorder Checklist for DSM-IV (PCL-S; PCL-C; PCL-M) 101
Questionnaire 7 Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5) 102
Questionnaire 8 Kessler Psychological Distress Scale – 6 items (K10) 103
Questionnaire 9 Peritraumatic Distress Inventory (PDI) 104
Questionnaire 10 Peritraumatic Distress Inventory – Child (PDI-C) 105
Questionnaire 11 Peritraumatic Dissociative Experiences Questionnaire (PDEQ) 106
Questionnaire 12 World Health Organization Well-Being Index (WHO-5) 107
Questionnaire 13 Mental Health Continuum Short Form (MHC-SF) 108
Questionnaire 14 World Health Organization Disability Assessment Schedule (WHODAS 2.0) 109
Questionnaire 15 Social functioning questionnaire (SFQ) 110
Questionnaire 16 Activities of daily living (ADL in the CCHS) 112
Questionnaire 17 Restriction of activities (RAC in the CCHS) 113
Questionnaire 18 Social Provisions Scale – 10 items (SPS-10) 114
Questionnaire 19 Alcohol Use Disorders Identification Test (AUDIT) 115
Questionnaire 20 CAGE Questionnaire 117
Questionnaire 21 Alcohol and drug use 118
Questionnaire 22 Medication use 120
Questionnaire 23 Consultations about mental health (CMH in the CCHS) 125
Questionnaire 24 General health (GEN in the CCHS) 126

Initialisms and acronyms

APS	Aboriginal Peoples Survey
AUDIT	*Alcohol Use Disorders Identification Test*
BDCU	Banque de données communes des urgences
BIESP	Bureau d'information et d'études en santé des populations
CCAP	*Climate Change Action Plan*
CCHS	Canadian Community Health Survey
CCHS-MH	Canadian Community Health Survey – Mental Health
CDI	Children's Depression Inventory
CES-D	Center for Epidemiologic Studies – Depression Scale
CES-DC	Center for Epidemiologic Studies – Depression Scale for Children
CFMHS	Canadian Forces Mental Health Survey
CHMS	Canadian Health Measures Survey
CIDI-SF	*Composite International Diagnostic Interview – Short Form*
CLSC	Local community service centre
CRIES	Children's Revised Impact of Event Scale
DEP-ADO	Detection of Alcohol and Drug Problems in Adolescents
DSM	Diagnostic and Statistical Manual of Mental Disorders
ÉCSBQ	Étude clinique sur l'état de santé buccodentaire des élèves québécois du primaire
EQ-5D-5L	EuroQol-5-Dimension
EQLAV	Enquête québécoise sur les limitations d'activités, les maladies chroniques et le vieillissement
EVFVEQ	Enquête sur la violence familiale dans la vie des enfants du Québec
FIPA	Fichier d'inscription des personnes assurées
FiTQ	Fichier des tumeurs du Québec
GAD	Generalized Anxiety Disorder
HR	Health region

HSSN	Health and social services network
IES-R	Impact of Event Scale – Revised
INSPQ	Institut national de santé publique du Québec
IQEQ	Québec Air Emissions Inventory
ISISW	Info-Santé et Info-Social Web
ISQ	Institut de la statistique du Québec
K6; K10	*Kessler Psychological Distress Scale*
LSN	Local service network
MAPAQ	Ministère de l'Agriculture, des Pêcheries et de l'Alimentation du Québec
MED-ÉCHO	Maintenance et exploitation des données pour l'étude de la clientèle hospitalière
MEES	Ministère de l'Éducation et de l'Enseignement supérieur
MH5	*Mental Health Component (MH5) of the short form 36 Health Survey (SF-36)*
MHC	*Mental Health Continuum*
MHC-SF	*Mental Health Continuum Short Form*
MINI	Mini-International Neuropsychiatric Interview
MSSS	Ministère de la Santé et des Services sociaux
MTESS	Ministère du Travail, de l'Emploi et de la Solidarité sociale
ND	Notifiable disease
NHS	National Household Survey
NPRI	National Pollutant Release Inventory
PCL-S (PCL-C, PCL-M)	Posttraumatic Stress Disorder Checklist for DSM-IV
PCL-5	Posttraumatic Stress Disorder Checklist for DSM-5
PDEQ	Peritraumatic Dissociative Experiences Questionnaire
PDI	Peritraumatic Distress Inventory
PDI-C	Peritraumatic Distress Inventory – Child
PHAC	Public Health Agency of Canada
PHQ	Patient Health Questionnaire

QHSHSS	Québec Health Survey of High School Students
QICDSS	Québec Integrated Chronic Disease Surveillance System
QPHS	Québec Population Health Survey
QSCDK	Québec Survey of Child Development in Kindergarten
QSSADGHSS	Québec Survey of Smoking, Alcohol, Drugs and Gambling in High School Students
RAMQ	Régie de l'assurance maladie du Québec
RCM	Regional county municipality
RED	Registre des événements démographiques
RHS	First Nations Regional Health Survey
RSQAQ	Réseau de surveillance de la qualité de l'air du Québec
SB	School board
SF-12v2	SF-12v2 Health Survey
SIGDU	Système d'information de gestion des départements d'urgence
Si-PQDCS	Québec Breast Cancer Screening Program Information System
SISAT	Système d'information en santé au travail
SFQ	Social functioning questionnaire
SPS	*Social Provisions Scale*
SUPREME	Surveillance and Prevention of the Impacts of Extreme Meteorological Events on Public Health System
TSN	Territorial service network
WHO WMH-CIDI	World Health Organization World Mental Health Composite International Diagnostic Interview
WHO	World Health Organization
WHO-5	World Health Organization Well-Being Index
WHODAS 2.0	World Health Organization Disability Assessment Schedule 2.0
WHOQOL-BREF	World Health Organization Quality of Life

Summary

Context

Regardless of its nature, a major disaster such as an earthquake, flooding, an ice storm, a nuclear transport accident or an attack can engender a broad range of impacts on individual health and well-being and on the economy and the environment. The authorities usually properly document the immediate effects, especially as regards physical health and economic aspects. However, mental health impacts can be perceived as harder to document.

Individuals who have experienced a disaster can develop or exacerbate mental health problems that may appear several months after a disaster. It is necessary and crucial that mental health resources and services be available to help a community recover from a disaster. To ensure continued support for the community by offering sufficient, appropriate services, monitoring of the mental health impacts in the population affected becomes important. It should continue several years after an event in certain cases.

In Québec, epidemiological surveillance has existed for a long time but only a few epidemiological and surveillance studies have been conducted after major disasters. Since then, with the increase in certain climate-related disasters, interest appears to be growing in carrying out surveillance of mental health impacts in respect of disasters of all scales. However, the means used to conduct such surveillance differ considerably from one study to the next and make comparisons difficult.

Accordingly, this toolkit has been developed to make available tools that facilitate appropriate, reproducible surveillance of post-disaster mental health impacts. Experts in the realm of mental health and surveillance from various Québec institutions have elaborated it. It is aimed mainly at public health professionals and epidemiologists, researchers and other interveners who wish to document post-disaster mental health impacts using standardized, evaluated tools that are available free of charge.

Potential impacts on mental health

The toolkit does not cover all mental health impacts. It is mainly mental health problems that have been documented along with certain aspects of well-being and positive mental health. Furthermore, tools related to other indicators of interest in post-disaster surveillance are presented concerning the following effects:

- anxiety symptoms;
- depressive symptoms;
- post-traumatic stress disorder symptoms;
- psychological distress;
- immediate impact of the trauma (peritraumatic reactions);
- well-being;
- functioning and disability;
- quality of life;
- social support;
- alcohol use;

- drug use;
- medication use;
- use of mental health services.

Existing surveillance data

There are already several surveillance systems in Québec that disseminate health indicators and determinants from an array of sources. The toolkit describes several of the surveillance systems. Another section of the toolkit presents population-based surveys conducted by Statistics Canada and the Institut de la statistique du Québec (ISQ). The surveillance and survey systems selected in the toolkit present indicators related to mental health or other indicators of interest to conduct post-disaster surveillance.

Indicators drawn from such surveillance systems and large-scale population-based surveys are a good starting point to obtain statistics related to mental health. What is more, depending how frequently they are updated, they can provide worthwhile measurements to conduct follow-up over time. However, it is difficult to predict the place and time that a disaster occurs. Such surveillance systems and major surveys might not properly target the population affected by the disaster (insufficient geographic resolution) or might not have been conducted at the appropriate time. Such data can then be used to estimate prevalences related to the pre-disaster state of mental health. A survey specific to the disaster must be conducted subsequently to obtain post-disaster prevalences.

Accordingly, the toolkit presents in the form of information sheets a list of the surveys conducted in the wake of a disaster in Québec or in France that includes at least one section on mental health impacts. Each sheet contains information on the study, i.e. the objectives, the target population, the type of survey, the year of data collection, the contents of the survey, and the standardized instruments used. While the prevalences estimated in the studies are probably not comparable from one disaster to the next, the information in the sheets can help interveners to elaborate their research protocols. However, it should be noted that certain instruments used in the studies are no longer topical while others are protected by copyright and sometimes subject to payment.

New data obtained through surveys

To help interveners navigate in all the instruments available, the last section of the toolkit presents recommendations from the committee of experts established to produce the toolkit, concerning the standardized instruments that should be used to measure certain post-disaster impacts in epidemiological studies. A standardized measurement instrument is a rigorously developed tool that measures a concept (or an indicator) in an objective, standardized manner. The instruments must undergo rigorous validation processes.

The committee of experts' recommendations take into account the interveners' current context in the health network, i.e. the sometimes limited financial and human resources and the wide range of topics to be included in such surveys. Among those, the instruments recommended must be available free of charge with a succinct number of items and include a guide to interpret the findings.

An information sheet specifying the conditions of use and the interpretation of the scores is available for each instrument recommended. The items used to elaborate the instruments recommended are reproduced at the end of the toolkit when they are in the public domain.

Conclusion

This toolkit presents two main options to conduct surveillance of post-disaster mental health impacts. First, it compiles a list of existing sources that yield statistics drawn from surveillance systems, population-based surveys or other databases of interest for the surveillance of mental health impacts. It then recommends standardized instruments to be used during post-disaster surveys.

The information sheets on the instruments have been designed to facilitate their use and the judicious choice of certain tools will provide a better picture of the situation in the wake of a disaster. Such a picture will afford a sound way to verify the needs of the population affected with respect to the resources and mental health services that are often crucial to help a community recover from a major disaster. In this context, surveillance could be conducted over several years. It is the authors' hope that this toolkit can become a reference in the realm of post-disaster surveillance in Québec. The objective is to facilitate surveillance activities and to standardize surveillance indicators between different studies to ensure better spatial and temporal comparability of the population's mental health status.

1 Introduction

1.1 Context

Regardless of its nature, a disaster such as an earthquake, flooding, a transportation accident, a nuclear accident or an attack can engender a broad range of impacts on individual health and well-being and on the economy and the environment. The *Civil Protection Act* defines a disaster as "an event caused by a natural phenomenon, a technological failure or an accident, whether or not resulting from human intervention." It causes serious harm to persons or substantial damage to property and exceeds institutional and organizational capacities to respond adequately in a timely manner (Québec government, 2018).

Against a backdrop of climate change, climate scenarios predict more frequent, more intense extreme weather events, sometimes characterized as disasters. Climate projections in Québec call, in particular, for longer heat waves and heavier precipitation leading to increased flooding, while other events, such as storm surges, could be more frequent or more pronounced (Ouranos, 2015).

There are different post-disaster intervention phases. The *impact phase* occurs during the disaster and mainly allows for immediate prevention. The *phase immediately following a disaster* should facilitate, as an example, a reduction in exposure and medical and psychological intervention. The *post-impact phase* several days or weeks after the disaster should allow for the continuation of intervention aimed at the vulnerable clientele but also to prepare for a return to normalcy. The *recovery phase* facilitates the restoration of the community's social, economic, physical and environmental conditions and reduces disaster risks (Ministère de la Sécurité publique, 2008; Séguin *et al.*, 2010).

The authorities usually properly document the immediate post-disaster impacts, especially as regards physical health and economic aspects. However, mental health impacts can be perceived as harder to document. Individuals who have experienced a disaster can develop mental health problems or such problems can be exacerbated. Certain impacts can be felt months and even sometimes years after the event. It is necessary and crucial that mental health resources and services be available to help a community recover from a disaster.

However, during the recovery phase, emergency services have withdrawn and it becomes necessary to evaluate in the longer term the service needs of the population affected. To ensure continued support for the community by offering sufficient, appropriate services, monitoring of the mental health impacts in the population affected becomes important. It should continue several years after an event in certain cases.

No clear definition determines when epidemiological surveillance can or should begin. Some authors specify that it begins when assistance is withdrawn, while others occasionally indicate two to four months after the disaster.

In Québec, epidemiological surveillance has existed for a long time but only a few epidemiological and surveillance studies have been conducted in the wake of major disasters, especially after flooding in the Saguenay in 1996 and the 1998 ice storm (Maltais *et al*., 2000; Bellerose, C. *et al.,* 2000). The studies assessed events' impacts on depressive, anxiety, post-traumatic stress disorder and distress symptoms. Since then, with the increase in certain climate-related disasters, interest has grown in carrying out surveillance of mental health impacts in respect of disasters of all scales.

However, the means used to conduct such surveillance differ considerably from one study to the next and make comparisons difficult.

Moreover, certain Québec publications focus on post-disaster surveillance, mental health impacts or the tools to evaluate them (Appendix 1 summarizes the publications) (Bélanger *et al.*, 2010; Boyer and Villa, 2011a; Boyer and Villa, 2011b; Bustinza *et al.*, 2010a; Bustinza *et al.*, 2010b; Tairou *et al.*, 2011; Tairou *et al.*, 2010b; Tairou, Bélanger and Gosselin, 2010a). The publications represent initial reflection on post-disaster surveillance in Québec and did not propose a comprehensive approach to guide such surveillance. Accordingly, the toolkit seeks to clarify the options available to conduct post-disaster surveillance in Québec.

1.2 Objectives

To help interveners adequately conduct surveillance of mental health impacts following a major disaster (recovery phase), a project to develop and make available a toolkit was initiated. More specifically, the objectives are to:

- take stock of existing surveillance systems and health data sources in Québec;
- list post-disaster studies conducted in Québec and in France;
- identify available, validated standardized instruments in French that measure mental health impacts by means of surveys and evaluate their quality and utility;
- make such tools available to those responsible for surveillance in the health and social services network (HSSN), with general recommendations concerning their optimum use.

The toolkit is aimed mainly at public health professionals and epidemiologists, researchers and other interveners who wish to document post-disaster mental health impacts using standardized, evaluated tools that are available free of charge. Experts in the realm of mental health and surveillance from various Québec institutions have elaborated it.

This work falls within the scope of priority 26 aimed at preventing and limiting diseases, injuries, death and psychosocial impacts under the *2013-2020 Action Plan on Climate Change* (APCC). Tools pertaining to extreme weather events (flooding, ice storms, and so on) were initially sought. However, mental health impacts are assessed after various natural or other disasters. The scientific literature also indicates that when a disaster occurs, the nature and scope of the losses sustained, exposure to the disaster and the previous history of the individuals influence the mental health impacts as much as the disaster's cause (Bromet *et al.*, 2016; Davidson and McFarlane, 2006; van der Velden *et al.*, 2013). All of the tools developed to conduct post-event surveillance have thus been listed in this toolkit, which includes neither the tools geared to the surveillance of impacts during the impact or post-impact phase (during the disaster or immediately after) nor the environmental surveillance measurements that could be conducted after the event. Instead, it seeks to help the authorities in charge of surveillance to develop an ad hoc surveillance system to assess post-disaster mental health impacts during the recovery phase, that is, after the initial review has been conducted, the population affected has been pinpointed, and acute impacts have been measured. It is mainly the subsequent health impacts that are monitored during this phase, e.g. mental health and quality of life.

1.3 Potential impacts on mental health

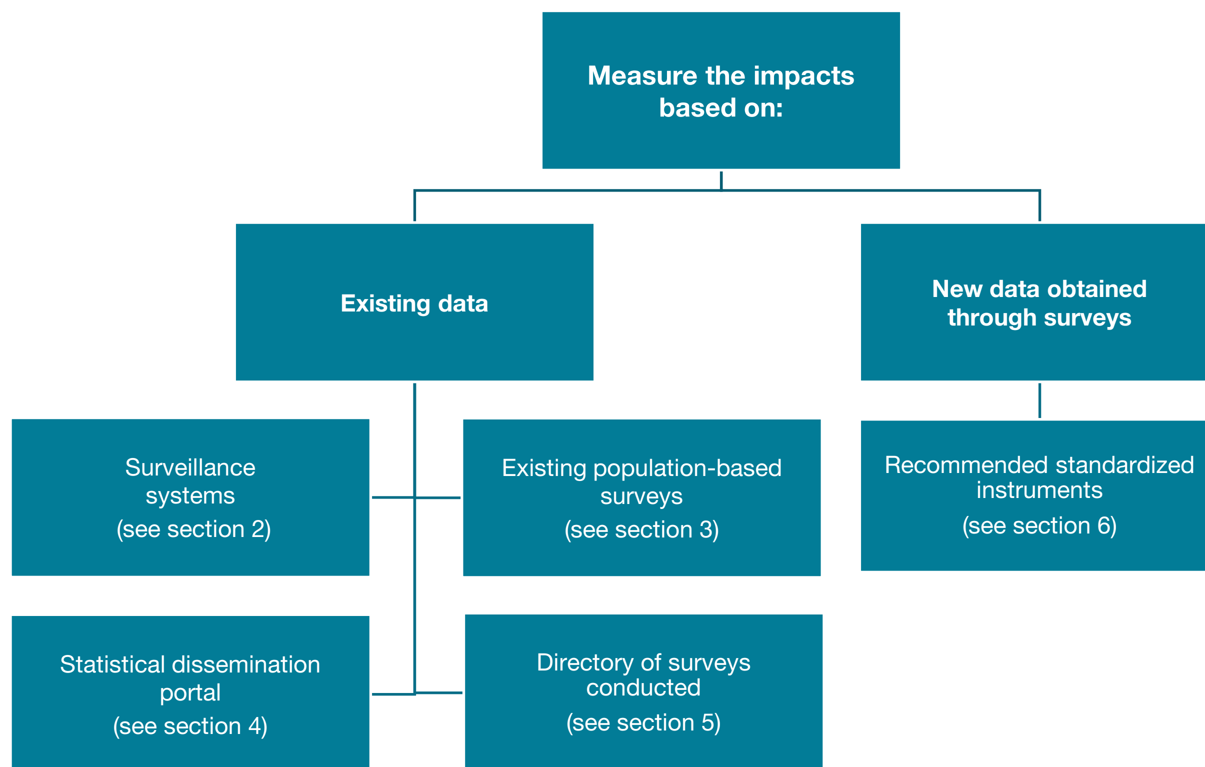
The toolkit does not cover all mental health impacts, which include mental health problems and social well-being, positive mental health and psychological health. It is mainly mental health problems that have been documented along with certain aspects of well-being and positive mental health. Furthermore, tools related to other indicators of interest in post-disaster surveillance are presented, in particular medication use and alcohol and drug use concerning the following effects:

- anxiety symptoms;
- depressive symptoms;
- post-traumatic stress disorder symptoms;
- psychological distress;
- immediate impact of the trauma (peritraumatic reactions);
- well-being;
- functioning and disability;
- quality of life;
- social support;
- alcohol use;
- drug use;
- medication use;
- use of mental health services.

1.4 Use of the toolkit

This toolkit presents different options to conduct surveillance of post-disaster mental health impacts. First, it presents options to estimate impacts based on existing data. It then recommends the standardized instruments to be use in epidemiological studies, which engenders new data. Figure 1 summarizes the options that the toolkit proposes.

Figure 1 How to use the toolkit



One of the first steps to conduct post-disaster surveillance is to ascertain whether data are already available to initially provide a portrait of the situation.

The surveillance systems, presented in section 2, and the major population-based surveys, presented in section 3, can contain post-disaster surveillance indicators of interest. The systems and major surveys can contain data on certain potential post-disaster impacts, especially in the realm of mental health and, depending on how frequently they are updated, it may be possible to obtain worthwhile measurements to conduct follow-up over time. However, access to certain systems or databases may be restricted. Accordingly, various portals enable surveillance interveners to quickly access statistics through a user-friendly interface. Certain indicators drawn from major surveys or surveillance systems are disseminated on the portals (see section 4).

However, it is difficult to predict the place and time that a disaster occurs. Such surveillance systems and major surveys might not properly target the population affected by the disaster (insufficient geographic resolution) or might not have been conducted at the appropriate time. Such data can then be used to estimate prevalences related to the pre-disaster state of mental health. A survey specific to the disaster must be conducted subsequently to obtain post-disaster prevalences.

When the data available do not satisfy surveillance needs, it is possible to conduct a population-based survey to more accurately measure certain impacts on a clearly defined population. Section 5 of the toolkit presents in the form of information sheets regional post-disaster studies in Québec or in France and again presents certain major population-based surveys. The studies should include at

least one section (or one indicator) on mental health impacts. While the prevalences estimated in the studies are probably not comparable from one disaster to the next, the information in the information sheets, especially the references, could help interveners to elaborate their research protocols. However, it should be noted that certain instruments used in the studies are no longer topical while others are protected by copyright and sometimes subject to payment.

To help interveners navigate in all the instruments available, section 6 presents recommendations from the committee of experts established to produce the toolkit concerning the standardized instruments that should be used to measure certain post-disaster impacts in epidemiological studies. The committee of experts' recommendations take into account the interveners' current context in the health network, i.e. sometimes limited financial and human resources and the wide range of topics to be included in such surveys. Among those, the instruments must be available free of charge with a succinct number of items and include a guide to interpret the findings. An information sheet specifying the conditions of use and the interpretation of the scores for the instruments recommended follows the recommendations (section 6.2). The items used to elaborate the instruments recommended, i.e. the questionnaire, are found in the last section of the toolkit when they are in the public domain (section 6.3).

2 Surveillance systems

Certain disaster-related health impacts can be detected using general health indicators. This section of the toolkit presents the surveillance systems available in Québec that can be useful to conduct post-disaster surveillance.

However, it should be noted that the data in the surveillance systems can be collected more or less regularly. Access to certain surveillance systems can be more difficult and the geographical coverage insufficient for post-disaster surveillance needs. What is more, certain surveillance systems are less useful for post-disaster surveillance but can still be used to provide statistics on the pre-disaster situation. It is essential for each of the surveillance systems to properly identify their limitations before using them. Reliance on several surveillance systems and other data sources could provide a more comprehensive picture.

2.1 Québec Integrated Chronic Disease Surveillance System (QICDSS)

The Bureau d'information et d'études en santé des populations (BIESP) at the Institut national de santé publique du Québec (INSPQ) (Gagnon, Rochette and Plante, 2017) developed the Québec Integrated Chronic Disease Surveillance System (QICDSS). It stems from the twinning of five health - administrative databases (Blais *et al.*, 2014):

- the health insurance registry (Fichier d'inscription des personnes assurées [FIPA]);
- the hospital inpatient and day surgery database (Système de maintenance et d'exploitation des données pour l'étude de la clientèle hospitalière [MED-ÉCHO]);
- the vital statistics death database (Fichier des décès du Registre des événements démographiques [RED]);
- the physician claims database (Fichier des services médicaux rémunérés à l'acte);
- the pharmaceutical services database (Fichier des services pharmaceutiques)[1].

The QICDSS has covered the total population of Québec since January 1, 1996 and is updated annually. The most recent data in the system usually date from the preceding year, except for data in the death registry, which sometimes go back five years, since it is data from the closed (final) database that are used.

The QICDSS stands out from population-based surveys since its populational coverage is very high except for some sub-populations, contrary to samples in the surveys. Consent is not necessary and the QICDSS allows for accurate location with a six-position postal code of the home address. However, the data are not available in real time. The system is updated roughly once a year and it is sometimes necessary to wait several months after the disaster to conduct analyses.

Only certain individuals at the INSPQ can access this surveillance system. However, certain QICDSS indicators are disseminated on the Infocentre de santé publique portal (to obtain additional information on the Infocentre, please visit Infocentre de santé publique – PNS tab). Furthermore, it is possible to submit a request for support to the BIESP through an online access point.

[1] Prior to December 2017, data from the Fichier des services pharmaceutiques were only available for individuals 65 years of age and over. Since December 2017, the data are available for everyone covered by the public drug insurance plan.

Individuals who assume responsibility for the population in the realm of health and social services can specify through the access point specific needs for the production, interpretation or use of data on the health status of the population, insofar as this falls within the scope of the BIESP's range of activities (INSPQ, 2018).

2.2 Banque de données communes des urgences (BDCU)

The Banque de données communes des urgences (BDCU) contains personal information on healthcare episodes and services offered to an individual registered in the emergency department of an establishment in Québec (MSSS, 2016a). The data input in the BDCU concerns users who have received urgent care and services that require opening a healthcare episode in a facility that operates an emergency department. The Système d'information de gestion des départements d'urgence (SIGDU), which belongs to the Ministère de la Santé et des Services sociaux (MSSS) and is hosted by Régie de l'assurance maladie du Québec (RAMQ), feeds the data bank. While data are compiled in real time, they are only transmitted to the MSSS every two weeks and validated once a year. Access to the data is restricted outside the MSSS. The BDCU contains, among others, the main diagnosis that the emergency physician made at the time of the user's departure. However, since the list of diagnoses is limited in the system, certain ICD-10 codes (the tenth revision of the International Statistical Classification of Diseases and Related Health Problems) cannot be entered into the data bank. Codes are nonetheless available to identify mental disorders and behavioural disorders, including depression and anxiety.

2.3 Surveillance and Prevention of the Impacts of Extreme Meteorological Events on Public Health System (SUPREME)

The Surveillance and Prevention of the Impacts of Extreme Meteorological Events on Public Health System (SUPREME) (https://www.inspq.rtss.qc.ca/geo/supreme/index.php) is a source of information that affords regional and departmental interveners in the public health network access, at a single site through a secure portal, to health and meteorological information concerning the health impacts of extreme weather events (Toutant *et al*., 2011). It better equips interveners to make enlightened decisions concerning the triggering of preventive measures during extreme weather events that threaten population health. The Institut national de santé publique du Québec (INSPQ) developed the system pursuant to a mandate from the Ministère de la Santé et des Services sociaux (MSSS) under the *2006-2012 Action Plan on Climate Change* (APCC).

The first component of the SUPREME system, "Warnings," transmits by email to its subscribers (HSSN and civil protection staff) warnings in real time when weather forecasts report a possible extreme weather event in the coming hours. Its second component, the SUPREME Portal, allows for surveillance and monitoring of six weather hazards (heat waves, flooding, intense cold, forest fires, abundant snowfall, ice storms) and their impacts on health. The human health indicators disseminated in the SUPREME system include the number of deaths, hospitalizations, all emergency department consultations, ambulance transport, and calls to Info-Santé. Section 4.2 describes its third component, the public health geo portal.

In conjunction with surveillance of mental health impacts, the SUPREME system could be useful with respect to the historical background of weather events, comparison with historic weather statistics for a given region or Québec as a whole, and health monitoring.

2.4 Info-Santé and Info-Social

Info-Santé and Info-Social enable Quebecers to contact a nurse or social worker by telephone (Info-Santé 811) to answer health-related questions. For each call received, the health professional must complete a call sheet that summarizes its contents then assign it a predetermined category. The services' database comprises the call sheets. Since the data are collected on an ongoing basis, they can be used for pre- and post-disaster comparisons (Authier, 2009).

Info-Santé data are disseminated in two different ways on the Infocentre de santé publique portal (for additional information on the Infocentre, see section 4.1). Certain indicators are disseminated under the "Surveillance" tab (syndromic surveillance) and data for such indicators are available in quasi real time, i.e. from the previous day. However, access to the data is restricted and only individuals authorized by their regional public health, infectious disease coordination or environmental health department can access them, depending on the database used. Another indicator is disseminated under the "Surveillance" tab. The data are updated annually. Section 4.1 indicates terms governing access to the "Surveillance" tab.

The SUPREME system (section 2.3) presents eight indicators from the Info-Social database, in particular the number of calls for "oppressive heat," "heat-related diseases," "poisoning" and "mental health problems." Fewer details are presented in the SUPREME system than in Infocentre, but the SUPREME system is accessible to anyone in the health network.

3 Population-based surveys

This section of the toolkit presents certain population-based surveys conducted mainly by Statistics Canada and the Institut de la statistique du Québec (ISQ). The surveys selected in the toolkit present questions related to mental health or other indicators of interest to conduct post-disaster surveillance. Table 1 summarizes each of the surveys. As is true of the surveillance systems described in the preceding section, the surveys can be conducted on a more or less regular basis. It can be difficult to access the surveys through certain databases and geographic coverage may be insufficient for the needs of post-disaster surveillance. Accordingly, certain surveys may not be useful for post-disaster surveillance but can still provide statistics that facilitate comparisons, e.g. to obtain statistics on the situation prior to the disaster or for a control group, and so on. In the case of population-based surveys, they also give access to validated questions and instruments, in French and in English. Professionals must clearly ascertain their limitations before using the surveys.

3.1 Québec Population Health Survey (QPHS)

The Institut de la statistique du Québec (ISQ) conducts the Québec Population Health Survey (QPHS), which focuses on people 15 years of age and over living in a private household in Québec. Data collection took place in 2008 and in 2014-2015 and could subsequently occur every six years. Its geographic covering and scope differ from one cycle to the next. In 2008, the QPHS was regional in scope with the possibility of oversampling to obtain local data (local service networks [LSNs]) and it covered 16 of the 18 health regions (HRs). In 2014-2015, it was local in scope (LSNs) and one region requested oversampling to obtain data by local community service centre (CLSC) territory[2]. It covered 17 or the 18 HRs, including the Cree Territory of James Bay. The QPHS replaces the surveys of the health and well-being of Quebecers conducted in 1987, 1992-1993 and 1998. The content in 2014-2015 was similar to that in 2008. The QPHS focuses on physical and mental health, lifestyle habits that affect health, perceived health status, psychological distress, injuries and musculoskeletal disorders, oral health, weight status and the use of slimming products or means, drug use, sexual behaviour and the use of contraception, and health behaviours specific to women (ISQ, 2015a).

Table 1 presents additional details on the target population, the geographical coverage and the number of respondents. Table 2 indicates the standardized instruments used in the QPHS for certain mental health indicators. Certain information is also presented in the information sheet on this survey (Study 7).

3.2 Québec Health Survey of High School Students (QHSHSS)

The Institut de la statistique du Québec (ISQ) conducts the Health Survey of High School Students (QHSHSS). It targeted Secondary I to V students registered in the youth sector in French- and English-language Québec public and private schools in the fall of 2010. It was conducted again in 2016-2017. The survey is regional in scope (by health region [HR]) and the HRs that increased the size of the basic sample were able to analyze their data based on the local service networks (LSNs) or by regional county municipality (RCM), local community service centre (CLSC) and school board (SB). The survey's contents are divided into two key themes, i.e. physical health and lifestyle habits and mental and psychosocial health. More specifically, it covers perception of health status, respiratory health, dietary habits, sexual behaviour, weight and body image, oral health[3], cigarette

[2] The map of territorial boundaries (by HR, RTS, LSN and CLSC) is available on the website of the Atlas de la Santé et de Services sociaux du Québec du MSSS: http://www.msss.gouv.qc.ca/statistiques/atlas/atlas/index.php?id_carte=1.

[3] Oral health is presented only in the first cycle of the survey i.e. in 2010-2011.

smoking, alcohol use, drug use, work experience, physical leisure activity and transportation, mental health (including psychological distress), behavioural adequacy, school environment, family environment, characteristics of the peer group, sociodemographic conditions and sociodemographic characteristics (ISQ, 2015b).

Table 1 presents additional details on the target population, the geographical coverage and the number of respondents. Table 3 indicates the standardized instruments used in the QHSHSS for certain mental health indicators. The information sheet (Study 8) for this survey also presents certain information.

3.3 Québec Survey of Smoking, Alcohol, Drugs and Gambling in High School Students (QSSADGHSS)

The Institut de la statistique du Québec (ISQ) conducted the Québec Survey of Smoking, Alcohol, Drugs and Gambling in High School Students (QSSADGHSS) in 2004, 2006, 2008 and 2013, and should continue to do so. It targets the same population as the QHSHSS, i.e. Secondary I to V students. The data are solely provincial in scope. The survey examines smoking (consumption, social factors, exposure to secondhand smoke, attempts to stop using tobacco products, e-cigarettes), alcohol and drug use, gambling and betting, level of physical leisure activity and transportation, diet and physical appearance (ISQ, 2015c).

Table 1 presents additional details on the target population, the geographical coverage and the number of respondents.

3.4 Québec Survey of Child Development in Kindergarten (QSCDK)

The Institut de la statistique du Québec conducted the Québec Survey of Child Development in Kindergarten (QSCDK), which is regional and local in scope, in 2012 and 2017[4]. It covers 16 of the 18 health regions (HRs). It targets five-year-olds attending kindergarten full time. Teachers complete the questionnaire. The themes of the QSCDK are physical health and well-being (motor skills, fatigue, physical preparation, and so on), behavioural adequacy (self-confidence, sense of responsibility, respect for peers, and so on), affective maturity (hyperactivity, inattention, anxiety, sadness, and so on), cognitive and language development (interest and skill in literacy, interest and skill in mathematics, and so on), communications skills and general knowledge (ability to articulate clearly, ability to understand, ability to communicate, and so on) (ISQ, 2015d).

Table 1 presents additional details on the target population, the geographical coverage and the number of respondents.

3.5 Enquête québécoise sur les limitations d'activités, les maladies chroniques et le vieillissement (EQLAV)

The Institut de la statistique du Québec (ISQ) conducted the Enquête québécoise sur les limitations d'activités, les maladies chroniques et le vieillissement (EQLAV), which is regional in scope (by health region [HR]) in 2010-2011. It covers 16 or the 18 HRs. It targets three segments of the population, i.e. people 15 years of age and over with disabilities, people 15 years of age and over who declare a long-term health problem, and people 65 years of age and over with or without disabilities or long-

[4] Little information was available on 2017 QSCDK data collection at the time of writing of the toolkit.

term health problems. The themes of the EQLAV include the nature and severity of the disability, medications, information and self-management, emergency departments, hospitalizations and day surgery, home health care, specialized rehabilitation services for the physically or intellectually impaired, specialized rehabilitation services devoted to mental health, alcohol addiction and drug addiction, psychosocial medical follow-up, assistance for activities of daily living or household activities, lifestyle habit measurements and markers of frailty (ISQ, 2015e).

Table 1 presents additional details on the target population, the geographical coverage and the number of respondents.

3.6 Canadian Community Health Survey (CCHS) – Annual Component

The Canadian Community Health Survey (CCHS) conducted by Statistics Canada has, since 2000, collected data on the health status, health services utilization and health determinants of Canadians 12 years of age and over. It covers the 10 Canadian provinces and three territories. Its geographical coverage provides reliable statistics by health region (HR). The survey has undergone two major revisions. Since 2007, data have been collected annually from a sample of roughly 65 000 Canadians, including roughly 12 000 Quebecers (Statistics Canada, 2018). In 2015, several methodological facets (sample frame, data collection method) have been modified and modules have been added. Table 1 presents additional details on the target population, the geographical coverage and the number of respondents.

The survey measures several physical and mental health problems but not in all cycles. Some modules are of interest with respect to long-term surveillance of health impacts of disasters. For example, certain modules estimate dependence on alcohol and its consumption, medication use, mood, consultation concerning mental health, depression, distress, illicit drug use, compulsive gambling, psychological well-being, social support, stress, suicidal thoughts and attempted suicide, and smoking. Table 4 lists the standardized instruments used in the CCHS for certain mental health indicators.

Statistics Canada produces a public use microdata file of the CCHS. It is available for research projects but the Infocentre de santé publique (Table 4) also disseminates several indicators from the CCHS (more additional information on the Infocentre, see section 4.1). Certain information is also presented in the information sheet on this survey (Study 9).

3.7 Canadian Community Health Survey (CCHS) – Mental Health

Statistics Canada's *Canadian Community Health Survey* (CCHS) includes a survey conducted occasionally to collect data on mental health status. It has been conducted twice until now, in 2002 and 2012. Its content and sampling differ considerably from the CCHS – Annual Component (section 3.6). It covers the 10 Canadian provinces (excluding the territories) and provides statistics at the provincial level. In 2012, data were collected on a sample of roughly 25 000 Canadians, including roughly 4 300 Quebecers (Statistics Canada, 2013).

The survey seeks primarily to evaluate aspects of mental health and is especially noteworthy. Questions related to mental illness continuums, positive mental health, mental illness, drug-related disorders, mental health problems, well-being, functioning and disability, and access to mental health services and support are included.

Table 1 provides details of the target population, geographic coverage and the number of respondents while Table 5 indicates certain standardized instruments used in the survey. The information sheet on this survey (Study 10) also presents certain information. Statistics from the survey are not available from the Infocentre de santé publique. However, Statistics Canada produces a public use microdata file that can be ordered from its website (Statistics Canada, 2018) and that may also be available in certain research centres (Centre interuniversitaire québécois de statistiques sociales, 2018).

3.8 Canadian Health Measures Survey (CHMS)

Statistics Canada's *Canadian Health Measures Survey* (CHMS), produced in partnership with Health Canada and the Public Health Agency of Canada (PHAC), collects physical health measurements. The first survey was conducted from 2007 to 2009 and at the time of writing, a sixth cycle was planned for 2018 and 2019. Data collection occurs in two stages, i.e. an interview in the respondent's home followed by a visit to the CHMS mobile clinic, where physical measurements are made and blood and urine samples are collected. The survey collects, among others, data on cardiovascular health, nutritional status, chronic diseases, physical activity and exposure to infectious diseases and environmental contaminants, and the risk factors and the attendant health behaviour. The survey is constructed to be representative of Canadians 3 to 79 years of age. To obtain statistics at the provincial level, at least two cycles of data must be combined, considering that the same measurements are not necessarily made from one cycle to the next (Statistics Canada, 2015). The data file is solely available through research centres and the Infocentre does not disseminate any indicator from the survey.

Table 1 presents additional details on the target population, the geographical coverage and the number of respondents.

3.9 Census and National Household Survey (NHS)

The *Census* and the *National Household Survey* (NHS) do not provide statistics on the health status of the population. However, the surveys help to create a profile of the population based on questions concerning housing, the family, immigration, the Aboriginal peoples, level of education, work, mobility and migration, working language and income. The statistics are available at several geographic levels and the aggregate statistics are available free of charge on the Statistics Canada website (Statistics Canada, 2017).

3.10 Surveys of the Aboriginal peoples

The Aboriginal peoples are usually excluded from the major surveys mentioned earlier. The First Nations, Inuit and the Métis are covered by other surveys whose contents are adapted to their conditions and needs. Several of the surveys contain questions that might be of interest with respect to post-disaster surveillance. The surveys, described in Table 1, should be consulted were these populations to be affected by a disaster.

Table 1 Summary of the population-based surveys useful for the surveillance of mental health impacts

Survey	Year of data collection	Target population	Geographical coverage	Number of respondents	Contents
Québec surveys					
Québec Population Health Survey (QPHS)	2008	People 15 years of age and over living in a private household in Québec.	▪ Regional scope (HR); ▪ Six regions oversampled by LSN; ▪ Covers 16 of the 18 HRs, excluding the Cree Territory of James Bay and Nunavik.	38 154 individuals.	Physical and mental health, lifestyle habits that affect health, perceived health status, psychological distress, injuries and musculoskeletal disorders, oral health, weight status and the use of slimming products or means, drug use, sexual behaviour and the use of contraception, and health behaviours specific to women.
	2014-2015	People 15 years of age and over living in a private household in Québec.	▪ Local scope (LSN); ▪ One region oversampled per local community service centre territory; ▪ Covers 17 of the 18 HRs, excluding Nunavik.	45 760 respondents.	The content was similar to that in 2008.
Québec Health Survey of High School Students (QHSHSS)	2010-2011; 2016-2017	Secondary I to V students registered in the youth sector in French- and English-language Québec public and private schools.	▪ Covers 16 of the 18 HRs, excluding the Cree Territory of James Bay and Nunavik; ▪ Regional scope (HR); ▪ In 2010-2011: Eight regions oversampled by LSN or by SB; ▪ In 2016-2017: Nine regions were oversampled by LSN and one by SB, RCM or local community service centre.	Approximately 63 000 students.	Perception of health status, respiratory health, dietary habits, sexual behaviour, weight and body image, oral health, cigarette smoking, alcohol use, drug use, work experience, physical leisure activity and transportation, mental health (including psychological distress), behavioural adequacy, school environment, family environment, characteristics of the peer group, sociodemographic conditions and sociodemographic characteristics.

Table 1 Summary of the population-based surveys useful for the surveillance of mental health impacts (continued)

Survey	Year of data collection	Target population	Geographical coverage	Number of respondents	Contents
Québec surveys (continued)					
Québec Survey of Smoking, Alcohol, Drugs and Gambling in High School Students (QSSADGHSS)	2004, 2006, 2008, 2013	Secondary I to V students registered in the youth sector in French- and English-language Québec public and private schools.	▪ Province-wide survey, excluding the Nord-du-Québec region, the Cree Territory of James Bay and Nunavik.	Between 4 500 and 4 900 students, depending on the cycle.	Smoking (consumption, social factors, exposure to second-hand smoke, attempts to give up smoking, e-cigarettes), alcohol use and drug use, gambling, level of physical leisure activity and transportation, dietary habits and physical appearance.
Québec Survey of Child Development in Kindergarten (QSCDK)	2012; 2017	Children 5 years of age attending kindergarten full time in Québec.	▪ Regional and local scope (HR, LSN, RCM, local community service centre); ▪ Covers 16 of the 18 HRs, excluding the Cree Territory of James Bay and Nunavik.	▪ 2012: 63 087 respondents; ▪ 2017: 81 372 respondents.	*Teachers completed the questionnaire.* Physical health and well-being (motor skills, fatigue, physical preparation, and so on), behavioural adequacy (self-confidence, sense of responsibility, respect for peers, and so on), affective maturity (hyperactivity, inattention, anxiety, sadness, and so on), cognitive and language development (interest and skill in literacy, interest and skill in mathematics, and so on), communications skills and general knowledge (ability to articulate clearly, ability to understand, ability to communicate, and so on).
Enquête québécoise sur les limitations d'activités, les maladies chroniques et le vieillissement (EQLAV)	2010-2011	▪ Individuals 15 years of age and over with a disability or who report a long-term health problem; ▪ Individuals 65 years of age and over with or without a disability or a long-term health problem.	▪ Regional scope (HR); ▪ Covers 16 of the 18 HRs, excluding the Cree Territory of James Bay and Nunavik.	24 772 respondents.	The nature and severity of the disability, medications, information and self-management, emergency departments, hospitalizations and day surgery, home health care, specialized rehabilitation services for the physically or intellectually impaired, specialized rehabilitation services devoted to mental health, alcohol addiction and drug addiction, psychosocial medical follow-up, assistance for activities of daily living or household activities, lifestyle habit measurements and markers of frailty.

Table 1 Summary of the population-based surveys useful for the surveillance of mental health impacts (continued)

Survey	Year of data collection	Target population	Geographical coverage	Number of respondents	Contents
Canadian surveys					
Canadian Community Health Survey (CCHS) – Annual Component	2000-2001, 2003, 2005	Canadians 12 years of age and over.	▪ The 10 Canadian provinces and the three territories; ▪ Regional scope (HR); ▪ In Québec, the Nunavik region is excluded from all the cycles and the Cree Territory of James Bay region is included in only one cycle (2003); ▪ Certain regions are oversampled.	Roughly 130 000 respondents in Canada and roughly 24 000 in Québec.	Three types of content: common content, optional content and quick-response content. The contents differ from one cycle to the next but encompass information on health status, reliance on health services and health determinants: alcohol addiction and consumption, medication use, mood, consultation concerning mental health, positive mental health, depression, distress, illicit drug use, compulsive gambling, psychological well-being, social support, stress, suicidal thoughts and attempted suicide, smoking.
	Since 2007, data have been collected annually	Canadians 12 years of age and over.	▪ The 10 Canadian provinces and the three territories; ▪ Regional scope (HR); ▪ In Québec, the survey covers 16 of the 18 HRs, excluding the James Bays Creed Lands and Nunavik; ▪ Certain regions are oversampled.	Data are collected annually on a sample of roughly 65 000 Canadians, including roughly 12 000 residing in Québec.	Since 2007, the content of the CCHS has been similar to that in the first three cycles, although the content of certain modules was modified. In 2015, the modules were completely reorganized, which may mean that certain statistics for 2015 are not comparable in relation to previous cycles.
Canadian Community Health Survey (CCHS) – Mental Health	2002, 2012	Canadians 15 years of age and over.	▪ The 10 Canadian provinces; ▪ Provincial scope; ▪ In 2002, certain provinces were oversampled.	▪ 2002: roughly 37 000 respondents; ▪ 2012: 25 000 respondents.	Mental health status (mental illness continuums, positive mental health, mental illness, drug-related disorders), information on access and perceived needs from the standpoint of formal and informal services and support, functioning and disabilities.

