

ACCU baseline assessment

Name:

Date:

[Section 1 on Personal Feedback Form]

presenting concerns

What is your main reason for coming back today?

Main reason [Paraphrase]

Are there any other reasons for wanting to participate in the check-up?

Additional reasons

a.

b.

Read this list of statements and tick which one best represents how you feel right now about your cannabis use.

- I'm basically satisfied with my use of cannabis and do not plan to change it
- I'm thinking about stopping or reducing my use of cannabis, but I don't think I'll begin doing that in the next 30 days
- I think I will stop or reduce my use of cannabis sometime in the next 30 days
- Sometime within the past 6 months I stopped or reduced my level of cannabis use and I've not returned to my previous level of use
- More than 6 months ago, I stopped or reduced my level of cannabis use and I've not returned to my previous level of use

cannabis use [Section 2 on Personal Feedback Form]

Just to get started, I'd like to find out from you what are some of the **good things** you like about using cannabis?

And what, if anything, are the things that are **less good or not so good** about using cannabis for you?

[Section 4 on Personal Feedback Form]

[Section 3 on Personal Feedback Form]

I will now ask you a few questions about your cannabis use patterns since you first started using cannabis and I will also be asking you some specific questions about your patterns of use over the past 2 months.

The information you give me is confidential. It's important that you give the most accurate answers that you can. Of course, I realise that some things will be difficult to remember, so just give me your best estimate in this case.

When do you usually use cannabis?

- Mornings on waking
- Afternoons when arriving home
- Evenings
- Weekends
- Anytime

Where do you usually use?

- at home
- other person's home
- work
- public place
- in a car
- other _____

With whom do you usually use?

- alone
- partner
- friends
- relatives
- strangers
- other _____

cannabis use continued [Section 3 on Personal Feedback Form]

Does your partner use cannabis?

- yes
 no

How do they feel about your use?

- approve
 disapprove
 don't mind
 they don't know
 not sure

How old were you when you used cannabis for the first time? _____ years

How old were you when you first used cannabis every day, or nearly every day?

This means at least four days per week, and you did it for at least two months. _____ years

What's your typical pattern of using Cannabis? i.e. in general, how much do you usually smoke every day or during the week?

_____ [daily]

_____ [weekly]

Conduct timeline follow-back (TLFB) So, how much did you smoke yesterday? [name the day of the week], and the day before that, [continue until the weekend. Then ask about weekend consumption. Continue to probe in order to obtain accurate maximum amounts on a monthly basis.]

| Week | MON | TUE | WED | THUR | FRI | SAT | SUN |
|------|-----|-----|-----|------|-----|-----|-----|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |

| Week | MON | TUE | WED | THUR | FRI | SAT | SUN |
|------|-----|-----|-----|------|-----|-----|-----|
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |

Total: _____

Are there any sorts of situations you find yourself in, or feelings you get, that you particularly associate with wanting to use cannabis? [You may use the High Risk Confidence Questionnaire as a prompt if you wish.]

How do you smoke cannabis? In a joint/bong _____

Where do you get it from? _____

On average, how much money do you spend on cannabis per week? \$ _____ / week

quitting/moderating

Have you ever chosen to stop using cannabis for a period of time? I am referring to times that you stopped not because you were pressured or if you were unable to get cannabis, or you were in hospital, but stopped using on purpose.

How many times have you chosen to stop using cannabis for a period of time? _____

How many times have you ever chosen to significantly reduce your cannabis use for a period of time without actually completely quitting? _____

What was the longest period that you purposefully chose to stop or significantly reduce using cannabis since becoming a regular user? _____ days

How did you go about reducing your use? For instance, some people reduce the number of days on which they use cannabis, others reduce the number of times they use per day. Think of the time when you reduced your use for the longest period. How did you go about reducing your cannabis use during this period?

Why did you start again?

other drug use [Page 3, Section 3 of Personal Feedback Form]

On average, how many drinks would you have per day/per week? _____ No. of standard drinks

Do you smoke cigarettes, cigars, pipe tobacco; excluding tobacco smoked with cannabis?

If yes

How many cigarettes/cigars/pipes do you usually smoke everyday or weekly? _____ cigarettes/cigars/pipes

How often have you used illicit drugs in the past 90 days? _____ No. of times

risk perception [Page 4, Section 4 of Personal Feedback Form]

[Check for understanding of the word "risk". Once you are satisfied they understand the meaning, ask:]

Please tell me what four risks might be involved in making a decision about whether or not you would continue to use cannabis, by placing a tick next to those four risks below.

- Financial/money problems
- Legal/police problems
- Physical health problems
- Emotional/mood problems
- Being physically addicted/physically dependent
- Finding it hard or being unable to stop using
- Lack of motivation
- Problems with relationships
- Impact on school/work performance
- Starting to use drugs such as heroin and cocaine regularly
- Accidents when stoned
- other (*specify*): _____

severity of dependence scale

Please complete the next 5 questions.
They refer to **the last 3 months**.

