

cpq-a-s

scale and scoring

Please place a cross (X) next to Yes or No.

In relation to your cannabis use:

- | | | | |
|-----|---|------------------------------|-----------------------------|
| 1. | Have you tended to smoke more on your own than you used to? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | Have you worried about meeting people you don't know when you are stoned? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | Have you spent more time with smoking friends than other kinds of friends? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. | Have your friends criticised you for smoking too much? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. | Have you found yourself worried about the amount of money you have been spending on cannabis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. | Have you been in trouble with the police due to your smoking? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. | Have you been physically sick after smoking? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. | Have you passed out after a smoking session? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. | Have you had pains in your chest or lungs after a smoking session? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. | Have you had a persistent chest infection or cough? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. | Have you felt paranoid or antisocial after a smoking session? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. | Have you worried about getting out of touch with friends or family? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Score 1 for each 'yes' answer. Tentative cut-off indicating need for further assessment is 3.