Table 1 Summary of the population-based surveys useful for the surveillance of mental health impacts (continued)

Survey	Year of data collection	Target population	Geographical coverage	Number of respondents	Contents
Canadian surveys (continued)					
Canadian Health Measures Survey (CHMS)	2007-2009, 2010-2011, 2012-2013, 2014-2015, 2016-2017, 2018-2019	Canadians 3 to 79 years of age (or 6 to 79 years of age depending on the cycle).	National scope (Canada) in the 10 provinces. At least two data collection cycles must be combined to obtain statistics at the provincial level.	Roughly 5 700 respondents per data collection.	Data collection occurs in two stages: interview in the respondent's home followed by a visit to the CHMS mobile clinic (physical measurements are made and blood and urine samples are collected). Cardiovascular health, nutritional status, chronic diseases, physical activity, exposure to infectious diseases and environmental contaminants, and the risk factors and the attendant health behaviour.
Census and National Household Survey (NHS)	Every five years since 1951	Everyone who usually resides in Canada.	Covers the provinces and territories and includes, among others, individuals living on Indian reserves.	Varies over time.	The short form collects information on age, sex, marital status and mother tongue. The long form collects more extensive information, including ethnic origin, employment, and so on.
Surveys of the Aboriginal peoples					
Aboriginal Peoples Survey (APS)	1991, 2001, 2006, 2012	Population 6 years of age and over that identifies as First Nation, Métis or Inuit and does not live on a reserve.	National scope (Canada) among First Nations members, the Métis and Inuit who do not live on a reserve.	Roughly 28 000 respondents in 2012.	The APS seeks to determine the needs of the Aboriginal peoples and emphasizes questions such as education, employment, health, language, income, housing and mobility. In 2012, the health-related themes encompassed general health status, pregnancy and childbirth, consultations with health professionals or traditional healers, chronic health problems, body mass index, smoking, alcohol use, drug use, food security, distress, suicide, mental health, injuries, social support and social problems in the community.

Table 1 Summary of the population-based surveys useful for the surveillance of mental health impacts (continued)

Survey	Year of data collection	Target population	Geographical coverage	Number of respondents	Contents
Surveys of the Aboriginal peoples (continued)					
First Nations Regional Early Childhood, Education and Employment Survey	2013-2015	First Nations members of any age living on a reserve or in a northern community.	First Nations community (reserve or northern community) in 10 regions of Canada.	Roughly 21 000 respondents.	Questionnaire unavailable.
First Nations Regional Health Survey (ERS)	1997, 2002, 2008, 2015-2016	▪ Eight nations in Québec: Abénakis, Algonquin, Atikamekw, Innu, Mi'gmaq, Mohawk, Naskapis and Wendat; ▪ All age groups are covered.	▪ Eight nations in Québec.	Roughly 2 700 respondents in 2008.	Housing, migration, Indian boarding schools, individual well-being, community well-being, diet, physical activity, smoking, alcohol, drugs, games of chance, sexual health, chronic diseases, injuries, early childhood services, preventive health care, dental care, homecare services, access to health care and satisfaction with services, mental health, depression, traditional medicine, violence.
Qanuippitaa? How are we? National Inuit Health Survey in Nunavik	2004	▪ Residents of all ages of communities in Nunavik (mainly Inuit); ▪ Data collected by household.	▪ All communities in Nunavik (n = 14).	Roughly 1 100 respondents.	Chronic diseases, injuries, hearing, zoonotic diseases, waterborne diseases, physical activity, smoking, alcohol use, drug, health services utilization, medication, perceived health status, suicide, violence, diet, social support, risk factors for cardiovascular disease, biological measurements (selenium, omega-3, environmental contaminants).

Table 1 Summary of the population-based surveys useful for the surveillance of mental health impacts (continued)

Survey	Year of data collection	Target population	Geographical coverage	Number of respondents	Contents
Surveys of the Aboriginal peoples (continued)					
Qanuilirpitaa? How are we now? National Inuit Health Survey in Nunavik	2017	▪ The residents of communities in Nunavik 16 years of age and over (mainly Inuit); ▪ Individual data collection; ▪ Includes the adults in the 2004 cohort.	▪ All communities in Nunavik (n = 14).	Roughly 1 300 respondents.	Similar to 2004 but without hearing, physical activity and medication. In 2017, several biological measurements drawn from blood, urine and stool samples were conducted.
Cree Health Survey (Canadian Community Health Survey)	2003	Residents 12 years of age and over in the Cree Territory of James Bay.	▪ All communities in the Cree Territory of James Bay (n = 9).	Roughly 1 000 respondents.	Dietary habits, physical activity, body weight, smoking, lifestyle habits, alcohol use, drug use, gambling, preventive practices and changes to improve health, health status, life expectancy, limitation of activities, injuries and safety in transportation, mental health, use and appreciation of health services.

CLSC: Local community service centre.
SB: School board.
RCM: Regional county municipality.
LSN: Local service network.
HR: Health region.

Table 2 QPHS: standardized instruments used for certain mental health indicators and availability at the Infocentre

Indicator	Instrument validated	Year available	Available from the Infocentre?*
Psychological distress	Kessler Psychological Distress Scale – 6 items (K6)	2008, 2014-2015	Yes
Question "Satisfaction with his/her social life"	N/A	2008, 2014-2015	Yes
Drug use	N/A	2008, 2014-2015	Yes

* Infocentre de santé publique (section 4.1).

N/A: not available.

Table 3 QHSHSS: standardized instruments used for certain mental health indicators and availability at the Infocentre

Indicator	Instrument validated	Year available	Available from the Infocentre?*
Psychological distress	Indice de détresse psychologique de Santé Québec (IDPSQ-14)	2010-2011, 2016-2017	Yes
Positive mental health	*Adolescent Mental Health Continuum – Short Form*	2016-2017	Yes
Medical diagnosis: depression, anxiety	N/A	2010-2011; 2016-2017	Yes
Medication use during the last two weeks: ▪ for depression or anxiety; ▪ to calm down or better concentrate.	N/A	2010-2011; 2016-2017	Yes
Problematic alcohol and drug use and its adverse impacts	Detection of Alcohol and Drug Problems in Adolescents (DEP-ADO)	2010-2011; 2016-2017	Yes
Alcohol use	N/A	2010-2011; 2016-2017	Yes

* Infocentre de santé publique (section 4.1).

N/A: not available.

Table 4 CCHS – Annual Component: standardized instruments used for certain mental health indicators and availability at the Infocentre

Indicator	Standardized instruments	Year available (or pending) in Québec	Available from the Infocentre?*
Psychological distress	Kessler Psychological Distress Scale – 6 items (K6) et 10 items (K10)	2000-2001, 2005, 2007-2008, 2009-2010, 2013-2014	Yes for K6
Social support	*Medical Outcome Study Social Support Survey* (MOS)	2000-2001, 2005, 2007-2008, 2009-2010	Yes
Social provisions	Social Provisions Scale – 10 items (SPS-10)	2011-2012, 2013-2014, 2016	No
Positive mental health	Mental Health Continuum Short Form (MHC-SF)	2011-2012	Yes
Depression	*Composite International Diagnostic Interview – Short Form (CIDI- SF)*	2000-2001, 2005, 2007-2008, 2009-2010, 2013-2014	No
Depressive symptoms	Patient Health Questionnaire – 9 items (PHQ-9)	2015-2016	Unavailable for the time being
Disability	Disability measurement of the Washington Group (WG-WS-F)	Pending in 2017-2018, 2021-2022	Unavailable for the time being
Assistance for activities of daily living	N/A	2003, 2005, 2007-2008, 2009-2010; 2013-2014	Yes
Activity limitation	N/A	2003, 2005, 2007-2008, 2009-2010; 2013-2014	Yes
Health status index	Adapted from the *HUI Mark 3*	2000-2001, 2007-2008, 2009-2010, 2013-2014	No
Satisfaction with life	N/A	2003, 2005, 2007-2008, 2009-2010, 2011-2012, 2013-2014	Yes
Daily stress level	N/A	2000-2001, 2003, 2005 2007-2008, 2009-2010, 2011-2012, 2013-2014	Yes
Perception of mental health	N/A	2003, 2005, 2007-2008, 2009-2010, 2011-2012, 2013-2014	Yes
Alcohol use (last 12 months and last week)	N/A	2000-2001, 2003, 2005, 2007-2008, 2009-2010, 2011-2012, 2013-2014, 2015-2016 (pending)	Yes
Use of medication (new module since 2015)	N/A	2015-2016	Unavailable for the time being
Illicit drugs	N/A	2003, 2005, 2007-2008, 2009-2010, 2011-2012, 2013-2014	No
Substance use (drugs)	N/A	2015-2016	Unavailable for the time being
Consultation about mental health	N/A	2000-2001, 2003, 2009-2010, 2011-2012, 2013-2014	Yes

* Infocentre de santé publique (section 4.1).
N/A: not available.

Table 5 CCHS – Mental Health: standardized instruments used for certain mental health indicators and availability at the Infocentre

Indicator	Standardized instruments	Year available	Available from the Infocentre?*
Depression	*World Health Organization World Mental Health Composite International Diagnostic Interview 3.0 (WHO WMH-CIDI)*	2012	No
	Composite International Diagnostic Interview (CIDI)	2002	No
Anxiety	*World Health Organization World Mental Health Composite International Diagnostic Interview 3.0 (WHO WMH-CIDI)*	2012	No
Alcohol (abuse/dependence)	*World Health Organization World Mental Health Composite International Diagnostic Interview 3.0 (WHO WMH-CIDI)*	2012	No
Cannabis (abuse/dependence)	*World Health Organization World Mental Health Composite International Diagnostic Interview 3.0 (WHO WMH-CIDI)*	2012	No
Substance abuse and dependence	*World Health Organization World Mental Health Composite International Diagnostic Interview 3.0 (WHO WMH-CIDI)*	2012	No
Social provisions	Social Provisions Scale – 10 items (SPS-10)	2012	No
Social support	*Medical Outcome Study Social Support Survey* (MOS)	2002	No
Positive mental health	Mental Health Continuum Short Form (MHC-SF)	2012	No
Psychological well-being	Échelle de mesure des manifestations du bien-être psychologique (ÉMMBEP)	2002	No
Functioning and disablement	World Health Organization Disability Assessment Schedule (WHODAS 2.0)	2012	No
Psychological distress	*Kessler Psychological Distress Scale* – 10 items (K10)	2002; 2012	No
Use of mental health services	N/A	2002; 2012	No

* Infocentre de santé publique (section 4.1).

N/A: not available.

4 Statistical dissemination portals

Access is often restricted to the databases of major population-based surveys or the surveillance systems mentioned earlier. However, portals do exist that disseminate statistics from such databases, occasionally affording easier access to statistics to conduct surveillance. Indeed, the tools often have user-friendly interfaces and guides (or information sheets) are sometimes offered to help interpret the results.

The portals, which serve as a starting point to conduct post-disaster surveillance, are presented below.

4.1 Infocentre de santé publique – PNS tab

Several surveillance indicators have already been developed in Québec. The Infocentre de santé publique[5] disseminates hundreds of them[6] related to the health status of the population and its determinants, i.e. those described in the *Plan national de surveillance* (PNS) (MSSS, 2016b).

Because the Infocentre disseminates statistics from several data sources, it is a good place to launch research. Several mental health indicators are already available, in particular on the proportion of the population experiencing a high level of psychological distress or high everyday stress, and the population that does not perceive itself to be in good mental health. A fact sheet indicates, by way of an example, details of the calculation method and certain limitations linked to the indicator. Other indicators could also be relevant to pre- and post-disaster comparisons, e.g. on lifestyle habits (medication use, drug use, alcohol use, and so on). Table 2, Table 3, Table 4 and Table 5 list the indicators of interest with respect to post-disaster surveillance drawn from the major surveys of Statistics Canada and Institut de la statistique du Québec (ISQ) that are disseminated by the Infocentre.

The Infocentre produced a methodological framework of the indicators of the PNS (Infocentre de santé publique, 2015). The guide describes most of the data sources used in the Infocentre portal. To avoid duplicating the information, this toolkit only lists the data sources available from the Infocentre (Table 6). The full definition of the data sources is available in the *Cadre méthodologique des indicateurs du Plan national de surveillance* (Infocentre de santé publique, 2015).

The Infocentre portal can be accessed according to different profiles (INSPQ, 2018). At present, only health and social services network (HSSN) staff can access the portal:

- Staff who conduct surveillance in the health network and who must be authorized by their immediate superior and the organization's senior executive. Unrestricted access to all results without masking and to all cross-tabulated variables (profiles 20 and 30).
- Staff engaged in tasks other than surveillance. Access is occasionally restricted to avoid cross-checking tables that can lead to the risk of disclosure of personal information or when data are deemed overly imprecise (profiles 40 and 50).

---

5 The Infocentre portal is only accessible to staff in the health and social services network: https://www.infocentre.inspq.rtss.qc.ca.

6 The Infocentre presents the indicators in the form of statistical tables (no raw datum is disseminated).

It should be noted that monitoring indicators also exist, in particular syndromic surveillance, which are disseminated on the Infocentre portal (see section 2.4 for more details).

Table 6 Data sources for which the indicators are disseminated by the Infocentre de santé publique[7]

- Population estimates and projections database;
- Quebec vital events registry, compose of 3 databases:
  - Birth database;
  - Stillbirth database;
  - Vital statistics death database;
- Quebec tumors registry (FiTQ);
- Census and National Household survey (NHS);
- Hospital inpatient and day surgery database (MED-ÉCHO);
- Hospital discharge abstract database;
- Work injuries database;
- Database from youth center and youth welfare center (“clientèle des centres jeunesse/protection de la jeunesse (CJ-LPJ”) and annual statistical reports from youth center;
- Health insurance registry (FIPA);
- Physician claims database from RAMQ;
- Canadian Community Health Survey (CCHS);
- Quebec Survey of Child Development in Kindergarten (QSCDK);
- Québec Health Survey of High School Students (QHSHSS);
- Quebec Population Health Survey (QPHS);
- « Enquête sur la violence familiale dans la vie des enfants du Québec (EVFVEQ) »;
- « Étude clinique sur l’état de santé buccodentaire des élèves québécois du primaire (ÉCSBQ) »;
- Quebec Survey of Smoking, Alcohol, Drugs and gambling in High School Students (ETADJES);
- Quebec Air Emissions Inventory (IQÉA);
- Quebec integrated chronique disease surveillance system (QICDSS).It uses data from:
  - Health insurance registry (FIPA);
  - Hospital inpatient and day surgery database (MED-ÉCHO);
  - Vital statistics death database;
  - Physician claims database from RAMQ;
  - Pharmaceutical services database;
- Quebec air quality monitoring networks (RSQAQ);
- Québec Breast Cancer Screening Program Information System (Si-PQDCS);
- TOXIN database from quebec poison control centre;
- National Pollutant Release Inventory (NPRI);
- Waterborn disease (notified to public health department, to the MAPAQ and compiled in the ECLOSIONS database);
- Potable water system for boil and non consumption notice;
- Charlemagne system for ministère de l’Éducation et de l’Enseignement supérieur (MEES) Indicator;
- Occupational health database (SISAT);
- Mensual statistics from three welfare programs of ministère du Travail, de l'Emploi et de la Solidarité sociale (MTESS);
- Info-Santé et Info-Social Web System (ISISW).

4.2 Géo portail de santé publique

The Géo portail de santé publique (https://www.inspq.rtss.qc.ca/geo/portail/index.php), developed by the Institut national de santé publique du Québec (INSPQ), is one of three components of the Surveillance and Prevention of the Impacts of Extreme Meteorological Events on Public Health System (SUPREME) (section 2.3). The Géo portail is a cartographic application that presents a number of spatial historic data that display risks, vulnerable sectors and protective or vulnerability factors that can influence the impact of such weather hazards on human health. Data useful to prepare for an emergency, for example, the location of clinical services, e.g. hospitals and clinics,

[7] Data sources available from the Infocentre de santé publique in 2018.

infrastructure, e.g. public baths, cooling towers, water intakes, and air-conditioned premises, and green spaces, are also disseminated there. It also groups together maps of several territorial boundaries.

In conjunction with the surveillance of mental health impacts, the Géo portail de santé publique would facilitate rapid access to basic Census data, certain social and health indicators, several environmental determinants of health, and a multivariate analysis tool that are found there.

4.3 Atlas de la Santé et des Services sociaux Québec's

The Atlas de la Santé et de Services sociaux du Québec (http://www.msss.gouv.qc.ca/statistiques/atlas/atlas/index.php?id_carte=1) provides a geographic profile of Québec's population. It takes stock of resources and illustrates the socioeconomic characteristics of the population and its distribution in the territory. It also displays the boundaries of the public health territories, by health region (HR), territorial service network (TSN), local service network (LSN), and local community service centre (CLSC). Certain boundaries are also available in the form of images by HR (MSSS, 2016c).

5 Directory of studies produced in French

As noted earlier, there are surveillance systems and population-based surveys that facilitate the surveillance of the health status of the population in Québec. However, such data sources have limitations and are not always adapted to post-disaster surveillance. Epidemiological studies are thus another source of information to assess the psychological impact of a disaster. The questionnaires used in the surveys usually include a series of questions on sociodemographic characteristics and follow-up to questions on physical and mental health status.

This section of the toolkit presents in the form of information sheets studies produced during the post-disaster recovery phase and other studies and surveys that could be relevant. Each sheet contains information on the study, i.e. the objectives, the target population, the type of survey, the year of data collection, the contents of the survey, and the standardized instruments used. The references inserted for each sheet afford access to the questionnaires pertaining to the studies, when available. This section has revealed that few studies use the same instruments to measure mental health impacts. Table 7 summarizes the instruments used in the studies.

To obtain questionnaires drafted and validated in French, only studies conducted in Québec and in France were selected, whether or not they were recurrent, of local, regional and provincial scope, provided that they include at least one section on mental health impacts.

The studies and questionnaires are tools that complement the existing information sources mentioned earlier. This section is divided into two parts. The first part presents the surveys for which the questionnaires are available online or from the Institut national de santé publique du Québec (INSPQ). The second part focuses on the surveys for which the questionnaires are unavailable online or from the INSPQ but may be of interest, e.g. for comparison purposes or to identify the name of the validated instrument used in the questionnaire. Certain standardized instruments used in the studies have been reproduced in section 6.3 when the committee of experts recommended them. Appendix 2 describes in detail the methodology used to select the studies.

CONDITION OF USE OF THE TOOLS

The conditions of use of the tools and instruments used in the studies presented in section 5 of the toolkit vary depending on the applicable copyright. Several copyrights may apply to a questionnaire, especially when it uses different standardized measurement instruments and hitherto unpublished questions. It is strongly recommended to verify the conditions with the authors of the questionnaires. Generally speaking, authorization to reproduce the documents must be obtained and mention of the copyright must be observed. Section 6.2 of the toolkit mentions the conditions of use of some of the instruments.

Table 7 List of standardized instruments used in certain surveys and studies listed

Category	Name of the standardized instrument	Studies
Anxiety symptoms	*Composite International Diagnostic Interview* (CIDI)	▪ The Dawson College shooting (2006) ▪ Canadian Community Health Survey (CCHS) – Annual Component (cycle 1.2)
	Composite International Diagnostic Interview – Short Form (CIDI-SF)	▪ Baromètre santé ▪ Étude transversale sur les indicateurs en santé mentale pour la planification des soins
	Hospital Anxiety And Depression Scale (HADS)	▪ Terrorist attack against Charlie-Hebdo (2015)
	Mini International Neuropsychiatric Interview (MINI) – "Generalized anxiety disorder" section	▪ Terrorist attack against Charlie-Hebdo (2015) ▪ Enquête santé mentale en population générale : images et réalités (SMPG)
	State-Trait Anxiety Inventory Form Y (STAI-Y)	▪ Flooding in the Saguenay region (1996)
	World Health Organization World Mental Health Composite International Diagnostic Interview (WHO WMH-CIDI)	▪ Canadian Community Health Survey (CCHS) – Mental Health (2012) ▪ Canadian Forces Mental Health Survey (CFMHS) ▪ European Study of the Epidemiology of Mental Disorders/Mental Health Disability (ESEMeD)
Depressive symptoms	*Adolescent Depression Rating Scale* (ADRS)	▪ Enquête sur la santé et les consommations lors de la Journée d'appel et de préparation à la défense (ESCAPAD) – Drogues illicites
	Beck Depression Inventory (BDI) (first version)	▪ Flooding in the Saguenay region (1996)
	Center for Epidemiologic Studies – Depression Scale (CES-D)	▪ Explosion at the AZF plant (2001) – Toulouse residents ▪ Explosion at the AZF plant (2001) – Workers
	Children's Depression Inventory (CDI)	▪ Explosion at the AZF plant (2001) – Children
	Composite International Diagnostic Interview (CIDI)	▪ The Dawson College shooting (2006) ▪ Canadian Community Health Survey (CCHS) – Annual Component (cycle 1.2)
	Composite International Diagnostic Interview – Short Form (CIDI-SF)	▪ Canadian Community Health Survey (CCHS) – Annual Component ▪ Baromètre santé ▪ Étude transversale sur les indicateurs en santé mentale pour la planification des soins
	Hospital Anxiety And Depression Scale (HADS)	▪ Terrorist attack against Charlie-Hebdo (2015) ▪ European Study of the Epidemiology of Mental Disorders/Mental Health Disability (ESEMeD) ▪ Baromètre santé
	Mini International Neuropsychiatric Interview (MINI) – "Major depression episode" section	▪ Terrorist attack against Charlie-Hebdo (2015) ▪ Enquête santé mentale en population générale : images et réalités (SMPG)

Table 7 List of standardized instruments used in certain surveys and studies listed (continued)

Category	Name of the standardized instrument	Studies
Depressive symptoms (continued)	*Patient Health Questionnaire* – 2 items (PHQ-2) adapted	▪ Enquête de santé populationnelle estrienne (ESPE) – Tragédie ferroviaire de Lac-Mégantic (2013)
	Patient Health Questionnaire – 9 items (PHQ-9)	▪ Canadian Community Health Survey (CCHS) – Annual Component
	World Health Organization World Mental Health Composite International Diagnostic Interview (WHO WMH-CIDI)	▪ Canadian Community Health Survey (CCHS) – Mental Health (2012) ▪ Canadian Forces Mental Health Survey (CFMHS) ▪ European Study of the Epidemiology of Mental Disorders/Mental Health Disability (ESEMeD)
Post-traumatic stress disorder	Children's Revised Impact of Event Scale (CRIES)	▪ Explosion at the AZF plant (2001) – Children
	Impact of Event Scale (IES)	▪ Flooding in the Saguenay region (1996) ▪ Enquête de santé populationnelle estrienne (ESPE) – Tragédie ferroviaire de Lac-Mégantic (2013) ▪ Explosion at the AZF plant (2001) – Children
	Impact of Event Scale – Revised (IES-R)	▪ Explosion at the AZF plant (2001) – Toulouse residents ▪ Explosion at the AZF plant (2001) – Workers ▪ Explosion at the AZF plant (2001) – Children
	Mini International Neuropsychiatric Interview (MINI) – "Post-traumatic stress disorder" section	▪ Terrorist attack against Charlie-Hebdo (2015)
	Posttraumatic Stress Disorder Reaction Index (PTSD-RI)	▪ Flooding in the Saguenay region (1996)
	Posttraumatic Stress Disorder Checklist for DSM-IV (PCL-S; PCL-C; PCL-M)	▪ Terrorist attack against Charlie-Hebdo (2015) ▪ The Dawson College shooting (2006)
	World Health Organization World Mental Health Composite International Diagnostic Interview (WHO WMH-CIDI)	▪ Canadian Forces Mental Health Survey (CFMHS) ▪ European Study of the Epidemiology of Mental Disorders/Mental Health Disability (ESEMeD)
Distress	Indice de détresse psychologique de l'enquête Santé Québec – 14 items (IDPSQ-14)	▪ Ice storm (1998) ▪ Québec Health Survey of High School Students (QHSHSS)
	Kessler Psychological Distress Scale – 6 items (K6)	▪ Enquête de santé populationnelle estrienne (ESPE) – Tragédie ferroviaire de Lac-Mégantic (2013) ▪ Québec Population Health Survey (QPHS) ▪ Canadian Community Health Survey (CCHS) – Annual Component ▪ Canadian Community Health Survey (CCHS) – Mental Health (2002 et 2012)

Table 7 List of standardized instruments used in certain surveys and studies listed (continued)

Category	Name of the standardized instrument	Studies
Distress (continued)	*Kessler Psychological Distress Scale* – 10 items (K10)	▪ Canadian Community Health Survey (CCHS) – Mental Health (2002 and 2012) ▪ Canadian Forces Mental Health Survey (CFMHS)
General health	*Clinical Global Impression* (CGI)	▪ Terrorist attack against Charlie-Hebdo (2015)
	General Health Questionnaire – 28 items (GHQ-28)	▪ Flooding in the Saguenay region (1996)
	Short Form 36 Health Survey (SF-36)	▪ Explosion at the AZF plant (2001) – Toulouse residents ▪ Baromètre santé
Peritraumatic reaction	Peritraumatic Dissociative Experiences Questionnaire (PDEQ)	▪ Terrorist attack against Charlie-Hebdo (2015)
	Shortness of Breath, Tremulousness, Racing Heart and Sweating Rating Scale (STRS-A3)	▪ Terrorist attack against Charlie-Hebdo (2015)
Functioning and disability	World Health Organization Disability Assessment Schedule (WHODAS 2.0)	▪ Canadian Community Health Survey (CCHS) – Mental Health
Well-being	Échelle de mesure des manifestations du bien-être psychologique (ÉMMBEP) – short version	▪ Canadian Community Health Survey (CCHS) – Annual Component (cycle 1.2) ▪ Canadian Forces Mental Health Survey (CFMHS)
	Mental Health Continuum Short Form (MHC-SF)	▪ Enquête de santé populationnelle estrienne (ESPE) – Tragédie ferroviaire de Lac-Mégantic (2013) ▪ Canadian Community Health Survey (CCHS) – Annual Component ▪ Canadian Community Health Survey (CCHS) – Mental Health ▪ Québec Health Survey of High School Students (QHSHSS)
Social support	*3-Item Oslo Social Support Scale* (O3SS)	▪ Étude transversale sur les indicateurs en santé mentale pour la planification des soins
	California Healthy Kids Survey (CHKS)	▪ Québec Health Survey of High School Students (QHSHSS)
	Medical Outcome Study Social Support Survey (MOS)	▪ Canadian Community Health Survey (CCHS) – Annual Component ▪ Canadian Community Health Survey (CCHS) – Mental Health (2002)
	Question "Satisfaction with his/her social life"	▪ Québec Population Health Survey (QPHS)

5.1 Study with questionnaires that are available online or at the INSPQ

Study 1 Flooding in the Saguenay region (1996)

Description and objectives	Two studies derived from the same survey: the psychological and physical health status of July 1996 flood victims: a comparative study of victims and non-victims; long-term psychological impacts among young and old adults. The objectives were to: ▪ compare the physical health status and psychological well-being of the disaster victims with those of individuals not exposed then ascertain whether there are significant differences according to the respondents' sex; ▪ ascertain the presence of a differential effect between groups of adults 55 years of age and over and those under 55 years of age.
Type of survey	Targeted cross-sectional survey
Tools available	▪ Scientific article; ▪ Master's thesis with questionnaire, consent form and a solicitation letter.

Population targeted	▪ Individuals 18 years of age and over at the time of flooding who were the owner-occupiers of their homes in three municipalities in the Saguenay region:
	  ▪ victims' group: victims whose principal residence sustained damage;
	  ▪ control group: individuals from a neighbourhood not exposed to the disaster.

Year of the study	1998
Time of data collection	Two years after the event
Method of administration	Individual interview in the home
Language	French
Contents	Sociodemographic characteristics and situation at the time of and subsequent to the flooding.
Content related to the "mental health" section	Feeling of well-being, presence of intrusive symptoms or avoidance behaviour in the wake of a stressful event, level of depression, somatic symptoms, anxiety, insomnia, social dysfunction, acute depression, post-traumatic stress disorder, alcohol use, medication use.
Standardized measurement instruments for mental health assessment	▪ Beck Depression Inventory (BDI) (first version) ▪ General Health Questionnaire – 28 items (GHQ-28) ▪ Impact of Event Scale (IES) ▪ Posttraumatic Stress Disorder Reaction Index (PTSD-RI) ▪ State-Trait Anxiety Inventory Form Y (STAI-Y)
References	▪ Maltais, D., Lachance, L., Fortin, M., Lalande, G., Robichaud, S., Fortin, C. and Simard, A. (2000). L'état de santé psychologique et physique des sinistrés des inondations de juillet 1996 : étude comparative entre sinistrés et nonsinistrés. *Santé mentale au Québec*, *25*(1), 116-137. ▪ Hovington, C. (2002). *Les inondations de juillet 1996 au Saguenay : les effets psychologiques durables chez les adultes jeunes et âgés*. Master's thesis in psychology. Université du Québec à Chicoutimi. Consulted at https://constellation.uqac.ca/836/1/15282521.pdf
Supporting documents	Pre-survey exploratory study: ▪ Lalande, G., Maltais, D. and Robichaud, S. (2000). Les sinistrés des inondations de 1996 au Saguenay : problèmes vécus et séquelles psychologiques. *Santé mentale au Québec*, *25*(1), 95-115.

Study 2 Ice storm (1998)

Description and objectives	Le verglas de 1998 : l'expérience des Montérégiens. ▪ The survey comprises three sections devoted, respectively, to at-risk behaviour and health problems, psychosocial aspects, and the use and evaluation of the media.
Type of survey	Targeted cross-sectional survey
Tools available	Research report, questionnaire
Population targeted	Population in the Montérégie region 18 years of age and over, whose principal residence experienced a power outage lasting more than 24 consecutive hours.
Year of the study	1998
Time of data collection	Four months after the event
Method of administration	Telephone interview
Language	French
Contents	Factors related to the power outage (sector, length of exposure to the outage), living environment (household composition, organization methods), personal factors (age, sex, and so on), and other factors (damage to the home, anxiety and loss of business).
Content related to the "mental health" section	▪ During the ice storm: interpersonal relations, presence of aggressive or violent behaviour, a change in behaviour concerning medication use and alcohol use; ▪ During the ice storm and in subsequent weeks: psychological distress.
Standardized measurement instruments for mental health assessment	▪ Adaptation of the Indice de détresse psychologique de l'enquête Santé Québec – 14 items (IDPSQ-14).
References	▪ Bellerose, C. *et al.* (2000). *Le verglas de 1998… l'expérience des Montérégiens*. Direction de la santé publique de la Montérégie.
Supporting documents	▪ Maltais, D., Lalonde, C., Bellerose, C., Robichaud, S., Simard, A., Fortin, M., … Mayer, R. (2001). *Les conséquences de la tempête de verglas sur la santé des individus, des intervenants et des communautés – Rapport synthèse*. Université du Québec à Chicoutimi. Consulted at https://constellation.uqac.ca/2016/1/030120612T1.pdf ▪ Charbonneau, J., Ouellette, F.-R. and Gaudet, S. (2000). Les impacts psychosociaux de la tempête de verglas au Québec. *Santé mentale au Québec*, *25*(1), 138-162. ▪ Bellerose, C. and Laguë, J. (2002). Impacts psychosociaux de la tempête de verglas pour la population de la Montérégie. In D. Maltais (dir.), *Catastrophe et état de santé des individus, des intervenants et des communautés* (p. 187-208). Université du Québec à Chicoutimi. Consulted at https://constellation.uqac.ca/1881/1/030111418T1.pdf

Study 3 Terrorist attack against Charlie-Hebdo (2015)

Description and objectives	IMPACTS epidemiological study: investigation of post-attack traumatic manifestations and therapeutic management and support for the individuals involved in the January 2015 terrorist attacks in Île-de-France. The objectives were to: ▪ assess the psychotraumatic impact and describe the healthcare and guidance trajectory of the individuals involved in the January 2015 terrorist attacks in Île-de-France; ▪ identify factors governing recourse or non-recourse to health or guidance management in the wake of the events; ▪ assess in the target population the occurrence of post-traumatic stress syndromes, mood disorders, anxiety disorders, self-harm risks and dependency; ▪ pinpoint the factors linked to the appearance of mental health disorders.
Type of survey	Targeted cross-sectional survey
Tools available	One protocol, four questionnaires and one informed consent form
Population targeted	Individuals exposed to the terrorist attacks: ▪ Group 1: physically injured, hostages, witnesses directly threatened, and so on; ▪ Group 2: emergency health responders and police forces, and so on; ▪ Group 3: family members and loved ones of the victims in Group 1, including the bereaved; ▪ Group 4: individuals residing or working in the immediate vicinity of the sites of the event.
Year of the study	2015-2016
Time of data collection	Five months after the event
Method of administration	A questionnaire completed in the presence of an interviewer with professional experience as a psychologist. The first part is a close-ended self-administered questionnaire, followed by an open-ended questionnaire and a structured interview with the psychologist (MINI).
Language	French
Contents	Identity, sociodemographic data, type of exposure, experience of the consequences of the event, antecedents such as psychiatric history, other traumatic life events; description of the management of initial psychological support immediately after the event, description of the legal process, e.g. legal right, complaint process, assistance for victims, and so on; social support network.
Content related to the “mental health” section	Depression, suicide risk, panic disorder, social phobia, post-traumatic stress disorder, alcohol dependence and alcohol abuse, disorders related to psychoactive substances, generalized anxiety disorder.
Standardized measurement instruments for mental health assessment	▪ Clinical Global Impression (CGI) ▪ Hospital Anxiety And Depression Scale (HADS) ▪ Mini-International Neuropsychiatric Interview (MINI) ▪ Peritraumatic Dissociative Experiences Questionnaire (PDEQ) ▪ Posttraumatic Stress Disorder Checklist (PCL-S) ▪ Shortness of Breath, Tremulousness, Racing Heart and Sweating Rating Scale (STRS-A3)

Study 3 Terrorist attack against Charlie-Hebdo (2015) (continued)

References	Vandentorren, S., Sanna, A., Aubert, L., Pirard, P., Motreff, Y., Dantchev, N. and Baubet, T. (2017). Étude de cohorte IMPACTS : Investigation des manifestations traumatiques post-attentats et de la prise en charge thérapeutique et de soutien des personnes impliquées dans les attentats de janvier 2015 en île-de-France. Saint-Maurice: Santé publique France. Consulted at http://beh.santepubliquefrance.fr/beh/2018/38-39/2018_38-39_1.html References available at the INSPQ: ▪ Institut de veille sanitaire et Agence régionale de santé Île-de-France (2015). Protocole d'investigation épidémiologique I.M.P.A.C.T.S. Investigation des Manifestations traumatiques post attentats et de la prise en charge thérapeutique et de soutien des personnes impliquées dans les événements de janvier 2015 en Île de France. ▪ Institut de veille sanitaire et Agence régionale de santé Île-de-France (2015). Questionnaire *population civile, étude I.M.P.A.C.T.S.* ▪ Institut de veille sanitaire et Agence régionale de santé Île-de-France (2015). Questionnaire *intervenants, étude I.M.P.A.C.T.S.* ▪ Institut de veille sanitaire et Agence régionale de santé Île-de-France (2015). Questionnaire *sur les droits après les événements, étude I.M.P.A.C.T.S.* ▪ Institut de veille sanitaire et Agence régionale de santé Île-de-France (2015). *Feuillet dédié aux proches y compris aux endeuillés, étude I.M.P.A.C.T.S.*

Study 4 Explosion at the AZF plant (2001) – Toulouse residents

<table>
<tr><td>Description and objectives</td><td>A cross-sectional survey to evaluate in the short term the health consequences among adults of the explosion at the AZF plant.
The objectives were to:
▪ describe, among Toulouse residents and, in particular, those in the neighbourhoods most affected by the explosion:
  ▪ exposure to the explosion;
  ▪ the short- and medium-term impact on:
  ▪ social, family, occupational and material life;
  ▪ physical health (recourse to care, injuries, after-effects);
  ▪ mental health (drug intake, prevalence of post-traumatic stress disorder symptomatology and depressivity).</td></tr>
<tr><td>Type of survey</td><td>Cross-sectional population-based survey</td></tr>
<tr><td>Tools available</td><td>Research report, questionnaire, information letter</td></tr>
<tr><td>Population targeted</td><td>All individuals 18 years of age and over residing in Toulouse at the time of the explosion</td></tr>
<tr><td>Year of the study</td><td>2003</td></tr>
<tr><td>Time of data collection</td><td>15 to 19 months after the event</td></tr>
<tr><td>Method of administration</td><td>An investigator administered the first part of the questionnaire face-to-face and the second part was a self-administered questionnaire.</td></tr>
<tr><td>Language</td><td>French</td></tr>
<tr><td>Contents</td><td>Sociodemographic characteristics, location and immediate experience of the explosion, injuries, physical disorders and recourse to care in the immediate wake of the explosion, care needs for psychological support and recourse to immediate and delayed care, support for the family circle, damage to the home, disturbances in family life, disturbances in social life, the life of the neighbourhood, occupational life, stressful or traumatic life history, history of care for psychological reasons, current perception of health, well-being, symptomatology of post-traumatic stress disorder, depressive symptoms, relationship to others.</td></tr>
<tr><td>Content related to the “mental health” section</td><td>Symptomatology of post-traumatic stress disorder, depressive symptoms, perceived health, alcohol use and smoking, drug treatment intake, psychological support.</td></tr>
<tr><td>Standardized measurement instruments for mental health assessment</td><td>▪ Center for Epidemiologic Studies – Depression Scale (CES-D)
▪ Impact of Event Scale – Revised (IES-R)
▪ Short Form 36 Health Survey (SF-36)</td></tr>
<tr><td>References</td><td>▪ Rivière, S., Lapierre-Duval, K., Albessard, A., Gardette, V., Guinard, A. and Schwoebel, V. (2006). Conséquences sanitaires de l’explosion survenue à l’usine « AZF », le 21 septembre 2001 – Rapport final sur les conséquences sanitaires dans la population toulousaine. Ministère de la Santé et des Solidarités et Institut de veille sanitaire. Consulted at https://www.santepubliquefrance.fr/content/download/185204/2315236</td></tr>
</table>

Study 5 Explosion at the AZF plant (2001) – Workers

Description and objectives	A cross-sectional survey to evaluate in the short term the health consequences among adults of the explosion at the AZF plant. The objectives were to: ▪ describe, over a period of five years, the health consequences of the explosion at the AZF plant among a sample of workers from the Toulouse conurbation.
Type of survey	Cohort study
Tools available	Five questionnaires, one research report
Population targeted	Workers from the Toulouse conurbation and rescuers who intervened during the catastrophe.
Year of the study	2004-2005; 2005-2006; 2006-2007; 2007-2008; 2008-2009
Time of data collection	The cohort was followed for five years, starting two years after the event
Method of administration	Self-administered questionnaire, health check-up
Language	French
Contents	▪ Exposure data (T0), mental health (T2, T4 and T6), auditory health (T1, T6) and otorhinolaryngologic functional signs (T2, T3, T4, T5 and T6); ▪ Sociodemographic characteristics (age, social category, marital status), exposure data, suffering by a loved one, work stoppage, relocation from the place of employment after the catastrophe, having witnessed the dead or injured, having the impression of inhaling toxic products, having participated in rescue operations, having had psychological symptoms after the explosion, having sustained physical injuries at the time of the explosion and having sustained significant damage to the home; ▪ Physical health (including immediate irritant effects of toxic origin), mental health and health care utilization in the first year.
Content related to the "mental health" section	Post-traumatic stress disorder symptoms, depressive symptoms and psychological malaise.
Standardized measurement instruments for mental health assessment	▪ Center for Epidemiologic Studies – Depression Scale (CES-D) ▪ Impact of Event Scale – Revised (IES-R)
References	▪ Diène, E., Fouquet, A. and Cogordan, C. (2015). Rapport final de la cohorte des travailleurs de l'agglomération toulousaine (cohorte santé « AZF ») – Conséquences sanitaires de l'explosion survenue à l'usine AZF le 21 septembre 2001. Institut de veille sanitaire. Consulted at https://www.santepubliquefrance.fr/content/download/182741/2307847 ▪ Institut de veille sanitaire (2004). *Questionnaire personnel de suivi (2004-2005)*. Consulted at http://invs.santepubliquefrance.fr/%20fr/content/download/56672/232248/version/1/file/Questionnaire+annee1.pdf ▪ INVS (2005). *Questionnaire personnel de suivi : année 2005-2006.* Consulted at http://invs.santepubliquefrance.fr/%20fr/content/download/56673/232252/version/1/file/Questionnaire+annee2_2005+2006.pdf ▪ INVS (2006). *Questionnaire personnel de suivi : année 2006-2007.* Consulted at http://invs.santepubliquefrance.fr/%20fr/content/download/56688/232222/version/1/file/Questionnaire+annee3_2006+2007.pdf ▪ INVS (2008). Questionnaire personnel de suivi : année 2008-2009. Consulted at http://invs.santepubliquefrance.fr/%20fr/content/download/56690/232230/version/1/file/Questionnaire_annee5_2008_2009.pdf

Study 6 Explosion at the AZF plant (2001) – Children

Description and objectives	Two cross-sectional surveys were implemented to evaluate in the short term the health consequences among children of the explosion at the AZF plant. The first survey, nine months after the explosion, was a specific sample appended to the *Health Behaviour in School Aged Children* (HBSC) international survey. The second one, 16 months after the explosion, was a survey of 5th grade Toulouse students. The objectives were to: ▪ describe the material and physical consequences of the explosion among school students, and their immediate experience and recourse to care; ▪ describe the psychological impact of the catastrophe and its aftermath by evaluating the symptomatology of post-traumatic stress disorder, depressive symptoms, behavioural change, social relations and school experience; ▪ describe changes in post-traumatic stress disorder symptoms between the two surveys; ▪ reveal predictive factors of psychological disorders, both for the symptomatology of post-traumatic stress disorder and depressivity and behavioural change.
Type of survey	Cross-sectional population-based survey
Tools available	Research report, questionnaire
Population targeted	All children residing in Toulouse at the time of the explosion
Year of the study	2002
Time of data collection	Nine months and 16 months after the event
Method of administration	Self-administered questionnaire in the classroom
Language	French
Contents	Survey nine months later: ▪ sociodemographic characteristics, health (list of symptoms, dietary habits, dieting), quality of life, relationships with family and friends, school environment (educational achievement, opinions of the school in general, establishment, teachers, classmates, work, stress, school violence, bullying), self-esteem and psychoactive substance use (tobacco, alcohol and, for older students, illicit substances); ▪ direct and indirect consequences of exposure: damage in the school and the home, injuries (personal, in the family circle and among friends), symptoms and consultations following the explosion, after-effects. Survey 16 months later: ▪ sociodemographic characteristics, relational network, educational achievement and leisure activities, personal history (war, natural disaster, death in the immediate family, family violence) and psychological history (medical follow-up, drug intake), geographical location of the students at the time of the explosion, direct consequences of the explosion (property damage, physical injuries, day-to-day life, loved ones affected, recourse to care), impact on behaviour, school life, consumption of addictive substances.
Content related to the “mental health” section	Symptomatology of post-traumatic stress disorder, symptoms of depression, consumption of addictive substances.
Standardized measurement instruments for mental health assessment	▪ Children’s Depression Inventory (CDI) ▪ Children’s Revised Impact of Event Scale (CRIES) ▪ Impact of Event Scale – Revised (IES-R) ▪ Impact of Event Scale (IES)