Over the last 3 months:

1. **Did you ever think your use of cannabis was out of control?**
Never or almost never 0
Sometimes 1
Often 2
Always or nearly always 3
2. **Did the prospect of missing a smoke make you very anxious or worried?**
Never or almost never 0
Sometimes 1
Often 2
Always or nearly always 3
3. **Did you worry about your use of cannabis?**
Not at all 0
A little 1
Quite a lot 2
A great deal 3
4. **Did you wish you could stop?**
Never or almost never 0
Sometimes 1
Often 2
Always or nearly always 3
5. **How difficult would you find it to stop or go without?**
Not difficult 0
Quite difficult 1
Very difficult 2
Impossible 3

SDS score _____ / 15

Score used as an indicator of cannabis dependence with optimal discrimination is an SDS score of 4.

Martin, G., Copeland, J., Gates, P., & Gilmore, S. (2006). The Severity of Dependence Scale (SDS) in an adolescent population of cannabis users: Reliability, validity and diagnostic cut-off. *Drug and Alcohol Dependence* 83, 90-93.

expected costs and benefits [Section 5 of Personal Feedback Form if applicable]

Listed below are a number of situations which people sometimes report happen to them when they **stop using cannabis or substantially reduce** the amount of cannabis they use.

Indicate how strongly you agree or disagree that each of the following situations or things would happen to you **if you stopped using cannabis or if you substantially reduced the amount you use**. Tick the number that corresponds to how strongly you believe each outcome would occur.

If I stopped or cut back on my cannabis use...

I would expect to be able to think more clearly.

Strongly agree Some-what agree Don't know Some-what disagree Strongly disagree

I would expect urges to use when I see cannabis or think about cannabis.

Strongly agree Some-what agree Don't know Some-what disagree Strongly disagree

I would expect to be healthier.

Strongly agree Some-what agree Don't know Some-what disagree Strongly disagree

I would expect to be happier.

Strongly agree Some-what agree Don't know Some-what disagree Strongly disagree

I would expect to be moody.

Strongly agree Some-what agree Don't know Some-what disagree Strongly disagree

I would expect to feel lonely.

Strongly agree Some-what agree Don't know Some-what disagree Strongly disagree

I would expect to miss feeling high/stoned.

Strongly agree Some-what agree Don't know Some-what disagree Strongly disagree

I would expect to use alcohol or other drugs more often.

Strongly agree Some-what agree Don't know Some-what disagree Strongly disagree

I would expect to feel more tense or anxious.

Strongly agree Some-what agree Don't know Some-what disagree Strongly disagree

I would expect it to be difficult to sleep.

Strongly agree Some-what agree Don't know Some-what disagree Strongly disagree

I would expect to be more productive.

Strongly agree Some-what agree Don't know Some-what disagree Strongly disagree

I would expect to feel more depressed.

Strongly agree Some-what agree Don't know Some-what disagree Strongly disagree

I would expect to have more difficulty controlling my temper.

Strongly agree Some-what agree Don't know Some-what disagree Strongly disagree

I would expect to be bored more often.

Strongly agree Some-what agree Don't know Some-what disagree Strongly disagree

I would expect my memory to improve.

Strongly agree Some-what agree Don't know Some-what disagree Strongly disagree

I would expect to do better at my job or school.

Strongly agree Some-what agree Don't know Some-what disagree Strongly disagree

I would expect to have more energy to do things.

Strongly agree Some-what agree Don't know Some-what disagree Strongly disagree

I would expect to have better relationships with others.

Strongly agree Some-what agree Don't know Some-what disagree Strongly disagree

I would expect to have more money.

Strongly agree Some-what agree Don't know Some-what disagree Strongly disagree

I would expect to feel pressured by friends to use.

Strongly agree Some-what agree Don't know Some-what disagree Strongly disagree

I would expect to be less creative.

Strongly agree Some-what agree Don't know Some-what disagree Strongly disagree

I would expect to worry less about getting caught.

Strongly agree Some-what agree Don't know Some-what disagree Strongly disagree

I would expect not to be accepted by my friends.

Strongly agree Some-what agree Don't know Some-what disagree Strongly disagree

Adapted from:

Berghuis, J.P., Swift, W., Roffman, R., Stephens, R., & Copeland, J. (2006). The Teen Cannabis Check-Up: Exploring strategies for reaching young cannabis users. In **R.A. Roffman & R.S. Stephens.** (eds.), *Cannabis dependence: Its nature, consequences and treatment*. Cambridge: Cambridge University Press.

costs and benefits of change [Section 5 of Personal Feedback Form]

Are there other costs or not so good things you think would happen if you were to substantially reduce or stop your cannabis use? If so, please list them below.

Are there other benefits or good things you think would happen if you were to substantially reduce or stop your cannabis use? If so, please list them below.

You've just considered the potential costs and benefits of reducing or stopping your cannabis use. Now, imagine that you could see into the future. [Discuss the notion of tolerance and hense increase in use.]

What do you think would happen if you were to increase your cannabis use?

Please write down the costs (the not so good things) and the benefits (the good things) you expect might happen if you increased your cannabis use.

| Costs | Benefits |
|-------|----------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

cannabis problems questionnaire

[Complete the Cannabis Problems Questionnaire. Offer to read the questions to the person or allow them to self-complete, whichever they prefer and add to section 4 of Personal Feedback Form where applicable.]

- Below you will find a list of questions that relate to difficulties that other people who use cannabis sometimes complain of.
- Read each question carefully and answer either YES or NO by putting a tick in the appropriate box if you have experienced any of these difficulties.
- Some questions specifically ask about problems associated with using cannabis, while others ask about general problems that may have occurred.

Please answer all the questions that apply to you. All the questions apply to your experiences in the last 3 months.

In the last 3 months:

| | | |
|---|------------------------------|-----------------------------|
| Have you tended to smoke more on your own than you used to? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you worried about meeting people you don't know when you are stoned? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you spent more time with smoking friends than other kinds of friends? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have your friends criticised you for smoking too much? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you had any debts as a result of needing to buy cannabis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you pawned any of your belongings to buy cannabis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you found yourself making excuses about money? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you found yourself worried about the amount of money you have been spending on cannabis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you been caught out lying about money? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you been in trouble with the police due to your smoking? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you been in juvenile detention or prison? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you been physically sick after smoking? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you passed out after a smoking session? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you had pains in your chest or lungs after a smoking session? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you had a persistent chest infection or cough? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you felt paranoid or antisocial after a smoking session? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you had any accidents requiring hospital admission after smoking? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you lost any weight without trying to? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you been neglecting yourself physically? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you felt depressed for more than a week? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you felt so depressed you felt like doing away with yourself? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you given up any activities you once enjoyed because of smoking? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you had less energy than in the past? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you found it hard to get the same enjoyment from your usual interests? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has your general health been poorer than usual? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you driven while stoned? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you worried about getting out of touch with friends or family? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you been concerned about a lack of motivation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you felt less able to concentrate than usual? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you worried about feelings of personal isolation or detachment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

cannabis problems questionnaire continued

If you have lived with a parent (or guardian) in the past 3 months, answer these questions. Otherwise, go to next section.

In the last 3 months:

- | | | |
|--|------------------------------|-----------------------------|
| Do your parent(s) use cannabis on a regular basis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have your parent(s) complained about you smoking? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have your parent(s) tried to stop you from having a smoke? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you argued with them about your smoking? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you tried to avoid your parents(s) after you have been smoking? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you have had any regular boyfriend(s)/girlfriend(s)/partner(s) in the past 3 months, answer these questions. Otherwise, go to the next section

Thinking about the partner that you spent the most time with over the past 3 months:

- | | | |
|---|------------------------------|-----------------------------|
| Does he/she use cannabis on a regular basis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has he/she complained about your smoking? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you argued with him/her about smoking? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has he/she threatened to leave you because of your smoking? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you avoided him/her after you have been smoking? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you have been enrolled in school, tertiary education or any courses of study in the last 3 months, answer these questions. Otherwise, go to the following section.

In the last 3 months:

- | | | |
|--|------------------------------|-----------------------------|
| Have you been less interested or motivated in schoolwork/study? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you been unable to attend classes because of smoking? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have your school/course marks dropped? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you gone to classes stoned? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you been less able to concentrate on your schoolwork/study? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you smoked on school premises? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you been unable to complete homework because of your smoking? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you had complaints from teachers about your work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you been disciplined or suspended from school because of smoking? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you have been employed, either part-time or full-time, in the past 3 months, please answer these questions.

- | | | |
|--|------------------------------|-----------------------------|
| Have you found your work less interesting than you used to? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you been unable to arrive on time for work due to your smoking? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you missed a whole day at work after a smoking session? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you been less able to do your job because of smoking? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you gone to work stoned? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has anyone at work complained about you being late or absent? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you had any formal warnings from your employers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you been suspended or dismissed from work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you had any accidents at work after smoking? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Martin, G., Copeland, J., Gilmore, S., & Swift, W. (2006). The Adolescent Cannabis Problems Questionnaire: Psychometric properties. *Addictive Behaviors* 31, 2238-2248.

health

I am going to ask you some questions about your physical and mental health in the last 3 months. As before, I realise it may be difficult to remember things exactly. If you aren't sure of an answer, just give the best estimate that you can.