Study 6 Explosion at the AZF plant (2001) – Children (continued)

References	▪ Guinard, A., Godeau, E. and Schwoebel, V. (2006). Conséquences sanitaires de l'explosion survenue à l'usine « AZF » le 21 septembre 2001 – Rapport final sur les conséquences sanitaires chez les enfants toulousains. Ministère de la Santé et des Solidarités, Académie et Institut de veille sanitaire. Consulted at https://www.santepubliquefrance.fr/content/download/185480/2316064

Study 7 Québec Population Health Survey (QPHS)

Description and objectives	Provide a portrait of the health of the population by means of the collection, analysis and interpretation of data, with regional representativeness.
Type of survey	Cross-sectional population-based survey
Tools available	Survey questionnaire and reports
Population targeted	Population 15 years of age and over living in a private household in Québec
Year of the study	2008, 2014-2015
Time of data collection	Five-year survey
Method of administration	Telephone interview
Language	French and English
Contents	Physical and mental health, lifestyle habits that affect health, perceived health status, psychological distress, injuries and musculoskeletal disorders, oral health, weight status and use of weight loss products or methods, drug and tobacco use, sexual behaviour and use of contraception, and women's health behaviour.
Content related to the "mental health" section	Individual perceptions of health status, satisfaction with social life, level of psychological distress, drug and tobacco use.
Standardized measurement instruments for mental health assessment	▪ Kessler Psychological Distress Scale – 6 items (K10) ▪ Question "Satisfaction with his/her social life" (QPHS)
References	▪ Institut de la statistique du Québec et ministère de la Santé et de Services sociaux (2008). *Enquête québécoise sur la santé de la population, 2008 Questionnaire, version française*. Consulted at http://www.stat.gouv.qc.ca/enquetes/sante/eqsp2008-questionnaire.pdf ▪ Institut de la statistique du Québec et ministère de la Santé et de Services sociaux (2014). *Enquête québécoise sur la santé de la population, 2014 -2015 Questionnaire.* Consulted at http://www.stat.gouv.qc.ca/enquetes/sante/eqsp2014-2015-questionnaire.pdf ▪ Camirand, H., Issouf, T. and Baulne, J. (2016). L'Enquête québécoise sur la santé de la population, 2014-2015 : pour en savoir plus sur la santé des Québécois. Résultats de la deuxième édition. Institut de la statistique du Québec. Consulted at http://www.stat.gouv.qc.ca/statistiques/sante/etat-sante/sante-globale/sante-quebecois-2014-2015.pdf ▪ Camirand, H., Bernèche, F., Cazale, L., Dufour, R. and Baulne, J. (2010). *L'enquête québécoise sur la santé de la population, 2008 : pour en savoir plus sur la santé des Québécois*. Institut de la statistique du Québec. Consulted at http://www.stat.gouv.qc.ca/statistiques/sante/etat-sante/sante-globale/sante-quebecois.pdf

Study 8 Québec Health Survey of High School Students (QHSHSS)

Description and objectives	Document the health status of young people attending a secondary school in Québec.
Type of survey	Cross-sectional population-based survey
Tools available	Questionnaire and research report
Population targeted	Secondary I to V students in Québec
Year of the study	2010-2011
Time of data collection	Five-year survey
Method of administration	Students answered the questionnaire on a notebook in the classroom.
Language	French and English
Contents	Perception of health status, respiratory health, dietary habits, sexual behaviour, weight and body image, oral health, cigarette smoking, alcohol use, drug use, work experience, physical leisure activity and transportation, mental health, behavioural adequacy, school environment, family environment, characteristics of the peer group, sociodemographic conditions and sociodemographic characteristics.
Content related to the "mental health" section	Perception of health status, social support (friends, family environment), psychological distress index, cigarette smoking, alcohol use, drug use.
Standardized measurement instruments for mental health assessment	▪ California Healthy Kids Survey (CHKS) ▪ Indice de détresse psychologique de Santé Québec – 14 items (IDPSQ-14) ▪ Mental Health Continuum Short Form (MHC-SF)
References	▪ Pica, L.., Traore, I., Bernèche, F., Laprise, P., Cazale, H., Camirand, H., Berthelot, M., Plante, N. *et al*. (2012). L'Enquête québécoise sur la santé des jeunes du secondaire 2010-2011. Le visage des jeunes d'aujourd'hui : leur santé physique et leurs habitudes de vie, Tome 1. Institut de la statistique du Québec. Consulted at http://www.stat.gouv.qc.ca/statistiques/sante/enfants-ados/alimentation/sante-jeunes-secondaire1.pdf ▪ Pica, L., Traore, I., Camirand, H., Laprise, P., Bernèche, F., Berthelot, M., Plante, N. *et al*. (2013). L'Enquête québécoise sur la santé des jeunes du secondaire 2010-2011. Le visage des jeunes d'aujourd'hui : leur santé mentale et leur adaptation sociale, Tome 2. Institut de la statistique du Québec. Consulted at http://www.stat.gouv.qc.ca/statistiques/sante/enfants-ados/adaptation-sociale/sante-jeunes-secondaire2.pdf ▪ Institut de la statistique du Québec et ministère de la Santé et de Services sociaux (2008). *Enquête québécoise sur la santé des jeunes du secondaire 2010-2011 (EQSJS). Questionnaire no 1*. Consulted at http://www.stat.gouv.qc.ca/enquetes/sante/eqsjs-questionnaire-1.pdf ▪ Institut de la statistique du Québec et ministère de la Santé et de Services sociaux (2008). *Enquête québécoise sur la santé des jeunes du secondaire 2010-2011 (EQSJS). Questionnaire no 2.* Consulted at http://www.stat.gouv.qc.ca/enquetes/sante/eqsjs-questionnaire-2.pdf

Study 9 Canadian Community Health Survey (CCHS) – Annual Component

Description and objectives	Collect data on health status, health services utilization and health determinants among Canadians 12 years of age and over.
Type of survey	Cross-sectional population-based survey
Tools available	Questionnaire and research reports
Population targeted	Canadians 12 years of age and over
Year of the study	Since 2000
Time of data collection	Annual survey since 2007
Method of administration	Telephone survey
Language	French and English
Contents	Diseases and health status, lifestyle and social conditions, disease prevention and detection, health, mental health and well-being, health care services.
Content related to the "mental health" section	Perception of health status, perception of mental health status, consultation of a health professional concerning emotional or mental health, flourishing mental health, social support (emotional or informational support), psychological distress index, depression, smoking, alcohol use, use of medications.
Standardized measurement instruments for mental health assessment	▪ Composite International Diagnostic Interview – Short Form (CIDI-SF) ▪ Kessler Psychological Distress Scale – 6 items (K6) ▪ Medical Outcome Study Social Support Survey (MOS) ▪ Mental Health Continuum Short Form (MHC-SF) ▪ Patient Health Questionnaire – 9 items (PHQ-9)
References	▪ Statistique Canada (2018). Enquête sur la santé dans les collectivités canadiennes – Composante annuelle (ESCC). Consulted at http://www23.statcan.gc.ca/imdb/p2SV_f.pl?Function=getSurvey&SDDS=3226 ▪ Statistique Canada (2016). Enquête sur la santé dans les collectivités canadiennes – 2015 (questionnaire). Consulted at http://www23.statcan.gc.ca/imdb/p3Instr_f.pl?Function=assembleInstr&a=1&&lang=fr&Item_Id=238890
Supporting documents	▪ Joubert, K. and Baraldi, R. (2016). La santé des Québécois : 25 indicateurs pour en suivre l'évolution de 2007 à 2014. Résultats de l'Enquête sur la santé dans les collectivités canadiennes. Institut de la statistique du Québec. Consulted at http://www.stat.gouv.qc.ca/statistiques/sante/etat-sante/sante-globale/sante-quebecois-2007-2014.pdf

Study 10 Canadian Community Health Survey (CCHS) – Mental Health

Description and objectives	Collect information on mental health status, access to and perceived needs with regard to services and formal and informal support, functioning and disability, and covariables.
Type of survey	Cross-sectional population-based survey
Tools available	Questionnaire and research report
Population targeted	Canadians 15 years of age and over
Year of the study	2002 and 2012
Time of data collection	Occasional survey
Method of administration	Telephone survey
Language	French and English
Contents	Health status, screening, chronic health problems, physical activity, positive mental health, stress, distress, depression, suicide, manias, generalized anxiety disorder, smoking, alcohol, drugs, disability, mental health services, drug intake, negative social interactions.
Content related to the "mental health" section	Perception of mental health status, social support, psychological well-being, satisfaction with life, psychological distress, day-to-day stress, major depression, anxiety disorders, mood disorders (depression, manias), consultation of resources with respect to mental health, positive mental health, smoking, consumption of alcohol, drugs or medications.
Standardized measurement instruments for mental health assessment	▪ Composite International Diagnostic Interview (CIDI) ▪ Échelle de mesure des manifestations du bien-être psychologique (ÉMMBEP) – short version ▪ Kessler Psychological Distress Scale – 6 and 10 items (K6; K10) ▪ Medical Outcome Study Social Support Survey (MOS) ▪ Mental Health Continuum Short Form (MHC-SF) ▪ World Health Organization Disability Assessment Schedule (WHODAS 2.0) ▪ World Health Organization World Mental Health Composite International Diagnostic Interview (WHO WMH-CIDI)
References	▪ Statistique Canada (2013). Enquête sur la santé dans les collectivités canadiennes – Santé mentale (ESCC). Consulted at http://www23.statcan.gc.ca/imdb/p2SV_f.pl?Function=getSurvey&SDDS=5015 ▪ Statistique Canada (2012). *Enquête sur la santé dans les collectivités canadiennes (ESCC) – Santé mentale. Questionnaire – 30 novembre 2011*. Consulted at http://www23.statcan.gc.ca/imdb-bmdi/instrument/5105_Q1_V3-fra.pdf ▪ Statistique Canada (2003). *Enquête sur la santé dans les collectivités canadiennes (ESCC) cycle 1.2, Santé mentale et bien-être*. Consulted at http://www23.statcan.gc.ca/imdb-bmdi/instrument/5015_Q1_V1-fra.pdf
Supporting documents	▪ Lesage A., Bernèche, F. and Bordeleau, M. (2010). Étude sur la santé mentale et le bien-être des adultes québécois : une synthèse pour soutenir l'action. Enquête sur la santé dans les collectivités canadiennes (cycle 1.2). Institut de la statistique du Québec. Consulted at http://www.stat.gouv.qc.ca/statistiques/sante/etat-sante/mentale/sante-mentale-action.pdf ▪ Baraldi, R., Joubert, K., and Bordeleau, M. (2015). Portrait statistique de la santé mentale des Québécois. Résultats de l'Enquête sur la santé dans les collectivités canadiennes – Santé mentale 2012. Portrait chiffré. Institut de la statistique du Québec. Consulted at http://www.bdso.gouv.qc.ca/docs-ken/multimedia/PB01671FR_portrait_sante_mentale2015H00F00.pdf ▪ Bordeleau, M. and Joubert, K. (2017). La santé mentale des jeunes : certains consultent, d'autres pas. Qui sont-ils? *Zoom Santé*, 62. Institut de la statistique du Québec. Consulted at http://www.bdso.gouv.qc.ca/docs-ken/multimedia/PB01671FR_zoom_sante_62_2017H00F00.pdf

Study 11 Canadian Forces Mental Health Survey (CFMHS)

Description and objectives	Collect information on mental health status, access to and perceived needs with regard to services and formal and informal support, functioning and disability.
Type of survey	Cross-sectional population-based survey
Tools available	Questionnaire and research report
Population targeted	Members of the Canadian Armed Forces (Regular Force and Reserve Force)
Year of the study	2002, 2013
Time of data collection	Occasional survey
Method of administration	Personal interview
Language	French and English
Contents	Overall health status, chronic health problems, positive mental health, stress, depression, distress, suicide, panic disorder, generalized anxiety disorder, post-traumatic stress syndrome, military sexual trauma, alcohol, disability, mental health services, medication use, assistance required, Social Provisions Scale, absenteeism.
Content related to the "mental health" section	Depression, positive mental health, distress, panic disorder, generalized anxiety disorder, post-traumatic stress syndrome, mental health services.
Standardized measurement instruments for mental health assessment	▪ Échelle de mesure des manifestations du bien-être psychologique (ÉMMBEP) ▪ Kessler Psychological Distress Scale – 10 items (K10) ▪ World Health Organization World Mental Health Composite International Diagnostic Interview (WHO WMH-CIDI)
References	▪ Statistique Canada (2014). Enquête sur la santé mentale dans les Forces canadiennes (ESMFC). Consulted at http://www23.statcan.gc.ca/imdb/p2SV_f.pl?Function=getSurvey&SDDS=5084 ▪ Statistique Canada (2014). Enquête sur la santé mentale dans les Forces canadiennes. Questionnaire 2013. Consulted at http://www23.statcan.gc.ca/imdb-bmdi/instrument/5084_Q1_V2-fra.pdf

Study 12 Baromètre santé

Description and objectives	▪ Identify, in the total population and among individuals who have experienced depression, representations pertaining to depression, treatment and professionals. ▪ Study comorbidity (anxiety, at-risk alcohol use) and risk factors associated with depression.
Type of survey	Cross-sectional population-based survey
Tools available	Questionnaire and research report
Population targeted	Individuals 15 to 75 years of age residing in a region of metropolitan France
Year of the study	2005, 2010 and 2017
Time of data collection	Occasional survey
Method of administration	Telephone survey
Language	French
Contents	The Baromètre santé surveys were established in 1992 and are now in their ninth year. Baromètre santé surveys have been conducted in most years, but those in 2005, 2010 and 2017 have the biggest sample. The surveys encompass more than 25 health-related themes (health, occupational health, quality of life, vaccinations, infectious diseases, diet, tobacco, alcohol, mental health, medications, suicide, sexuality and contraception, drugs, pathological gambling, sleep, chronic diseases, handicaps, Alzheimer's disease, accidents, pain).
Content related to the "mental health" section	Perception of health status, major depressive episode, generalized anxiety disorder, impact on activities, life events, social support, tobacco, alcohol, medications, drugs, recourse to care for mental health.
Standardized measurement instruments for mental health assessment	▪ Composite International Diagnostic Interview – Short form (CIDI-SF) ▪ Hospital Anxiety And Depression Scale (HADS) ▪ Mental Health Component (MH5) of the Short Form 36 Health Survey (SF-36)
References	▪ Institut national de prévention et d'éducation pour la santé (2010). *Questionnaire du Baromètre santé 2010.* Consulted at http://inpes.santepubliquefrance.fr/Barometres/barometre-sante-2010/pdf/Questionnaire-barometre-sante-2010.pdf ▪ Institut national de prévention et d'éducation pour la santé (2005). Baromètre santé 2010. Consulted at http://inpes.santepubliquefrance.fr/Barometres/barometre-sante-2010/index.asp ▪ Beck, F., Guilbert, P. and Gautier, A. (dir.) (2016). *Baromètre santé 2005. Attitudes et comportements de santé*. Institut national de prévention et d'éducation pour la santé. Consulted at http://inpes.santepubliquefrance.fr/CFESBases/catalogue/pdf/1109.pdf
Supporting documents	▪ Beck, F. and Richard, J.-B. (dir.) (2010). *Les comportements de santé des jeunes. Analyses du Baromètre santé 2010*. Institut national de prévention et d'éducation pour la santé. Consulted at http://inpes.santepubliquefrance.fr/Barometres/barometre-sante-2010/pdf/baro-jeunes.pdf

5.2 Study with questionnaires that are not available online or at the INSPQ

Study 13 Enquête de santé populationnelle estrienne (ESPE) – Tragédie ferroviaire de Lac-Mégantic (2013)

Description and objectives	This population-based health survey conducted in the Estrie region evaluates, notably, the impacts of the tragedy in Lac-Mégantic based on a specific section for the event. The survey sought to: ▪ describe the physical and mental health status of the population 18 years of age and over in the Estrie region.
Type of survey	Cross-sectional population-based survey
Tools available	Questionnaire, psychological health profile, PowerPoint presentation of the press conference.
Population targeted	Population in the Estrie region 18 years of age and over
Year of the study	2014, 2015 and subsequent annual data collection
Time of data collection	The first data collection occurred roughly one year after the event and the second data collection roughly two years after the event.
Method of administration	Telephone survey and Web
Language	French
Contents	Barriers to physical activity, perception of the neighbourhood and vicinity, lifestyle habits (diet, physical activity, smoking, alcohol), chronic health problems, consultation of health professionals, exposure to ultraviolet (UV) radiation, immunization (in general and for the flu), social participation of the elderly, social support, mental health and psychological distress, impact of sexual orientation on health, illicit use of pharmaceutical products and drugs, feeling of coherence, gambling. *N.B.: The contents of the survey differed slightly between 2014 and 2015.*
Content related to the "mental health" section	Anxiety disorders, depressive episodes, most days stressful, a feeling of insecurity in the neighbourhood, consumption of sedatives or tranquillizers, alcohol abuse, consultation of a health professional, advice from a health professional to manage stress, support and tools to help a loved one suffering from a mental disorder or post-traumatic stress disorder.
Standardized measurement instruments for mental health assessment	▪ Impact of Event Scale (IES) ▪ Kessler Psychological Distress Scale – 6 items (K6) ▪ Mental Health Continuum Short Form (MHC-SF) ▪ Patient *Health Questionnaire* – 2 items (PHQ-2) – adapted
References	▪ Généreux, M., Perrault, G. and Petit, G. (2016). Portrait de la santé psychologique de la population du Granit en 2015. *Vision Santé publique*, 27. Consulted at http://www.santeestrie.qc.ca/uploads/media/Bulletin_vision_sante_publique_27_Lac_Megantic.pdf ▪ Généreux, M. and Maltais, D. (2017) Plus de trois ans après la tragédie : comment la communauté du Granit se porte-t-elle? *Vision Santé publique*, 34. Consulted at http://www.uqac.ca/chairetrauma/wp-content/uploads/2017/03/Bulletin-de-sant%C3%A9-publique-en-fran%C3%A7ais.pdf

Study 13 Enquête de santé populationnelle estrienne (ESPE) – Tragédie ferroviaire de Lac-Mégantic (2013) (continued)

Supporting documents	▪ Stronach, N. and Rochon, A. (2015). *Prioriser la santé mentale et le bien-être en Estrie. 7 défis à relever ensemble*. Direction de santé publique de l'Estrie. Consulted at https://www.santeestrie.qc.ca/clients/SanteEstrie/Publications/Sante-publique/Portrait-population/Faits-saillants-2016/Rapport_Sante_mentale2015.pdf ▪ Généreux, M., Petit, G., Maltais, D., Roy, M., Simard, R., Boivin, S., Shultz, J. M., and Pinsonneault, L. (2014). The public health response during and after the Lac-Mégantic train derailment tragedy: a case study. *Disaster Health*, *2*(3-4), 1-8.

Study 14 The Dawson College shooting (2006)

Description and objectives	▪ Evaluate the psychological, pedagogical, professional and social repercussions of the September 13, 2006 shooting on the students and employees of Dawson College:
	  ▪ description of the psychological impact on Dawson College students and staff, as measured by the appearance of mental disorders, suicidal thoughts and suicidal behaviour, with particular emphasis on post-traumatic stress disorder;
	  ▪ description of the different profiles of recourse and non-recourse to the psychological support services that Dawson College offered and by health organizations in the community.

Type of survey	Targeted cross-sectional survey
Tools available	Research report
Population targeted	All registered students and staff members at Dawson College on September 13, 2006.
Year of the study	2008
Time of data collection	Eighteen months after the event
Method of administration	Questionnaire completed on a computer at Dawson College or online on a secure website.
Language	French
Contents	The questionnaire is not available. However, the measurement instruments to assess the psychological impacts are defined in the method.
Content related to the "mental health" section	▪ Prevalence of mental disorders, scale of severity of exposure to the shooting, post-traumatic stress disorder, utilization of health services and medications related to mental health, needs not satisfied by mental health care, suicidal thoughts and attempted suicide, self-perception of physical health, satisfaction with life. ▪ To obtain pre- and post-event comparative measurements, several questions appear to be similar to those that Statistics Canada used in 2002 in the Canadian Community Health Survey, cycle 1.2 on mental health and well-being (ESCC 1.2).
Standardized measurement instruments for mental health assessment	▪ Composite International Diagnostic Interview (CIDI) ▪ "Suicidal thoughts and attempts" module (in CCHS) ▪ "Mental health services" and "Medication use" modules (in CCHS – MH cycle 1.2) ▪ Posttraumatic Stress Disorder Checklist for DSM-IV (PCL-S)

Study 14 The Dawson College shooting (2006) (continued)

References	▪ Boyer, R., Lesage, A., Guay, S., Bleau, P., Séguin, M., Steiner, W., … Chawky, N. (2010). Fusillade du 13 septembre 2006 au Collège Dawson : Rapport d'une enquête auprès des étudiants et du personnel du Collège Dawson sur l'impact psychologique et la recherche d'aide. Montréal (Québec) : Centre universitaire de santé McGill (CUSM) et Centre de recherche Fernand-Seguin de l'Hôpital Louis-H. Lafontaine. Consulted at http://numerique.banq.qc.ca/patrimoine/details/52327/1991261
Supporting documents	▪ Guay, S., Lesage, A. D., Bleau P., Séguin M., Boyer R., Steiner W., … Roy D. (2010). *Fusillade du 13 septembre 2006 au Collège Dawson : Synthèse et* recommandations. Quatrième de quatre rapports déposés au ministère de la Justice du Québec sur l'évaluation de l'impact psychologique et de l'intervention psychologique suite à la fusillade au Collège Dawson le 13 septembre 2006. Centre universitaire de santé McGill (CUSM) et Centre de recherche Fernand-Seguin de l'Hôpital Louis-H. Lafontaine. ▪ Roy D., Lesage A. D., Séguin M., Chawky N., Boyer R., Guay S., … Miquelon P. *Fusillade du 13 septembre 2006 au Collège Dawson : Évaluation du plan d'intervention psychologique d'urgence*. Consulted at http://numerique.banq.qc.ca/patrimoine/details/52327/1991061 ▪ Séguin, M., Chawky, N., Guay, S., Szkrumelak, N., Lesage, A., Bleau, P., … Roy, D. (2010). Fusillade du 13 septembre 2006 au Collège Dawson : SECURE (Soutien, évaluation et coordination unifiés pour le rétablissement et l'éducation) : un programme d'intervention psychologique multimodal. Consulted at http://numerique.banq.qc.ca/patrimoine/details/52327/1991259

Study 15 European Study of the Epidemiology of Mental Disorders/Mental Health Disability (ESEMeD)

Description and objectives	The *European Study of the Epidemiology of Mental Disorders/Mental Health Disability* (ESEMeD) is a large-scale survey in which several European countries participated. It provides data on prevalence, risk factors, disability and the use of services related to mental health disorders. The findings of the ESEMeD were subsequently used for the *European Policy Information Research for Mental Disorders* (EPREMED): DG SANCO Project (2004-2006). ▪ Determine the prevalence of depressive, anxiety or alcohol-related disorders over a period of 12 months and during a lifetime in France and compare such prevalence with that observed in other European countries and around the world; ▪ Estimate their rates of comorbidity; ▪ Evaluate the demographic risk factors associated with such disorders; ▪ Study access to care and its predictive factors.
Type of survey	Cross-sectional population-based survey
Tools available	Scientific article and research report
Population targeted	Individuals 18 years of age and over with a landline telephone residing in one of the 40 countries studied (France, Germany, Belgium, Spain, Italy, United States, Mexico, China, Japan, and so on).
Year of the study	Starting in 2001, depending on the country
Time of data collection	A single survey
Method of administration	Face-to-face in-home survey
Language	Several languages
Contents	Full contents unknown
Content related to the "mental health" section	Depressive disorders (major depression and dysthymia) and anxiety disorders (agoraphobia, generalized anxiety disorder, panic, social and specific phobias, post-traumatic stress disorder).
Standardized measurement instruments for mental health assessment	▪ Hospital Anxiety And Depression Scale (HADS) ▪ World Health Organization World Mental Health Composite International Diagnostic Interview (WHO WMH-CIDI)
References	▪ Alonso, J., Ferrer, M., Romera, B. *et al.* (2002). The European Study of the Epidemiology of Mental Disorders (ESEMeD/MHEDEA 2000) Project: rationale and methods. *International Journal of Methods in Psychiatric Research*, *11*(2), 55-67.

Study 16 Enquête santé mentale en population générale : images et réalités (SMPG)

Description and objectives	▪ Describe representations related to mental illness, insanity, depression and different modes of assistance and care; ▪ Evaluate the prevalence of the main mental disorders in the total population 18 years of age and over.
Type of survey	Cross-sectional population-based survey
Tools available	Scientific article and research report
Population targeted	Population 18 years of age and over residing in metropolitan France and in the overseas departments and regions and population 18 years of age and over residing at international sites (13 international sites, including the Seychelles, Greece, Luxembourg, and so on).
Year of the study	Since 1998
Time of data collection	Biennial survey
Method of administration	Face-to-face survey, recruiting in the street
Language	French
Contents	Full contents unknown
Content related to the "mental health" section	▪ Anxiety disorders, mood disorders, alcohol- and drug-related disorders, psychosis, suicide risk, insomnia. ▪ The survey includes a socio-anthropological component on representations of mental illness in the total population. A specific questionnaire explores representations of "insanity," "mental illness" and "depression" and of medical, religious and magico-religious recourse.
Standardized measurement instruments for mental health assessment	*Mini-International Neuropsychiatric Interview* (MINI).
References	▪ Centre collaborateur de l'Organisation mondiale de la Santé pour la recherche et la formation en santé mentale (2016). Santé mentale en population générale : images et réalités (SMPG). Consulted at http://www.ccomssantementalelillefrance.org/?q=content/sant%C3%A9-mentale-en-population-g%C3%A9n%C3%A9rale%C2%A0-images-et-r%C3%A9alit%C3%A9s-smpg

Study 17 Étude transversale sur les indicateurs en santé mentale pour la planification des soins

Description and objectives	Using a specific epidemiological study, produce simple indicators that better distribute resources according to needs.
Type of survey	Cross-sectional population-based survey
Tools available	Scientific article and research reports
Population targeted	Individuals 18 years of age and over living in one of four regions of France: Île-de-France, Haute-Normandie, Lorraine, Rhône-Alpes.
Year of the study	2005
Time of data collection	A single survey
Method of administration	Telephone survey
Language	French
Contents	Full contents unknown
Content related to the "mental health" section	Positive mental health, social support, questions on difficulties, anxiety disorders (specific phobias, social phobias, agoraphobia, panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder, generalized anxiety disorder), depressive disorder (major depressive episode), substance use problems (alcohol, drugs, medications), specific questions on suicide.
Standardized measurement instruments for mental health assessment	▪ 3-Item Oslo Social Support Scale (O3SS) ▪ Composite International Diagnostic Interview – Short form (CIDI-SF)
References	▪ Portail Épidémiologie France (2017*). Étude transversale sur les indicateurs en* Santé *Mentale pour la planification des soins*. Consulted at https://epidemiologie-france.aviesan.fr/epidemiologie-france/fiches/etude-transversale-sur-les-indicateurs-en-sante-mentale-pour-la-planification-des-soins

Study 18 Enquête sur la santé et les consommations lors de la Journée d'appel et de préparation à la défense (ESCAPAD) – Drogues illicites

Description and objectives	▪ Obtain indicators on the health and living conditions of young people; ▪ Ascertain the prevalence of consumption and the ages at which the consumption of lawful and illicit psychoactive substances begin; ▪ Obtain an indication of changes in such indicators; ▪ Identify the characteristics and factors associated with such practices.
Type of survey	Cross-sectional population-based survey
Tools available	Research report
Population targeted	French citizens between 17 and 19 years of age
Year of the study	Annual survey since 2000
Time of data collection	Annual
Method of administration	Self-administered questionnaire
Language	French
Contents	Sociodemographic characteristics, physical and mental health, way of life, leisure activities and sociability, frequency of consumption and type of products consumed, age at the time of experimentation, polydrug use.
Content related to the "mental health" section	Anorexia and depression, suicidal thoughts over the past 12 months, attempted suicide with or without hospitalization in the individual's lifetime.
Standardized measurement instruments for mental health assessment	Starting in 2008: *Adolescent Depression Rating Scale* (ADRS).
References	▪ Observatoire français des drogues et des toxicomanies. (2017). Enquête sur la santé et les consommations lors de la Journée d'appel et de préparation à la défense (ESCAPAD) – drogues illicites. Consulted at https://www.ofdt.fr/statistiques-et-infographie/sources-statistiques/enquete-sur-la-sante-et-les-consommations-lors-de-la-journee-dappel-et-de-preparation-la-defense-escapad-drogues-illicites/ ▪ Observatoire français des drogues et des toxicomanies. (2017). *Enquête ESCAPAD : exercice 2017.* Consulted at https://www.ofdt.fr/enquetes-et-dispositifs/escapad/

Study 19 Lac-Mégantic rail tragedy (2013) – Qualitative section

Description and objectives	Concerns, opinions, learning and wishes pertaining to risks and risk management of residents of the Lac-Mégantic region. The objectives were to: ▪ better grasp the concerns, opinions, learning and wishes pertaining to risks and risk management of residents of the Lac-Mégantic region since the rail catastrophe; ▪ document the concerns, learning and wishes of local stakeholders with respect to health risks; ▪ document the opinions and wishes of local stakeholders concerning risk management and recovery; ▪ ascertain the avenues for analysis associated with the responses to the catastrophe in order to better adjust public health approaches.
Type of survey	Qualitative study
Tools available	Research report and questionnaire
Population targeted	▪ Individuals evacuated on July 6, 2013; ▪ Individuals from other areas of Lac-Mégantic; ▪ Individuals from the municipalities neighbouring Lac-Mégantic in the MRC du Granit; ▪ local socioeconomic agents (businesspeople, managers and government professionals, analysts and coordinators of community-based organizations, and so on).
Year of the study	2014
Time of data collection	Roughly one year after the event
Method of administration	Semi-structured personal individual interview and mental cartography exercise
Language	French
Contents	Concern with risks, opinions on personal and institutional risk management, learning and wishes related to risks, informational items concerning the participant and that facilitate data analysis (age, employment, and so on).
Content related to the "mental health" section	Not applicable
Standardized measurement instruments for mental health assessment	Not applicable
References	▪ Brisson, G. and Bouchard-Bastien, E. (2016). *Opinions locales quant à la gestion des* risques *et du rétablissement à la suite de la tragédie ferroviaire de Lac-Mégantic.* Institut national de santé publique du Québec. Consulted at https://www.inspq.qc.ca/sites/default/files/publications/2211_opinions_locales_gestion_risques_retablissement_megantic_0.pdf ▪ Bouchard-Bastien, E. and Brisson, G. (2016). *Changements sociaux et risques perçus à la suite de la tragédie ferroviaire de Lac-Mégantic*. Institut national de santé publique du Québec. Consulted at https://www.inspq.qc.ca/sites/default/files/publications/2210_changements_sociaux_risques_percus_megantic_0.pdf

6 Standardized measurement instruments

This section of the toolkit presents the recommendations of the committee of experts on the standardized measurement instruments that allow for the evaluation, by means of population-based surveys, of post-disaster mental health status.

The recommendations are mainly intended for professionals who wish to assess the mental health status of a population by means of surveys. The recommendations take into account the interveners' current context in the health network, i.e. sometimes limited financial and human resources and the wide range of topics to be included in such surveys. It is, therefore, often very difficult for the interveners to reproduce or reuse certain questions from the major surveys of the Institut de la statistique du Québec (ISQ) or Statistics Canada, given the length of the questionnaires or the conditions of use of certain instruments (training, cost, and so on).

This section of the toolkit presents a list of standardized measurement instruments that satisfy the needs of interveners in the health network and researchers. A committee of experts was established to pinpoint and recommend the standardized instruments. The committee, chaired by Dr. Pierre Gosselin and coordinated by Magalie Canuel from the INPSQ, comprised three experts in the realm of mental health or population-based mental health surveillance, i.e. Dr. Alain Brunet (Douglas Mental Health University Institute), Dr. Arnaud Duhoux (Université de Montréal) and Dr. Alain Lesage (INSPQ). The instruments identified should be validated, available free of charge, encompass a succinct number of items and be accompanied by an interpretation guide. Accordingly, the instruments proposed are not necessarily the same as those used in major surveys.

The following selection and evaluation criteria were applied to the instruments:

- instruments in the public domain or protected by copyright but without charge;
- instruments written in or translated into French;
- instruments that use a self-report questionnaire;
- a small number of items (or short administration period of the questionnaire);
- the sound metrological quality of the French and English versions;
- a validated French version;
- ease of use and interpretation by non-experts, e.g. the presence of threshold scores for interpretation;
- the availability of reference data for comparison purposes.

Appendix 3 describes in detail the methodology used to select the standardized instruments.

DEFINITION

A **standardized measurement instrument** is a rigorously developed tool that measures a concept (or an indicator) in an objective, standardized manner. It can be defined as a series of self-reported questions or items used to measure a concept. The response categories to an item are usually in the same format, often in the form of a numbered scale. The items measuring a concept form a scale in respect of which a quantified score is obtained, often by adding the results or with a more or less complex weighting system. The scores on the scale can subsequently be converted into a norm in order to facilitate interpretation. The instruments must undergo rigorous validation stages and the information on psychometric properties such as test-retest reliability, internal coherence, specificity and sensitivity must be determined and made available (Streiner, Norman, and Cairney, 2015).

6.1 Recommendations

The committee of experts ultimately recommended one instrument for each category of impact under study. Other instruments and tools that can be useful to assess certain post-disaster impacts from surveys are also proposed. Table 8 summarizes the final recommendations. The sections below provide details of the recommendations. Information sheets that indicate copyright and the interpretation of the score for each of the recommended standardized instruments are available in section 6.2. Questionnaires in the public domain are found in section 6.3.

Table 8 Summary of recommended instruments or tools to be used in population-based surveys

Mental health status, determinants and possible consequences	Recommended measurement instruments or tools	Other useful instruments or tools
Anxiety symptoms	▪ Generalized Anxiety Disorder – 7 items (GAD-7)	▪ Mini International Neuropsychiatric Interview (MINI) – “Generalized anxiety disorder” section
Depressive symptoms	▪ Patient Health Questionnaire – 9 items (PHQ-9)	▪ Center for Epidemiologic Studies – Depression Scale (CES-D) ▪ Mini International Neuropsychiatric Interview (MINI) – “Major depression episode” section
Post-traumatic stress disorder symptoms	▪ Impact of Event Scale – Revised (IES-R) ▪ Children’s Revised Impact of Event Scale (CRIES)	▪ Posttraumatic Stress Disorder Checklist for DSM-IV (PCL-S; PCL-C; PCL-M) ▪ Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-) ▪ Mini International Neuropsychiatric Interview (MINI) – “Post-traumatic stress disorder” section
Psychological distress	▪ Kessler Psychological Distress Scale – 6 items (K6)	N/A
Immediate impact of the trauma	▪ Peritraumatic Distress Inventory (PDI) ▪ Peritraumatic Distress Inventory – Child (PDI-C)	▪ Peritraumatic Dissociative Experiences Questionnaire (PDEQ)

Table 8 Summary of recommended instruments or tools to be used in population-based surveys (continued)

Mental health status, determinants and possible consequences	Recommended measurement instruments or tools	Other useful instruments or tools
Well-being	▪ World Health Organization Well-Being Index (WHO-5)	▪ Mental Health Continuum Short Form (MHC-SF) ▪ "Satisfaction with his/her life" question (in CCHS) ▪ "General health" module (in CCHS)
Functioning and disability	▪ World Health Organization Disability Assessment Schedule (WHODAS 2.0)	▪ Social functioning questionnaire (SFQ) ▪ « Activités of daily living" module (in CCHS) ▪ "Restriction of activities" module (in CCHS) ▪ "Health utility index" module (in CCHS)
Quality of life	▪ World Health Organization Quality of Life (WHOQOL-BREF)	▪ EuroQol-5-Dimension (EQ-5D-5L including the EQ-VAS) ▪ SF-12v2 Health Survey
Social support	▪ Social Provisions Scale – 10 items (SPS-10)	N/A
Alcohol use	▪ Alcohol Use Disorders Identification Test (AUDIT)	▪ CAGE Questionnaire ▪ Detection of Alcohol and Drug Problems in Adolescents (DEP-ADO) ▪ "Alcohol use" module in (CCHS)
Drug use	▪ Drug Abuse Screening Test – 10 items (DAST-10)	▪ Detection of Alcohol and Drug Problems in Adolescents (DEP-ADO) ▪ "Illicit drug use" or "Substance use" module (in CCHS)
Medication use	▪ "Medication use" module (in CCHS)2015-2016)	▪ "Medication use related to mental health problems" module (in CCHS – MH 2012)
Use of mental health services	▪ "Consultations about mental health" module (in CCHS)	▪ "Mental health services" module (in CCHS – MH 2012)

N/A: not available.

6.1.1 ANXIETY SYMPTOMS

Generalized Anxiety Disorder – 7 items (GAD-7)

The GAD-7 is the tool that the committee of experts recommends to evaluate generalized anxiety disorder in population-based surveys (Information sheet 1, Questionnaire 1). The standard threshold to assess generalized anxiety disorder is 10 (Spitzer *et al.*, 2006), the threshold at which sensitivity and specificity are acceptable (Plummer *et al.*, 2016; Spitzer *et al.*, 2006). A two-item version (GAD-2) exists that appears to display equally good sensitivity and specificity for screening (Kroenke *et al.*, 2007). However, to conduct post-disaster surveillance, the long version with seven items is more appropriate since it makes it easier to assess changes over time, among other things because it evaluates their severity.

The GAD-7 and the GAD-2 are instruments used to screen generalized anxiety disorder but do not allow for a clinical diagnosis. A version exists that uses vocabulary adapted for adolescents. However, it has not been translated into French, although the version for adults (GAD-7) is often used for adolescents (Mossman *et al.*, 2017).

Mini-International Neuropsychiatric Interview (MINI)

The MINI is an instrument that could be used for smaller surveys since a trained interviewer must use it during a structured interview, which is usually more costly than a self-report questionnaire (Information sheet 2) (Sheehan *et al.*, 1998). While certain studies use the MINI through self-reporting on paper, this data collection method is hardly appropriate for the MINI (Pettersson *et al.*, 2018).

The MINI evaluates 17 mental health problems, including generalized anxiety disorder. It also allows for a diagnosis when it is used in accordance with the administration criteria. It measures the absence or presence of disease, often based on stringent criteria that satisfy those in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). It therefore differs from screening tools, whose continuous scale assesses different levels of symptoms. The section on generalized anxiety disorder contains 10 items, to one of which the interviewer must respond to ascertain whether anxiety symptoms can be explained by other conditions measured in the preceding sections of the MINI. Consequently, the actual length of the questionnaire exceeds the 10 items in the module on anxiety.

This instrument is protected and requires a user licence. The licence is often free of charge for the English version while a fee may apply to the translated versions, depending on the user profile. Accordingly, since the instrument is protected and is updated with each new version of the DSM (the most recent version of the MINI is 7), the questionnaires are not included in this toolkit (Sheehan and Lecrubier, 2018).

6.1.2 DEPRESSIVE SYMPTOMS

Patient Health Questionnaire – 9 items (PHQ-9)

The PHQ-9 is the instrument that the committee of experts recommends to evaluate, from a survey, the symptoms of depression (Information sheet 3). It facilitates the collection of information on the presence and intensity (severity) of depressive symptoms during the past two weeks. A review of the literature allowed for an assessment of the acceptable psychometric properties when the standard threshold of 10 is used (English version of the instrument) (Pettersson *et al.*, 2015). It is the only instrument that the authors of this review of the literature recommend for screening cases. The MINI is recommended to make a diagnosis of depression (Pettersson *et al.*, 2015).

There is also a two-item version (PHQ-2) that only allows screening for depression without any indication of the severity of the symptoms. It produces good results but it makes it possible instead to pinpoint with greater certainty those who are not suffering from depression (up to 97% sensitivity, up to 67% specificity, PPV[8] of 38% and NPV[9] of 93%) (Maurer, 2012). Consequently, it is preferable to continue the questionnaire with the nine-item version when the respondent replies positively to the first two questions.

A version for adolescents, the PHQ-A, is also available. It is similar to the PHQ-9 and uses vocabulary adapted to the target clientele (11 to 17 years of age). The PHQ-A has not been translated into French. However, the PHQ-9 is often used among adolescents and studies have shown good metrological qualities when such is the case (Maurer, 2012; Richardson *et al.*, 2010). The PHQ-9 is frequently used jointly with the GAD-7, which assesses anxiety. The PHQ-9 is now the instrument that has been used to assess depression in the *Canadian Community Health Survey* (CCHS) since the 2015-2016 cycle (Table 4), which provides statistics for Québec.

Center for Epidemiologic Studies – Depression Scale **(CES-D)**

The 20-item CES-D is another tool frequently used in surveys (Information sheet 4, Questionnaire 3). There are several versions of the CESD, including the revised version in 2004 (CESD-R), which is still rarely used, and a short version (CES-D10), which includes 10 of the 20 items from the first version. The most recent scientific articles are starting to call into question the use of this instrument, among other things because of criticism of the optimum structure of factors, the content of the items (Carleton *et al.*, 2013) and the instrument's sensitivity and specificity (Pettersson *et al.*, 2015). The standard threshold of 16 is acknowledged to have a high proportion of false positives (Smarr and Keefer, 2011). Consequently, researchers have attempted to adapt the threshold and there are now several interpretation thresholds that differ depending on the language of administration, the study or patient population and sex. The PHQ-9 is being increasingly recommended compared with the CES-D because of its ability to measure the severity of the depressive episode, its smaller number of items, and the simpler interpretation of scores (Obbarius *et al.*, 2017).

Mini-International Neuropsychiatric Interview **(MINI)**

The MINI, as described above, is an instrument that could be used for smaller surveys since a trained interviewer must use it during a structured interview, which is usually more costly than a self-report questionnaire (Information sheet 5) (Sheehan *et al.*, 1998). The MINI evaluates 17 mental health problems, including major depressive episodes. It allows for a diagnosis to be made when it is used in accordance with the administration criteria. It measures the absence or presence of disease, often based on stringent criteria that satisfy those in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). It therefore differs from screening tools, whose continuous scale assesses different levels of symptoms.

The module that allows the diagnosis of a major depressive episode can be used alone (independently of the other modules in the MINI) and contains nine items. A review of the literature allowed for an average estimated sensitivity of 95% and an average specificity of 84% (English version of the instrument) (Pettersson *et al.*, 2015). It is one of two "interview" type instruments that the authors of the review of the literature recommend to diagnose depression (Pettersson *et al.*, 2015). Since the instrument is protected, a user licence must be obtained.

---

[8] Positive predictive value.

[9] Negative predictive value.

The licence is often free of charge for the English version while a fee may apply to the translated versions depending on the user profile. Accordingly, since the instrument is protected and is updated with each new version of the DSM (the most recent version of the MINI is 7), the questionnaires are not included in this toolkit (Sheehan and Lecrubier, 2018).

6.1.3 POST-TRAUMATIC STRESS DISORDER SYMPTOMS

***Impact of Event Scale – Revised* (IES-R)**

The IES-R is a self-report measuring instrument that assesses the response to a traumatic event, i.e. post-traumatic stress disorder (PTSD). The first version comprised 15 items. The revised version comprises 22 items that measure 14 of the 17 symptoms of PTSD according to the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (Horowitz, Wilner and Alvarez, 1979; Weiss, 2007). The IES-R is the tool that the committee of experts recommends to evaluate PTSD in population-based surveys (Information sheet 6, Questionnaire 4). The instrument's authors recommend using the average score but there are, nonetheless, thresholds recommended in the literature to screen PTSD. The thresholds can range from 22 to 44 (Morina, Ehring and Priebe, 2013). Consequently, special attention must be paid when the results are compared and interpreted. This instrument is, nevertheless, one of the best ones to screen PTSD. However, as is true of the majority of the other instruments recommended in this toolkit, the IES-R cannot be used to make a diagnosis.

***Children's Revised Impact of Event Scale* (CRIES)**

The CRIES is 13-item version of the IES, but for children (Information sheet 7). The child responds to it in the presence of an adult who ensures the child's understanding. While there is no validated French translation, the Institut de veille sanitaire (InVS) translated a version for the epidemiological study of the AZF plant (Questionnaire 5). There are few publications on this instrument adapted for children but the first results are promising (Giannopoulou *et al.*, 2006; Perrin, Meiser-Stedman and Smith, 2005; Smith *et al.*, 2003). What is more, the eight-item version would be just as effective to screen post-traumatic stress disorder (PTSD) among children as the 13-item version (Perrin, Meiser-Stedman and Smith, 2005).

***Posttraumatic Stress Disorder Checklist for DSM-IV* (PCL-S)**

The PCL-S is a self-report measuring instrument with 17 items that evaluates the symptoms of post-traumatic stress disorder (PTSD) according to the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (Information sheet 8, Questionnaire 6) (Blanchard *et al.*, 1996). There are three versions of the instrument, one intended for military personnel (PCL-M), one for the total population but that is specific to an event (PCL-S), and a version for civilians (PCL-C) that applies to any stressful event. The PCL is one of the most widely used instruments to screen PTSD (Terhakopian *et al.*, 2008) and it displays sound metrological properties (McDonald and Calhoun, 2010; Wilkins, Lang and Norman, 2011). Since this instrument ties in with the definitions of the DSM, it can be updated with each new version of the DSM. In fact, a more recent version, which ties in with the DSM-5, has just been developed (see below).

***Posttraumatic Stress Disorder Checklist for DSM-5* (PCL-5)**

The PCL-5 is a 20-item self-report measuring instrument that evaluates 20 symptoms of post-traumatic stress disorder (PTSD), according to the latest edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) (Information sheet 9, Questionnaire 7) (Blevins *et al.*, 2015). This instrument does not produce a diagnosis of PTSD but allows for screening of it. This version is similar to that of the PCL-S, but it reflects the changes made in the symptoms in the DSM-5. A French

version was validated in 2016 (Ashbaugh *et al.*, 2016). Since this instrument was recently updated to tie in with the DSM-5, it is still hardly used but its use should grow over time.

Mini-International Neuropsychiatric Interview (MINI)

The MINI, as described above, is an instrument that could be used for smaller surveys since a trained interviewer must use it during a structured interview, which is usually more costly than a self-report questionnaire (Information sheet 10) (Sheehan *et al.*, 1998). The MINI evaluates 17 mental health problems, including post-traumatic stress disorder (PTSD). The module that allows the diagnosis of major post-traumatic stress disorder can be used alone (independently of the other modules in the MINI) and contains 15 items. The instrument is protected and a licence must be obtained to use it. The licence is often free of charge for the English-language version while a fee may apply to the translated versions, depending on the user profile. Accordingly, since the instrument is protected and is updated with each new version of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) (the most recent version of the MINI is 7), the questionnaires are not included in this toolkit (Sheehan and Lecrubier, 2018).

See sections 6.1.1 and 6.1.2 on anxiety and depression for additional information on the MINI.

6.1.4 Psychological distress

Kessler Psychological Distress Scale – 6 items (K6)

The K6 is a validated instrument used to evaluate psychological distress in several large-scale population-based surveys, especially in the *Canadian Community Health Survey* (CCHS) and the *Québec Population Health Survey* (QPHS) (Camirand, Traoré and Baulne, 2016; Kessler *et al.*, 2002, 2010; Mitchell and Beals, 2011) (Table 2, Table 4). The committee of experts therefore recommends this instrument to evaluate psychological distress (Information sheet 11, Questionnaire 8). A 10-item version exists (K10) but the six-item version appears to be just as effective (Furukawa *et al.*, 2003). Since this instrument is used in the Canadian and Québec surveys, it is advantageous to use it for comparison purposes (Camirand, Traoré and Baulne, 2016; Pica *et al.*, 2013). In the 2014-2015 QPHS, a question was added to determine whether psychological distress is perceived as being wholly, partially or not at all work-related. In the CCHS, a question was added to determine whether feelings arise more often, less often or essentially with the same frequency as usual.

6.1.5 Immediate impact of the trauma

Peritraumatic Distress Inventory (PDI) and *Peritraumatic Distress Inventory – Child* (PDI-C)

The PDI is a 13-item self-reporting scale that assesses an individual's emotional reactions at the time of or immediately after a traumatic event (Information sheet 12, Questionnaire 9). This type of instrument administered a short time after the event measures the subjective severity of the event and identifies the individuals at risk of developing post-traumatic stress disorder (PSTD). Such individuals would be well advised to receive treatment promptly to reduce the gravity and duration of the symptoms (Bui *et al.*, 2010; Guardia *et al.*, 2013; Jehel *et al.*, 2005, 2006). A version exists that is adapted for young people roughly 8 to 15 years of age (PDI-C) (Questionnaire 10) (Bui *et al.*, 2011).

Peritraumatic Dissociative Experiences Questionnaire (PDEQ)

The PDEQ is a 10-item instrument that proposes the retrospective measurement of the perception of dissociation during and immediately after a threatening event (Information sheet 13, Questionnaire 11). Dissociation is a peritraumatic reaction that can be observed after a traumatic event. Peritraumatic dissociation appears to allow early identification of traumatized patients who could

develop post-traumatic stress disorder (PTSD) (Bui *et al.*, 2010; Ozer *et al.*, 2008). This instrument covers perceptions of depersonalization, derealization, out-of-body experiences and altered time perception (Birmes *et al.*, 2005; Marmar *et al.*, 2007). It appears to predict the chronicity of post-traumatic stress disorder symptoms (Jehel *et al.*, 2006). There is a version adapted for young people (PDEQ-C) (Bui *et al.*, 2011).

6.1.6 Well-being

***World Health Organization Well-Being Index* (WHO-5)**

The experts recommend the WHO-5 to evaluate subjective well-being (Information sheet 14, Questionnaire 12). The instrument has been validated and displays acceptable psychometric properties. It comprises five items that measure the positive dimension of psychological well-being (Bech, 2004; Henkel *et al.*, 2003). It is a very short questionnaire whose questions are easy to understand and are hardly invasive. The literature abundantly documents this instrument used the world over. It can be used among children 9 years of age and over, adolescents, adults and the elderly (Allgaier *et al.*, 2012, 2013). It is also used to screen for depression (Krieger *et al.*, 2014).

***Mental Health Continuum Short Form* (MHC-SF)**

The MHC-SF is a 14-item instrument that evaluates three dimensions of positive mental health, i.e. emotional, psychological and social well-being (Information sheet 15, Questionnaire 13) (Keyes, 2002). The respondents are classified as having flourishing mental health (high levels of emotional well-being and positive functioning), languishing mental health (low levels of emotional well-being and positive functioning), or moderate mental health (neither flourishing nor languishing). This instrument displays acceptable metrological qualities both for adults and for adolescents (Lamers *et al.*, 2011). It was incorporated into the 2012 *Canadian Community Health Survey* (CCHS) – Mental Health, the 2011-2012 CCHS – Annual Component and the 2016-2017 *Québec Health Survey of High School Students* (QHSHSS), who produces Canadian and Québec statistics for this indicator (Gilmour, 2014; Orpana *et al.*, 2017).

Other general questions related to mental health

There are questions in the *Canadian Community Health Survey* (CCHS) that are not part of a standardized instrument but that allow for the measurement of some aspects of mental health. The question concerning satisfaction with life evaluates this aspect:

"Using a scale of 0 to 10, where 0 means 'very dissatisfied' and 10 means 'very satisfied,' how do you feel about your life as a whole right now?" (Questionnaire 24).

In keeping with the recommendations of the Organisation for Economic Co-operation and Development (OECD), the question concerning satisfaction with life is available in several cycles of the CCHS, which provides Canadian and Québec statistics (Table 4).

Another question, drawn from the "General health" module in the CCHS, provides a self-evaluation of mental health status:

"In general, would you say that your mental health is: excellent, very good, good, fair or poor?" (Questionnaire 24).

Stress is also broached:

"Thinking about the amount of stress in your life, would you say that most of your days are: not at all stressful ... extremely stressful?"(Questionnaire 24).

To determine the availability of Québec statistics related to these questions, please consult (Table 4).

6.1.7 FUNCTIONING AND DISABILITY

World Health Organization Disability Assessment Schedule (WHODAS 2.0)

The WHODAS 2.0 is a generic instrument that can provide population-based measurements of functioning and disability or measurements in clinical practice (Information sheet 16, Questionnaire 14). It measures the level of functioning in six fields, i.e. cognitive, mobility, personal care, relations with others, day-to-day activities, and social participation. The full version comprises 36 questions and the short version, 12. This instrument possesses sound psychometric properties (MacLeod *et al.*, 2016; Üstün *et al.*, 2010). What is more, it is included in the latest edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) as an emerging instrument and a replacement for the Global Assessment of Functioning (GAF). This instrument has been used in several major health surveys, including the World Mental Health Survey. The short version, the 12-item WHODAS 2.0, was used in the 2012 *Canadian Community Health Survey* (CCHS) – *Mental Health* (Sjonnesen *et al.*, 2016).

Social functioning questionnaire (SFQ)

The 16-item QFS measures two facets of social functioning, i.e. the frequency of behaviour and satisfaction with such behaviour (Information sheet 17, Questionnaire 15) (Zanello *et al.*, 2006). It evaluates eight fields, i.e. activities, everyday tasks, leisure activities, family and marital relationships, extrafamilial relationships, financial and administrative management, general health and communal life and information. In order for a disorder to be diagnosed according to the latest edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5), it must affect social functioning in at least one field or arouse significant distress. That is why the measurement of social functioning is central to the evaluation of psychopathology, or its absence.

OTHER QUESTIONS RELATED TO DISABILITY

Statistics Canada has developed validated questions to measure disability. The committee of experts did not evaluate the questions, since they do not constitute a validated instrument. However, indicators have been developed based on the modules, some of which the Infocentre de santé publique disseminates, and thus allow for comparisons over time. Consequently, the questions could serve as alternatives to the instruments recommended earlier (WHODAS, SFQ) if the latter do not satisfy the needs of the survey to be conducted.

Three modules in the *Canadian Community Health Survey* (CCHS) measure functioning and disability. The first one, "Activities of daily living" (Questionnaire 16), examines the impact of a physical or mental disorder on ordinary activities of daily living such as preparing meals, shopping, and performing housekeeping duties. The six-item module is found in several cycles of the CCHS (Table 4).

The six-item second module, "Activity limitation" first measures difficulties in hearing, seeing, communicating, walking, and so on. The other questions then measure whether activities are reduced (a) in the home, (b) at work or school, and (c) in other activities (Questionnaire 17). This module is also found in several cycles of the CCHS (Table 4). Statistics Canada has developed the two CCHS modules ("Activities of daily living" and "Activity limitation") based on the International Classification of Functioning, Disability and Health (ICF) (MacKenzie, Husrt, and Crompton, 2010).

The CCHS also contains questions that allow for the production of another disability indicator, "Health utility index," sometimes called the "Generic health status index." The indicator describes an individual's overall functional health based on eight attributes, i.e. vision, hearing, speech, mobility (ability to move about), dexterity (use of the hands and fingers), emotion (feelings), cognition (memory and thinking), and pain. The version used in the CCHS is adapted from the HUI Mark 3 (HUI3). It is possible to produce an overall score or eight scores for the individual attributes. This module is very long (31 items) and statistics from these indicators (overall score or sub-indices) are not available from the Infocentre (Statistics Canada, 2018). This questionnaire is not included in the toolkit.

6.1.8 QUALITY OF LIFE

World Health Organization Quality of Life (WHOQOL-BREF)

The committee of experts recommends the WHOQOL-BREF instrument to assess individual quality of life (Information sheet 18). This 26-item instrument measures four fields, i.e. physical health, mental health, social relations and the environment. The analysis is based on the scores generated for each field (no overall score can be calculated). The user manual is comprehensive, which makes the instrument easy to use (WHO, 1996). While some studies call into question the construct validity (D'Abundo *et al.*, 2011), the WHOQOL-BREF is generally recognized as a reliable, valid instrument to assess quality of life and is widely used in the literature for clinical and population-based surveys (Oliveira, Carvalho and Esteves, 2016; Skevington, Lotfy and O'Connell, 2004). Since this instrument is protected, the English and French questionnaires are not included in this toolkit. Authorization must be sought before using the instrument.

EuroQol-5-Dimension (EQ-5D-5L)

The EuroQol Group has developed three tools to evaluate health status. The most recent instrument is the six-item EQ-5D-5L (Information sheet 19) (Ramos-Goñi *et al.*, 2017). It measures five dimensions (5D), i.e. mobility, personal care, day-to-day activities, pain and discomfort, and depression. The last item of the instrument, called Eq-VAS, is an image of a graduated scale from 0

to 100 that allows the respondent to circle his perception of his current level of health. Since the visual image and its dimensions must be maintained, it is recommended to respond to this instrument on the printed or Web version or in a paper-based face-to-face interview. This tool is very useful in medico-economic surveys. It offers considerable flexibility in the analysis of results, either by presenting the results for each dimension or by creating an index that allows for comparative analyses by mean or by multivariate model. A reference database also exists, including that of the population of Canada, which facilitates comparisons (Xie *et al.*, 2016). However, this instrument is protected and requires registration on the group's website. Fees may be levied depending on the type of study conducted. The questionnaire is not included in the toolkit.

SF-12v2 Health Survey

The SF-12v2 is the second version, updated in 2000, of the SF-12. The SF-12 and the Sf-12v2 assess quality of life based on 12 items that are derived from the 36-item version (Information sheet 20). It determines a respondent's profile in eight fields: physical function, physical role, physical pain, general health, vitality, social functioning, emotional role, and mental health. The second version is already well documented in the literature. The first version is still widely used. The method of calculating the SF-12 indices is more complicated than the other two instruments mentioned earlier. While the questionnaire is readily accessible online, the instrument is protected and authorization must be requested beforehand to use it. For this reason, the questionnaire is not included in this toolkit.

6.1.9 Social support

Social Provisions Scale – 10 items (SPS-10)

The SPS-10 is the short version of the 24-item social provisions scale (Cutrona and Russell, 1987). The instrument measures the availability of social support (Information sheet 21, Questionnaire 18) from five types of social resources, i.e. attachment, social integration, confirmation of self-worth, material assistance, and orientation. It has sound psychometric properties (Caron, 2013). This instrument has been used in several cycles of the *Canadian Community Health Survey* (CCHS), in particular in 2013-2014 and in 2015-2016, and in the 2012 mental health cycle, but the Infocentre does not disseminate its indicators.

6.1.10 Alcohol use

Alcohol Use Disorders Identification Test (AUDIT)

The World Health Organization (WHO) developed the 10-item AUDIT (Information sheet 22, Questionnaire 19) (Barbor *et al.*, 2001; Saunders *et al.*, 1993). The instrument covers three fields, i.e. alcohol abuse, dependence and pathological consumption. What differentiates it from the CAGE questionnaire (see below) is that the AUDIT can detect less severe forms of alcohol-related problem behaviours (Bradley *et al.*, 1998; Dhalla and Kopec, 2007). This instrument is criticized for certain aspects, such as the uneven distribution of the items in the total score, e.g. three items explain 90% of the total score, and to identify individuals as at-risk consumers when they often consume alcohol but do not display any problematic signs (Bernards *et al.*, 2007). Moreover, it tends to underestimate alcohol dependence among women (Bradley *et al.*, 1998). Its clinical use is still recommended to conduct screening but it would be less appropriate in population-based studies to assess the proportions of at-risk individuals with the threshold recommended when it was designed (Bernards *et al.*, 2007). To circumvent this problem, some studies have developed sub-indicators (Information sheet 22) (Bernards *et al.*, 2007).

CAGE Questionnaire

The CAGE questionnaire[10] (or the DETA in French) identifies individuals experiencing alcohol-related problems, i.e. alcohol abuse or dependence (Information sheet 23, Questionnaire 20) (Ewing, 1984). The four-item instrument is short, easy to administer and simple to compile. It is used mainly in clinical practice and has good psychometric properties (Dhalla and Kopec, 2007). However, it is subject to criticism. It predicts the prevalence of disorders over an entire lifetime, which makes it impossible to distinguish between present and past problems. Furthermore, its results for women and adolescents are unsatisfactory (Bradley *et al.*, 1998; Dhalla and Kopec, 2007; Knight *et al.*, 2003). It does not allow for clinical screening of less severe forms of problem behaviours (Dhalla and Kopec, 2007). What is more, it does not appear to be an effective screening instrument in the total population. This instrument was used in a Québec survey in 1992 and validity testing confirmed that it does not allow for the identification of individuals whose alcohol use is excessive (Bisson, Nadeau, and Demers, 1999).

The CAGE-AID version jointly screens alcohol- and drug -related problems. It contains the same four items as the CAGE instrument but each item must be answered taking into account alcohol and drug use. Accordingly, it is impossible to determine through the score whether the problem is caused by drugs or alcohol. Neither this version nor the first one is recommended in the context of post-disaster surveillance.

Detection of Alcohol and Drug Problems in Adolescents (DEP-ADO)

The DEP-ADO is an instrument developed in Québec that assesses alcohol and drug use among adolescents (12 to 17 years of age) and screens problematic use. It was developed mainly for interveners but is also used in population-based surveys (RISQ, 2016). However, the 27-item instrument is relatively long and covers alcohol and drugs (Information sheet 24). It measures the consumption of at least seven categories of drugs over the past 12 months, alcohol abuse on a given occasion, and the adverse consequences associated with their consumption. In Québec, it has been used in the QHSHSS (Table 3). The instrument has acceptable psychometric properties. Some 80% of young people are classified correctly according to the DEP-ADO (Landry *et al.*, 2005; Lécallier *et al.*, 2012). It is regularly updated. Consequently, the questionnaire is not included in this toolkit but is readily available online on the Recherche et intervention sur les substances psychoactives – Québec website (RISQ, 2016).

OTHER QUESTIONS RELATED TO ALCOHOL USE

Since the instruments recommended appear to be less effective to evaluate a difference in alcohol use before and after an event, it can be useful to use questions related to alcohol use already presented in the population-based surveys, even if the instruments are not standardized.

The “Alcohol use” module of the *Canadian Community Health Survey* (CCHS) measures frequency of consumption (at least one drink and four or five drinks on a given occasion) during the 12 previous months. Another section of the questionnaire ascertains the number of drinks each day over the previous week (Questionnaire 21) (Statistics Canada, 2018). This module is available in several cycles, which facilitates pre- and post -event comparisons (Table 4).

A more direct way to measure alcohol use is to ask the respondent if his alcohol use has increased, decreased or remained stabled after the disaster. A sample formulation to evaluate this behaviour is available in Questionnaire 21.

[10] CAGE is an acronym that includes several words in the questionnaire: Cut down, Annoyed, Guilty and Eye-opener.

6.1.11 Drug use

***Drug Abuse Screening Test* (DAST)**

The DAST is a standardized instrument used to screen drug abuse (Information sheet 25) (Gavin, Ross, and Skinner, 1989; Skinner, 1982). The two most widely used versions are the 20-item DAST and the 10-item version. The 10-item version appears to be just as effective in screening as the 20-item version (Villalobos-Gallegos *et al.*, 2015). This instrument is mainly used in a clinical setting and its psychometric properties are acceptable (Gavin, Ross, et Skinner, 1989; Mdege and Lang, 2011). This instrument has rarely been used in population-based surveys and additional testing appears necessary before it is used. Montréal researchers validated a French translation in 2017 (Giguère and Potvin, 2017).

Detection of Alcohol and Drug Problems in Adolescents (DEP-ADO)

The DEP-ADO is an instrument developed in Québec that assesses alcohol and drug use among adolescents (12 to 17 years of age) and screens problematic use. It was developed mainly for interveners but is also used in population-based surveys (RISQ, 2016). This 27-item instrument is relatively long but it covers alcohol and drugs (Information sheet 24). It measures the consumption of at least seven categories of drugs over the past 12 months, alcohol abuse on a given occasion, and the adverse consequences associated with their consumption of alcohol or drugs. In Québec, it has been used in the *Québec Health Survey of High School Students* (QHSHSS) (Table 3). The instrument has acceptable psychometric properties. Some 80% of young people are classified correctly according to the DEP-ADO (Landry *et al.*, 2005; Lécallier *et al.*, 2012). It is regularly updated. Consequently, the questionnaire is not included in this toolkit but is readily available online on the Recherche et intervention sur les substances psychoactives – Québec website (RISQ, 2016).

Other questions on drug use

Since the instruments recommended previously appear to be less effective to evaluate a difference in drug use before and after an event, it can be useful to use questions related to drug use already presented in the population-based surveys, even if the instruments are not standardized.

The “Drug use” module in the *Canadian Community Health Survey* (CCHS) measures the use of certain drugs over the past 12 months, including marijuana, cocaine, amphetamines, ecstasy, hallucinogenic drugs, solvents and injected non-prescription drugs (Statistics Canada, 2018). However, these statistics are not available from the Infocentre. The data on drug use available from the Infocentre are those drawn from the *Québec Population Health Survey* (QPHS), which more or less repeats the same questions in the CCHS (Camirand, Traoré and Baulne, 2016; ISQ, 2010). If the questions are used in a post-disaster survey, either a control group must be used to compare prevalences or data must be used from the QPHS or the CCHS from a period prior to the disaster to make a “before-after” comparison.

A module from the *Québec Health Survey of High School Students* (QHSHSS) measures drug use among Québec secondary school students. It is based mainly on the DEP-ADO.

It is also possible to directly ask the respondent if his drug use increased, decreased or remained stable after the disaster. A sample formulation to evaluate this behaviour is available in Questionnaire 21.

6.1.12 Medication use

The committee of experts did not select any standardized measurement instruments. However, there are questions drawn from the *Canadian Community Health Survey* (CCHS) that measure certain aspects of medication use. The “Medication use” module from the CCHS comprises 23 items and was used for the first time in the 2015 CCHS. It measures intake over the previous 12 months of opioids, stimulants and sedatives. In addition to measuring the frequency of consumption, it reveals whether medications were consumed more frequently or in greater quantities than should have been the case, if they were consumed solely for the experience of doing so or to get high or if they were taken for other reasons (Statistics Canada, 2018) (Questionnaire 22). These data are not available from the Infocentre de santé publique.

The “Medication use” module in the 2012 CCHS – Mental Health broaches the problems related to emotions, mental health or alcohol or drug use. This module specifically targets medications related to mental health problems. The first two questions measure consumption over the previous 12 months and during the previous two days, while the subsequent section obtains the Drug Identification Number (DIN) (Questionnaire 22).

Another way to measure medication use is to directly ask the respondent if his medication use increased, decreased or remained stable after the disaster (see Questionnaire 21 for formulations respecting alcohol and drug use). Other sample formulations are available in Questionnaire 22.

6.1.13 Use of mental health services

Few standardized instruments allow for the evaluation of mental health services. A simple question in the *Canadian Community Health Survey* measures one of these aspects: “In the past 12 months, have you seen or talked to a health professional about your emotional or mental health?” (Statistics Canada, 2018). The remainder of the “Consultations about mental health” module measures the frequency of consultation over the past 12 months with a health professional concerning mental health and the type of professional consulted (family physician, psychiatrist, psychologist, nurse, social worker, other) (Questionnaire 23).

The “Mental health services” module of the 2012 CCHS – Mental Health is more complete than the module in the Annual Component. In particular, it measures whether the respondent has been hospitalized for reasons related to his emotions, mental health, alcohol or drug use, the number of consultations with a health professional related to his problems, and the reason treatment was halted.

6.2 Information sheets for the standardized measurement instruments recommended

An information sheet has been drafted for each of the instruments that the committee of experts recommends. Each sheet indicates the name of the instrument and its abbreviation, the number of items, its terms of use, the language(s) in which it is available, the data collection methods, the target population, and the other versions developed. When available, information is also provided on the interpretation of the results and the thresholds. What is more, the sheet specifies if the questionnaire has been reproduced in the toolkit when it is in the public domain.

6.2.1 Anxiety symptoms

Information sheet 1 Generalized Anxiety Disorder – 7 items (GAD-7)

Name of the instrument	*Generalized Anxiety Disorder*
Abbreviation	GAD-7
Number of items	7
Terms of use	Public domain. The source must be mentioned (Spitzer *et al.*, 2006).
Language	English, French and several other languages
Data collection method	Self-report questionnaire or by interview, in hard copy, in person or by telephone.
Target population	Adults

Interpretation of the results and thresholds	▪ The items are ranked on a scale of 0 to 3. The maximum score is 21. The recommended threshold to evaluate generalized anxiety disorder is 10.
	▪ Thresholds:
	  ▪ Absence of anxiety: 0-4 points;
	  ▪ Mild anxiety: 5-9 points;
	  ▪ Moderate anxiety: 10-14 points;
	  ▪ Severe anxiety: 15-21 points.

Is the questionnaire available in the toolkit?	Yes, see Questionnaire 1.
Other versions	▪ The GAD-2 includes the first two items of the GAD-7. The GAD-2 measures generalized anxiety disorder but does not measure its severity. ▪ The PHQ-4 measures depression and anxiety based on the first two questions of the PHQ-9 and the first two questions of the GAD-7. There is a version adapted for children 11 to 17 years of age but it appears to be little used and has not been translated into French.
References	▪ Pfizer. (undated-a). Welcome to the Patient Health Questionnaire (PHQ) Screeners. *PHQ and GAD-7 screeners*. Consulted at https://www.phqscreeners.com/ ▪ Pfizer. (undated-b). *Instruction manual. Instructions for Patient Health Questionnaire (PHQ) and GAD-7 Measures*. Consulted at https://www.pcpcc.org/sites/default/files/resources/instructions.pdf ▪ Spitzer, R. L., Kroenke, K., Williams, J. B. W. and Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: The GAD-7. *Archives of Internal Medicine*, *166*(10), 1092-1097.

Information sheet 2 Mini International Neuropsychiatric Interview (MINI) – “Generalized anxiety disorder” section

Name of the instrument	*Mini International Neuropsychiatric Interview*
Abbreviation	MINI (M.I.N.I)
Number of items	10
Terms of use	▪ A licence must be obtained from Dr. David Sheehan, the lead author. The licence is free of charge if the project has a grant of less than $50 000 and if it is not used in a healthcare system, otherwise it costs $10 (see the entire array of criteria on the Harm Research Institute website: http://harmresearch.org/index.php/mini-international-neuropsychiatric-interview-mini/). ▪ MAPI manages the translations. Fees are levied for the translated versions, in particular the French translation. The cost of distribution of the translation differs according to the use. It is roughly €750 for a commercial user, €100 for a funded university research project, e.g. government funding, and free of charge for non-funded research projects.
Language	English, French and more than 70 other languages
Data collection method	Was developed to be administered through a structured interview with a trained interviewer.
Target population	Adults
Interpretation of the results and thresholds	If “yes” is the response to at least three questions, the person displays symptoms of generalized stress disorder.
Is the questionnaire available in the toolkit?	No
Other versions	The MINI is frequently updated to satisfy constantly-changing criteria in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). At the time of dissemination of this toolkit, version 7.0.2 was the most recent version of the MINI and is based on the DSM-5. There is also a shorter MINI Screen version, suitable for screening. The MINI Kid targets children and adolescents. The MINI Plus is more comprehensive and covers 23 health problems.
References	▪ eProvide et MAPI Research Trust (2018). *Mini-International Neuropsychiatric Interview* (MINI). Consulted at https://eprovide.mapi-trust.org/instruments/mini-international-neuropsychiatric-interview

6.2.2 DEPRESSIVE SYMPTOMS

Information sheet 3 Patient Health Questionnaire – 9 items (PHQ-9)

Name of the instrument	*Patient Health Questionnaire*
Abbreviation	PHQ-9
Number of items	9
Terms of use	Public domain The source must be mentioned (Kroenke *et al.*, 2001).
Language	English, French and several other languages
Data collection method	Self-report questionnaire or by interview, in hard copy, in person or by telephone.
Target population	Adults (possibly children starting in 4th grade)

Interpretation of the results and thresholds	▪ The items are ranked on a scale of 0 to 3. The maximum score is 27.
	▪ The threshold for assessing moderate depression (10 or more) is used most frequently.
	▪ Thresholds:
	  ▪ Absence of depression: 0-4 points;
	  ▪ Mild depression: 5-9 points;
	  ▪ Moderate depression: 10-14 points;
	  ▪ Moderately severe depression: 15-19 points;
	  ▪ Severe depression: 20-27 points.

Is the questionnaire available in the toolkit?	Yes, see Questionnaire 2.
Other versions	▪ The PHQ-2 includes the first two items of the PHQ-9. The PHQ-2 measures major depressive disorders but it does not measure the severity. ▪ The PHQ-A for adolescents is similar to the PHQ-9 but uses vocabulary adapted to the target clientele (11 to 17 years of age). It has not been translated into French. ▪ The PHQ-4 measures depression and anxiety based on the first two questions of the PHQ-9 and the first two questions of the GAD-7. ▪ An additional question focuses on the level of psychosocial functioning.
References	▪ Kroenke, K., Spitzer, R. L. and Williams, J. B. W. (2001). The PHQ-9: Validity of a brief depression severity measure. J Gen Intern Med, *16*(9), 606–613. ▪ Kroenke, K. and Spitzer, R. L. (2002). The PHQ-9: A new depression diagnostic and severity measure. *Psychiatric Annals, 32*(9), 509-515. ▪ Pfizer (undated-a). Welcome to the Patient Health Questionnaire (PHQ) Screeners. *PHQ and GAD-7 screeners*. Consulted at https://www.phqscreeners.com/ ▪ Pfizer (undated-b). *Instruction manual. Instructions for Patient Health Questionnaire (PHQ) and GAD-7 Measures*. Consulted at https://www.ons.org/sites/default/files/PHQandGAD7_InstructionManual.pdf

Information sheet 4 Center for Epidemiologic Studies – Depression Scale (CES-D)

Name of the instrument	*Center for Epidemiologic Studies – Depression Scale*
Abbreviation	CES-D
Number of items	20
Terms of use	Public domain. The source must be mentioned (Radloff, L. S. *et al.*, 1977).
Language	English, French and more than 13 other languages
Data collection method	Self-report questionnaire or by interview, in hard copy, in person or by telephone.
Target population	Adolescents and adults
Interpretation of the results and thresholds	▪ A four-point numbered scale. The items are ranked on a scale 0 to 3. The maximum score is 60. The scores are reversed for items 4, 8, 12 and 16. ▪ The standard threshold is 16 points and indicates an individual at risk of depression. However, some studies state that the threshold is too low. Accordingly, the threshold can vary from 12 to 27 points, depending on the study. For example, Führer and Rouillon (1989), who validated the French translation of the instrument, recommend using a threshold of 17 for men and 23 for women.
Is the questionnaire available in the toolkit?	Yes, see Questionnaire 3.
Other versions	▪ The CESD-R (CES-D-R; CES-DR) is the revised version of the CES-D. This instrument also contains 20 items, ranked on a five-level scale, as against a four-level scale in the CES-D, and certain items are different from the first version. While the revised version dates from 2004, most studies continue to use the first version (CES-D). There does not appear to be a validated version in French. ▪ The CES-D10 is a short version of the CES-D. It fully repeats 10 of the 20 items in the CES-D and uses the same scale. A score of 10 or more on this instrument indicates the presence of symptoms of depression. ▪ There are several other versions in which the number of items ranges from four to 16, and a version for young people (CES-D for children).
References	▪ Furher, R. and Rouillon, F. (1989). La version française de l'échelle CES-D. Description et traduction de l'échelle d'auto-évaluation. *Psychiatrie et Psychobiologie*, *4*, 163-166. ▪ Radloff, L. S. (1977). The CES-D scale: A self report depression scale for research in the general population. *Applied Psychological Measurements*,*1*, 385-401. ▪ The Center for Epidemiologic Studies Depression Scale Revised (CESD-R). (undated). About CESD-R. Consulted at http://cesd-r.com/about-cesdr/

Information sheet 5 Mini International Neuropsychiatric Interview (MINI) – "Major depression episode" section

Name of the instrument	*Mini International Neuropsychiatric Interview*
Abbreviation	MINI (M.I.N.I)
Number of items	9
Terms of use	▪ A licence must be obtained from Dr. David Sheehan, the lead author. The licence is free of charge if the project has a grant of less than $50 000 and if it is not used in a healthcare system, otherwise it costs $10 (see the entire array of criteria on the Harm Research Institute website: http://harmresearch.org/index.php/mini-international-neuropsychiatric-interview-mini/). ▪ MAPI manages the translations. Fees are levied for the translated versions, in particular the French translation. The cost of distribution of the translation differs according to the use. It is roughly €750 for a commercial user, €100 for a funded university research project, e.g. government funding, and free of charge for non-funded research projects.
Language	English, French and more than 70 other languages
Data collection method	Was developed to be administered through a structured interview, with a trained interviewer.
Target population	Adults
Interpretation of the results and thresholds	If "yes" is the response to at least five questions, the person displays symptoms of a major depression episode.
Is the questionnaire available in the toolkit?	No
Other versions	The MINI is frequently updated to satisfy constantly-changing criteria in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). At the time of dissemination of this toolkit, version 7.0.2 was the most recent version of the MINI and is based on the DSM-5. There is also a shorter MINI Screen version, suitable for screening. The MINI Kid targets children and adolescents. The MINI Plus is more comprehensive and covers 23 health problems.
References	▪ eProvide et MAPI Research Trust. (2018). Mini-International Neuropsychiatric Interview (MINI). Consulted at https://eprovide.mapi-trust.org/instruments/mini-international-neuropsychiatric-interview ▪ Sheehan, D., Lecrubier, Y., Sheehan, K. H., Amorim, P., Janavs, J., Weiller, E., … Dunbar, G. C. (1989). Mini-International Neuropsychiatric Interview (MINI): The development and validation of a Structured Diagnostic Psychiatric Interview for DSM-IV and ICD-10. *Journal of clinical psychiatry*, *59*(20), 22-33. ▪ Sheehan, D., Lecrubier, Y., Sheehan, K. H., Amorim, J., Janavs, E., Weiller, a., … Dunbar, G. C. (1997). The validity of the Mini International Neuropsychiatric Interview (MINI) according to the SCID-P and its reliability. *European Psychiatry*, *12*(5), 232-241.

6.2.3 POST-TRAUMATIC STRESS DISORDER SYMPTOMS

Information sheet 6 Impact of Event Scale – Revised (IES-R)

Name of the instrument	*Impact of Event Scale – Revised*
Abbreviation	IES-R
Number of items	22
Terms of use	Public domain. The source must be mentioned (Weiss and Marmar, 1996).
Language	English, French
Data collection method	Self-report questionnaire or by interview, in hard copy, in person or by telephone.
Target population	Adolescents and adults
Interpretation of the results and thresholds	▪ The items are ranked on a five-point scale. The maximum score is 88. Scores can be calculated for the three sub-scales (intrusive symptoms, avoidance behaviour and neurovegetative hyperactivity). The authors of the IES-R recommend the use of the average score rather than simply adding up the scores, which facilitates the comparison of the scores with those of the *Symptom Checklist 90 – Revised*. However, the thresholds are used in the literature to screen post-traumatic stress disorder (PTSD) and they vary from 22 to 44. The threshold of 33 was used in the surveillance work related to the AZF plant in France. ▪ The items corresponding to the "intrusion" factor are questions 1, 2, 3, 6, 14, 16 and 20; those corresponding to the "avoidance" factor: 5, 7, 8, 11, 12, 13, 17 and 22; and those corresponding to the "hyperactivity" factor: 4, 10, 15, 18, 19 and 21.
Is the questionnaire available in the toolkit?	Yes, see Questionnaire 4.
Other versions	The 22-item IES-R is the revised version of the 15-item IES. There is a 13-item version for children (Information sheet 7).
References	▪ Brunet, A., St-Hilaire, A., Jehel, L. and King, S. (2003). Validation of a French Version of the Impact of Event Scale-Revised. *Canadian Journal of Psychiatry*, *48*(1), 55-60. ▪ Creamer, M., Bell, R., Failla, S. (2003). Psychometric properties of the impact of event scale – Revised. *Behav Res Ther*, *41*(12), 1489-96. ▪ Diene, E., Fouquet, A. et Cogordan, C. (2015). Rapport final de la cohorte des travailleurs de l'agglomération toulousaine (cohorte santé « AZF »). Conséquences sanitaires de l'explosion survenue à l'usine AZF le 21 septembre 2001. Institut de veille sanitaire. Consulted at http://opac.invs.sante.fr/doc_num.php?explnum_id=10149 ▪ Horowitz, M. J., Wilner, N. and Alvarez, W. (1979). Impact of event scale: A measure of subjective stress. *Psychosomatic Medicine*, *41*(3), 209-218. ▪ Weiss, D. S. and Marmar, C. R. (1996). *The Impact of Event Scale-Revised*. In J. P. Wilson and T. M. Keane (dir.). *Assessing psychological trauma and PTSD*. New York: Guildford Press.

Information sheet 7 Children's Revised Impact of Event Scale (CRIES)

Name of the instrument	*Children's Revised Impact of Event Scale*
Abbreviation	CRIES
Number of items	13
Terms of use	Public domain. The source must be mentioned (Smith, P. *et al.*, 2003).
Language	English. A French translation of the CRIES-8 was produced for the study of the incident at the AZF plant but the translation was only minimally validated.
Data collection method	Self-report questionnaire or by interview, in hard copy, or in person.
Target population	Children 8 years of age and over
Interpretation of the results and thresholds	▪ The items are ranked on a four-point scale, for which the scores are 0, 1, 3 and 5 points. The maximum score is 65. The score is obtained by adding the responses to each item. ▪ The CRIES-13 is a recent tool and there are few studies on the topic and even fewer in French. There are now two recommended thresholds. A score of 30 or more on the 13-item version (CRIES-13) would be effective to screen a post-traumatic stress disorder (PTSD). A score of 17 or more on the 8-item version (CRIES-8) would be just as effective to conduct the same screening.
Is the questionnaire available in the toolkit?	Yes, see Questionnaire 5.
Other versions	The CRIES-8 is the first version adapted for young people and comprises eight questions that measure two factors, i.e. intrusion and avoidance. The DSM-IV has added hyperactivity as a criterion to diagnose a PTSD, which has given rise to the 13-item version of the CRIES in order to include five questions on the topic. While the factorial analysis confirms the existence of three factors in the CRIES-13, the items to measure hyperactivity are also markedly present on the intrusion factor. Accordingly, a study has shown that the 8-item version appears to be as valid and effective to screen this disorder, which explains the two thresholds recommended.
References	▪ Children and War foundation. (undated) CRIES 13 Consulted at http://www.childrenandwar.org/measures/children%E2%80%99s-revised-impact-of-event-scale-8-%E2%80%93-cries-8/ies13/ ▪ Perrin, S., Meiser-Stedman, R. and Smith, P. (2005). The Children's Revised Impact of Event Scale (CRIES): Validity as a screening instrument for PTSD. *Behavioural and Cognitive Psychotherapy*, *33*(4), 487-498. ▪ Smith, P., Perrin, S., Dyregrov, A. and Yule, W. (2003). Principal components analysis of the impact of event scale with children in war. *Personality and Individual Differences*, *34*(2), 315.

Information sheet 8 Posttraumatic Stress Disorder Checklist for DSM-IV (PCL-S; PCL-C; PCL-M)

Name of the instrument	*Posttraumatic Stress Disorder Checklist for DSM-IV*
Abbreviation	PCL-S; PCL-C; PCL-M
Number of items	17
Terms of use	Public domain. The source must be mentioned (Weathers *et al.*, 1994).
Language	English, French
Data collection method	Self-report questionnaire. Can be filled out in hard copy, in person or by telephone.
Target population	Adolescents and adults
Interpretation of the results and thresholds	▪ The items are ranked on a five-point scale. The maximum score is 85. A threshold of 44 is recommended to screen a post-traumatic stress disorder (PTSD) in the total population although this threshold differs considerably in the literature (from 30 to 50). The threshold of 50 is recommended in a military population. ▪ The second screening method is the severity cluster. Accordingly, if at least one item from criterion B (items 1 to 5), three items from criterion C (items 6 to 12) and two items from criterion D (items 13 to 17) are ranked 3 (moderately) or more, it is possible to make a provisional diagnosis.
Is the questionnaire available in the toolkit?	Yes, see Questionnaire 6.
Other versions	There are two versions that are identical except that the specific version (PCL-S) allows for the description of reactions to a specific event (the respondent must identify the event). The version for civilians (PCL-C) applies to any stressful event experienced. The PCL-C version is used less extensively. There is also a version for the military population (PCL-M).
References	▪ Blanchard, E. B., Jones-Alexander, J., Buckley, T. C. and Forneris, C. A. (1996). Psychometric properties of the PTSD Checklist (PCL). *Behaviour Research and Therapy*, *34*(8), 669-673. ▪ McDonald, S. D. and Calhoun, P. S. (2010). The diagnostic accuracy of the PTSD Checklist: A critical review. *Clinical Psychology Review*, *30*(8), 976-987. ▪ Terhakopian, A., Sinaii, N., Engel, C. C., Schnurr, P. P. and Hoge, C. W. (2008). Estimating population prevalence of posttraumatic stress disorder: an example using the PTSD checklist. *Journal of Traumatic Stress*, *21*(3), 290-300. ▪ U.S. Department of Veterans Affairs. (2017). PTSD Checklist for DSM-5 (PCL-5). To Obtain Scale. Consulted at https://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp ▪ Weathers, F., Litz, B., Herman, D., Huska, J. and Keane, T. (1994). PCL-S. Washington: National Center for PTSD. Consulted at https://www.ptsd.va.gov/professional/assessment/documents/APCLS.pdf

Information sheet 9 Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5)

Name of the instrument	*Posttraumatic Stress Disorder Checklist for DSM-5*
Abbreviation	PCL-5
Number of items	20
Terms of use	Public domain. The source must be mentioned (Weathers *et al.*, 2013).
Language	English, French
Data collection method	Self-report questionnaire, in hard copy, in person or by telephone.
Target population	Adults
Interpretation of the results and thresholds	▪ The items are ranked on a five-point scale. The maximum score is 80. ▪ A threshold of 33 to 38 is proposed to screen post-traumatic stress disorder (PTSD). ▪ Another way would be to use severity clusters. Accordingly, if at least one item from cluster B (items 1 to 5), one item from cluster C (items 6 to 7), two items from cluster D (items 8 to 14), and two items from cluster E (items 15 to 20) are ranked 2 or more, it is possible to diagnose post-traumatic stress disorder.
Is the questionnaire available in the toolkit?	Yes, see Questionnaire 7.
Other versions	There are three formats of this instrument, i.e. the PCL-5 without criterion A, the PCL-5 with criterion A and the PCL-5 with the LEC-5 and the complete criterion A. The version included in this toolkit is the version without criterion A. The other two versions are readily available on the website of the U.S Department of Veterans Affairs (www.ptsd.va.gov).
References	▪ Ashbaugh, A. R., Houle-Johnson, S., Herbert, C., El-Hage, W. and Brunet, A. (2016). Psychometric validation of the english and french versions of the posttraumatic stress disorder checklist for DSM-5 (PCL-5). *Plos One*, *11*(10), e0161645-e0161645. ▪ Blevins, C. A., Weathers, F. W., Davis, M. T., Witte, T. K. and Domino, J. L. (2015). The Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5): Development and Initial Psychometric Evaluation. *Journal of Traumatic Stress,* 28(6), 489–498. ▪ National Center for PTSD. (undated). *Using the PTSD Checklist for* DSM-5 *(PCL-5)*. Consulted at https://www.ohsu.edu/xd/health/for-healthcare-professionals/telemedicine-network/for-healthcare-providers/ohsu-echo/addiction-medicine/upload/Using-the-PTSD-Checklist-for-DSM-5.pdf ▪ U.S. Department of Veterans Affairs. (2017). PTSD Checklist for DSM-5 *(PCL-5)*. To Obtain Scale. Consulted at https://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp ▪ Weathers, F., Litz, B., Keane, T., Palmieri, P., Marx, B. and Schnurr, P. (2013). The PTSD Checklist for DSM-5 (PCL-5) – Standard [Measurement instrument]. Consulted at https://www.ptsd.va.gov/professional/assessment/documents/PCL-5_Standard.pdf

Information sheet 10 Mini International Neuropsychiatric Interview (MINI) – "Post-traumatic stress disorder" section

Name of the instrument	*Mini International Neuropsychiatric Interview*
Abbreviation	MINI (M.I.N.I)
Number of items	15
Terms of use	▪ A licence must be obtained from Dr. David Sheehan, the lead author. The licence is free of charge if the project has a grant of less than $50 000 and if it is not used in a healthcare system, otherwise it costs $10 (see the entire array of criteria on the Harm Research Institute website: http://harmresearch.org/index.php/mini-international-neuropsychiatric-interview-mini/). ▪ MAPI manages the translations. Fees are levied for the translated versions, in particular the French translation. The cost of distribution of the translation differs according to the use. It is roughly €750 for a commercial user, €100 for a funded university research project, e.g. government funding, and free of charge for non-funded research projects.
Language	English, French and more than 70 other languages
Data collection method	Was developed to be administered through a structured interview with a trained interviewer.
Target population	Adults
Interpretation of the results and thresholds	If there are at least three "yes" responses in section 3, two "yes" responses in section 4 and one "yes" response in section 5, the individual displays symptoms of post-traumatic stress disorder (PTSD).
Is the questionnaire available in the toolkit?	No
Other versions	The MINI is frequently updated to satisfy constantly-changing criteria in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). At the time of dissemination of this toolkit, version 7.0.2 was the most recent version of the MINI and is based on the DSM-5. There is also a shorter MINI Screen version, suitable for screening. The MINI Kid targets children and adolescents. The MINI Plus is more comprehensive and covers 23 health problems.
References	▪ eProvide et MAPI Research Trust. (2018). Mini-International Neuropsychiatric Interview (MINI). Consulted at https://eprovide.mapi-trust.org/instruments/mini-international-neuropsychiatric-interview

6.2.4 PSYCHOLOGICAL DISTRESS

Information sheet 11 Kessler Psychological Distress Scale – 6 items (K6)

Name of the instrument	*Kessler Psychological Distress Scale*
Abbreviation	K6
Number of items	6
Terms of use	Public domain. The source must be mentioned (Kessler *et al.*, 2003).
Language	English, French
Data collection method	Self-report questionnaire, in hard copy, in person or by telephone.
Target population	Adolescents and adults
Interpretation of the results and thresholds	▪ The items are ranked on a five-point scale. The maximum score is 24. ▪ A score equal to or greater than 13 indicates the probability of a serious mental illness. A score below 13 indicates that a serious mental illness is unlikely. ▪ The other thresholds differ from study to study but several use a score of 8 to 12 to indicate moderate distress. The results in the CCHS and the QPHS are presented by quintile.
Is the questionnaire available in the toolkit?	Yes, see Questionnaire 8.
Other versions	The long version has 10 items (K10).
References	▪ Furukawa, T. A., Kessler, R. C., Slade, T. and Andrews, G. (2003). The performance of the K6 and K10 screening scales for psychological distress in the Australian National Survey of Mental Health and Well-Being. *Psychological Medicine*, *33*(2), 357-362. ▪ Kessler, R. C., Barker, P. R., Colpe, L. J., Epstein, J. F., Gfroerer, J. C., Hiripi, E., … Zaslavsky, A. M. (2003). Screening for serious mental illness in the general population. *Archives of General Psychiatry*, *60*(2), 184-189. Consulted at https://pdfs.semanticscholar.org/7101/40b8f5db8fd0701a9b21414fab442f59a617.pdf ▪ Kessler, R. C., Green, J. G., Colpe, Mr. Chetboun J., Epstein, N. A., Gfroerer, J. C., Hiripi, Mr. Chetboun, … Zaslavsky, A. M. (2010). Screening for serious mental illness in the general population with the K6 screening scale: results from the WHO World Mental Health (WMH) survey initiative. *International Journal of Methods in Psychiatric Research*, *2*, 4-22. ▪ National Comorbidity Survey (undated). K10 and K6 Scales. Consulted at https://www.hcp.med.harvard.edu/ncs/k6_scales.php.

6.2.5 Immediate impact of the trauma

Information sheet 12 Peritraumatic Distress Inventory (PDI)

Name of the instrument	*Peritraumatic Distress Inventory*
Abbreviation	PDI
Number of items	13
Terms of use	Public domain. The source must be mentioned (Jehel *et al.* 2005 [English]; Brunet *et al.*, 2001 [French]).
Language	English, French and several other languages
Data collection method	Self-report questionnaire, in hard copy, in person or by telephone.
Target population	Adults
Interpretation of the results and thresholds	▪ The items are ranked on a five-point scale from 0 to 4 with a maximum score of 52. ▪ A score of 14 or more appears to identify individuals at risk of developing a post-traumatic stress disorder (PTSD).
Is the questionnaire available in the toolkit?	Yes, see Questionnaire 9.
Other versions	The PDI-C is a version adapted for children roughly 6 to 16 years of age (Questionnaire 10).
References	▪ Brunet, A., Weiss, D. S., Metzler, T. J., Best, S. R., Fagan, J., Vedantham, K. and Marmar, C. R. (2000). An Overview of the Peritraumatic Emotional Distress Scale. *Dialogues Clin Neurosci, 2*(1), 44-45. ▪ Brunet, A., Weiss, D. S., Metzler, T.J., Best, S. R., Neylan, T. C., Rogers, C., Fagan, J. and Marmar, C. R. (2001). The Peritraumatic Distress Inventory: A proposed Measure of PTSD criterion A2. *American Journal of Psychiatry*, *158*(9), 1480-5. ▪ Bui, E., Brunet, A., Olliac, B., Very, E., Allenou, C., Raynaud, J.-P., … Birmes, P. (2011). Validation of the peritraumatic dissociative experiences questionnaire and peritraumatic distress inventory in school-aged victims of road traffic accidents. *European Psychiatry*, *26*(2), 108-111. ▪ Guardia, D., Brunet, A., Duhamel, A., Ducrocq, F., Demarty, A.-L. and Vaiva, G. (2013). Prediction of trauma-related disorders: a proposed cutoff score for the peritraumatic distress inventory. *The Primary Care Companion for CNS Disorders*, *15*(1). ▪ Jehel, L., Brunet, A., Paterniti, S. and Guelfi, J. D. (2005). Validation de la version française de l'inventaire de détresse péritraumatique. The Canadian Journal of Psychiatry, *50*(1), 67-71.

Information sheet 13 Peritraumatic Dissociative Experiences Questionnaire (PDEQ)

Name of the instrument	*Peritraumatic Dissociative Experiences Questionnaire*
Abbreviation	PDEQ
Number of items	10
Terms of use	Public domain. The source must be mentioned (Birmes *et al.*, 2005 [French]; Marmar *et al.*, 2004 [English]).
Language	English, French
Data collection method	Self-report questionnaire, in hard copy, in person or by telephone.
Target population	Adults
Interpretation of the results and thresholds	▪ Each item is ranked on a five-level scale from 1 to 5, with a maximum score of 50. ▪ The clinical threshold for this instrument is 1.5 for the mean.
Is the questionnaire available in the toolkit?	Yes, see Questionnaire 11.
Other versions	The PDEQ-C is a version adapted for children roughly 6 to 16 years of age.
References	▪ Birmes, P., Brunet, A., Benoit, M., Defer, S., Hatton, L., Sztulman, H. and Schmitt, L. (2005). Validation of the peritraumatic dissociative experiences questionnaire self-report version in two samples of French-speaking individuals exposed to trauma. *European Psychiatry*, *20*(2), 145-151. ▪ Marmar, C. R., Metzler, T. J., Otte, C. (2004). Chapter 6. The Peritraumatic Dissociative Experiences Questionnaire. In J. P. Wilson and T. M. Keane (dir.). Assessing psychological trauma and PTSD (2nd edition). New York: The Guilford Press.

6.2.6 Well-being

Information sheet 14 World Health Organization Well-Being Index (WHO-5)

Name of the instrument	*WHO-5 Well-Being Index*
Abbreviation	WHO-5
Number of items	5
Terms of use	Public domain. The source must be mentioned (Psykiatric Center North Zealand, undated).
Language	English, French and 30-odd other languages
Data collection method	Self-report questionnaire, in hard copy, in person or by telephone.
Target population	Adolescents, adults and probably children 9 years of age and over, according to the study by Allgaier *et al.* (2012).
Interpretation of the results and thresholds	▪ The instrument's five items are ranked on a six-level scale (score range 0-5). The total maximum score is 25. The total score can be converted on a scale of 0 to 100 by multiplying the total score by 4. Zero represents the worst state of well-being and 100, the best state of well-being. This scale of 0 to 100 allows for comparisons with the SF-36. ▪ Studies of the total population estimate the average score at roughly 70. Depressed patients awaiting treatment have a score of around 40. A threshold of 50 or less is recommended to detect depression.
Is the questionnaire available in the toolkit?	Yes, see Questionnaire 12.
Other versions	The WHO-5 is derived from the 28-item *WHO Well-Being Scale*, which measured the positive and negative aspects of well-being.
References	▪ Allgaier, A.-K., Pietsch, K., Frühe, B., Prast, E., Sigl-Glöckner, J. and Schulte-Körne, G. (2012). Depression in pediatric care: is the WHO-Five Well-Being Index a valid screening instrument for children and adolescents? *General Hospital Psychiatry*, *34*(3), 234-241. ▪ Bech, P. (2004). Measuring the dimension of psychological general well-being by the WHO-5. *Quality of life News letter*, 16-17. ▪ Psykiatric Center North Zealand. (undated). WHO-5 Questionnaires. Consulted at https://www.psykiatri-regionh.dk/who-5/who-5-questionnaires/Pages/default.aspx ▪ Topp, C. W., Østergaard, S. D., Søndergaard, S. and Bech, P. (2015). The WHO-5 Well-Being Index: A systematic review of the literature. *Psychotherapy and Psychosomatics*, *84*(3), 167–176.

Information sheet 15 Mental Health Continuum Short Form (MHC-SF)

Name of the instrument	*Mental Health Continuum Short Form*
Abbreviation	MHC-SF
Number of items	14
Terms of use	Protected, but it is possible to use it without requesting the authors' permission provided that the source is mentioned (Keyes, 2009).
Language	English, French and at least six other translations
Data collection method	Self-report questionnaire, in hard copy, in person or by telephone.
Target population	Adolescents and adults
Interpretation of the results and thresholds	▪ The instrument's 14 items are ranked on a six-level scale (score range 0-5). The maximum total score is 70. ▪ Flourishing mental health requires the response "almost every day" or "every day" to at least three questions on emotional well-being (items 1 to 3), and to at least six of the 11 questions on positive functioning (items 4 to 14). Languishing mental health requires the response "once or twice" or "never" to at least one of the three questions on emotional well-being, and to at least six of the 11 questions on positive functioning. Moderate mental health applies to all the other individuals, i.e. those whose mental health is neither flourishing nor languishing.
Is the questionnaire available in the toolkit?	Yes, see Questionnaire 13.
References	▪ Gilmour, H. (September 17, 2014). Santé mentale positive et maladie mentale. *Rapports sur la santé – Statistique Canada*, *25* (9), 3-10. Consulted at https://www150.statcan.gc.ca/n1/fr/pub/82-003-x/2014009/article/14086-fra.pdf?st=eVG1L53h ▪ Keyes, C. L. M. (2009). *Brief description of the Mental Health Continuum Short Form (MHC-SF)*. Consulted at https://www.aacu.org/sites/default/files/MHC-SFEnglish.pdf

6.2.7 FUNCTIONING AND DISABILITY

Information sheet 16 World Health Organization Disability Assessment Schedule (WHODAS 2.0)

Name of the instrument	*World Health Organization Disability Assessment Schedule*
Abbreviation	WHODAS 2.0
Number of items	12
Terms of use	Public domain. While the instrument is in the public domain and free of charge, an online registration form must be completed before it is used: http://www.who.int/classifications/icf/whodasii/en/.
Language	English, French and several other languages
Data collection method	Self-report questionnaire, by proxy or by interview, in hard copy, in person or by telephone.
Target population	Adults
Interpretation of the results and thresholds	A five-point scale measures 12 items. There are two methods to calculate the scores. The shortest, simplest method consists in adding up the scores attributed to each item. The total score of this method ranges from 12 to 60. The second method, which is more complex, is an item-response-theory, which allows for the weighting of the items. The algorithm is available on the WHO website. In the article by Sjonnesen *et al.* (2016), which uses the CCHS 2012 data, it is the simple method that has been preferred. The population-based standards are also available on the WHO website.
Is the questionnaire available in the toolkit?	Yes, see Questionnaire 14.
Other versions	The long version comprises 36 items and the short version, 12 items. Three additional questions measure the extent of the burden of dysfunction.
References	▪ Sjonnesen, K., Bulloch, A. G., Williams, J., Lavorato, D. and B. Patten, S. (2016). Characterization of disability in Canadians with mental disorders using an abbreviated version of a DSM-5 emerging measure: The 12-Item WHO Disability Assessment Schedule (WHODAS) 2.0. *Canadian Journal of Psychiatry*, *61*(4), 227-235. ▪ Üstün, T. B., Kostanjsek, N., Chatterji, S. and Rehm, J. (2010). Measuring health and disability: Manual for WHO Disability Assessment Schedule WHODAS 2.0. World Health Organization. Consulted at http://apps.who.int/iris/bitstream/handle/10665/43974/9789241547598_eng.pdf?sequence=1&isAllowed=y

Information sheet 17 Social functioning questionnaire (SFQ)

Name of the instrument	Social functioning questionnaire
Abbreviation	SFQ
Number of items	16
Terms of use	Public domain. The source must be mentioned (Zanello *et al.*, 2006).
Language	French, English and Spanish
Data collection method	Self-report questionnaire, in hard copy, in person or by telephone.
Target population	Adults
Interpretation of the results and thresholds	The 16 items of this instrument are ranked on a five-level scale. The eight frequency items (indicator F) are ranked from 1 to 5 (score range 8-40). The eight satisfaction items (indicator S) are ranked from 1 to 5 (score range 8-40). The maximum total score is 25. While doing so is hardly recommended, it is possible to create a global indicator G that represents the sum of the indicators F and S (score range 16-80). The higher the score, the better the social functioning.
Is the questionnaire available in the toolkit?	Yes, see Questionnaire 15.
References	▪ Zanello, A., Rouget, B. W., Gex-Fabry, M., Maercker, A. and Guimon, J. (2006). Validation du Questionnaire de fonctionnement social (QFS), un autoquestionnaire mesurant la fréquence et la satisfaction des comportements sociaux d'une population adulte psychiatrique. *L'Encéphale: Revue de psychiatrie clinique biologique et thérapeutique*, *32*(1), 45-59.

6.2.8 QUALITY OF LIFE

Information sheet 18 World Health Organization Quality of Life (WHOQOL-BREF)

Name of the instrument	*World Health Organization Quality of Life*
Abbreviation	WHOQOL-BREF
Number of items	26
Terms of use	This instrument is free of charge but a user licence must be requested from the WHOLQol group before it is used: http://www.who.int/mental_health/publications/whoqol/en/
Language	English, French and 17 other languages
Data collection method	Self-report questionnaire, in hard copy, in person or by telephone.
Target population	Adults
Interpretation of the results and thresholds	The 26 items are ranked on a five-level scale (score range 1-5). It is possible to obtain a score for each of the four domains (through the mean score). The scores by domain must be multiplied by four to be comparable with the WHOQOL-100. Two items can be analyzed separately. A total score cannot be produced.
Is the questionnaire available in the toolkit?	No
Other versions	The 100-item HOQoL-100 is the full version. There are other versions, such as the WHOQol-HIV and the *WhoQol spirituality, religiousness and personnal beliefs* (WHOQol-SRPB).
References	▪ Fernandez, L., Aulagnier, M., Bonnet, A., Guinard, A., Pedinielli, J. L. and Préau, M. (2005). Module VI – Outils psychométriques. In P. Verger *et al.* (dir.). *Démarches épidémiologiques après une catastrophe : anticiper les catastrophes : enjeux de santé publique, connaissances, outils et méthodes* (p. 81-86). Paris: La documentation française. Consulted at http://invs.santepubliquefrance.fr/publications/2005/epidemiologie_catastrophes/module6.pdf ▪ World Health Organization (2018). *The World Health Organization Quality of Life (WHOQOL).* Consulted at http://www.who.int/mental_health/publications/whoqol/en/ ▪ World Health Organization. (1996). *WHOQOL-BREF: introduction, administration, scoring and generic version of the assessment: field trial version.* Geneva: World Health Organization. Consulted at http://apps.who.int/iris/bitstream/handle/10665/63529/WHOQOL-BREF.pdf?sequence=1&isAllowed=y ▪ The WHOQOL Group (1998). Development of the World Health Organization WHOQOL-BREF quality of life assessment. *Psychological Medicine*, *28*(3), 551-558.

Information sheet 19 EuroQol-5-Dimension (EQ-5D-5L including the EQ-VAS)

Name of the instrument	*EuroQol-5-Dimension*
Abbreviation	EQ-5D-5L
Number of items	6
Terms of use	▪ Protected. Permission must be requested from the office of the EuroQol group*:* https://euroqol.org/registration-form/ ▪ The cost of use is determined according to the type of study, funding source, number of respondents and the number of translations (languages) required.
Language	English, French and more than 130 other languages
Data collection method	Self-report questionnaire. Is administered better in hard copy and face-to-face interviews than by telephone.
Target population	Adults
Interpretation of the results and thresholds	▪ For each of the dimensions, there are five levels coded from 1 to 5. Consequently, a single-digit number is obtained for each dimension. Combining the five dimensions produces a five-digit number, ranging from 11111 to 55555, which represents the respondent's health status, e.g. a person with the code 11111 has no problem in respect of the five dimensions. The number corresponding to health status must then be converted into an index level. The user's guide explains the method in detail. It is possible to present the results of the index by a measure of central tendency (mean) and a measure of dispersion (standard deviation). It is also possible to group together levels 1, 2 and 3 (without problems) and levels 4 and 5 (with problems) to make the variables of the five dimensions categorical. There are several other methods to attribute a score. ▪ For the EQ-VAS, a measure of central tendency and a measure of dispersion must be presented. ▪ Both instruments must be used (the EQ-5D-5L and the EQ-VAS), otherwise it is impossible to mention that the EQ-5D-5L has been used.
Is the questionnaire available in the toolkit?	No
Other versions	The EQ-5D-3L is the first version of this instrument. There is a version for children (EQ-5D-Y) comprising five dimensions and three levels.
References	▪ EuroQol Group (2009). *EQ-5D-5L Questionnaire sur la santé. Version française pour le Canada*. Consulted at https://cloudfront.ualberta.ca/-/media/medicine/departments/division-of-critical-care/documents/research-documents/canada-french-eq5d5l-paper-self-complete.pdf ▪ van Reene, M. and Janssen, B. (2015). *EQ-5D-5L User Guide. Basic information on how to use the EQ-5D-5L instrument*. EuroQol group. Consulted at https://euroqol.org/wp-content/uploads/2016/09/EQ-5D-5L_UserGuide_2015.pdf

Information sheet 20 SF-12v2 Health Survey

Name of the instrument	*SF-12v2 Health Survey*
Abbreviation	SF-12v2
Number of items	12
Terms of use	Protected. A user licence must be obtained: https://www.optum.com/campaign/ls/outcomes-survey-request.html
Language	English, French and several other languages
Data collection method	Self-report questionnaire, in hard copy, in person or by telephone.
Target population	Adults
Interpretation of the results and thresholds	It is possible to calculate a physical composite score (PCS) and a mental health composite score (MCS). An algorithm, which is too long to be transcribed here, can be used to calculate the scores and is available in the SF-12v2 user manual. The two indices are converted on a scale of 0 to 100. The average score obtained in the sample can be compared to the national norm (average of 50 with a standard deviation of 10).
Is the questionnaire available in the toolkit?	No
Other versions	The SF-12v2 is the second edition of the SF-12, which is derived from the 36-item SF-36. The SF-6D is the shorter version of the SF-12v2. However, there is very little data on the interpretation of the scores of the SF-6D.
References	▪ Optum. (2018). SF Health Surveys. Consulted at https://campaign.optum.com/content/optum/en/optum-outcomes/what-we-do/health-surveys.html ▪ Ware, J.E. (2002) How to score version 2 of the SF-12 health survey (with a supplement documenting version 1). Health Assessment Lab.

6.2.9 Social support

Information sheet 21 Social Provisions Scale – 10 items (SPS-10)

Name of the instrument	*Social Provisions Scale*
Abbreviation	SPS
Number of items	10
Terms of use	Public domain. The source must be mentioned (Cutrona and Russel, 1987 [English]; Caron, 2013 [French]).
Language	English, French and several other languages.
Data collection method	Self-report questionnaire, in hard copy, in person or by telephone.
Target population	Adults
Interpretation of the results and thresholds	10 items measured on a four-point scale. The sum of the scores ranges from 10 to 40.
Is the questionnaire available in the toolkit?	Yes, see Questionnaire 18.
Other versions	The first version of the *Social Provisions Scale* comprises 24 items.
References	▪ Caron, J. (2013). A validation of the Social Provisions Scale: the SPS-10 items. *Santé mentale au Québec*, *38* (1), 297-318. ▪ Cutrona, C. E. and Russell, D. (1987). *The provisions of social relationships and adaptation to stress*. In W. H. Jones & D. Perlman (dir.) *Advances in personal relationships* (vol. 1, p. 37-67). Greenwich, CT: JAI Press.

6.2.10 ALCOHOL USE

Information sheet 22 Alcohol Use Disorders Identification Test (AUDIT)

Name of the instrument	*Alcohol Use Disorders Identification Test*
Abbreviation	AUDIT
Number of items	10
Terms of use	Public domain. The source must be mentioned (Saunders *et al.*, 1993).
Language	English, French.
Data collection method	Self-report questionnaire, in hard copy, in person or by telephone.
Target population	Adolescents and adults
Interpretation of the results and thresholds	▪ This instrument's 10 items are ranked on a five-level scale for most questions. The maximum total score is 40. ▪ A total score can be calculated but the threshold varies considerably in the studies. The threshold of 8 is generally used to identify individuals at risk of experiencing alcohol-related problems. Certain studies calculate sub-scores since the total score is largely affected by the first three items, i.e. one score for alcohol abuse (items 1 to 3), another score for dependence (items 4 to 6) and another score for pathological consumption (items 7 to 10). Studies also occasionally use lower thresholds for women.
Is the questionnaire available in the toolkit?	Yes, see Questionnaire 19.
Other versions	The AUDIT-C is a shorter version and contains only the first three items from the long version (AUDIT).
References	▪ Audit Alcohol Use Disorders Identification Test. (undated). Using audit, download audit, resources. Consulted at http://auditscreen.org/ ▪ Barbor, T. F., Higgins-Biddle, J. C., Saunders, J. B. and Monteiro, M. G. (2001). *The alcohol use disorders identification test: Guidelines for use in primary care* (Second Edition). Geneva: World Health Organization. Consulted at http://apps.who.int/iris/bitstream/handle/10665/67205/WHO_MSD_MSB_01.6a.pdf;jsessionid=67B3C19C8B69FEA97B2A8C9B1D2B9666?sequence=1 ▪ Bradley, K. A., Boyd-Wickizer, J., Powell, S. H. and Burman, M. L. (1998). Alcohol screening questionnaires in women: a critical review. *JAMA: Journal of the American Medical Association*, *280*(2), 166-171. ▪ Saunders, J. B., Aasland, O. G., Babor, T. F., de la Fuente, J. R. and Grant, M. (1993). Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO Collaborative Project on Early Detection of Persons with Harmful Alcohol Consumption-II. *Addiction*, *88*(6), 791-804.

Information sheet 23 CAGE Questionnaire

Name of the instrument	*Cut down, Annoyed, Guilty, Eye-opener Questionnaire*
Abbreviation	*CAGE Questionnaire* (or DETA in French)
Number of items	4
Terms of use	Public domain. The source must be mentioned (Ewing *et al.*, 1984).
Language	English, French.
Data collection method	Self-report questionnaire, in hard copy, in person or by telephone.
Target population	Adults
Interpretation of the results and thresholds	This instrument's four items are ranked on a dichotomous scale. The maximum total score is 4. A score of 2 or more is deemed clinically significant. Consequently, the probability of alcohol abuse or dependence appears to be high.
Is the questionnaire available in the toolkit?	Yes, see Questionnaire 20.
Other versions	The four-item CAGE-AID (*CAGE Questionnaire – Adapted to include drugs*) simultaneously screens alcohol- and drug-related problems.
References	▪ Dhalla, S. and Kopec, J. A. (2007). The CAGE questionnaire for alcohol misuse: a review of reliability and validity studies. *Clinical and Investigative Medicine. 30*(1), 33-41. ▪ Ewing, J. A. (1984). Detecting alcoholism: The CAGE Questionnaire. *Journal of the American Medical Association*, *252*(14), 1905-1907.

Information sheet 24 Detection of Alcohol and Drug Problems in Adolescents (DEP-ADO)

Name of the instrument	Detection of Alcohol and Drug Problems in Adolescents
Abbreviation	DEP-ADO
Number of items	27
Terms of use	Public domain. The questionnaire can be used provided that the source is mentioned (Recherche et intervention sur les substances psychoatives – Québec, 2016).
Language	English, French.
Data collection method	Questionnaire with an intervener or self-report. Can be filled out in hard copy, in person or by telephone.
Target population	Adolescents 12 to 17 years of age.
Interpretation of the results and thresholds	▪ This instrument measures alcohol and drug problems. A total score must be calculated according to the scoring grid. A total score of 0 to 13 points (green light) appears to indicate the absence of an obvious problem and that the adolescent does not appear to require intervention. ▪ A total score of 14 to 19 points (yellow light) appears to indicate adolescents who might have a developing alcohol or drug problem. Intervention might be desirable. ▪ A score of 20 points or more (red light) appears to indicate an obvious alcohol or drug problem and specialized intervention seems necessary.
Is the questionnaire available in the toolkit?	No, since it is frequently updated: https://oraprdnt.uqtr.uquebec.ca/pls/public/docs/GSC4242/F1775629324_DEP_ADO_fr_V3.2a_2013.pdf
References	▪ Landry, M., Brunelle, N., Tremblay, J. and Desjardins, L. (2005). L'utilisation de la DEP-ADO dans l'intervention et les enquêtes : questions éthiques et méthodologiques. *RISQ_INFO*, *13*(1), 3-5. ▪ Lécallier, D., Hadj-Slimane, F., Landry, M., Bristol-Gauzy, P., Cordoliani, C., Grélois, M., … Michaud, P. (2012). Screening, referring and counseling of adolescents for substance abuse. A randomized controlled study on 2120 students. *Presse Medicale (Paris, France: 1983)*, *41*(9 Pt 1), e411-e419. ▪ Recherche et intervention sur les substances psychoatives – Québec. (2016). DEP-ADO – Detection of Alcohol and Drug Problems in Adolescents (version 3.3 - June 2016. Université du Québec à Trois-Rivières. Consulted at https://oraprdnt.uqtr.uquebec.ca/pls/public/gscw030?owa_no_site=4242&owa_no_fiche=52

6.2.11 Drug use

Information sheet 25 Drug Abuse Screening Test – 10 items (DAST-10)

Name of the instrument	*Drug Abuse Screening Test*
Abbreviation	DAST
Number of items	10
Terms of use	Protected (in 1982 by Dr. Harvey A. Skinner). Authorization must be obtained from Dr. Skinner before the questionnaire is used (hskinner@yorku.ca). The cost of use of the questionnaire depends on the type of use and it is usually free of charge for non-profit studies.
Language	English, French and at least three other languages.
Data collection method	Self-report questionnaire, in hard copy, in person or by telephone.
Target population	Adolescents and adults.
Interpretation of the results and thresholds	▪ This instrument's 10 items are ranked on a dichotomous scale. The maximum total score is 10. ▪ A threshold of 3 or 4 is recommended to screen a drug use problem. The threshold appears to come close to most criteria in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). A score of 9 or more indicates a severe problem.
Is the questionnaire available in the toolkit?	No
Other versions	The 28-item first version is derived from the *Michigan Alcoholism Screening Test* (MAST). A shorter 20-item version was then created, followed by the 10-item version.
References	▪ Giguère, C.-É. and Potvin, S. (2017). The Drug Abuse Screening Test preserves its excellent psychometric properties in psychiatric patients evaluated in an emergency setting. *Addictive Behaviors*, *64*, 165-170. ▪ Skinner, H. A. (1982). The drug abuse screening test. *Addictive Behaviors*, *7*(4), 363-371. ▪ Villalobos-Gallegos, L., Pérez-López, A., Mendoza-Hassey, R., Graue-Moreno, J. and Marín-Navarrete, R. (2015). Psychometric and diagnostic properties of the Drug Abuse Screening Test (DAST): Comparing the DAST-20 vs. the DAST-10. *Salud mental*, *38*(2), 89-94. ▪ Yudko, E., Lozhkina, O. and Fouts, A. (2007). A comprehensive review of the psychometric properties of the Drug Abuse Screening Test. *J Subst Abuse Treat*, *32*(2),189-198.

6.3 Questionnaires

This section reproduces the questionnaires from certain standardized instruments and other tools that the committee of experts recommends when they are in the public domain. It is important to abide by the conditions of use applicable to each instrument (section 6.2) and to at least acknowledge the source for each one.

6.3.1 Anxiety symptoms

Questionnaire 1 Generalized Anxiety Disorder – 7 items (GAD-7)

Au cours des **14 derniers jours**, à quelle fréquence avez-vous été dérangé(e) par les problèmes suivants?	*Over the **last 2 weeks**, how often have you been bothered by the following problems?*	Jamais/ *Not at all*	Plusieurs jours/ *Several days*	Plus de la moitié des jours/ *More than half the days*	Presque tous les jours/ *Nearly every day*
Sentiment de nervosité, d'anxiété ou de tension	*Feeling nervous, anxious or on edge*	0	1	2	3
Incapable d'arrêter de vous inquiéter ou de contrôler vos inquiétudes	*Not being able to stop or control worrying*	0	1	2	3
Inquiétudes excessives à propos de tout et de rien	*Worrying too much about different things*	0	1	2	3
Difficulté à se détendre	*Trouble relaxing*	0	1	2	3
Agitation telle qu'il est difficile de rester tranquille	*Being so restless that it is hard to sit still*	0	1	2	3
Devenir facilement contrarié(e) ou irritable	*Becoming easily annoyed or irritable*	0	1	2	3
Avoir peur que quelque chose d'épouvantable puisse arriver	*Feeling afraid as if something awful might happen*	0	1	2	3

Source: Pfizer (undated). Welcome to the Patient Health Questionnaire (PHQ) Screeners. GAD-7 English for Canada/French for Canada. Consulted at https://www.phqscreeners.com/

6.3.2 DEPRESSIVE SYMPTOMS

Questionnaire 2 Patient Health Questionnaire – 9 items (PHQ-9)

Au cours des **deux dernières semaines**, à quelle fréquence avez-vous été dérangé(e) par les problèmes suivants?	*Over the **last 2 weeks**, how often have you been bothered by any of the following problems?*	Jamais/ *Not at all*	Plusieurs jours/ *Several days*	Plus de sept jours/ *More than half the days*	Presque tous les jours/ *Nearly every day*
Peu d'intérêt ou de plaisir à faire des choses	*Little interest or pleasure in doing things*	0	1	2	3
Se sentir triste, déprimé(e) ou désespéré(e)	*Feeling down, depressed, or hopeless*	0	1	2	3
Difficultés à s'endormir ou à rester endormi(e), ou trop dormir	*Trouble falling or staying asleep, or sleeping too much*	0	1	2	3
Se sentir fatigué(e) ou avoir peu d'énergie	*Feeling tired or having little energy*	0	1	2	3
Peu d'appétit ou trop manger	*Poor appetite or overeating*	0	1	2	3
Mauvaise perception de vous-même — ou vous pensez que vous êtes un perdant ou que vous n'avez pas satisfait vos propres attentes ou celles de votre famille	*Feeling bad about yourself — or that you are a failure or have let yourself or your family down*	0	1	2	3
Difficultés à se concentrer sur des choses telles que lire le journal ou regarder la télévision	*Trouble concentrating on things, such as reading the newspaper or watching television*	0	1	2	3
Vous bougez ou parlez si lentement que les autres personnes ont pu le remarquer. Ou au contraire — vous êtes si agité(e) que vous bougez beaucoup plus que d'habitude	*Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual*	0	1	2	3
Vous avez pensé que vous seriez mieux mort(e) ou pensé à vous blesser d'une façon ou d'une autre	*Thoughts that you would be better off dead or of hurting yourself in some way*	0	1	2	3

Optional question* :

Si vous avez coché **au moins un** des problèmes nommés dans ce questionnaire, répondez à la question suivante : dans quelle mesure ce(s) problème(s) a-t-il (ont-ils) rendu **difficile(s)** votre travail, vos tâches à la maison ou votre capacité à bien vous entendre avec les autres? ☐ Pas du tout difficile(s) ☐ Plutôt difficile(s) ☐ Très difficile(s) ☐ Extrêmement difficile(s)	*If you checked off **any** problems, how **difficult** have these problems made it for you to do your work, take care of things at home, or get along with other people?* ☐ *Not difficult at all* ☐ *Somewhat difficult* ☐ *Very difficult* ☐ *Extremely difficult*

* This question is optional and focuses on the level of psychosocial functioning. It is not used to calculate the score of the PHQ-9 (see Pfizer, undated-b).

Sources: Pfizer (undated-a). Welcome to the Patient Health Questionnaire (PHQ) Screeners. PHQ-9 English for Canada/French for Canada. Consulted at https://www.phqscreeners.com/

Pfizer (undated-b). *Instruction manual. Instructions for Patient Health Questionnaire (PHQ) and GAD-7 Measures*. Consulted at https://www.pcpcc.org/sites/default/files/resources/instructions.pdf

Questionnaire 3 Center for Epidemiologic Studies — Depression Scale (CES-D)

Les impressions suivantes sont ressenties par la plupart des gens. Pourriez-vous indiquer la fréquence avec laquelle vous avez éprouvé les sentiments ou les comportements présentés dans cette liste, durant la semaine écoulée? Pour répondre, cochez la case correspondant à la fréquence*. Durant la semaine écoulée (mettez une réponse pour chaque ligne) :	***Below is a list of the ways you might have felt or behaved.*** *Please tell me how often you have felt this way during the past week.* *During the past week:*	Jamais; très rarement (moins d'un jour)/ *Rarely or none of the time (less than 1 day)*	Occasionnellement (1 à 2 jours)/ *Some or a little of the time (1-2 days)*	Assez souvent (3 à 4 jours)/*Occasionally or a moderate amount of time (3-4 days)*	Fréquemment; tout le temps (5 à 7 jours)/ *Most or all of the time (5-7 days)*
J'ai été contrarié(e) par des choses qui d'habitude ne me dérangent pas	*I was bothered by things that usually don't bother me*	0	1	2	3
Je n'ai pas eu envie de manger, j'ai manqué d'appétit	*I did not feel like eating; my appetite was poor*	0	1	2	3
J'ai eu l'impression que je ne pouvais pas sortir du cafard, même avec l'aide de ma famille et de mes amis	*I felt that I could not shake off the blues even with help from my family or friends*	0	1	2	3
J'ai eu le sentiment d'être aussi bien que les autres**	*I felt that I was just as good as other people*	3	2	1	0
J'ai eu du mal à me concentrer sur ce que je faisais	*I had trouble keeping my mind on what I was doing*	0	1	2	3
Je me suis senti(e) déprimé(e)	*I felt depressed*	0	1	2	3
J'ai eu l'impression que toute action me demandait un effort	*I felt that everything I did was an effort*	0	1	2	3
J'ai été confiant(e) en l'avenir**	*I felt hopeful about the future*	3	2	1	0
J'ai pensé que ma vie était un échec	*I thought my life had been a failure*	0	1	2	3
Je me suis senti(e) craintif(ve)	*I felt fearful*	0	1	2	3
Mon sommeil n'a pas été bon	*My sleep was restless*	0	1	2	3
J'ai été heureux(se)**	*I was happy*	3	2	1	0
J'ai parlé moins que d'habitude	*I talked less than usual*	0	1	2	3
Je me suis senti(e) seul(e)	*I felt lonely*	0	1	2	3
Les autres ont été hostiles envers moi	*People were unfriendly*	0	1	2	3
J'ai profité de la vie**	*I enjoyed life*	3	2	1	0
J'ai eu des crises de larmes	*I had crying spells*	0	1	2	3
Je me suis senti(e) triste	*I felt sad*	0	1	2	3
J'ai eu l'impression que les gens ne m'aimaient pas	*I felt that people disliked me*	0	1	2	3
J'ai manqué d'entrain	*I could not get "going"*	0	1	2	3

* The beginning of the introduction does not come from Furher and Rouillon (1989), but is an addition proposed by Fernandez *et al*. (2005).

** The scores are reversed for these items (4, 8, 12 and 16).

Sources: Furher, R. and Rouillon, F. (1989). La version française de l'échelle CES-D. Description et traduction de l'échelle d'auto-évaluation. *Psychiatrie et Psychobiologie*, *4*, 163-166.

Radloff, L. S. (1977). The CES-D scale: A self report depression scale for research in the general population. *Applied Psychological Measurements*,*1*, 385-401.

6.3.3 POST-TRAUMATIC STRESS DISORDER SYMPTOMS

Questionnaire 4 Impact of Event Scale – Revised (IES-R)

Voici une liste de difficultés que les gens éprouvent parfois à la suite d'un événement stressant. Veuillez lire attentivement chaque item* et indiquer à quel point vous avez été bouleversé(e) pour chacune de ces difficultés **au cours de ces 7 derniers jours** en ce qui concerne (inscrire l'événement). Dans quelle mesure avez-vous été affecté(e) ou bouleversé par ces difficultés?	*Below is a list of difficulties people sometimes have after stressful life events. Please read each item, and then indicate how distressing each difficulty has been for you* ***during the past seven days*** *with respect to (your problem), how much were you distressed or bothered by these difficulties?***	Pas du tout/*Not at all*	Un peu /*A little bit*	Moyennement/*Moderatly*	Passablement***/*Quite a bit*	Extrêmement/*Extremely*
Tout rappel de l'événement ravivait mes sentiments face à l'événement	*Any reminder brought back feelings about it*	0	1	2	3	4
Je me réveillais la nuit	*I had trouble staying asleep*	0	1	2	3	4
Différentes choses m'y faisait penser	*Other things kept making me think about it*	0	1	2	3	4
Je me sentais irritable et en colère	*I felt irritable and angry*	0	1	2	3	4
Quand j'y repensais ou qu'on me le rappelait, j'évitais de me laisser bouleverser	*I avoided letting myself get upset when I thought about it or was reminded of it*	0	1	2	3	4
Sans le vouloir, j'y repensais	*I thought about it when I didn't mean to*	0	1	2	3	4
J'ai eu l'impression que l'événement n'était jamais arrivé ou n'était pas réel	*I felt as if it hadn't happened or wasn't real*	0	1	2	3	4
Je me suis tenu(e) loin de ce qui m'y faisait penser	*I stayed away from reminders about it*	0	1	2	3	4
Des images de l'événement surgissaient dans ma tête	*Pictures about it popped into my mind*	0	1	2	3	4
J'étais nerveux (nerveuse) et j'ai sursautais facilement	*I was jumpy and easily startled*	0	1	2	3	4
J'essayais de ne pas y penser	*I tried not to think about it*	0	1	2	3	4
J'étais conscient(e) d'avoir encore beaucoup d'émotions à propos de l'événement, mais je n'y ai pas fait face	*I was aware that I still had a lot of feelings about it, but I didn't deal with them*	0	1	2	3	4
Mes sentiments à propos de l'événement étaient comme figés	*My feelings about it were kind of numb*	0	1	2	3	4
Je me sentais et je réagissais comme si j'étais encore dans l'événement	*I found myself acting or feeling like I was back at that time*	0	1	2	3	4
J'avais du mal à m'endormir	*I had trouble falling asleep*	0	1	2	3	4
J'ai ressenti des vagues de sentiments intenses à propos de l'événement	*I had waves of strong feelings about it*	0	1	2	3	4
J'ai essayé de l'effacer de ma mémoire	*I tried to remove it from my memory*	0	1	2	3	4
J'avais du mal à me concentrer	*I had trouble concentrating*	0	1	2	3	4
Ce qui me rappelait l'événement me causait des réactions physiques telles que des sueurs, des difficultés à respirer, des nausées ou des palpitations	*Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart*	0	1	2	3	4
J'ai rêvé à l'événement	*I had dreams about it*	0	1	2	3	4
J'étais aux aguets, sur mes gardes	*I felt watchful and on guard*	0	1	2	3	4
J'ai essayé de ne pas en parler	*I tried not to talk about it*	0	1	2	3	4

* The items corresponding to the "intrusion" factor are questions 1, 2, 3, 6, 14, 16 and 20; those corresponding to the "avoidance" factor: 5, 7, 8, 11, 12, 13, 17 and 22; and those corresponding to the "hyperactivity" factor: 4, 10, 15, 18, 19 and 21.

** We found the English version of the IES-R at https://www.aerztenetz-grafschaft.de/download/IES-R-englisch-5-stufig.pdf. However, the source must be mentioned: Weiss and Marmar, 2004.

*** In other studies, the category of response "Fairly" is replaced by "A great deal."

Sources: Brunet, A., St-Hilaire, A., Jehel, L. and King, S. (2003). Validation of a French Version of the Impact of Event Scale-Revised. *Canadian Journal of Psychiatry*, *48*(1), 56-61.

Weiss, D. and Marmar, C. (1996). The Impact of Event Scale-Revised. In J. P. Wilson and T. M. Keane (dir.). *Assessing psychological trauma and PTSD*. New York: Guildford Press.

Questionnaire 5 Children's Revised Impact of Event Scale (CRIES)

Ci-dessous se trouvent des commentaires émis par des gens après avoir vécu des événements stressants. Veuillez répondre à chaque question* en montrant la fréquence de ces réactions pendant ces sept derniers jours**.	*Below is a list of comments made by people after stressful life Event. Please tick each item showing how frequently these comments were true for you* ***during the past seven days****. If they did not occur during that time please tick the "not at all" box.*	Pas du tout/*Not at all*	Rarement/*Rarely*	Quelquefois/*Sometimes*	Souvent/*Often*
Y penses-tu même quand tu ne le veux pas?	*Do you think about it even when you don't mean to?*	0	1	3	5
Essaies-tu de chasser l'événement de ta mémoire?	*Do you try to remove it from your memory?*	0	1	3	5
As-tu des difficultés à être attentif ou à te concentrer?	*Do you have difficulties paying attention or concentrating?*	0	1	3	5
Ressens-tu soudainement des vagues de sentiments intenses à ce sujet?	*Do you have waves of strong feelings about it?*	0	1	3	5
T'effraies-tu plus souvent ou te sens-tu plus nerveux qu'avant l'incident?	*Do you startle more easily or feel more nervous than you did before it happened?*	0	1	3	5
Essaies-tu de t'éloigner de ce qui peut te rappeler l'événement? (p. ex. des endroits ou situations)	*Do you stay away from reminders of it? (e.g. places or situations)*	0	1	3	5
Essaies-tu de ne pas en parler?	*Do you try not talk about it?*	0	1	3	5
T'arrive-t-il d'avoir des images de l'événement à l'esprit?	*Do pictures about it pop into your mind?*	0	1	3	5
Est ce qu'il y a d'autres choses qui t'y font penser?	*Do other things keep making you think about it?*	0	1	3	5
Essaies-tu de ne pas penser à l'événement?	*Do you try not to think about it?*	0	1	3	5
T'irrites-tu facilement?	*Do you get easily irritable?*	0	1	3	5
Es-tu alerte et vigilant même s'il n'y a apparemment pas lieu de l'être?	*Are you alert and watchful even when there is no obvious need to be?*	0	1	3	5
As-tu des problèmes de sommeil?	*Do you have sleep problems?*	0	1	3	5

* The items corresponding to the "intrusion" factor are questions 1, 4, 8 and 9; those corresponding to the "avoidance" factor: 2, 6, 7 and 10; and those corresponding to the "hyperactivity" factor: 3, 5, 11, 12 and 13.

** The French translation has not been fully validated.

Source: Children and War foundation (undated). CRIES 13 Instruction and English Version/French version. Consulted at http://www.childrenandwar.org/measures/children%E2%80%99s-revised-impact-of-event-scale-8-%E2%80%93-cries-8/ies13/

Questionnaire 6 Posttraumatic Stress Disorder Checklist for DSM-IV (PCL-S; PCL-C; PCL-M)

Veuillez trouver ci-dessous une liste de problèmes et de symptômes fréquents à la suite d'un épisode de vie stressant. Veuillez lire chaque problème avec soin puis veuillez entourer un chiffre à droite pour indiquer à quel point vous avez été perturbé par ce problème dans le **mois précédent**. L'événement stressant que vous avez vécu était (décrivez-le en une phrase) : ________________ ____________________________________ Date de l'événement : ____/____/____	*The event you experienced was (event) on (date).* *Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, then circle one of the numbers to the right to indicate how much you have been bothered by that problem **in the past month**.*	Pas du tout/*Not at all*	Un peu/*A little bit*	Parfois/*Moderatly*	Souvent/*Quite a bit*	Très souvent/*Extremely*
Être perturbé(e) par des souvenirs, des pensées ou des images en relation avec cet épisode stressant.	*Repeated, disturbing memories, thoughts, or images of the stressful experience?*	1	2	3	4	5
Être perturbé(e) par des rêves répétés en relation avec cet événement.	*Repeated, disturbing dreams of the stressful experience?*	1	2	3	4	5
Brusquement agir ou sentir comme si l'épisode stressant se reproduisait (comme si vous étiez en train de le revivre).	*Suddenly acting or feeling as if the stressful experience were happening again (as if you were reliving it)?*	1	2	3	4	5
Se sentir très bouleversé(e) lorsque quelque chose vous rappelle l'épisode stressant.	*Feeling very upset when something reminded you of the stressful experience?*	1	2	3	4	5
Avoir des réactions physiques, par exemple battements de cœur, difficultés à respirer, sueurs lorsque quelque chose vous a rappelé l'épisode stressant.	*Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of the stressful experience?*	1	2	3	4	5
Éviter de penser ou de parler de votre épisode stressant ou éviter des sentiments qui sont en relation avec lui.	*Avoiding thinking about or talking about the stressful experience or avoiding having feelings related to it?*	1	2	3	4	5
Éviter des activités ou des situations parce qu'elles vous rappellent votre épisode stressant.	*Avoiding activities or situations because they reminded you of the stressful experience?*	1	2	3	4	5
Avoir des difficultés à se souvenir de parties importantes de l'expérience stressante.	*Trouble remembering important parts of the stressful experience?*	1	2	3	4	5
Perte d'intérêt dans des activités qui habituellement vous faisaient plaisir.	*Loss of interest in activities that you used to enjoy?*	1	2	3	4	5
Se sentir distant ou coupé(e) des autres personnes.	*Feeling distant or cut off from other people?*	1	2	3	4	5
Se sentir émotionnellement anesthésié(e) ou être incapable d'avoir des sentiments d'amour pour ceux qui sont proches de vous.	*Feeling emotionally numb or being unable to have loving feelings for those close to you?*	1	2	3	4	5
Se sentir comme si votre avenir était en quelque sorte raccourci.	*Feeling as if your future will somehow be cut short?*	1	2	3	4	5
Avoir des difficultés pour vous endormir ou rester endormi(e).	*Trouble falling or staying asleep?*	1	2	3	4	5
Se sentir irritable ou avoir des bouffées de colère.	*Feeling irritable or having angry outbursts?*	1	2	3	4	5
Avoir des difficultés à vous concentrer.	*Having difficulty concentrating?*	1	2	3	4	5
Être en état de super-alarme, sur la défensive, ou sur vos gardes.	*Being "super-alert" or watchful or on guard?*	1	2	3	4	5
Se sentir énervé(e) ou sursauter facilement	*Feeling jumpy or easily startled?*	1	2	3	4	5

Sources: Yao, S. N., Cottraux, J., Note, I., De Mey-Guillard, C., Mollard, E. and Ventureyra, V. (2003). Évaluation des états de stress post-traumatique : validation d'une échelle, la PCLS. *L'Encéphale*, *29*(3), 232-238.

Weathers, F., Litz, B., Herman, D., Huska, J. and Keane, T. (1994). *PCL-S*. Washington: National Center for PTSD. Consulted at https://www.ptsd.va.gov/professional/assessment/documents/APCLS.pdf

Questionnaire 7 Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5)

Voici une liste de problèmes que les gens éprouvent parfois suite à une expérience vraiment stressante. Veuillez lire chaque énoncé attentivement et encercler le chiffre à droite pour indiquer dans quelle mesure ce problème vous a affecté au cours du dernier mois. Au cours du dernier mois, dans quelle mesure avez-vous été affecté par :	***Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.*** *In the past month, how much were you bothered by:*	Pas du tout/*Not at all*	Un peu/*A little bit*	Moyennement/*Moderatly*	Souvent/*Quite a bit*	Extrêmement/*Extremely*
Des souvenirs répétés, pénibles et involontaires de l'expérience stressante.	*Repeated, disturbing, and unwanted memories of the stressful experience?*	0	1	2	3	4
Des rêves répétés et pénibles de l'expérience stressante	*Repeated, disturbing dreams of the stressful experience?*	0	1	2	3	4
Se sentir soudainement comme si l'expérience stressante recommençait (comme si vous la vivez de nouveau) ?	*Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?*	0	1	2	3	4
Être bouleversé lorsque quelque chose vous rappelle de l'expérience ?	*Feeling very upset when something reminded you of the stressful experience?*	0	1	2	3	4
Réagir physiquement lorsque quelque chose vous rappelle l'expérience stressante (p. ex. avoir le cœur qui bat très fort, du mal a respirer, ou avoir des sueurs) ?	*Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?*	0	1	2	3	4
Éviter souvenirs, pensées, ou sentiments en lien avec l'expérience stressante ?	*Avoiding memories, thoughts, or feelings related to the stressful experience?*	0	1	2	3	4
Éviter les personnes et les choses qui vous rappellent l'expérience stressante (p. ex. des gens, de lieux, de conversations, des activités, des objets, ou des situations) ?	*Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?*	0	1	2	3	4
Avoir du mal à vous rappeler d'éléments importants de l'expérience stressante ?	*Trouble remembering important parts of the stressful experience?*	0	1	2	3	4
Avoir des croyances négatives sur vous-même, les autres ou sur le monde (p. ex avoir des pensées telles que je suis mauvais, il y a quelque chose qui cloche sérieusement chez moi, nul n'est digne de confiance, le monde est un endroit complètement dangereux) ?	*Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?*	0	1	2	3	4
Vous blâmer ou blâmer les autres pour la survenue de l'expérience stressante ou ce qui est arrivé par la suite ?	*Blaming yourself or someone else for the stressful experience or what happened after it?*	0	1	2	3	4
Avoir des sentiments négatifs intenses tels que peur, horreur, colère, culpabilité, ou honte ?	*Having strong negative feelings such as fear, horror, anger, guilt, or shame?*	0	1	2	3	4
Perdre de l'intérêt pour les activités que vous aimiez auparavant ?	*Loss of interest in activities that you used to enjoy?*	0	1	2	3	4
Vous sentir distant ou coupé des autres ?	*Feeling distant or cut off from other people?*	0	1	2	3	4
Avoir du mal à éprouver des sentiments positifs (p. ex. être incapable de ressentir la joie ou de l'amour envers vos proches) ?	*Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?*	0	1	2	3	4
Etre irritable, avoir des bouffées de colère, ou agir agressivement ?	*Irritable behavior, angry outbursts, or acting aggressively?*	0	1	2	3	4
Prendre des risques inconsidérés ou encore avoir des conduites qui pourraient vous mettre en danger ?	*Taking too many risks or doing things that could cause you harm?*	0	1	2	3	4
Être « super-alerte », vigilant, ou sur vos gardes ?	*Being "superalert" or watchful or on guard?*	0	1	2	3	4
Sursauter facilement ?	*Feeling jumpy or easily startled?*	0	1	2	3	4
Avoir du mal à vous concentrer ?	*Having difficulty concentrating?*	0	1	2	3	4
Avoir du mal à trouver ou garder le sommeil ?	*Trouble falling or staying asleep?*	0	1	2	3	4

Notes: 1. There are three versions of the PCL-5. The version in the toolkit is the one "without criterion A." 2. The French questionnaire of the PCL-5 was obtained by email from A. Brunet. To use the French version of the questionnaire, the article by Ashbaugh *et al.*, 2016 must be mentioned.

Sources: U.S. Department of Veterans Affairs. (2017). PTSD Checklist for DSM-5 (PCL-5). To Obtain Scale. Consulted at https://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp

Ashbaugh, A. R., Houle-Johnson, S., Herbert, C., El-Hage, W. and Brunet, A. (2016). Psychometric validation of the English and French versions of the posttraumatic stress disorder checklist for DSM-5 (PCL-5). *Plos One*, *11*(10), e0161645-e0161645.

6.3.4 PSYCHOLOGICAL DISTRESS

Questionnaire 8 Kessler Psychological Distress Scale – 6 items (K10)

Au cours du dernier mois, à quelle fréquence vous êtes-vous senti :	*During the past month, about how often did you feel:*	Tout le temps/ *All of the time*	La plupart du temps/ *Most of the time*	Parfois/ *Some of the time*	Rarement/ *A little of the time*	Jamais/ *None of the time*
nerveux?	*nervous?*	4	3	2	1	0
désespéré?	*hopeless?*	4	3	2	1	0
agité ou ne tenant pas en place?	*restless or fidgety?*	4	3	2	1	0
si déprimé que plus rien ne pouvait vous faire sourire?	*so depressed that nothing could cheer you up?*	4	3	2	1	0
que tout était un effort?	*that everything was an effort?*	4	3	2	1	0
bon à rien?	*worthless?*	4	3	2	1	0

Notes: 1. The questionnaires are available on the following website: https://www.hcp.med.harvard.edu/ncs/k6_scales.php. However, it is the questionnaires that Statistics Canada uses that are presented here to facilitate comparisons betewen Canadian studies. To use the questionnaires, the source must be mentioned (Kessler *et al*., 2003). 2. To consult the English and French versions of the K6 according to Statistics Canada, see the CCHS in the "Détresse (DIS)" section (in French) and the "Distress (DIS)" section (in English) (Statistics Canada, 2015). It should be noted that Statistics Canada uses the K10 questionnaire. Here, only the items from the K6 are presented. 3. The scoring attributed differs between the studies. Sometimes the scale is 0 (never) to 4 (always) and sometimes it is 5 (never) to 1 (always). Information sheet 11 mentions that the threshold of 13 indicates the probability of a serious mental illness. To use this threshold, the scale of 0 to 4 must be used, as presented in questionnaire 8.

Sources: Kessler, R. C., Barker, P. R., Colpe, L. J., Epstein, J. F., Gfroerer, J. C., Hiripi, E., … Zaslavsky, A. M. (2003). Screening for serious mental illness in the general population. *Archives of General Psychiatry*, *60*(2), 184-189. Consulted at https://pdfs.semanticscholar.org/7101/40b8f5db8fd0701a9b21414fab442f59a617.pdf

Statistics Canada. (2015a). *Canadian Community Health Survey* (CCHS) – Mental Health. Excerpted from the "Distress (DIS)" module. Consulted at http://www23.statcan.gc.ca/imdb/p3Instr_f.pl?Function=assembleInstr&a=1&&lang=fr&Item_Id=152567

Statistics Canada. (2015b). *Canadian Community Health Survey* (CCHS) – 2013. Excerpted from the "Distress (DIS)" module. Consulted at http://www23.statcan.gc.ca/imdb/p3Instr.pl?Function=assembleInstr&a=1&&lang=fr&Item_Id=152567

6.3.5 IMMEDIATE IMPACT OF THE TRAUMA

Questionnaire 9 Peritraumatic Distress Inventory (PDI)

Veuillez compléter les énoncés qui suivent, en cochant la case qui correspond le mieux à ce que vous avez ressenti pendant et immédiatement après l'événement qui est à l'origine de votre stress post-traumatique.	***Please complete the items below by circling the number that best describes the experiences you have had during the critical incident you have selected and immediately after. If an item does not apply to your experience, please circle « not at all true ».***	Pas du tout vrai/*Not at all true*	Un peu vrai/*Slightly true*	Plutôt vrai/*Somewhat true*	Très vrai/*Very true*	Extrêmement vrai/*Extremely true*
Je ressentais de l'impuissance.	*I felt helpless to do more.*	0	1	2	3	4
Je ressentais de la tristesse et du chagrin.	*I felt sadness and grief.*	0	1	2	3	4
Je me sentais frustré(e) et en colère.	*I felt frustrated or angry that I could not do more.*	0	1	2	3	4
J'avais peur pour ma propre sécurité.	*I felt afraid for my own safety.*	0	1	2	3	4
Je me sentais coupable.	*I felt guilt that more was not done.*	0	1	2	3	4
J'avais honte de mes réactions émotionnelles.	*I felt ashamed of my emotional reactions.*	0	1	2	3	4
J'étais inquiet pour la sécurité des autres.	*I felt worried about the safety of others.*	0	1	2	3	4
J'avais l'impression que j'allais perdre le contrôle de mes émotions.	*I had the feeling I was about to loose control of my emotions.*	0	1	2	3	4
J'avais envie d'uriner et d'aller à la selle.	*I had difficulty controlling my bowel and bladder.*	0	1	2	3	4
J'étais horrifié(e).	*I was horrified by what I saw.*	0	1	2	3	4
J'avais des réactions physiques comme des sueurs, des tremblements et des palpitations.	*I had physical reactions like sweating, shaking, and my heart pounding.*	0	1	2	3	4
Je sentais que je pourrais m'évanouir.	*I felt I might pass out.*	0	1	2	3	4
Je pensais que je pourrais mourir.	*I thought I might die.*	0	1	2	3	4

Note: A. Brunet transmitted the French and English questionnaires. To use the questionnaires, the source must be mentioned (Jehel *et al.* 2005; Brunet *et al.* 2001).

Sources: Jehel, L., Brunet, A., Paterniti, S. and Guelfi, J. D. (2005). Validation de la version française de l'inventaire de détresse péritraumatique. *The Canadian Journal of Psychiatry*, *50*(1), 67-71.

Brunet, A., Weiss, D. S., Metzler, T. J., Best, S. R., Neylan, T. C., Rogers, C., Fagan, J., Marmar, C. R. (2001). The Peritraumatic Distress Inventory: A proposed measure of PTSD criterion A2. *The American Journal of Psychiatry*, *158*(9), 1480-1485.

Questionnaire 10 Peritraumatic Distress Inventory – Child (PDI-C)

Complète s'il te plait les phrases qui suivent en cochant la case qui correspond le mieux à ce que tu as ressenti pendant et immédiatement après l'événement qui t'a amené à l'hôpital. **Si un énoncé ne s'applique pas à ton expérience de l'événement, alors coche la réponse « Pas du tout vrai ».**	***Please complete the sentences by checking the boxes corresponding to the best to what you felt during and immediately after the event that took you to the hospital.*** ***If the phrase doesn't apply to how you experienced the event, check the box "not true at all".***	Pas du tout vrai/*Not true at all*	Un peu vrai/*Slightly true*	Plutôt vrai/*Somewhat true*	Très vrai/*Very true*	Extrêmement vrai/*Extremely true*
Je me sentais impuissant(e), dépassé(e)	*I felt helpless, overwhelmed*	0	1	2	3	4
Je ressentais de la tristesse et du chagrin	*I felt sadness and grief*	0	1	2	3	4
Je me sentais frustré(e), insatisfait(e) et en colère	*I felt frustrated or angry I could not do more*	0	1	2	3	4
J'avais peur pour ma propre sécurité	*I felt afraid for my safety*	0	1	2	3	4
Je me sentais coupable	*I felt guilty*	0	1	2	3	4
J'avais honte de mes émotions, ce que je ressentais	*I felt guilty of my emotions, of the way I felt*	0	1	2	3	4
J'étais inquiet(e) pour la sécurité des autres (mes parents, mes frères et sœurs, mes copains, etc…)	*I worried for the safety of others (my parents, Brother(s), sister(s), friends…)*	0	1	2	3	4
J'avais l'impression de perdre le contrôle de mes émotions, de ne plus maitriser ce que je ressentais	*I had the feeling I was about to lose control of my emotions, of no longer controlling what I was feeling*	0	1	2	3	4
J'avais envie d'uriner (faire pipi), d'aller à la selle (faire caca)	*I felt like I needed to urinate (pee), to defecate (poop)*	0	1	2	3	4
J'étais horrifié(e), effrayé(e)	*I was horrified, frightened*	0	1	2	3	4
J'avais des sueurs, des tremblements, le cœur qui battait fort et vite (palpitations)	*I sweated, shaked and my heart pounded or raced*	0	1	2	3	4
Je sentais que je pouvais m'évanouir	*I felt I might pass out*	0	1	2	3	4
Je pensais que je pourrais mourir	*I thought I might die*	0	1	2	3	4

Note: A. Brunet transmitted the French and English questionnaires. To use the questionnaires, the source must be mentioned (Bui *et al.,* 2011).

Source: Bui, E., Brunet, A., Olliac, B., Very, E., Allenou, C., Raynaud, J.-P., … Birmes, P. (2011). Validation of the peritraumatic dissociative experiences questionnaire and peritraumatic distress inventory in school-aged victims of road traffic accidents. *European Psychiatry*, *26*(2), 108-111.

Questionnaire 11 Peritraumatic Dissociative Experiences Questionnaire (PDEQ)

Veuillez répondre aux énoncés suivants en entourant le choix de réponse qui décrit le mieux vos expériences et réactions durant (nom de l'événement) et immédiatement après. Si une question ne s'applique pas à votre expérience, entourez « Pas du tout vrai ».	***Please complete the items below by circling the choice that best describes your experiences and reactions during the (event) and immediately afterwards. If an items does not apply to your experience, please circle "Not at all true".***	Pas du tout vrai/ *Not at all true*	Un peu vrai/*Slightly true*	Plutôt vrai/*Somewhat true*	Très vrais/*Very true*	Extrêmement vrai/ *Extremely true*
Il y a eu des moments où j'ai perdu le fil de ce qui se passait – j'étais complétement déconnecté(e) ou je me suis senti comme si je ne faisais pas partie de ce qui se passait.	*I had moments of losing track of what was going on – I "blanked out" or "spaced out" or in some way felt that I was not part of what was going on.*	1	2	3	4	5
Je me suis retrouvé(e) comme en « pilotage automatique » - j'ai réalisé plus tard que je m'étais mis(e) à faire des choses que je n'avais pas activement décidées de faire.	*I found that I was on « automatic pilot » - I ended up doing things that I later realized I hadn't actively decided to do.*	1	2	3	4	5
Ma perception du temps était changée – les choses avaient l'air de se dérouler au ralenti.	*My sense of time changed – things seemed to be happening in slow motion.*	1	2	3	4	5
Ce qui se passait me semblait irréel, comme si j'étais dans un rêve, ou en regardant un film, ou en train de jouer un rôle.	*What was happening seemed unreal to me, like I was in a dream or watching a movie or play.*	1	2	3	4	5
C'est comme si j'étais le ou la spectateur(trice) de ce qui m'arrivait, comme si je flottais au-dessus de la scène et l'observait de l'extérieur	*I felt as though I were a spectator watching what was happening to me, as if I were floating above the scene or observing it as an outsider.*	1	2	3	4	5
Il y a eu des moments ou la perception que j'avais de mon corps était déformée ou modifiée. Je me sentais déconnecté(e) de mon propre corps, ou bien il me semblait plus grand ou plus petit que d'habitude	*There were moments when my sense of my own body seemed distorted or changed. I felt disconnected from my own body, or that it was unusually large or small.*	1	2	3	4	5
J'avais l'impression que les choses qui arrivaient aux autres m'arrivaient à moi aussi – comme par exemple être en danger alors que je ne l'étais pas.	*I felt as though things that were actually happening to others were happening to me – like I was being trapped when I really wasn't.*	1	2	3	4	5
J'ai été surpris(e) de constater après coup que plusieurs choses s'étaient produites sans que je m'en rende compte, des choses que j'aurais habituellement remarquées.	*I was surprised to find out afterward that a lot of things had happened at the time that I was not aware of, especially things I ordinarily would have noticed.*	1	2	3	4	5
J'étais confus(e); c'est-à-dire que par moment j'avais de la difficulté à comprendre ce qui se passait vraiment.	*I felt confused; that is, there were moments when I had difficulty making sense of what was happening.*	1	2	3	4	5
J'étais désorienté(e); c'est-à-dire que par moment j'étais incertain(e) de l'endroit où je me trouvais, ou de l'heure qu'il était.	*I felt disoriented, that is, there were moments when I felt uncertain about where I was or what time it was.*	1	2	3	4	5

Note: A. Brunet transmitted the French questionnaire. To use the questionnaire, the source must be mentioned (Birmes *et al.,* 2005).

Sources: Marmar, C. R., Metzler, T. J., Otte, C. (2004). Chapter 6. Peritraumatic Dissociative Experiences Questionnaire. In J. P. Wilson and T. M. Keane (dir.). *Assessing Psychological Trauma and PTSD* (2nd edition). New York: The Guilford Press.

Birmes, P., Brunet, A., Benoit, M., Defer, S., Hatton, L., Sztulman, H. and Schmitt, L. (2005). Validation of the peritraumatic dissociative experiences questionnaire self-report version in two samples of French-speaking individuals exposed to trauma. *European Psychiatry*, *20*(2), 145-151.

6.3.6 Well-being

Questionnaire 12 World Health Organization Well-Being Index (WHO-5)

Veuillez indiquer, pour chacune des cinq affirmations, laquelle se rapproche le plus de ce que vous avez ressenti au cours des deux dernières semaines. Notez que le chiffre est proportionnel au bien-être. ***Exemple : si vous vous êtes senti(e) bien et de bonne humeur plus de la moitié du temps au cours des deux dernières semaines, cochez la case 3.*** Au cours des deux dernières semaines	***Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks. Notice that higher numbers mean better well-being.*** ***Example: If you have felt cheerful and in good spirits more than half of the time during the last two weeks, put a tick in the box with the number 3 in the upper right corner.*** *Over the last two weeks*	Tout le temps/*All of the time*	La plupart du temps/*Most of the time*	Plus d ela moitié du temps/ *More than half of the time*	Moins de la moitié du temps/ *Less than half of the time*	De temps en temps/*Some of the time*	Jamais/*At no time*
Je me suis senti(e) bien et de bonne humeur	*I have felt cheerful and in good spirits*	5	4	3	2	1	0
Je me suis senti(e) calme et tranquille	*I have felt calm and relaxed*	5	4	3	2	1	0
Je me suis senti(e) plein(e) d'énergie et vigoureux(se)	*I have felt active and vigorous*	5	4	3	2	1	0
Je me suis réveillé(e) en me sentant frais(che) et dispos(e)	*I woke up feeling fresh and rested*	5	4	3	2	1	0
Ma vie quotidienne a été remplie de choses intéressantes	*My daily life has been filled with things that interest me*	5	4	3	2	1	0

Sources: WHO Collaborating Centre in Mental Health. (1999). *Indice (en cinq points) de bien-être de l'OMS*. Danemark. Consulted at https://www.psykiatri-regionh.dk/who-5/Documents/WHO5_French.pdf

WHO Collaborating Centre in Mental Health. (1998). *WHO (Five) Well-Being Index (1998 version)*. Danemark. Consulted at https://www.psykiatri-regionh.dk/who-5/Documents/WHO5_English.pdf

Questionnaire 13 Mental Health Continuum Short Form (MHC-SF)

Au cours du dernier mois, à quelle fréquence vous êtes-vous senti/avez-vous senti…*	***The following questions are about how you have been feeling during the past month. Place a check mark in the box that best represents how often you have experienced or felt the following:*** *During the past month, how often did you feel ...*	Jamais/*Never*	Une fois ou deux/*Once or twice*	Environ 1 fois par semaine/ *About once a week*	Environ 2 ou 3 fois par semaine/ *About 2 or 3 times a week*	Presque tous les jours/ *Almost every day*	Tous les jours/*Every day*
heureux(se)?	*happy*	0	1	2	3	4	5
intéressé(e) par la vie?	*interested in life*	0	1	2	3	4	5
satisfait(e) à l'égard de votre vie?	*satisfied with life*	0	1	2	3	4	5
que vous aviez quelque chose d'important à apporter à la société?	*that you had something important to contribute to society*	0	1	2	3	4	5
que vous aviez un sentiment d'appartenance à une collectivité (comme un groupe social, votre quartier, votre ville, votre école)?	*that you belonged to a community (like a social group, or your neighborhood)***	0	1	2	3	4	5
que notre société devient un meilleur endroit pour les gens comme vous?***	*that our society is a good place, or is becoming a better place, for all people*	0	1	2	3	4	5
que les gens sont fondamentalement bons?	*that people are basically good*	0	1	2	3	4	5
que le fonctionnement de la société a du sens pour vous?	*that the way our society works makes sense to you*	0	1	2	3	4	5
que vous aimiez la plupart des facettes de votre personnalité?	*that you liked most parts of your personality*	0	1	2	3	4	5
que vous étiez bon(ne) pour gérer les responsabilités de votre quotidien?	*good at managing the responsibilities of your daily life*	0	1	2	3	4	5
que vous aviez des relations chaleureuses et fondées sur la confiance avec d'autres personnes?	*that you had warm and trusting relationships with others*	0	1	2	3	4	5
que vous viviez des expériences qui vous poussent à grandir et à devenir une meilleure personne?	*that you had experiences that challenged you to grow and become a better person*	0	1	2	3	4	5
capable de penser ou d'exprimer vos propres idées et opinions?	*confident to think or express your own ideas and opinions*	0	1	2	3	4	5
que votre vie a un but ou une signification?	*that your life has a sense of direction or meaning to it*	0	1	2	3	4	5

* Items 1 to 3 represent emotional mental health (hedonic); items 4 to 14 represent positive functioning.

** For adolescents (12 to 18 years of age), item 5 is formulated thus: "*That you belonged to a community (like a social group, your school, or your neighborhood)*".

*** For item 6, the instrument's authors propose using from now on the following wording: "society is becoming a better place for everyone." However, in the CCHS, the first version of this item is still used, i.e. the one that is presented in this table.

Sources: Gilmour, H (2014). Santé mentale positive et maladie mentale. Annexe. *Rapports sur la santé – Statistique Canada*, *25*(9), 3-10. Consulted at https://www150.statcan.gc.ca/n1/fr/pub/82-003-x/2014009/article/14086-fra.pdf?st=eVG1L53h

Keyes, C. L. (2009). *Brief description of the Mental Health Continuum Short Form (MHC-SF)*. Consulted at https://www.aacu.org/sites/default/files/MHC-SFEnglish.pdf

6.3.7 FUNCTIONING AND DISABILITY

Questionnaire 14 World Health Organization Disability Assessment Schedule (WHODAS 2.0)

Ce questionnaire se rapporte aux difficultés causés par votre état de santé. Par état de santé, je veux dire une maladie ou un malaise, ou tout autre problème de santé qui peut être de courte durée ou chronique, une blessure, des problèmes mentaux ou émotionnels et des problèmes liés à l'alcool ou aux drogues. Réfléchissez à la période des 30 derniers jours et répondez aux questions en pensant aux difficultés que vous avez eues en effectuant les activités suivantes. Pour chaque question, merci de ne donner qu'une seule réponse. Durant les 30 derniers jours, combien de difficultés avez-vous eues pour :	***This questionnaire asks about difficulties due to health conditions. Health conditions include diseases or illnesses, other health problems that may be short or long lasting, injuries, mental or emotional problems, and problems with alcohol or drugs. Think back over the past 30 days and answer these questions, thinking about how much difficulty you had doing the following activities. For each question, please circle only one response.*** *In the past 30 days, how much difficulty did you have in:*	Aucune/*None*	Légère/*Mild*	Modérée/*Moderate*	Sévère/*Severe*	Extrême, ne peut pas faire/ *Extreme or cannot do*
Être debout pour de longues périodes comme 30 min?	***Standing*** *for* ***long periods*** *such as* ***30 minutes****?*	0	1	2	3	4
Vous occuper de vos responsabilités ménagères?	*Taking care of your* ***household responsibilities****?*	0	1	2	3	4
Apprendre une nouvelle tâche ou par ex. découvrir un nouveau lieu?	***Learning*** *a* ***new task****, for example, learning how to get to a new place?*	0	1	2	3	4
À quel point est-ce un problème de vous **engager dans des activités communautaires** (par ex. fêtes, activité religieuse ou autre) de la même façon que les autres?	*How much of a problem did you have* ***joining in community activities*** *(for example, festivities, religious or other activities) in the same way as anyone else can?*	0	1	2	3	4
À quel point avez-vous été **émotionnellement affecté(e)** par votre état de santé?	*How much have* ***you*** *been* ***emotionally affected*** *by your health problems?*	0	1	2	3	4
Vous **concentrer** sur une tâche pendant **dix minutes**?	***Concentrating*** *on doing something for* ***ten minutes****?*	0	1	2	3	4
Marcher une longue distance comme 1 **kilomètre**?	***Walking a long distance*** *such as a* ***kilometre*** *[or equivalent]?*	0	1	2	3	4
Laver votre corps tout **entier**?	***Washing*** *your* ***whole body****?*	0	1	2	3	4
Vous habiller?	*Getting* ***dressed****?*	0	1	2	3	4
Avoir à faire à des personnes que vous ne connaissez pas?	***Dealing*** *with people* ***you do not know****?*	0	1	2	3	4
Entretenir une relation d'amitié?	***Maintaining a friendship****?*	0	1	2	3	4
Faire votre travail/vos activités scolaires quotidien(nes)?	*Your day-to-day* ***work****?*	0	1	2	3	4

Three optional questions to estimate the burden associate with the disability	
Au total, durant les 30 derniers jours, pendant **combien de jours** avez-vous eu ces difficultés? Noter le nombre de jours _____	*Overall, in the past 30 days,* ***how many days*** *were these difficulties present? Record number of days _____*
Durant les 30 derniers jours, pendant combien de jours avez-vous été incapable d'effectuer vos activités habituelles ou travail du fait de votre état de santé? Noter le nombre de jours _____	*In the past 30 days, for how many days were you* ***totally unable*** *to carry out your usual activities or work because of any health condition? Record number of days _____*
Durant les 30 derniers jours, sans compter les jours ou vous étiez totalement incapable, pendant combien de temps avez-vous diminué ou réduit vos activités habituelles ou votre travail du fait de votre état de santé? Noter le nombre de jours _____	*In the past 30 days, not counting the days that you were totally unable, for how many days did you* ***cut back*** *or* ***reduce*** *your usual activities or work because of any health condition? Record number of days _____*

Note: The questionnaires are available on the following website in several languages: http://www.who.int/classifications/icf/form_whodas_downloads/en/. This table presents the 12-item English and French self-administered versions.

Sources: World Health Organization. (undated-a). *WHODAS 2.0* Self-administered 12-item version. Consulted at http://apps.who.int/datacol/answer_upload.asp?survey_id=574&view_id=580&question_id=11014&answer_id=15915&respondent_id=135961

World Health Organization. (undated-b). *WHODAS 2.0* Self-administered 12-item version. Consulted at http://apps.who.int/datacol/answer_upload.asp?survey_id=574&view_id=580&question_id=11014&answer_id=15915&respondent_id=135921

Questionnaire 15 Social functioning questionnaire (SFQ)

<table>
<tr><td colspan="2">This questionnaire evaluates your general social functioning over the past two weeks. Carefully read each question below, then check the appropriate response. There are no right or wrong answers.*</td></tr>
<tr><td colspan="2">I Activities</td></tr>
<tr><td>During the past two weeks, how often have you engaged in any of these activities (professional activities, studies, activities in a sheltered workshop or a care facility, volunteer activities, job hunting, and so on)?
☐ Every day
☐ At least twice a week
☐ At least once a week
☐ Once every 15 days
☐ Never</td><td>Are you satisfied with how you carried out these activities during the past two weeks?
☐ Very satisfied
☐ Fairly satisfied
☐ Moderately satisfied
☐ Fairly dissatisfied
☐ Very dissatisfied</td></tr>
<tr><td colspan="2">II Tasks of daily living</td></tr>
<tr><td>Over the past two weeks, how often have you performed any of these tasks (housekeeping, shopping, cooking, children's education, and so on)?
☐ Every day
☐ At least twice a week
☐ At least once a week
☐ Once every 15 days
☐ Never</td><td>Are you satisfied with how you carried out these tasks during the past two weeks?
☐ Very satisfied
☐ Fairly satisfied
☐ Moderately satisfied
☐ Fairly dissatisfied
☐ Very dissatisfied</td></tr>
<tr><td colspan="2">III Leisure activities</td></tr>
<tr><td>Over the past two weeks, how often have you devoted time to leisure activities (sports, artistic or cultural activities, reading, movies, and so on)?
☐ Every day
☐ At least twice a week
☐ At least once a week
☐ Once every 15 days
☐ Never</td><td>Are you satisfied with the leisure activities in which you engaged over the past two weeks?
☐ Very satisfied
☐ Fairly satisfied
☐ Moderately satisfied
☐ Fairly dissatisfied
☐ Very dissatisfied</td></tr>
<tr><td colspan="2">IV Family and marital relationships</td></tr>
<tr><td>During the past two weeks, how frequently have you had relationships with members of your family, parents, spouse or partner, children, siblings, cousins, and so on?
☐ Every day
☐ At least twice a week
☐ At least once a week
☐ Once every 15 days
☐ Never</td><td>Are you satisfied with the relationships that you have had with these members of your family over the past two weeks?
☐ Very satisfied
☐ Fairly satisfied
☐ Moderately satisfied
☐ Fairly dissatisfied
☐ Very dissatisfied</td></tr>
<tr><td colspan="2">V Extrafamilial relationships</td></tr>
<tr><td>Over the past two weeks, how often have you engaged in relationships with people in your extrafamilial circle (friends, neighbours, occasional sexual partners, and so on)?
☐ Every day
☐ At least twice a week
☐ At least once a week
☐ Once every 15 days
☐ Never</td><td>Are you satisfied with the relationships that you have had with these people in your extrafamilial circle over the past two weeks?
☐ Very satisfied
☐ Fairly satisfied
☐ Moderately satisfied
☐ Fairly dissatisfied
☐ Very dissatisfied</td></tr>
</table>

Questionnaire 15 Social functioning questionnaire (SFQ) (continued)

VI Financial and administrative management	
Over the past two weeks, how often have you engaged in financial and administrative management activities (payments, filing, and so on)? ☐ Every day ☐ At least twice a week ☐ At least once a week ☐ Once every 15 days ☐ Never	Are you satisfied with how you engaged in financial and administrative management activities over the past two weeks? ☐ Very satisfied ☐ Fairly satisfied ☐ Moderately satisfied ☐ Fairly dissatisfied ☐ Very dissatisfied
VII General health	
Over the past two weeks, how often have you taken care of your general health (hygiene and appearance, diet, basic medical and dental care, and so on)? ☐ Every day ☐ At least twice a week ☐ At least once a week ☐ Once every 15 days ☐ Never	Are you satisfied with how you took care of your general health over the past two weeks? ☐ Very satisfied ☐ Fairly satisfied ☐ Moderately satisfied ☐ Fairly dissatisfied ☐ Very dissatisfied
VIII Community life and information	
Over the past two weeks, how often have you sought information and/or participated in community life (participation in political life, associations, the cultural life of your living environment and information on regional and world news, and so on)? ☐ Every day ☐ At least twice a week ☐ At least once a week ☐ Once every 15 days ☐ Never	Are you satisfied with how you kept informed and/or participated in community life over the past two weeks? ☐ Very satisfied ☐ Fairly satisfied ☐ Moderately satisfied ☐ Fairly dissatisfied ☐ Very dissatisfied

Note: The English version is a non-validated translation of the French version of the questionnaire.

Source: Zanello, A., Rouget, B. W., Gex-Fabry, M., Maercker, A. and Guimon, J. (2006). Validation du Questionnaire de fonctionnement social (QFS), un autoquestionnaire mesurant la fréquence et la satisfaction des comportements sociaux d'une population adulte psychiatrique. *L'Encéphale : Revue de psychiatrie clinique biologique et thérapeutique*, *32*(1), 45-59.

Questionnaire 16 Activities of daily living (ADL in the CCHS)

Les prochaines questions portent sur les activités communes de tous les jours. Il est possible que les questions ne s'appliquent pas à vous, mais il est nécessaire de poser les mêmes questions à tout le monde. À cause d'un état physique, un état mental ou un problème de santé, avez-vous besoin de la difficulté :	***The next few questions are about common daily activities. These questions may not apply to you, but we need to ask the same questions of everyone.*** *Because of any physical condition, mental condition or health problem, do you have any difficulty:*	Non, vous n'avez pas de difficulté/ *No, you have no difficulty*	Oui, vous avez de la difficulté, mais vous n'avez pas besoin de l'aide d'une autre personne/*Yes, you have difficulty, but do not require help of others*	Oui, vous avez de la difficulté, mais vous pouvez le faire avec l'aide d'une autre personne/*Yes, you have difficulty, but can do it with the help of others*	Vous êtes absolument incapable de le faire/*[You] cannot do it at all*
pour préparer les repas?	*with preparing meals?*				
à faire des commissions comme l'épicerie?	*with running errands such as shopping for groceries?*				
pour accomplir les tâches ménagères quotidiennes?	*with doing everyday housework?*				
pour vos soins personnels comme vous laver, vous habiller, manger ou prendre des médicaments?	*with personal care such as bathing, dressing, eating or taking medication?*				
pour vous déplacer dans la maison?	*with moving about inside the house?*				
pour vous occuper de vos finances personnelles comme faire des transactions bancaires ou des paiements de factures?	*with looking after your personal finances such as making bank transactions or paying bills?*				

Note: No scoring is necessary for this instrument.

Sources: Statistics Canada. (2017a). *Canadian Community Health Survey* (CCHS) – 2017. Excerpt from the "Activités de la vie quotidienne (ADL)" module. Consulted at http://www23.statcan.gc.ca/imdb/p3Instr_f.pl?Function=assembleInstr&a=1&&lang=fr&Item_Id=507367

Statistics Canada. (2017b). *Canadian Community Health Survey* (CCHS) - 2017. Excerpt from the "Activities of daily living" module. Consulted at http://www23.statcan.gc.ca/imdb/p3Instr.pl?Function=assembleInstr&a=1&&lang=En&Item_Id=507367

Questionnaire 17 Restriction of activities (RAC in the CCHS)

Les questions suivantes portent sur toutes limitations actuelles dans vos activités quotidiennes causées par un état ou un problème de santé de longue durée. Pour ces questions, on entend par « problème de santé de longue durée » un état qui dure ou qui devrait durer 6 mois ou plus.	***The next few questions deal with any current limitations in your daily activities caused by a long-term health condition or problem. In these questions, a "long-term condition" refers to a condition that is expected to last or has already lasted 6 months or more.***
Avez-vous de la difficulté à entendre, à voir, à communiquer, à marcher, à monter un escalier, à vous pencher, à apprendre ou à faire d'autres activités semblables? 1 : Parfois 2 : Souvent 3 : Jamais	*Do you have any difficulty hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing any similar activities?* *1 : Sometimes* *2 : Often* *3 : Never*
Est-ce qu'un état physique ou un état mental ou un problème de santé de longue durée réduit la quantité ou le genre d'activités que vous pouvez faire : ▪ …. à la maison 1 : Parfois 2 : Souvent 3 : Jamais ▪ …. à l'école? 1 : Parfois 2 : Souvent 3 : Jamais 4 : Ne fréquente pas l'école ▪ …. au travail? 1 : Parfois 2 : Souvent 3 : Jamais 4 : N'a pas d'emploi ▪ …. dans d'autres activités, par exemple dans les déplacements ou les loisirs? 1 : Parfois 2 : Souvent 3 : Jamais	*Does a long-term physical condition or mental condition or health problem, reduce the amount or the kind of activity you can do:* ▪ … at home? *1 : Sometimes* *2 : Often* *3 : Never* ▪ … at school? *1 : Sometimes* *2 : Often* *3 : Never* *4 : Does not attend school* ▪ … at work? *1 : Sometimes* *2 : Often* *3 : Never* *4 : Does not work at a job* ▪ … in other activities, for example, transportation or leisure? *1." Sometimes* *2 : Often* *3 : Never*
Vous avez mentionné que vous avez de la difficulté à entendre, à voir, à communiquer, à marcher, à monter un escalier, à vous pencher, à apprendre ou à faire d'autres activités semblables. Lequel des énoncés suivants décrit le mieux la cause du problème de santé? 01 : Accident à la maison 02 : Accident causé par un véhicule motorisé 03 : Accident au travail 04 : Autre genre d'accident 05 : Présent dès la naissance ou héréditaire 06 : DISCUSSION PAPER 07 : Maladie ou mal 08 : Le vieillissement 09 : Problème ou état de santé mentale ou émotionnelle 10 : Consommation d'alcool ou de drogues 11 : Autre – Précisez	***You reported that you have difficulty hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing any similar activities.*** *Which one of the following is the best description of the cause of this condition?* *01: Accident at home* *02: Motor vehicle accident* *03: Accident at work* *04/ Other type of accident* *05: Existed from birth or genetic* *06: Work conditions* *07: Disease or illness* *08: Ageing* *09: Emotional or mental health problem or condition* *10: Use of alcohol or drugs* *11: Other - Specify*

Sources: Statistics Canada (2016a). *Canadian Community Health Survey* (CCHS) - 2014. Excerpt from the "Limitations des activités (RAC) module. Consulted at http://www23.statcan.gc.ca/imdb/p3Instr_f.pl?Function=assembleInstr&a=1&&lang=en&Item_Id=214314

Statistics Canada (2016b). *Canadian Community Health Survey* (CCHS) - 2014. Excerpt from the "Restriction of activities" module. Consulted at http://www23.statcan.gc.ca/imdb/p3Instr.pl?Function=assembleInstr&a=1&&lang=en&Item_Id=214314

6.3.8 SOCIAL SUPPORT

Questionnaire 18 Social Provisions Scale – 10 items (SPS-10)

Les questions qui suivent portent sur vos relations habituelles avec vos amis, les membres de votre famille, vos collègues de travail, les membres de votre communauté ou toute autre personne. Indiquez dans quelle mesure chaque énoncé décrit vos relations avec les autres.	***The next questions are about your current relationships with friends, family members, co-workers, community members, and so on. Please indicate to what extent each statement describes your current relationships with other people.***	Tout à fait d'accord/ *Strongly agree*	D'accord/*Agree*	En désaccord/*Disagree*	Tout à fait en désaccord/ *Strongly disagree*
Il y a des personnes sur qui je peux compter pour m'aider en cas de réel besoin.	*There are people I can depend on to help me if I really need it.*	1	2	3	4
Il y a des personnes qui prennent plaisir aux mêmes activités sociales que moi.	*There are people who enjoy the same social activities I do.*	1	2	3	4
J'ai des personnes proches de moi qui me procurent un sentiment de sécurité affective et de bien-être.	*I have close relationships that provide me with a sense of emotional security and well-being.*	1	2	3	4
Il y a quelqu'un avec qui je pourrais discuter de décisions importantes qui concernent ma vie.	*There is someone I could talk to about important decisions in my life.*	1	2	3	4
J'ai des relations où ma compétence et mon savoir-faire sont reconnus.	*I have relationships where my competence and skill are recognized.*	1	2	3	4
Il y a une personne fiable à qui je pourrais faire appel pour me conseiller si j'avais des problèmes.	*There is a trustworthy person I could turn to for advice if I were having problems.*	1	2	3	4
J'ai l'impression de faire partie d'un groupe de personnes qui partagent mes attitudes et mes croyances.	*I feel part of a group of people who share my attitudes and beliefs.*	1	2	3	4
Je ressens un lien affectif fort avec au moins une autre personne.	*I feel a strong emotional bond with at least one other person.*	1	2	3	4
Il y a des gens qui admirent mes talents et habileté.	*There are people who admire my talents and abilities.*	1	2	3	4
Il y a des gens sur qui je peux compter en cas d'urgence.	*There are people I can count on in an emergency.*	1	2	3	4

* The questionnaire in the toolkit is the one used in the CCHS – Mental Health 2012. The wording of the question in item 5 and the choice of answers differ slightly from Caron's version (2013).

Sources: Statistics Canada (2015a). *Canadian Community Health Survey* (CHSS) - Mental Health. Excerpt from the "Échelle de provisions sociales à 10 items (SPS)" Consulted at http://www23.statcan.gc.ca/imdb/p3Instr_f.pl?Function=assembleInstr&a=1&&lang=fr&Item_Id=119788#qb120290

Statistics Canada. (2015b). *Canadian Community Health Survey* (CCHS) - Mental Health. Excerpt from the "Social Provisions Scale: the SPS-10 items" Consulted at http://www23.statcan.gc.ca/imdb/p3Instr.pl?Function=assembleInstr&a=1&&lang=fr&Item_Id=119788#qb120290

6.3.9 ALCOHOL USE

Questionnaire 19 Alcohol Use Disorders Identification Test (AUDIT)

Ce questionnaire permet d'évaluer par vous-même votre consommation d'alcool. Merci de le remplir en cochant une réponse par question. Si vous ne prenez jamais d'alcool, ne répondez qu'à la première question.	***Pease circle the answer that is correct for you.***
À quelle fréquence vous arrive-t-il de consommer des boissons contenant de l'alcool? (0) Jamais (1) 1 fois par mois ou moins (2) 2 à 4 fois par mois (3) 2 à 3 fois par semaine (4) 3 fois ou plus par semaine	*How often do you have a drink containing alcohol?* *(0) Never* *(1) Monthly or less* *(2) Two to four times a month* *(3) Two to three times a week* *(4) Four or more times a week*
Combien de verres standards buvez-vous au cours d'une journée ordinaire où vous buvez de l'alcool? (0) Un ou deux (1) Trois ou quatre (2) Cinq ou six (3) Sept ou neuf (4) Dix ou plus	*How many drinks containing alcohol do you have on a typical day when you are drinking?* *(0) 1 or 2* *(1) 3 or 4* *(2) 5 or 6* *(3) 7 to 9* *(4) 10 or more*
Au cours d'une même occasion, à quelle fréquence vous arrive-t-il de boire six verres standards ou plus? (0) Jamais (1) Moins d'une fois par mois (2) Une fois par mois (3) Une fois par semaine (4) Chaque jour ou presque	*How often do you have six or more drinks on one occasion?* *(0) Never* *(1) Less than monthly* *(2) Monthly* *(3) Weekly* *(4) Daily or almost daily*
Dans les douze derniers mois, à quelle fréquence avez-vous observé que vous n'étiez plus capable de vous arrêter de boire après avoir commencé? (0) Jamais (1) Moins d'une fois par mois (2) Une fois par mois (3) Une fois par semaine (4) Chaque jour ou presque	*How often during the last year have you found that you were not able to stop drinking once you had started?* *(0) Never* *(1) Less than monthly* *(2) Monthly* *(3) Weekly* *(4) Daily or almost daily*
Dans les douze derniers mois, à quelle fréquence le fait d'avoir bu de l'alcool vous a-t-il empêché de faire ce qu'on attendait normalement de vous? (0) Jamais (1) Moins d'une fois par mois (2) Une fois par mois (3) Une fois par semaine (4) Chaque jour ou presque	*How often during the last year have you failed to do what was normally expected from you because of drinking?* *(0) Never* *(1) Less than monthly* *(2) Monthly* *(3) Weekly* *(4) Daily or almost daily*
Dans les douze derniers mois, à quelle fréquence, après une période de forte consommation, avez-vous dû boire de l'alcool dès le matin pour vous remettre en forme? (0) Jamais (1) Moins d'une fois par mois (2) Une fois par mois (3) Une fois par semaine (4) Chaque jour ou presque	*How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?* *(0) Never* *(1) Less than monthly* *(2) Monthly* *(3) Weekly* *(4) Daily or almost daily*
Dans les douze derniers mois, à quelle fréquence avez-vous eu un sentiment de culpabilité ou de regret après avoir bu? (0) Jamais (1) Moins d'une fois par mois (2) Une fois par mois (3) Une fois par semaine (4) Chaque jour ou presque	*How often during the last year have you had a feeling of guilt or remorse after drinking?* *(0) Never* *(1) Less than monthly* *(2) Monthly* *(3) Weekly* *(4) Daily or almost daily*

Questionnaire 19 Alcohol Use Disorders Identification Test (AUDIT) (continued)

Dans les douze derniers mois, à quelle fréquence avez-vous été incapable de vous souvenir de ce qui s'était passé la nuit précédente parce que vous aviez bu? (0) Jamais (1) Moins d'une fois par mois (2) Une fois par mois (3) Une fois par semaine (4) Chaque jour ou presque	*How often during the last year have you been unable to remember what happened the night before because you had been drinking?* *(0) Never* *(1) Less than monthly* *(2) Monthly* *(3) Weekly* *(4) Daily or almost daily*
Vous êtes-vous blessé ou avez-vous blessé quelqu'un parce que vous aviez bu? (0) Non (2) Oui, mais pas dans les douze derniers mois (4) Oui, au cours des douze derniers mois	*Have you or someone else been injured as a result of your drinking?* *(0) No* *(2) Yes, but not in the last year* *(4) Yes, during the last year*
Est-ce qu'un proche, un ami, un médecin ou un autre professionnel de santé s'est déjà préoccupé de votre consommation d'alcool et vous a conseillé de la diminuer? (0) Non (2) Oui, mais pas dans les douze derniers mois (4) Oui, au cours des douze derniers mois	*Has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?* *(0) No* *(2) Yes, but not in the last year* *(4) Yes, during the last year*

Note: The AUDIT questionnaire in several languages can be downloaded at http://auditscreen.org/. However, the table presents the versions of Gache *et al.* (2005) and Saunders *et al.* (1993), to which have been added the weighting from the website mentioned earlier.

Sources: Gache, P., Michaud, P., Landry, U., Accietto, C., Arfaoui, S., Wenger, O. and Daeppen, J. B. (2005). The Alcohol Use Disorders Identification Test (AUDIT) as a screening tool for excessive drinking in primary care: reliability and validity of a French version. *Alcohol Clin Exp Res*, *29*(11), 2001-2007.

Saunders, J. B., Aasland, O. G., Babor, T. F., de la Fuente, J. R. and Grant, M. (1993). Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO Collaborative Project on Early Detection of Persons with Harmful Alcohol Consumption--II. *Addiction*, *88*(6), 791-804.

Questionnaire 20 CAGE Questionnaire

Questions (French)	Questions (English)	Oui/Yes	Non/No
Avez-vous déjà ressenti le besoin de **diminuer** votre consommation de boissons alcoolisées?	*In the last three months, have you felt you should cut down on your drinking?**	1	0
Votre **entourage** vous a-t-il déjà fait des remarques au sujet de votre consommation?	*Have people annoyed you by criticizing your drinking?*	1	0
Avez-vous déjà eu l'impression que vous buviez **trop**?	*Have you ever felt bad or guilty about your drinking?*	1	0
Avez-vous déjà eu besoin d'**alcool** dès le matin pour vous sentir en forme?	*Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?*	1	0

* This question has been updated since the 1984 version ("*Have you ever felt you ought to cut down on your drinking?"*).

Notes: 1. The CAGE questionnaire is sometimes called the DETA questionnaire in French. 2. Certain authors recommend asking beforehand if the respondent consumes alcohol before administering the CAGE questionnaire.

Sources:

Fernandez, L., Aulagnier, M., Bonnet, A., Guinard, A., Pedinielli, J. L. and Préau, M. (2005). Module VI – Outils psychométriques. In P. Verger *et al.* (dir.). Démarches épidémiologiques après une catastrophe : anticiper les catastrophes : enjeux de santé publique, connaissances, outils et méthodes (p. 66-67). Paris: La documentation française. Consulted at http://invs.santepubliquefrance.fr/publications/2005/epidemiologie_catastrophes/module6.pdf

Ewing, J. A. (1984). Detecting alcoholism: The CAGE Questionnaire. *Journal of the American Medical Association*, *252*(14), 1905-1907.

Questionnaire 21 Alcohol and drug use

<table>
<tr><th>Questions (French)</th><th>Questions (English)</th></tr>
<tr><td>Depuis [l’événement], avez-vous modifié votre consommation d’alcool?
▪ Pas d’alcool
▪ En augmentation
▪ En diminution
▪ Identique
Autres choix de réponses possibles (recommandées par le comité d’experts) :
▪ (re)Commencé à en consommer
▪ Augmenté votre consommation
▪ Diminué votre consommation
▪ Arrêté
▪ Eu une consommation stable
▪ Jamais commencé</td><td>Since [the event], have you modified your alcohol consumption?
▪ No alcohol
▪ Increased
▪ Decreased
▪ Identical
Other possible choices of answer (recommended by the committee of experts):
▪ Have started (again) to consume alcohol
▪ Increased consumption
▪ Reduced consumption
▪ Stopped
▪ Maintained stable consumption
▪ Never started</td></tr>
<tr><td colspan="2">Source: Fernandez, L., Aulagnier, M., Bonnet, A., Guinard, A., Pedinielli, J. L. and Préau, M. (2005). Module VI – Outils psychométriques. In P. Verger et al. (dir.). Démarches épidémiologiques après une catastrophe : anticiper les catastrophes : enjeux de santé publique, connaissances, outils et méthodes (question 10, p. 65). Paris: La documentation française. Consulted at http://invs.santepubliquefrance.fr/publications/2005/epidemiologie_catastrophes/module6.pdf</td></tr>
<tr><td>J'aimerais maintenant poser des questions sur [votre/la] consommation d'alcool. Lorsqu'on parle d'un « verre », on entend par là :
- une bouteille ou une canette de bière, de cidre ou de « cooler » à 5%, ou un petit verre de bière en fût;
- un verre de vin à 12 %;
- un verre ou un cocktail contenant 1 once de spiritueux à 40 % d’alcool.</td><td>Now, some questions about your alcohol consumption. A 'drink' refers to:
- a bottle or small can of beer, cider or cooler with 5% alcohol content, or a small draft;
- a glass of wine with 12% alcohol content;
- a glass or cocktail containing 1 oz. of a spirit with 40% alcohol content.</td></tr>
<tr><td>Au cours de votre vie, avez-vous déjà pris un verre d'alcool?
1 : Oui
2 : Non</td><td>Have you ever had a drink in your lifetime?
1: Yes
2: No</td></tr>
<tr><td>Au cours des 12 derniers mois, est-ce que vous avez bu un verre de bière, de vin, de spiritueux ou de toute autre boisson alcoolisée?
1 : Oui
2 : Non</td><td>During the past 12 months, have you had a drink of beer, wine, liquor or any other alcoholic beverage?
1: Yes
2: No</td></tr>
<tr><td>Au cours des 12 derniers mois, à quelle fréquence avez-vous consommé des boissons alcoolisées?
1 : Moins d'une fois par mois
2 : Une fois par mois
3 : 2 à 3 fois par mois
4 : Une fois par semaine
5 : 2 à 3 fois par semaine
6 : 4 à 6 fois par semaine
7 : Tous les jours</td><td>During the past 12 months, how often did you drink alcoholic beverages?
1: Less than once a month
2: Once a month
3: 2 to 3 times a month
4: Once a week
5: 2 to 3 times a week
6: 4 to 6 times a week
7: Every day</td></tr>
<tr><td>Au cours des 12 derniers mois, combien de fois avez-vous bu [5/4] verres d'alcool ou plus à une même occasion?*
1 : Never
2 : Moins d'une fois par mois
3 : Une fois par mois
4 : 2 à 3 fois par mois
5 : Une fois par semaine
6 : Plus d'une fois par semaine</td><td>How often in the past 12 months have you had [5/4] or more drinks on one occasion?*
1: Never
2: Less than once a month
3: Once a month
4: 2 to 3 times a month
5: Once a week
6: More than once a week</td></tr>
<tr><td>Au cours de la semaine dernière, est-ce que vous avez bu de la bière, du vin, un spiritueux ou toute autre boisson alcoolisée?
1 : Oui
2 : Non</td><td>Thinking back over the past week, did you have a drink of beer, wine, liquor or any other alcoholic beverage?
1: Yes
2: No.</td></tr>
</table>

Questionnaire 21 Alcohol and drug consumption (continued)

Questions (French)	Questions (English)
En commençant hier, c'est-à-dire [dimanche/lundi/mardi/mercredi/jeudi/vendredi/samedi], combien de verres avez-vous bu? ___	*Starting with yesterday, that is [Sunday/Monday/Tuesday/Wednesday/Thursday/Friday/Saturday], how many drinks did you have? ____*
Combien de verres avez-vous bu : [samedi/dimanche/lundi/mardi/mercredi/jeudi/vendredi]? ___	*How many drinks did you have: on [Saturday/Sunday/Monday/Tuesday/Wednesday/Thursday/Friday]? ____*
(demander la même question pour les 5 autres jours de la semaine)	***(ask the same question for the other 5 days of the week)***

* Five drinks for men and four drinks for women.

Sources: Statistics Canada (2017a). *Canadian Community Health Survey* (CCHS) - 2017. Excerpt from the "Consommation d'alcool (ALC)" and "Consommation d'alcool au cours de la dernière semaine (ALW)" module. Consulted at http://www23.statcan.gc.ca/imdb/p3Instr_f.pl?Function=assembleInstr&a=1&&lang=fr&Item_Id=507367

Statistics Canada (2017b). *Canadian Community Health Survey* (CCHS) - 2017. Excerpt from the "Alcohol use (ALC)" and "Alcohol use during the past week (ALW)" module. Consulted at http://www23.statcan.gc.ca/imdb/p3Instr.pl?Function=assembleInstr&a=1&&lang=En&Item_Id=507367

6.3.10 Medication use

Questionnaire 22 Medication use

Questions (French)	Questions (English)
Au cours de ces 4 dernières semaines, avez-vous pris des médicaments pour dormir? ▪ Non, jamais ▪ Oui, moins d'une fois par semaine ▪ Oui, plusieurs fois par semaine ▪ Oui, tous les jours Si oui, lesquels : (demander de consulter les ordonnances)	Over the past four weeks, have you taken medication to sleep? ▪ No, never ▪ Yes, less than once a week ▪ Yes, several times a week ▪ Yes, every day If yes, which ones: (ask to see the prescriptions)
Au cours de ces 4 dernières semaines, avez-vous pris des médicaments pour les nerfs (tranquillisants, antidépresseurs…)? ▪ Non, jamais ▪ Oui, moins d'une fois par semaine ▪ Oui, plusieurs fois par semaine ▪ Oui, tous les jours Si oui, lesquels : (demander de consulter les ordonnances)	Over the past four weeks, have you taken medication for your nerves (tranquillizers, antidepressants, and so on)? ▪ No, never ▪ Yes, less than once a week ▪ Yes, several times a week ▪ Yes, every day If yes, which ones: (ask to see the prescriptions)
Source: Fernandez, L., Aulagnier, M., Bonnet, A., Guinard, A., Pedinielli, J. L. and Préau, M. (2005). Module VI – Outils psychométriques. In P. Verger *et al.* (dir.). *Démarches épidémiologiques après une catastrophe : anticiper les catastrophes : enjeux de santé publique, connaissances, outils et méthodes* (p. 65). Paris: La documentation française. Consulted at http://invs.santepubliquefrance.fr/publications/2005/epidemiologie_catastrophes/module6.pdf Note: the English version is non-validated translation of the French questionnaire.	
J'aimerais maintenant vous poser quelques questions concernant votre utilisation de médicaments, sur ordonnance ou en vente libre.	***Now I'd like to ask a few questions about your use of medication, both prescription and over-the-counter.***
Au cours des 12 derniers mois, avez-vous pris des médicaments pour des problèmes reliés à vos émotions, votre santé mentale ou votre consommation d'alcool ou de drogues? 1 : Oui 2 : Non	*In the past 12 months, did you take any medication to help you with problems with your emotions, mental health or use of alcohol or drugs?* 1: Yes 2: No
Pensez maintenant aux 2 derniers jours, c'est-à-dire hier et avant-hier. Durant ces 2 jours, combien de médicaments différents avez-vous pris pour vos problèmes reliés à vos émotions, votre santé mentale ou votre consommation d'alcool ou de drogues? ▪ ____ (inscrire un nombre entre 0 et 95)	*Now, think about the last 2 days, that is, yesterday and the day before yesterday. During those 2 days, how many different medications did you take for problems with your emotions, mental health, or use of alcohol or drugs?* ▪ _____ (enter a number between 0 and 95)
Avez-vous une assurance qui couvre entièrement ou en partie le coût de vos médicaments prescrits? Veuillez inclure tout régime d'assurance privée, gouvernemental ou payé par l'employeur. 1 : Oui 2 : Non	*Do you have insurance that covers all or part of the cost of your prescription medication? Include any private, government or employee-paid insurance plans.* 1: Yes 2: No
Plusieurs personnes utilisent d'autres produits de santé comme les herbes, les minéraux ou des produits homéopathiques pour des problèmes au niveau des émotions, de la consommation d'alcool ou de drogue, de l'énergie, de la concentration, du sommeil ou de la capacité à faire face au stress. Au cours des 12 derniers mois, avez-vous utilisé de tels produits de santé? 1 : Oui 2 : Non	*Many people use other health products such as herbs, minerals or homeopathic products for problems with emotions, alcohol or drug use, energy, concentration, sleep or ability to deal with stress. In the past 12 months, have you used any of these health products?* 1: Yes 2: No

Questionnaire 22 Medication use (continued)

Questions (French)	Questions (English)
Sources: Statistics Canada. (2012a). *Canadian Community Health Survey* (CCHS) – Mental Health (2012). Excerpt from the “Consommation de médicaments (MED)” module (p. 163-164). Consulted at http://www23.statcan.gc.ca/imdb-bmdi/instrument/5105_Q1_V3-fra.pdf Statistics Canada. (2012b). *Canadian Community Health Survey* (CCHS) - Mental Health. Excerpt from the “Medication use (MED)” module (p. 156-157). Consulted at http://www23.statcan.gc.ca/imdb-bmdi/instrument/5105_Q1_V3-eng.pdf	
La prochaine série de questions est au sujet de différents produits pharmaceutiques. La première série de questions porte sur votre usage d'analgésiques opioïdes. Nous entendons par analgésiques les produits renfermant des opioïdes tels que la codéine ou la morphine, ou d'autres médicaments opioïdes. La plupart de ces produits doivent être prescrits, mais certains produits contenant de la codéine sont vendus sans ordonnance, par exemple Tylenol no 1 ou 222. Nous ne sommes pas intéressés à l'usage d'antidouleurs comme Aspirin, Advil, Tylenol régulier, Celebrex, etc.	***The next series of questions are about various medications. The first series of questions are about your use of various pain relievers. By pain relievers, we mean products that contain opioids such as codeine or morphine, or related drugs. Most of these products require a prescription, although some codeine products are available without a prescription, for example, Tylenol #1 or 222s. We are not interested in pain relievers such as Aspirin, Advil, regular Tylenol, Celebrex, etc.***
Au cours des 12 derniers mois, avez-vous utilisé des produits contenant de la codéine comme du Tylenol no 3, Tylenol no 1, comprimés de 292 ou de 222? 1 : Oui 2 : Non	*During the past 12 months, have you used any codeine products like Tylenol #3, Tylenol #1, 292s or 222s?* *1: Yes* *2: No.*
Au cours des 12 derniers mois, avez-vous utilisé des produits contenant de l'oxycodone comme du Percocet ou du Percodan? 1 : Oui 2 : Non	*During the past 12 months, have you used any oxycodone products such as Percocet or Percodan?* *1: Yes* *2: No.*
Au cours des 12 derniers mois, avez-vous utilisé d'autres produits opioïdes, comme de l'hydromorphone, Dilaudid, Hydromorph Contin, de la morphine, MS Contin, ou Demerol? 1 : Oui 2 : Non	*During the past 12 months, have you used any other opioid products such as hydromorphone, Dilaudid, Hydromorph Contin, morphine, MS Contin, or Demerol?* *1: Yes* *2: No.*
Au cours des 12 derniers mois, à quelle fréquence avez-vous utilisé de tels produits analgésiques? Diriez-vous...? 01 : Une ou deux fois 02 : 3 à 11 fois par année 03 : Environ une fois par mois 04 : 2 ou 3 fois par mois 05 : Environ une ou deux fois par semaine 06 : 3 ou 4 fois par semaine 07 : Tous les jours ou presque 08 : Au besoin, ou à la suite d'une opération	*During the past 12 months, how often did you use any such pain relievers? Would you say...?* *01: Once or twice* *02: 3 to 11 times a year* *03: About once a month* *04: 2 or 3 times a month* *05: About once or twice a week* *06: 3 or 4 times a week* *07: Daily or almost daily* *08: As needed, or following surgery*
En pensant à tous les analgésiques que vous avez utilisés au cours des 12 derniers mois, avaient-ils été prescrits pour vous? 1 : Non, aucun n'avait été prescrit 2 : Oui, ils avaient tous été prescrits 3 : Certains avaient été prescrits et d'autres ne l'avaient pas été	*Thinking about all the pain relievers you have used during the past 12 months, were they prescribed for you?* *1: No, none were prescribed* *2: Yes, they all were prescribed* *3: Some were prescribed and others were not*

Questionnaire 22 Medication use (continued)

Questions (French)	Questions (English)
Il arrive parfois que les gens ne prennent pas leurs médicaments conformément aux directives du médecin ou du pharmacien. En pensant à tous les analgésiques que vous avez utilisés au cours des 12 derniers mois, vous est-il déjà arrivé d'en prendre en plus grande quantité ou plus fréquemment que vous ne deviez le faire? 1 : Oui 2 : Non	*Sometimes people do not take their pills as directed by a physician or pharmacist. hinking about all the pain relievers you have used during the past 12 months, did you ever take more pills, or take them more often than you were supposed to?* *1: Yes* *2: No.*
Au cours des 12 derniers mois, vous est-il arrivé de prendre des analgésiques uniquement pour l'expérience, l'effet qu'ils vous faisaient ou pour vous geler? 1 : Oui 2 : Non	*During the past 12 months, did you ever use pain relievers only for the experience, the feeling they caused or to get high?* *1: Yes* *2: No.*
Au cours des 12 derniers mois, vous est-il arrivé de prendre des analgésiques pour d'autres raisons que le contrôle de la douleur, par exemple, pour vous sentir mieux (améliorer l'humeur), pour faire face au stress ou à des problèmes, ou pour d'autres raisons? 1 : Oui 2 : Non	*During the past 12 months, did you ever use pain relievers for reasons other than pain relief, for example, to feel better (improve mood), to cope with stress or problems, or any other reason?* *1: Yes* *2: No.*
Au cours des 12 derniers mois, avez-vous modifié un analgésique avant de l'utiliser, [par exemple, en écrasant des comprimés en vue de les avaler, de les inhaler ou de les injecter, mais pas pour les avaler plus facilement ni pour prendre une plus faible dose]? 1 : Oui 2 : Non	*During the past 12 months, did you ever tamper with a pain reliever product before taking it, [for example, by crushing tablets to swallow, snort or inject, not counting for ease of swallowing or to take a lower dose]?* *1: Yes* *2: No.*
La prochaine série de questions porte sur votre usage de stimulants. Par stimulants, nous entendons les produits qui sont prescrits par les médecins pour le traitement des problèmes d'attention ou de concentration (comme le trouble d'hyperactivité avec trouble déficitaire de l'attention). Des exemples de stimulants sont Ritalin, Concerta, Adderall, Dexedrine ou d'autres produits.	***The next few questions are about your use of various stimulants. By stimulants, we mean products prescribed by a doctor to help people who have attention or concentration problems (such as ADHD). Examples of stimulants include Ritalin, Concerta, Adderall, Dexedrine or others.***
Au cours des 12 derniers mois, avez-vous utilisé des stimulants? 1 : Oui 2 : Non	*During the past 12 months, have you used any stimulants?* *1: Yes* *2: No.*
Au cours des 12 derniers mois, à quelle fréquence avez-vous utilisé des stimulants? Diriez-vous...? 01 : Une ou deux fois 02 : 3 à 11 fois par année 03 : Environ une fois par mois 04 : 2 ou 3 fois par mois 05 : Environ une ou deux fois par semaine 06 : 3 ou 4 fois par semaine 07 : Tous les jours ou presque 08 : Au besoin, ou à la suite d'une opération	*During the past 12 months, how often did you use any stimulants? Would you say...?* *01: Once or twice* *02: 3 to 11 times a year* *03: About once a month* *04: 2 or 3 times a month* *05: About once or twice a week* *06: 3 or 4 times a week* *07: Daily or almost daily* *08: As needed, or following surgery*
En pensant à tous les stimulants que vous avez utilisés au cours des 12 derniers mois, avaient-ils été prescrits pour vous? 1 : Non, aucun n'avait été prescrit 2 : Oui, ils avaient tous été prescrits 3 : Certains avaient été prescrits et d'autres ne l'avaient pas été	*Thinking about all the stimulants you used during the past 12 months, were they prescribed for you?* *1: No, none were prescribed* *2: Yes, they all were prescribed* *3: Some were prescribed and others were not*

Questionnaire 22 Medication use (continued)

Questions (French)	Questions (English)
Il arrive parfois que les gens ne prennent pas leurs médicaments conformément aux directives du médecin ou du pharmacien. En pensant à tous les stimulants que vous avez utilisés au cours des 12 derniers mois, vous est-il déjà arrivé d'en prendre en plus grande quantité ou plus fréquemment que vous ne deviez le faire? 1 : Oui 2 : Non	*Sometimes people do not take their pills as directed by a physician or pharmacist. Thinking about all the stimulants you have used during the past 12 months, did you ever take more pills or take them more often than you were supposed to?* *1: Yes* *2: No.*
Au cours des 12 derniers mois, vous est-il arrivé de prendre des stimulants uniquement pour l'expérience, l'effet qu'ils vous faisaient ou pour vous geler? 1 : Oui 2 : Non	*During the past 12 months, did you ever use stimulants only for the experience, the feeling they caused or to get high?* *1: Yes* *2: No.*
Au cours des 12 derniers mois, vous est-il arrivé de prendre des stimulants pour des raisons autres que celles pour lesquelles ils vous ont été prescrits, par exemple pour étudier, pour rester alerte, pour vous couper l'appétit, ou pour toute autre raison? 1 : Oui 2 : Non	*During the past 12 months, did you ever use stimulants for reasons other than why they were prescribed, for example, to study, to stay alert, to decrease your appetite or for any other reason?* *1: Yes* *2: No.*
La prochaine série de questions porte sur votre usage de sédatifs ou de médicaments contre l'anxiété. Par sédatifs, nous entendons les produits qui peuvent être obtenus auprès d'un médecin, comme le Diazépam, Valium, le lorazépam, Ativan, l'alprazolam, Xanax, le clonazépam, Rivotril ou d'autres produits. Les sédatifs sont parfois prescrits pour favoriser le sommeil, la détente ou la relaxation musculaire.	***The next few questions are about your use of various sedatives or anti-anxiety medications. By sedatives, we mean products that can be obtained from a doctor such as diazepam, Valium, lorazepam, Ativan, alprazolam, Xanax, clonazepam, Rivotril or others. Sedatives are sometimes prescribed to help people sleep, calm down, or to relax their muscles.***
Au cours des 12 derniers mois, avez-vous utilisé des sédatifs? 1 : Oui 2 : Non	*During the past 12 months, have you used any sedatives?* *1: Yes* *2: No.*
Au cours des 12 derniers mois, à quelle fréquence avez-vous utilisé des sédatifs? Diriez-vous...? 01 : Une ou deux fois 02 : 3 à 11 fois par année 03 : Environ une fois par mois 04 : 2 ou 3 fois par mois 05 : Environ une ou deux fois par semaine 06 : 3 ou 4 fois par semaine 07 : Tous les jours ou presque 08 : Au besoin, ou à la suite d'une opération	*During the past 12 months, how often did you use any sedatives? Would you say...?* *01: Once or twice* *02: 3 to 11 times a year* *03: About once a month* *04: 2 or 3 times a month* *05: About once or twice a week* *06: 3 or 4 times a week* *07: Daily or almost daily* *08: As needed, or following surgery*
En pensant à tous les sédatifs que vous avez utilisés au cours des 12 derniers mois, avaient-ils été prescrits pour vous? 1 : Non, aucun n'avait été prescrit 2 : Oui, ils avaient tous été prescrits 3 : Certains avaient été prescrits et d'autres ne l'avaient pas été	*Thinking about all the sedatives you have used during the past 12 months, were they prescribed for you?* *1: No, none were prescribed* *2: Yes, they all were prescribed* *3: Some were prescribed and others were not*
Il arrive parfois que les gens ne prennent pas leurs médicaments conformément aux directives du médecin ou du pharmacien. En pensant à tous les sédatifs que vous avez utilisés au cours des 12 derniers mois, vous est-il déjà arrivé d'en prendre en plus grande quantité ou plus fréquemment que vous ne deviez le faire? 1 : Oui 2 : Non	*Sometimes people do not take their pills as directed by a physician or pharmacist. Thinking about all the sedatives you have used during the past 12 months, did you ever take more pills or take them more often than you were supposed to?* *1: Yes* *2: No.*

Questionnaire 22 Medication use (continued)

<table>
<tr><th>Questions (French)</th><th>Questions (English)</th></tr>
<tr><td>Au cours des 12 derniers mois, vous est-il arrivé de prendre des sédatifs uniquement pour l'expérience, l'effet qu'ils vous faisaient ou pour vous geler?
1 : Oui
2 : Non</td><td>During the past 12 months, did you ever use sedatives only for the experience, the feeling they caused or to get high?
1: Yes
2: No.</td></tr>
<tr><td colspan="2">Sources: Statistics Canada (2018a). Canadian Community Health Survey (CCHS) - 2017. Excerpt from the “Utilisation de médicaments (MED)” module (p. 163-164). Consulted at http://www23.statcan.gc.ca/imdb/p3Instr_f.pl?Function=assembleInstr&a=1&&lang=fr&Item_Id=507367
Statistics Canada (2018b). Canadian Community Health Survey (CCHS) - 2017. Excerpt from the “Medication use (MED)” module (p. 156-157). Consulted at http://www23.statcan.gc.ca/imdb/p3Instr.pl?Function=assembleInstr&a=1&&lang=fr&Item_Id=507367</td></tr>
<tr><td>Au cours de votre vie, avez-vous déjà pris des médicaments pour les nerfs, pour dormir, comme des tranquillisants, des somnifères ou des antidépresseurs, etc.?
1 : Oui
2 : Non</td><td>In your lifetime, have you ever taken medication for your nerves, to sleep, as tranquillizers, soporifics or antidepressants, and so on?
1: Yes
2: No</td></tr>
<tr><td>En avez-vous pris au cours des douze derniers mois?
1 : Oui
2 : Non</td><td>Have you taken medication in the past 12 months?
1: Yes
2: No</td></tr>
<tr><td>Au cours des douze derniers mois, lequel ou lesquels avez-vous pris? ______</td><td>Over the past 12 months, which ones have you taken? ______</td></tr>
<tr><td>Prenez-vous ces médicaments principalement pour des problèmes de sommeil?
1 : Oui
2 : Non</td><td>Do you mainly take this medication for sleep problems?
1: Yes
2: No</td></tr>
<tr><td>Est-ce que vous pensez que ces médicaments vous ont aidé(e) ou vous aident?
1 : Oui
2 : Non</td><td>Do you think that the medication has helped or is now helping you?
1: Yes
2: No</td></tr>
<tr><td colspan="2">Source: Institut national de prévention et d’éducation pour la santé. (2017). Baromètre santé 2017. Questionnaire. Excerpt from the “Recours aux soins pour raisons de santé mentale,” p. 40. Consulted at http://inpes.santepubliquefrance.fr/CFESBases/catalogue/pdf/1812.pdf
Note: the English version is non-validated translation of the French questionnaire.</td></tr>
</table>

6.3.11 USE OF MENTAL HEALTH SERVICES

Questionnaire 23 Consultations about mental health (CMH in the CCHS)

J'aimerais maintenant vous poser quelques questions concernant le bien-être mental et émotif.	Now I would like to ask you some questions about mental and emotional well-being.
Au cours des 12 derniers mois, avez-vous vu ou consulté un professionnel de la santé au sujet de votre santé émotionnelle ou mentale? 1 : Oui 2 : Non	In the past 12 months, have you seen or talked to a health professional about your emotional or mental health? 1 : Yes 2 : No.
Combien de fois (au cours des 12 derniers mois)? ____ fois (inscrire un nombre entre 1 et 366)	How many times (in the past 12 months)? ____ times (write a number between 1 and 366)
Qui avez-vous consulté? 1 : Médecin de famille ou omnipraticien 2 : Psychiatre 3 : Psychologists 4 : Infirmière (infirmier) 5 : Travailleur ou travailleuse social(e) ou conseiller(ère) 6 : Autre - Précisez	Whom did you see or talk to? 1 : Family doctor or general practitioner 2 : Psychiatrist 3 : Psychologist 4 : Nurse 5 : Social worker or counsellor 6 : Other - Specify

Source: Statistics Canada (2016). *Canadian Community Health Survey* (CCHS) - 2015. Excerpt from the “Consultation au sujet de la santé mentale (CMH) ” module. Consulted at http://www23.statcan.gc.ca/imdb/p3Instr_f.pl?Function=assembleInstr&a=1&&lang=fr&Item_Id=238890

Statistics Canada (2016). *Canadian Community Health Survey* (CCHS) - 2015. Excerpt from the “Consultations about mental health (CMH)” module. Consulted at http://www23.statcan.gc.ca/imdb/p3Instr.pl?Function=assembleInstr&a=1&&lang=en&Item_Id=238890#qb245009

Questionnaire 24 General health (GEN in the CCHS)

Les prochaines questions sont au sujet de [votre santé]. Par santé, nous entendons non seulement l'absence de maladie ou de blessure mais aussi le bien-être physique, mental et social.	***The next questions are about your health. By health, we mean not only the absence of disease or injury but also physical, mental and social well-being.***
En général, diriez-vous que [votre santé] est...? 1 : Excellente 2 : Très bonne 3 : Good 4 : Passable 5 : Mauvaise	*In general, would you say your health is...?* *1: Excellent* *2: Very good* *3: Good* *4: Fair* *5: Poor*
Sur une échelle de 0 à 10, où 0 signifie « Très insatisfait » et 10 signifie « Très satisfait », quel sentiment éprouvez-vous présentement à l'égard de votre vie en général? 00 Très insatisfait 01 ……………… 02 ……………… 03 ……………… 04 ……………… 05 ……………… 06 ……………… 07 ……………… 08 ……………… 09 ……………… 10 Très satisfait	*Using a scale of 0 to 10, where 0 means "Very dissatisfied" and 10 means "Very satisfied", how do you feel about your life as a whole right now?* *00 Very dissatisfied* *01 ………………* *02 ………………* *03 ………………* *04 ………………* *05 ………………* *06 ………………* *07 ………………* *08 ………………* *09 ………………* *10 Very satisfied*
En général, diriez-vous que votre santé mentale est...? 1 : Excellente 2 : Très bonne 3 : Good 4 : Passable 5 : Mauvaise	*In general, would you say your mental health is...?* *1: Excellent* *2: Very good* *3: Good* *4: Fair* *5: Poor*
En pensant à la quantité de stress dans votre vie, diriez-vous que la plupart de vos journées sont...? 1 : Pas du tout stressantes 2 : Pas tellement stressantes 3 : Un peu stressantes 4 : Assez stressantes 5 : Extrêmement stressantes	*Thinking about the amount of stress in your life, would you say that most of your days are...?* *1: Not at all stressful* *2: Not very stressful* *3: A bit stressful* *4: Quite a bit stressful* *5: Extremely stressful*

Note: The table presents only a few of the questions from the "General health" module.

Sources: Statistics Canada (2018a). *Canadian Community Health Survey* (CCHS) - 2017. Excerpt from the "État de santé général" module. Consulted at http://www23.statcan.gc.ca/imdb/p3Instr_f.pl?Function=assembleInstr&a=1&&lang=fr&Item_Id=507367#qb507567

Statistics Canada (2018b). *Canadian Community Health Survey* (CCHS) - 2017. Excerpt from the "General health (GEN)" module. Consulted at http://www23.statcan.gc.ca/imdb/p3Instr.pl?Function=assembleInstr&a=1&&lang=en&Item_Id=507367

7 Conclusion

This toolkit presents two main options to conduct surveillance of post-disaster mental health impacts. First, it inventories existing sources that yield statistics drawn from surveillance systems, population-based surveys or other databases of interest for the surveillance of mental health impacts. It then recommends standardized instruments to be used in post-disaster surveys.

The information sheets on the instruments have been designed to facilitate their use and the judicious choice of certain tools will provide a better picture of the situation in the wake of a disaster. Such a picture will afford a sound way to verify the needs of the population affected with respect to the resources and mental health services that are often crucial to help a community recover from a major disaster. In this context, surveillance could be conducted over several years. It is the authors' hope that this toolkit can become a reference in the realm of post-disaster surveillance in Québec. The objective is to facilitate surveillance activities and to standardize surveillance indicators between different studies to ensure better spatial and temporal comparability of the population's mental health status.

8 References

Allgaier, A.-K., Kramer, D., Saravo, B., Mergl, R., Fejtkova, S. et Hegerl, U. (2013). Beside the Geriatric Depression Scale: the WHO-Five Well-being Index as a valid screening tool for depression in nursing homes. *International Journal of Geriatric Psychiatry*, *28*(11), 1197-1204.

Allgaier, A.-K., Pietsch, K., Frühe, B., Prast, E., Sigl-Glöckner, J. and Schulte-Körne, G. (2012). Depression in pediatric care: is the WHO-Five Well-Being Index a valid screening instrument for children and adolescents? *General Hospital Psychiatry*, *34*(3), 234-241.

Ashbaugh, A. R., Houle-Johnson, S., Herbert, C., El-Hage, W. and Brunet, A. (2016). Psychometric validation of the english and french versions of the posttraumatic stress disorder checklist for DSM-5 (PCL-5). *Plos One*, *11*(10), e0161645-e0161645.

Authier, F. (2009). *Cadre normatif – Système d'information sur la clientèle et les services des CLSC (I-CLSC).* Québec : Ministère de la Santé et des Services sociaux. Consulted at http://publications.msss.gouv.qc.ca/msss/fichiers/2015/15-03-23-cn-i-clsc.pdf

Barbor, T. F., Higgins-Biddle, J. C., Saunders, J. B. and Monteiro, M. G. (2001). *The alcohol use disorders identification test: Guidelines for use in primary care* (Second Edition). Geneva: World Health Organization. Consulted at http://apps.who.int/iris/bitstream/handle/10665/67205/WHO_MSD_MSB_01.6a.pdf;jsessionid=67B3C19C8B69FEA97B2A8C9B1D2B9666?sequence=1

Bech, P. (2004). Measuring the dimension of psychological general well-being by the WHO-5. *Quality of life News letter*, 16-17.

Bélanger, D., Bustinza, R., Tairou, F. O. et Gosselin, P. (2010). *Proposition d'indicateurs aux fins de vigie et de surveillance des troubles de la santé liés aux vents violents*. Institut national de santé publique du Québec. Repéré à https://www.inspq.qc.ca/sites/default/files/publications/1150_indicateursventsviolents.pdf

Bernards, S., Graham, K., Demers, A., Kairouz, S. et Wells, S. (2007). Gender and the assessment of at-risk drinking: evidence from the GENACIS Canada (2004-2005) telephone survey version of the AUDIT. *Drug and Alcohol Dependence*, *88*(2-3), 282-290.

Birmes, P., Brunet, A., Benoit, M., Defer, S., Hatton, L., Sztulman, H. and Schmitt, L. (2005). Validation of the peritraumatic dissociative experiences questionnaire self-report version in two samples of French-speaking individuals exposed to trauma. *European Psychiatry*, *20*(2), 145-151.

Bisson, J., Nadeau, L. et Demers, A. (1999). The validity of the CAGE scale to screen for heavy drinking and drinking problems in a general population survey. *Addiction*, *94*(5), 715-722.

Blais, C., Jean, S., Sirois, C., Rochette, L., Plante, C., Larocque, I., … Émond, V. (2014). Le Systeme intégré de surveillance des maladies chroniques du Quebec (SISMACQ), une approche novatrice. *Maladies chroniques et blessures au Canada*, *34*(4), 247–56.

Blanchard, E. B., Jones-Alexander, J., Buckley, T. C. et Forneris, C. A. (1996). Psychometric properties of the PTSD Checklist (PCL). *Behaviour Research And Therapy*, *34*(8), 669-673.

Blevins, C. A., Weathers, F. W., Davis, M. T., Witte, T. K. and Domino, J. L. (2015). The posttraumatic stress disorder checklist for DSM-5 (PCL-5): Development and initial psychometric evaluation. *Journal Of Traumatic Stress*, *28*(6), 489-498.

Boyer, R. et Villa, J. (2011a). *Faisabilité d'un suivi des impacts psychosociaux des aléas climatiques*. Institut national de santé publique Québec et Université de Montréal. Consulted at https://www.inspq.qc.ca/pdf/publications/1342_FaisabiliteSuiviImpactsPsychosociauxAleasClim.pdf

Boyer, R. et Villa, J. (2011b). *Répertoire d'instruments pour la surveillance des impacts psychosociaux des aléas climatiques*. Institut national de santé publique Québec et Université de Montréal. Consulted at https://www.inspq.qc.ca/pdf/publications/1329_RepertInstruSurvImpactsPsychoSocAleasClim.pdf

Bradley, K. A., Boyd-Wickizer, J., Powell, S. H. and Burman, M. L. (1998). Alcohol screening questionnaires in women: a critical review. *JAMA: Journal of the American Medical Association*, *280*(2), 166-171.

Bromet, E. J., Atwoli, L., Kawakami, N., Navarro-Mateu, F., Piotrowski, P., King, A. J., … Kessler, R. C. (2016). Post-traumatic stress disorder associated with natural and human-made disasters in the World Mental Health Surveys. *Psychological Medicine*, 1-15.

Bui, E., Brunet, A., Olliac, B., Very, E., Allenou, C., Raynaud, J.-P., … Birmes, P. (2011). Validation of the peritraumatic dissociative experiences questionnaire and peritraumatic distress inventory in school-aged victims of road traffic accidents. *European Psychiatry*, *26*(2), 108-111.

Bui, E., Tremblay, L., Brunet, A., Rodgers, R., Jehel, L., Véry, E., … Birmes, P. (2010). Course of posttraumatic stress symptoms over the 5 years following an industrial disaster: A structural equation modeling study. *Journal of Traumatic Stress*, *23*(6), 759-766.

Bustinza, R., Tairou, F. O., Gosselin, P. et Bélanger, D. (2010a). *Proposition d'indicateurs aux fins de vigie et de surveillance des troubles de la santé liés à la foudre et aux incendies de forêt*. Institut national de santé publique du Québec. Consulted at https://www.inspq.qc.ca/pdf/publications/1223_PropoIndicTroublesSanteFoudreIncendiesForet.pdf

Bustinza, R., Tairou, F. O., Gosselin, P. et Bélanger, D. (2010b). *Proposition d'indicateurs aux fins de vigie et de surveillance des troubles de la santé liés au froid*. Institut national de santé publique du Québec. Consulted at https://www.inspq.qc.ca/pdf/publications/1198_PropIndicTroublesSanteLiesFroid.pdf

Camirand, H., Bernèche, F., Cazale, L., Dufour, R. and Baulne, J. (2010). *L'enquête québécoise sur la santé de la population, 2008 : pour en savoir plus sur la santé des Québécois*. Institut de la statistique du Québec. Consulted at http://www.stat.gouv.qc.ca/statistiques/sante/etat-sante/sante-globale/sante-quebecois.pdf

Camirand, H., Traoré, I. et Baulne, J. (2016). *L'enquête québécoise sur la santé de la population, 2014-2015 : pour en savoir plus sur la santé des Québécois. Résultats de la deuxième édition*. Institut de la statistique du Québec. Consulted at http://www.stat.gouv.qc.ca/statistiques/sante/etat-sante/sante-globale/sante-quebecois-2014-2015.pdf

Carleton, R. N., Thibodeau, M. A., Teale, M. J. N., Welch, P. G., Abrams, M. P., Robinson, T. et Asmundson, G. J. G. (2013). The center for epidemiologic studies depression scale: a review with a theoretical and empirical examination of item content and factor structure. *Plos One*, *8*(3), e58067-e58067.

Caron, J. (2013). A validation of the Social Provisions Scale: the SPS-10 items. *Sante mentale au Quebec*, *38*(1), 297-318.

Centre interuniversitaire québécois de statistiques sociales. (2018). *Données de Statistique Canada*. Consulted at https://www.ciqss.org/donnees-de-statistique-canada

Cutrona, C. E. et Russell, D. W. (1987). The provisions of social relationships and adaptation to stress. Dans W. H. Jones et D. Perlman (dir.), Advance in Personal Relationships (vol. 1, p. 37-67). JAI Press.

D'Abundo, M., Orsini, M. M., Milroy, J. J. et Sidman, C. L. (2011). The reliability and construct validity of american college students' responses to the WHOQOL-BREF. *International Electronic Journal of Health Education*, *14*, 101-108.

Davidson, J. R. T. et McFarlane, A. C. (2006). The extent and impact of mental health problems after disaster. *The Journal of Clinical Psychiatry*, *67 Suppl 2*, 9-14.

Dhalla, S. and Kopec, J. A. (2007). The CAGE questionnaire for alcohol misuse: a review of reliability and validity studies. *Clinical And Investigative Medicine. 30*(1), 33-41.

Ewing, J. A. (1984). Detecting alcoholism: The CAGE Questionnaire. *Journal of the American Medical Association*, *252*(14), 1905-1907.

Fernandez, L., Aulagnier, M., Bonnet, A., Guinard, A., Pedinielli, J. L. and Préau, M. (2005). Module VI – Outils psychométriques. In P. Verger *et al.* (dir.). *Démarches épidémiologiques après une catastrophe : anticiper les* catastrophes *: enjeux de santé publique, connaissances, outils et méthodes* (p. 81-86). Paris: La documentation française. Consulted at http://invs.santepubliquefrance.fr/publications/2005/epidemiologie_catastrophes/module6.pdf

Furukawa, T. A., Kessler, R. C., Slade, T. and Andrews, G. (2003). The performance of the K6 and K10 screening scales for psychological distress in the Australian National Survey of Mental Health and Well-Being. *Psychological Medicine*, *33*(2), 357-362.

Gagnon, R., Rochette, L. et Plante, C. (2017). *Cadre de qualité des données du Système intégré de surveillance des maladies chroniques du Québec : rapport méthodologique*. Montréal: Institut national de santé publique du Québec. Consulted at https://www.inspq.qc.ca/sites/default/files/publications/2241_cadre_donnees_systeme_surveillance_maladies_chroniques.pdf

Gavin, D. R., Ross, H. E. et Skinner, H. A. (1989). Diagnostic validity of the drug abuse screening test in the assessment of DSM-III drug disorders. *British Journal of Addiction*, *84*(3), 301-307.

Giannopoulou, I., Smith, P., Ecker, C., Strouthos, M., Dikaiakou, A. et Yule, W. (2006). Factor structure of the Children's Revised Impact of Event Scale (CRIES) with children exposed to earthquake. *Personality and Individual Differences*, *40*(5), 1027-1037.

Giguère, C.-É. and Potvin, S. (2017). The Drug Abuse Screening Test preserves its excellent psychometric properties in psychiatric patients evaluated in an emergency setting. *Addictive Behaviors*, *64*, 165-170.

Gilmour, H. (2014). Santé mentale positive et maladie mentale. *Rapports sur la santé – Statistique Canada*, *25*(9), 3-10. Consulted at https://www150.statcan.gc.ca/n1/fr/pub/82-003-x/2014009/article/14086-fra.pdf?st=eVG1L53h

Gouvernement du Québec. (2018). Loi sur la sécurité civile. Chapitre S-2.3. Consulted at http://legisquebec.gouv.qc.ca/fr/showDoc/cs/S-2.3?etdigest

Guardia, D., Brunet, A., Duhamel, A., Ducrocq, F., Demarty, A.-L. and Vaiva, G. (2013). Prediction of trauma-related disorders: a proposed cutoff score for the peritraumatic distress inventory. *The Primary Care Companion For CNS Disorders*, *15*(1).

Henkel, V., Mergl, R., Kohnen, R., Maier, W., Möller, H.-J. et Hegerl, U. (2003). Identifying depression in primary care: a comparison of different methods in a prospective cohort study. *BMJ (Clinical Research Ed.)*, *326*(7382), 200-201.

Horowitz, M. J., Wilner, N. and Alvarez, W. (1979). Impact of event scale: A measure of subjective stress. *Psychosomatic Medicine*, *41*(3), 209-218.

Infocentre de santé publique. (2015). *Cadre méthodologique des indicateurs du Plan national de surveillance (Plan commun de surveillance et Plan ministériel de surveillance multithématique) à l'Infocentre de santé publique*. Institut national de santé publique du Québec.

Institut de la statistique du Québec. (2015a). Enquête québécoise sur la santé de la population (EQSP) 2008 et 2014-2015. Consulted at http://www.stat.gouv.qc.ca/enquetes/fiche_enquete.html#171

Institut de la statistique du Québec. (2015b). Enquête québécoise sur la santé des jeunes du secondaire (EQSJS) 2010-2011. Consulted at http://www.stat.gouv.qc.ca/enquetes/fiche_enquete.html#62

Institut de la statistique du Québec. (2015c). Enquête québécoise sur le tabagisme chez les élèves du secondaire (EQTES) 1998, 2000 et 2002. Consulted at http://www.stat.gouv.qc.ca/enquetes/fiche_enquete.html#56

Institut de la statistique du Québec. (2015d). Enquête québécoise sur le développement des enfants à la maternelle (EQDEM) 2012. Consulted at http://www.stat.gouv.qc.ca/enquetes/fiche_enquete.html#61

Institut de la statistique du Québec. (2015e). Enquête québécoise sur les limitations d'activités, les maladies chroniques et le vieillissement (EQLAV) 2010-2011. Consulted at http://www.stat.gouv.qc.ca/enquetes/fiche_enquete.html#54

Institut national de santé publique du Québec. (2018). Gestion et analyse de l'information. Consulted at https://www.inspq.qc.ca/expertises/gestion-et-analyse-de-l-information

Jehel, L., Brunet, A., Paterniti, S. and Guelfi, J. D. (2005). Validation de la version française de l'inventaire de détresse péritraumatique. *The Canadian Journal of Psychiatry*, *50*(1), 67-71. Consulted at http://journals.sagepub.com/doi/pdf/10.1177/070674370505000112

Jehel, L., Paterniti, S., Brunet, A., Louville, P., et Guelfi, J.-D. (2006). L'intensité de la détresse péritraumatique prédit la survenue des symptômes post-traumatiques parmi des victimes d'agressions. *L'Encéphale*, *32*(6, Pt 1), 953-956.

Kessler, R. C., Andrews, G., Colpe, L. J., Hiripi, E., Mroczek, D. K., Normand, S.-L. T., … Zaslavsky, A. M. (2002). Short screening scales to monitor population prevalences and trends in non-specific psychological distress. *Psychological Medicine*, *32*(6), 959-976.

Kessler, R. C. Green, J. G., Colpe, Mr. Chetboun J., Epstein, N. A., Gfroerer, J. C., Hiripi, Mr. Chetboun, … Zaslavsky, A. M. (2010). Screening for serious mental illness in the general population with the K6 screening scale: results from the WHO World Mental Health (WMH) survey initiative. *International Journal of Methods in Psychiatric Research*, 2, 4-22.

Keyes, C. L. (2002). The mental health continuum: from languishing to flourishing in life. *Journal Of Health And Social Behavior*, *43*(2), 207-222.

Knight, J. R., Sherritt, L., Harris, S. K., Gates, E. C. et Chang, G. (2003). Validity of brief alcohol screening tests among adolescents: a comparison of the AUDIT, POSIT, CAGE, and CRAFFT. *Alcoholism: Clinical et Experimental Research*, *27*(1), 67-73.

Krieger, T., Zimmermann, J., Huffziger, S., Ubl, B., Diener, C., Kuehner, C. et Holtforth, M. G. (2014). Measuring depression with a well-being index: Further evidence for the validity of the WHO Well-Being Index (WHO-5) as a measure of the severity of depression. *Journal of Affective Disorders*, *156*, 240-244.

Kroenke, K., Spitzer, R. L., Williams, J. B. W., Monahan, P. O. et Löwe, B. (2007). Anxiety disorders in primary care: prevalence, impairment, comorbidity, and detection. *Annals Of Internal Medicine*, *146*(5), 317-325.

Lamers, S. M., Westerhof, G. J., Bohlmeijer, E. T., ten Klooster, P. M. et Keyes, C. L. (2011). Evaluating the psychometric properties of the mental health Continuum-Short Form (MHC-SF). *Journal of Clinical Psychology*, *67*(1), 99-110.

Landry, M., Brunelle, N., Tremblay, J. and Desjardins, L. (2005). L'utilisation de la DEP-ADO dans l'intervention et les enquêtes : questions éthiques et méthodologiques. *RISQ_INFO*, *13*(1), 3-5.

Lécallier, D., Hadj-Slimane, F., Landry, M., Bristol-Gauzy, P., Cordoliani, C., Grélois, M., … Michaud, P. (2012). Screening, referring and counseling of adolescents for substance abuse. A randomized controlled study on 2120 students. *Presse Medicale (Paris, France: 1983)*, *41*(9 Pt 1), e411-e419.

MacKenzie, A., Husrt, M. et Crompton, S. (2010). Série sur la vie avec une incapacité. Définition de l'incapacité dans l'Enquête sur la participation et les limitations d'activités. Consulted at http://www.statcan.gc.ca/pub/11-008-x/2009002/article/11024-fra.htm

MacLeod, M. A., Tremblay, P. F., Graham, K., Bernards, S., Rehm, J. et Wells, S. (2016). Psychometric properties and a latent class analysis of the 12-item World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0) in a pooled dataset of community samples. *International Journal of Methods in Psychiatric Research*, *25*(4), 243-254.

Marmar, C. R., Metzler, T. J., Otte, C., McCaslin, S., Inslicht, S. et Haase, C. H. (2007). The Peritraumatic Dissociative Experiences Questionnaire: An international perspective. Dans J. P. Wilson et C. S. Tang (dir.), *Cross-cultural assessment of psychological trauma and PTSD* (p. 197-217). New York: Springer Science + Business Media.

Maurer, D.M. (2012). Screening for depression. *American Family Physician*, *85*(2), 139-144.

McDonald, S. D. and Calhoun, P. S. (2010). The diagnostic accuracy of the PTSD Checklist: A critical review. *Clinical Psychology Review*, *30*(8), 976-987.

Mdege, N. D. et Lang, J. (2011). Screening instruments for detecting illicit drug use/abuse that could be useful in general hospital wards: A systematic review. *Addictive Behaviors*, *36*(12), 1111-1119.

Ministère de la Santé et des Services sociaux. (2016a). Sources de données et métadonnées – BDCU. Consulted at http://www.msss.gouv.qc.ca/professionnels/documentation-sources-de-donnees-et-indicateurs/sources-de-donnees-et-metadonnees/bdcu/

Ministère de la Santé et des Services sociaux. (2016b). Surveillance. Consulted at http://www.msss.gouv.qc.ca/professionnels/surveillance/surveillance-sante/

Ministère de la Santé et des Services sociaux. (2016c). Cartes régionales des réseaux territoriaux de services. Consulted at http://publications.msss.gouv.qc.ca/msss/document-001639/

Ministère de la Sécurité publique. (2008). *Planifier la réponse au sinistre – Guide à l'intention des municipalités*. Gouvernement du Québec. Consulted at https://www.securitepublique.gouv.qc.ca/fileadmin/Documents/securite_civile/publications/guide_reponse_sinistre/guide.pdf

Mitchell, C. M. et Beals, J. (2011). The utility of the Kessler screening scale for psychological distress (K6) in two american indian communities. *Psychological Assessment*, *23*(3), 752-761.

Morina, N., Ehring, T. et Priebe, S. (2013). Diagnostic utility of the impact of event scale-revised in two samples of survivors of war. *Plos One*, *8*(12), e83916-e83916.

Mossman, S. A., Luft, M. J., Schroeder, H. K., Varney, S. T., Fleck, D. E., Barzman, D. H., … Strawn, J. R. (2017). The Generalized Anxiety Disorder 7-item scale in adolescents with generalized anxiety disorder: Signal detection and validation. *Annals Of Clinical Psychiatry: Official Journal Of The American Academy Of Clinical Psychiatrists*, *29*(4), 227-234A.

Obbarius, A., Maasakkers, L., Baer, L., Clark, D., Crocker, A., Beurs, E., … Sherbourne, C. (2017). Standardization of health outcomes assessment for depression and anxiety: recommendations from the ICHOM Depression and Anxiety Working Group. *Quality of Life Research*, *26*(12), 3211-3225.

Oliveira, S. E. H., Carvalho, H. et Esteves, F. (2016). Toward an understanding of the quality of life construct: Validity and reliability of the WHOQOL-Bref in a psychiatric sample. *Psychiatry Research*, *244*, 37-44.

World Health Organization. (1996). *WHOQOL-BREF: introduction, administration, scoring and generic version of the assessment : field trial version.* Geneva: World Health Organization. Consulted at http://apps.who.int/iris/bitstream/handle/10665/63529/WHOQOL-BREF.pdf?sequence=1&isAllowed=y

Orpana, H., Vachon, J., Dykxhoorn, J. et Jayaraman, G. (2017). Measuring positive mental health in Canada: construct validation of the Mental Health Continuum-Short Form. *Health Promotion And Chronic Disease Prevention In Canada: Research, Policy And Practice*, *37*(4), 123-130.

Ouranos. (2015). *Vers l'adaptation. Synthèse des connaissances sur les changements climatiques au Québec. Édition 2015*. Montréal: Ouranos. Consulted at https://www.ouranos.ca/publication-scientifique/SyntheseRapportfinal.pdf

Ozer, E. J., Best, S. R., Lipsey, T. L. et Weiss, D. S. (2008). Predictors of posttraumatic stress disorder and symptoms in adults: A meta-analysis. *Psychological Trauma: Theory, Research, Practice, and Policy*, *S*(1), 3-36.

Perrin, S., Meiser-Stedman, R. and Smith, P. (2005). The children's revised impact of event scale (CRIES): Validity as a screening instrument for PTSD. *Behavioural and Cognitive Psychotherapy*, *33*(4), 487-498.

Pettersson, A., Boström, K. B., Gustavsson, P. et Ekselius, L. (2015). Which instruments to support diagnosis of depression have sufficient accuracy? A systematic review. *Nordic Journal Of Psychiatry*, *69*(7), 497-508.

Pettersson, A., Modin, S., Wahlström, R., Af Winklerfelt Hammarberg, S. et Krakau, I. (2018). The Mini-International Neuropsychiatric Interview is useful and well accepted as part of the clinical assessment for depression and anxiety in primary care: a mixed-methods study. *BMC Family Practice*, *19*(1), 19-19.

Pica, L. A., Traoré, I., Bernèche, F., Laprise, P., Cazale, L., Camirand, H., … Plante, N. (2013). *L'Enquête québécoise sur la santé des jeunes du secondaire 2010-2011*. Institut de la statistique du Québec.

Plummer, F., Manea, L., Trepel, D. et McMillan, D. (2016). Screening for anxiety disorders with the GAD-7 and GAD-2: A systematic review and diagnostic metaanalysis. *General Hospital Psychiatry*, *39*, 24-31.

Ramos-Goñi, J. M., Pinto-Prades, J. L., Oppe, M., Cabasés, J. M., Serrano-Aguilar, P. et Rivero-Arias, O. (2017). Valuation and Modeling of EQ-5D-5L Health States Using a Hybrid Approach. *Medical Care*, *55*(7), e51-e58.

Recherche et intervention sur les substances psychoatives – Québec. (2016). *DEP-ADO – Grille de dépistage de consommation problématique d'alcool et de drogues chez les adolescents et les adolescentes (version 3.3 – juin 2016).* Université du Québec à Trois-Rivières. Consulted at https://oraprdnt.uqtr.uquebec.ca/pls/public/gscw030?owa_no_site=4242&owa_no_fiche=52

Richardson, L. P., McCauley, E., Grossman, D. C., McCarty, C. A., Richards, J., Russo, J. E., … Katon, W. (2010). Evaluation of the Patient Health Questionnaire-9 Item for detecting major depression among adolescents. *Pediatrics*, *126*(6), 1117-1123.

Saunders, J. B., Aasland, O. G., Babor, T. F., de la Fuente, J. R. and Grant, M. (1993). Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO Collaborative Project on Early Detection of Persons with Harmful Alcohol Consumption--II. *Addiction*, *88*(6), 791-804.

Séguin, M., Chawky, N., Guay, S., Szkrumelak, N., Lesage, A., Bleau, P., … Roy, D. (2010). *Fusillade du 13 septembre 2006 au Collège Dawson : SECURE (Soutien, évaluation et coordination unifiés pour le rétablissement et l'éducation) : un programme d'intervention psychologique multimodal*. Montréal: Hôpital Louis-H. Lafontaine. Consulted at http://www.iusmm.ca/documents/pdf/Recherche/publications/3f-leger-dawson-SECURE-2sept.pdf

Sheehan, D. et Lecrubier, Y. (2018). Mini-International Neuropsychiatric Interview (MINI). Consulted at https://eprovide.mapi-trust.org/instruments/mini-international-neuropsychiatric-interview

Sheehan, D. V., Lecrubier, Y., Sheehan, K. H., Amorim, P., Janavs, J., Weiller, E., … Dunbar, G. C. (1998). The Mini-International Neuropsychiatric Interview (M.I.N.I): The development and validation of a structured diagnostic psychiatric interview for DSM-IV and ICD-10. *The Journal of Clinical Psychiatry*, *59*(Suppl 20), 22-33.

Sjonnesen, K., Bulloch, A. G., Williams, J., Lavorato, D. et B. Patten, S. (2016). Characterization of disability in Canadians with mental disorders using an abbreviated version of a DSM-5 emerging measure: The 12-Item WHO Disability Assessment Schedule (WHODAS) 2.0. *Canadian Journal of Psychiatry*, *61*(4), 227-235.

Skevington, S. M., Lotfy, M. et O'Connell, K. A. (2004). The World Health Organization's WHOQOL-BREF quality of life assessment: psychometric properties and results of the international field trial. A report from the WHOQOL group. *Quality Of Life Research: An International Journal Of Quality Of Life Aspects Of Treatment, Care And Rehabilitation*, *13*(2), 299-310.

Skinner, H. A. (1982). The drug abuse screening test. *Addictive Behaviors*, *7*(4), 363-371.

Smarr, K. L. et Keefer, A. L. (2011). Measures of depression and depressive symptoms: Beck Depression Inventory-II (BDI-II), Center for Epidemiologic Studies Depression Scale (CES-D), Geriatric Depression Scale (GDS), Hospital Anxiety and Depression Scale (HADS), and Patient Health Questionnaire-9 (PHQ-9). *Arthritis Care et Research*, *63 Suppl 11*, S454-S466.

Smith, P., Perrin, S., Dyregrov, A. and Yule, W. (2003). Principal components analysis of the impact of event scale with children in war. *Personality et Individual Differences*, *34*(2), 315.

Spitzer, R. L., Kroenke, K., Williams, J. B. W. and Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: The GAD-7. *Archives of Internal Medicine*, *166*(10), 1092-1097.

Statistics Canada. (2013). Enquête sur la santé dans les collectivités canadiennes - Santé mentale (ESCC). Government of Canada, Consulted at http://www23.statcan.gc.ca/imdb/p2SV_f.pl?Function=getSurvey&SDDS=5015

Statistics Canada. (2015). Enquête canadienne sur les mesures de la santé (ECMS). Government of Canada, Consulted at http://www23.statcan.gc.ca/imdb/p2SV_f.pl?Function=getSurvey&SDDS=5071

Statistics Canada. (2017). Programme du Recensement de 2011 – Produits de données. Consulted at https://www12.statcan.gc.ca/census-recensement/2011/dp-pd/index-fra.cfm

Statistics Canada. (2018). Enquête sur la santé dans les collectivités canadiennes – Composante annuelle (ESCC). Consulted at http://www23.statcan.gc.ca/imdb/p2SV_f.pl?Function=getSurvey&SDDS=3226

Statistics Canada. (2018). Enquête sur la santé dans les collectivités canadiennes - Santé mentale : fichier de microdonnées à grande diffusion. Consulted at https://www150.statcan.gc.ca/n1/fr/catalogue/82M0021X

Streiner, D. L., Norman, G. R. et Cairney, J. (2015). *Health measurement scales: a practical guide to their development and use* (Fifth edition). Oxford : Oxford University Press.

Tairou, F. O., Bélanger, D. et Gosselin, P. (2010a). *Proposition d'indicateurs aux fins de vigie et de surveillance des troubles de la santé liés à la chaleur*. Institut national de santé publique du Québec. Consulted at https://www.inspq.qc.ca/pdf/publications/1079_IndicateursVigieSanteChaleur.pdf

Tairou, F. O., Bustinza, R., Bélanger, D. et Gosselin, P. (2010b). *Proposition d'indicateurs aux fins de vigie et de surveillance des troubles de la santé liés aux précipitations hivernales et aux avalanches*. Institut national de santé publique du Québec. Consulted at https://www.inspq.qc.ca/pdf/publications/1160_PropIndicPrecipitationsHivernales.pdf

Tairou, F. O., Bustinza, R., Gosselin, P., et Bélanger, D. (2011). *Proposition d'indicateurs aux fins de vigie et de surveillance des troubles de la santé liés aux précipitations non hivernales, aux inondations, aux glissements de terrain et à la sécheresse*. Institut national de santé publique du Québec. Consulted at https://www.inspq.qc.ca/pdf/publications/1240_PropoIndicPrecipNonHivernales.pdf

Terhakopian, A., Sinaii, N., Engel, C. C., Schnurr, P. P. and Hoge, C. W. (2008). Estimating population prevalence of posttraumatic stress disorder: an example using the PTSD checklist. *Journal Of Traumatic Stress*, *21*(3), 290-300.

Toutant, S., Gosselin, P., Bélanger, D., Bustinza, R. et Rivest, S. (2011). An open source web application for the surveillance and prevention of the impacts on public health of extreme meteorological events: the SUPREME system. *International Journal of Health Geographics*, *10*, 39.

Üstün, T., Kostanjsek, N., Chatterji, S. et Rehm, J. (2010). *Measuring health and disability: manual for WHO disability assessment schedule – WHODAS 2.0*. Geneva: World Health Organization. Consulted at http://apps.who.int/iris/bitstream/handle/10665/43974/9789241547598_eng.pdf;jsessionid=9F80AFCB44C557305032242D9177C2F9?sequence=1

van der Velden, P. G., Wong, A., Boshuizen, H. C. et Grievink, L. (2013). Persistent mental health disturbances during the 10 years after a disaster: four-wave longitudinal comparative study. *Psychiatry and Clinical Neurosciences*, *67*(2), 110-118.

Verger, P., Aulagnier, M., Schwœbel, V. et Lang, T. (2005). Démarches épidémiologiques après une catastrophe. Paris : La documentation française. Repéré sur le site de l'Institut de veille sanitaire : http://invs.santepubliquefrance.fr//publications/2005/epidemiologie_catastrophes/

Villalobos-Gallegos, L., Pérez-López, A., Mendoza-Hassey, R., Graue-Moreno, J. and Marín-Navarrete, R. (2015). Psychometric and diagnostic properties of the Drug Abuse Screening Test (DAST): Comparing the DAST-20 vs. the DAST-10. *Salud Mental*, *38*(2), 89-94.

Weiss, D. S. (2007). The impact of event scale: Revised. Dans J. P. Wilson et C. S. Tang (dir.), *Cross-cultural assessment of psychological trauma and PTSD* (p. 219-238). New York: Springer Science + Business Media.

Wilkins, K. C., Lang, A. J. et Norman, S. B. (2011). Synthesis of the psychometric properties of the PTSD checklist (PCL) military, civilian, and specific versions. *Depression And Anxiety*, *28*(7), 596-606.

Xie, F., Pullenayegum, E., Gaebel, K., Bansback, N., Bryan, S., Ohinmaa, A., … Johnson, J. A. (2016). A time trade-off-derived value set of the EQ-5D-5L for Canada. *Medical Care*, *54*(1), 98-105.

Zanello, A., Rouget, B. W., Gex-Fabry, M., Maercker, A. and Guimon, J. (2006). Validation du Questionnaire de fonctionnement social (QFS), un autoquestionnaire mesurant la fréquence et la satisfaction des comportements sociaux d'une population adulte psychiatrique. *L'Encéphale : Revue de psychiatrie clinique biologique et thérapeutique*, *32*(1), 45-59.

Appendix 1

Other publications

Other relevant publications

This appendix presents publications that are either related to post-disaster surveillance, mental health impacts or tools to evaluate them. The tools are available to the general public on the Internet.

Démarches épidémiologiques après une catastrophe

Some of the experts who wrote this book have participated in the evaluation of disasters in France in recent years. It targets the interveners who might be involved in the management of the consequences of a disaster.

The following modules are available on the Internet: different types of epidemiological surveys; populations: census and sampling; data collection procedure; routine data and information system; measurement of exposure and risk assessment; psychometric tools; tools to assemble information on co-factors in the study of the psychosocial impacts of disasters; adaptation or implementation of a surveillance or warning system; ethical aspects; communications, media and the press.

✚ Read the document (Verger *et al.*, 2005)

Faisabilité d'un suivi des impacts psychosociaux des aléas climatiques

This critical analysis of 126 scientific articles focuses on the theme of the psychosocial impacts of climatic hazards, including the identification of factors that alter the links between the hazards and their consequences. It discusses the data sources that the researchers used and their applicability to Québec and the methodological quality of the studies listed. The report proposes observations and recommendations concerning the items that are usable in the context of the establishment of a post-climate-hazard surveillance system in Québec.

✚ Read the document (Boyer and Villa, 2011a)

Répertoire d'instruments pour la surveillance des impacts psychosociaux des aléas climatiques

This publication of the Institut national de santé publique du Québec (INSPQ) is meant to be an inventory of the best measurement instruments validated, in French and in English, to monitor the psychosocial impacts of climate hazards. It presents 52 measurement instruments. An information sheet has been produced for each instrument and summarizes the description of the instrument, the population targeted, the type of translation, and whether metrological quality tests such as Precision, pretest, internal coherence and validity were conducted. Where possible, the name of a resource person for the French or English tool has been provided.

✚ Read the document (Boyer and Villa, 2011b)

Proposition d'indicateurs aux fins de vigie et de surveillance des troubles de la santé

The Institut national de santé publique du Québec (INSPQ) has produced a series of six reports to propose an array of impacts and health indicators to be incorporated into monitoring and surveillance systems related to weather hazards. The main results of the health consequences related to each group of weather hazards under study are listed.

The six reports focus on health disorders related to the following weather hazards:

- Lightning and forest fires (Bustinza *et al.*, 2010a)
- Non-winter precipitation, flooding, landslides and drought (Tairou *et al.*, 2011)
- Cold (Bustinza *et al.*, 2010b)
- Winter precipitation and avalanches (Tairou *et al.*, 2010b)
- High winds (Bélanger *et al.*, 2010)
- Heat (Tairou, Bélanger and Gosselin, 2010a)

Appendix 2

Methodology for the selection of the studies

Methodology for the selection of the studies

This appendix presents the selection criteria respecting the studies presented in section 5.

The studies and surveys selected may have been conducted after a disaster or deemed relevant to the surveillance of mental health status. To obtain questionnaires drafted and validated in French, only studies that were local, regional and provincial in scope conducted in Québec and in France were selected, whether or not they were recurrent, provided that they included at least one section on mental health impacts. The outcomes must have been published between 2000 and 2016. Table 1 specifies the criteria adopted.

Table 1 Selection criteria respecting the studies

Criteria	Description	Exclusions
Type and form of the document	▪ Questionnaire, research protocol, report (research, thesis, PowerPoint, and so on), scientific article.	▪ Non-published tools.
Contents	▪ The studies must have been developed to conduct medium- and long-term clinical or epidemiological surveillance of mental health impacts, especially after disasters. ▪ The name of the standardized measurement instruments used must be indicated for a study to be included in the toolkit.	▪ The surveillance of impacts during the emergency phase or immediately after the disaster, e.g. a monitoring study. ▪ Studies for which the questionnaire is not available or in which the name of standardized tools is not mentioned.
Search engine	▪ Search in the grey literature, personal contact and in three databases (Pubmed, PsycINFO and PILOTS*).	
Language of publication	▪ French	
Date de publication	▪ 2000 to 2016	

* *Published International Literature On Traumatic Stress*: http://search.proquest.com/pilots/index?accountid=28179.

Appendix 3

Methodology respecting the recommendation of standardized measurement instruments

Methodology respecting the recommendation of standardized measurement instruments

This appendix presents the steps that led to the recommendation of the most appropriate instruments to conduct surveys of mental health status, its determinants and possible consequences by means of population-based surveys (see section 6).

Committee of experts

A committee of experts was established to pinpoint and recommend the standardized instruments. The committee, chaired by Dr. Pierre Gosselin and coordinated by Magalie Canuel, comprised three experts in the realm of mental health or population-based mental health surveillance: Dr. Alain Brunet (Douglas Mental Health University Institute), Dr. Arnaud Duhoux (Université de Montréal) and Dr. Alain Lesage (INSPQ). The experts were recruited by invitation based on their CVs. Each committee member filled out a conflict of interest disclosure form. No conflict of interest was reported.

Their mandate was to:

- comment on the list of indicators initially selected;
- verify that the list of instruments identified during the first stage of selection was complete;
- evaluate the standardized measurement instruments according to a list of criteria;
- revise and comment on the recommendations.

Indicators studied

Initially, only indicators that allow for the evaluation of mental health status were to be selected. Accordingly, emphasis was placed mainly on such indicators. However, it may be equally important to monitor the determinants of mental health status and certain other possible consequences in the wake of a disaster. Based on the experts' recommendation, a number of instruments were proposed to measure certain of the indicators. Table 1 presents the list of indicators, which the committee of experts revised.

It should be noted that this toolkit mainly covers only one dimension of mental health, i.e. mental health problems. It covers to a limited extent positive mental health in the Well-being section.

Table 1 List of categories of indicators selected that are related to mental health status, its determinants and possible consequences

Indicators
▪ Anxiety symptoms ▪ Depressive symptoms ▪ Post-traumatic stress disorder symptoms ▪ Psychological distress ▪ Immediate impact of the trauma (peritraumatic reactions) ▪ Well-being ▪ Functioning and disability ▪ Quality of life ▪ Social support ▪ Alcohol use ▪ Drug use ▪ Medication use ▪ Use of mental health services

Selection of the measurement instruments

The list of standardized measurement instruments was based on targeted research in two databases (PubMed and EBSCOhost), instrument databases such as PILOTS, the website of psychometric instruments in French, published books and the grey literature. Research in the two databases proved arduous given the difficulty of clearly defining the search criteria, which generated results not confined to standardized measurement instruments. Accordingly, it is mainly the other search engines that were used to establish the list of instruments.

First stage in the selection

For the tools to be selected in the first stage, they had to satisfy the following criteria:

- instruments in the public domain or protected by copyright but without charge;
- instruments written in or translated into French;
- instruments that use a self-report questionnaire.

Table 2 presents the list of instruments that satisfy these criteria.

Table 2 Standardized instruments that satisfy the first selection criteria, depending on the indicators selected

Standardized measurement instruments*
Anxiety symptoms
▪ Catastrophic Cognitions Questionnaire – Modified (CCQ-M) ▪ Composite International Diagnostic Interview – Short Form (CIDI-SF) ▪ Composite International Diagnostic Interview (CIDI) ▪ De Bonis Anxiété Trait-État (BATE) ▪ Depression Anxiety Stress Scales (DASS) ▪ Diagnostic Interview Schedule for Adult and for Children (DISC) ▪ Diagramme de Ferreri (FARD) ▪ Échelle de Covi (COVI) ▪ Generalized Anxiety Disorder – 7 items (GAD-7) ▪ Generalized Anxiety Disorder – Questionnaire-IV (GAD-Q-IV) ▪ Hamilton Anxiety Rating Scale (HAM-A) ▪ Hopkins Symptom Checklist – 25 items (HSCL-25) ▪ Mini-International Neuropsychiatric Interview (MINI) ▪ Overall Anxiety Severity and Impairment Scale (OASIS) ▪ Patient Health Questionnaire Somatic, Anxiety, and Depressive Symptom Scales (PHQ-SADS) ▪ Penn State Worry Questionnaire (PSWQ) ▪ Revised Children's Anxiety and Depression Scale – Youth and Parent Version (RCADS) ▪ Screen for Child Anxiety Related Emotional Disorders (SCARED) ▪ Spence Children's Anxiety Scale (SCAS) ▪ World Health Organization World Mental Health Composite International Diagnostic Interview (WHO WMH-CIDI) ▪ Zung Self-Rating Anxiety Scale (SAS)
Depressive symptoms
▪ Adolescent Depression Rating Scale (ADRS) ▪ Attributional Style Questionnaire (ASQ) ▪ Beck Depression Inventory (BDI) ▪ Center for Epidemiologic Studies – Depression Scale (CES-D) ▪ Center for Epidemiologic Studies – Depression Scale for Children (CES-DC) ▪ Clinically Useful Depression Outcome Scale (CUDOS) ▪ Columbia Depression Scale (CDS) ▪ Composite International Diagnostic Interview – Short Form(CIDI- SF) CIDI-SF ▪ Composite International Diagnostic Interview (CIDI) ▪ Depression Anxiety Stress Scales (DASS) ▪ Depression Self-Rating Scale for Children (DSRS) ▪ Diagnostic Interview Schedule for Adult and for Children (DISC) ▪ Diagnostic Inventory for Depression (DID) ▪ Échelle de ralentissement dépressif (ERD) ▪ Geriatric Depression Scale – Short form (GDS-SF) ▪ Geriatric Depression Scale (GDS) ▪ Harvard National Depression Screening Scale (HANDS) ▪ Hopkins Symptom Checklist – 25 items (HSCL-25) ▪ Mini-International Neuropsychiatric Interview (MINI) ▪ MOS Depression Questionnaire (MOS-DQ)

Table 2 Standardized instruments that satisfy the first selection criteria, depending on the indicators selected (continued)

Standardized measurement instruments*
Depressive symptoms (continued)
▪ Patient Health Questionnaire (PHQ) ▪ Patient Health Questionnaire Somatic, Anxiety, and Depressive Symptom Scales (PHQ-SADS) ▪ Questionnaire QD-2A (QD-2A) ▪ Quick inventory of Depressive Symptomatology (QIDS) ▪ Revised Children's Anxiety and Depression Scale – Youth and Parent Version (RCADS) ▪ World Health Organization World Mental Health Composite International Diagnostic Interview (WHO WMH-CIDI) ▪ Zung Self-Rating Depression Scale (SDS)
Post-traumatic stress disorder symptoms
▪ Child Posttraumatic Stress Reaction Index (CPTS-RI) ▪ Child PTSD Symptom Scale (CPSS) ▪ Children's Impact of Traumatic Events Scale – Revised (CITES-2) ▪ Children's Revised Impact of Event Scale (CRIES) ▪ Composite International Diagnostic Interview (CIDI) ▪ Diagnostic Interview Schedule for Adult and for Children (DISC) ▪ Impact of Event Scale – Revised (IES-R) ▪ Impact of Event Scale (IES) ▪ Los Angeles Symptom Checklist (LASC) ▪ Mini-International Neuropsychiatric Interview (MINI) ▪ Modified PTSD Symptom Scale (MPSS-SR) ▪ Pediatric Emotional Distress Scale (PEDS) ▪ Posttraumatic Stress Disorder Checklist (PCL-S; PCL-C; PCL-M; PCL-5) ▪ Primary Care PTSD Screen (PC-PTSD) ▪ Short Posttraumatic Stress Disorder Rating Interview (SPRINT) ▪ Structured Interview for Posttraumatic Stress Disorder (SI-PTSD) ▪ Structured Trauma-Related Experiences and Symptoms Screener (STRESS) ▪ Traumatic Events Screening Inventory for Children (TESI-C) ▪ World Health Organization World Mental Health Composite International Diagnostic Interview (WHO WMH-CIDI)
Immediate impact of the trauma
▪ Peritraumatic Dissociative Experiences Questionnaire (PDEQ) PDEQ ▪ Peritraumatic Distress Inventory (PDI) ▪ Shortness of Breath, Tremulousness, Racing Heart and Sweating Rating Scale (STRS-A3)
Psychological distress
▪ Hassles scale ▪ Indice de détresse psychologique de Santé Québec – 14 items (IDPSQ-14) ▪ Kessler Psychological Distress Scale (K6; K10) ▪ Mental Health Inventory (MHI) ▪ Mesure de stress psychologique (MSP) ▪ Perceived Stress Scale (PSS) ▪ Question « Stress quotidien perçu » (dans l'ESCC) ▪ Self Reporting Questionnaire (SRQ)

Table 2 Standardized instruments that satisfy the first selection criteria, depending on the indicators selected (continued)

Standardized measurement instruments*
Well-being
▪ Affect Balance Scale (ABS) ▪ Échelle de mesure des manifestations du bien-être psychologique – version courte (ÉMMBEP) ▪ General Well-Being Schedule (GWB)
Well-being (continued)
▪ Mental Health Continuum (MHC) ▪ Personal Wellbeing Index – Adult/School Children (PWI-A/PWI-SC) ▪ Positive and Negative Affect Schedule (PANAS) ▪ Psychological General Well-Being Index (PGWBI) ▪ Ryff's Scales of Psychological Well-Being – 18 items (RPWB-18) ▪ Well-Being Questionnaire – 12 items (W-QB12) ▪ World Health Organization Well-Being Index (WHO-5)
Functioning and disability
▪ Bristol Activites of Daily Living Scale (BADLS) ▪ Échelle d'adaptation sociale II (EAS-II) ▪ Functional Independence Measure (FIM) ▪ Module « Activités de la vie quotidienne » (dans l'ESCC) ▪ Social functioning questionnaire (SFQ) ▪ World Health Organization Disability Assessment Schedule (WHODAS 2.0)
Quality of life
▪ Échelle de qualité de vie (SEP-59) ▪ EuroQol-5-Dimension (EQ-5D-5L) ▪ Health-Related Quality of Life (HRQOL) ▪ Life Satisfaction Index (LSI) ▪ McGill Quality of Life Questionnaire – Revised (MQOL) ▪ Quality of life Enjoyment and Satisfaction Questionnaire – Short form (Q-LES-Q) ▪ Quality of life Questionnaire; Quality of life Interview (Bigelow, Douglas, A.) ▪ Quality of Life Scale (QOLS) ▪ Question « État de santé mentale perçue » (dans l'ESCC) ▪ Question « État de santé perçu » (dans l'ESCC) ▪ Question « Satisfaction à l'égard de la vie » (dans l'ESCC) ▪ Rand 36-item Health Survey (Rand-36) ▪ Satisfaction with Life Scale (SWLS) ▪ Schalock and Keith Quality of Life Questionnaire (QOL-Q) ▪ Short Form 36 Health Survey (SF-36) ▪ Short-Form SF-12v2 Health Survey ▪ Temporal Satisfaction with Life Scale (TSWLS) ▪ World Health Organization Quality of Life (WHOQOL-BREF)
Social support
▪ 3-Item Oslo Social Support Scale (O3SS) ▪ Duke Social Support Index/Abbreviated Duke Social Support Index (DSSI) ▪ Duke-UNC Functional Social Support Questionnaire (DUFSS)

Table 2 Standardized instruments that satisfy the first selection criteria, depending on the indicators selected (continued)

Standardized measurement instruments*
Social support (continued)
▪ Échelle de la qualité des relations interpersonnelles (EQRI) ▪ Échelle de solitude de UCLA ▪ Interpersonal Support Evaluation List (ISEL) ▪ Inventory of Socially Supportive Behaviors (ISSB) ▪ Lubben Social Network Scale (LSNS) ▪ Medical Outcome Study Social Support Survey (MOS) ▪ Mesure du fonctionnement social ▪ Module « Échelle de provisions sociales » (dans l'ESCC – Santé mentale) ▪ Module « Échelle de provisions sociales » (dans l'ESCC – Santé mentale) ▪ Multidimensional Scale of Perceived Social Support (MSPSS) ▪ Perceived Social Support from Family and from Friends (PSS-Fa; PSS-Fr) ▪ Question « Satisfaction à l'égard de sa vie sociale » (EQSP) ▪ Social Support Questionnaire (SSQ) ▪ Soutien social dans l'environnement familial (dans le *California Healthy Kids Survey*) ▪ Soutien social dans l'environnement scolaire (dans le *California Healthy Kids Survey*) ▪ Soutien social des amis (dans le *California Healthy Kids Survey*)
Alcohol use
▪ Adolescent Alcohol and Drug Involvement Scale (AAIDS) ▪ Alcohol Use Disorders Identification Test (AUDIT) ▪ Alcohol, Smoking and Substance Involment Screening Test (ASSIST) ▪ Brief COPE ▪ CAGE Questionnaire ▪ Composite International Diagnostic Interview – Short form (CIDI-SF) ▪ CRAFFT Screening Tool for Adolescent Substance Abuse (CRAFFT) ▪ Dépistage/évaluation du besoin d'aide – Alcool (DÉBA-A) ▪ Grille de dépistage de consommation problématique d'alcool et de drogues chez les adolescents et adolescentes (DEP-ADO) ▪ Michigan Alcoholism Screening Test – Revised (MAST) ▪ *Patient Health Questionnaire* (PHQ) – Alcohol Abuse and Dependence module ▪ Penn Alcohol Craving Scale (PACS) ▪ Rapid Alcohol Problems Screen 4 (RAPS4) ▪ T-ACE Questionnaire ▪ Temptation and Restraint Inventory (TRI) ▪ TWEAK Questionnaire ▪ Two-Item Conjoint Screen (TICS)
Drug use
▪ Alcohol, Smoking and Substance Involment Screening Test (ASSIST) ▪ Brief COPE ▪ CAGE Questionnaire – Adapted to include drugs (CAGE-AID) ▪ Consommation de drogues (dans l'EQSJS) ▪ Consommation de drogues (dans l'EQSP)

Table 2 Standardized instruments that satisfy the first selection criteria, depending on the indicators selected (continued)

Standardized measurement instruments*
Drug use (continued)
▪ CRAFFT Screening Tool for Adolescent Substance Abuse (CRAFFT) ▪ Dépistage/évaluation du besoin d'aide – Drogues (DÉBA-D) ▪ Drug Abuse Screening Test – 10 items (DAST-10) ▪ Grille de dépistage de consommation problématique d'alcool et de drogues chez les adolescents et adolescentes (DEP-ADO) ▪ Usage de drogues illicites (dans l'ESCC) ▪ World Health Organization World Mental Health Composite International Diagnostic Interview (WHO WMH-CIDI)
Medication use
▪ Consommation de médicaments (dans l'ESCC) ▪ World Health Organization World Mental Health Composite International Diagnostic Interview (WHO WMH-CIDI)
Use of mental health services
▪ Besoins de santé non comblés (dans l'ESCC) ▪ Consultations chez des médecins ou avec certains professionnels de la santé (dans l'ESCC) ▪ Projet dialogue (adaptation des questions de l'ESCC)

* Le nom des instruments est identifié en anglais lorsqu'ils ont été développés en anglais.

Second stage in the selection

The experts were to assess the 166 preselected measurement instruments (Table 2) according to a list of criteria. They were to assign a score of 0 to 10 to each one. The scores were attributed subjectively and were based on the experts' knowledge of the instruments. A score of 0 to 4 meant that the tool satisfied the criterion "not at all", "very little" or "little." A score of 5 to 10 meant that the tool satisfied the criterion "well" or "very well." The experts were not to write anything if they were unfamiliar with the tool. An average score was then calculated of all the scores that the experts attributed.

The following selection and evaluation criteria applied to the instruments:

- a small number of items (or short administration period of the questionnaire);
- the sound metrological quality of the French and English versions;
- a validated French version;
- ease of use and interpretation by non-experts, e.g. the presence of threshold scores for interpretation;
- the availability of reference data for comparison purposes.

Third stage in the selection

Following the second stage of the selection, five to six instruments with the best scores were selected and prioritized. The committee then reached a consensus to recommend one instrument among those selected and to suggest one or two others with equally sound potential.

Publication No.: 2675

Centre d'expertise
et de référence

www.inspq.qc.ca

Institut national
de santé publique
Québec