During the past 3 months, would you say your health in general was...

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know

During the past 3 months, on how many days were you bothered by any health or medical problems? Such as colds, flu or other things.

_____ days

What was/were the problem(s) you have been having?

a.

b.

c.

During the past 3 months, on how many days have medical problems kept you from meeting your responsibilities at work, school or home?

_____ days

Are you currently taking medication for any health problems?

- No
- Yes *(If yes, please describe)*

When was the last time you saw a doctor or nurse about a health problem? *(Tick one)*

- Within the past 7 days
- 1 to 4 weeks ago
- 1 to 6 months ago
- In the past year
- More than a year ago
- Never

Has anyone in your family ever had...

(Tick one)

problems with alcohol use?

Yes

No

problems with drug use?

Yes

No

emotional, mental or psychological problems?

Yes

No

Have you ever been treated for a mental, emotional, behavioural or psychological problem?

- No
- Yes

K10 Scale

[Read the following or ask the participant to complete]

During the past 30 days, about how often did you feel...

| During the past 30 days, about how often did you feel... | None of the time | A little of the time | Some of the time | Most of the time | All of the time |
|--|------------------|----------------------|------------------|------------------|-----------------|
| 1. Tired out for no good reason? | 1 | 2 | 3 | 4 | 5 |
| 2. Nervous? | 1 | 2 | 3 | 4 | 5 |
| 3. So nervous that nothing could calm you down? | 1 | 2 | 3 | 4 | 5 |
| 4. Hopeless? | 1 | 2 | 3 | 4 | 5 |
| 5. Restless or fidgety? | 1 | 2 | 3 | 4 | 5 |
| 6. So restless that you could not sit still? | 1 | 2 | 3 | 4 | 5 |
| 7. Depressed? | 1 | 2 | 3 | 4 | 5 |
| 8. That everything was an effort? | 1 | 2 | 3 | 4 | 5 |
| 9. So sad that nothing could cheer you up? | 1 | 2 | 3 | 4 | 5 |
| 10. Worthless? | 1 | 2 | 3 | 4 | 5 |

Kessler, R. & Mroczek, D. (1994). *Final versions of our Non-Specific Psychological Distress Scale*. (written communication – memo dated 10 March 1994). Michigan: Ann Arbor (Michigan) Survey Research Center of the Institute for Social Research, University of Michigan.

demographics

The questions in this section are about your background and your current situation.

What year are you currently in at school?

- Not at school
- Year 7
- Year 8
- Year 9
- Year 10
- Year 11

[If adolescent no longer at school, ask:]

How old were you when you left school? _____ years

Why did you leave?

What is your current employment situation?

- Full-time employed
- Part-time/casually employed
- Unemployed
- Studying elsewhere
- School only

What is your main source of income?

- Full-time employed
- Part-time/casually employed
- Temporary benefit (e.g. sickness/unemployment)
- Pension (e.g. disability)
- Student allowance
- Dependant on others
- No income
- Other

Who currently has legal custody of you?

- Parents living together
- Parents that are separated and share custody
- A single parent
- Other family members
- Legally emancipated minor living on your own
- Runaway/on own (without legal emancipation)
- State (foster home or protective service)

Are you currently in a relationship?

- Yes
- No

[Note partner's name for later discussions]

environment

These questions concern the social aspects of your life over the last 3 months, (things like job, friends, etc.).

How often in the last 3 months have you had any money problems, including arguing about money or not having enough for food or housing?

- Never or almost never
- Sometimes
- Often
- Always or nearly always

How often in the last 3 months have you had conflict with your partner or spouse? By conflict, I mean verbal abuse, serious argument, or violence, not a routine difference of opinion.

- Never or almost never
- Sometimes
- Often
- Always or nearly always
- Not applicable (i.e., no partner)

How often in the last 3 months have you had conflict with your relatives?

- Never or almost never
- Sometimes
- Often
- Always or nearly always
- No contact with relatives

How often in the last 3 months have you had conflict with your employer or school?

- Never or almost never
- Sometimes
- Often
- Always or nearly always
- Not applicable

How much of the time over the last 3 months have you spent with an illicit drug user?

- None of the time
- Some of the time
- A lot of the time
- All or nearly all of the time

How much of the time over the last 3 months have you spent with non-drug using friends?

- None of the time
- Some of the time
- A lot of the time
- All or nearly all of the time

The next questions are about how satisfied you are right now.

How satisfied are you with...

Where you are living?

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not at all | Slightly | Moderately | Considerably | Extremely satisfied |

Your family relationships?

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not at all | Slightly | Moderately | Considerably | Extremely satisfied |

Your sexual ability?

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not at all | Slightly | Moderately | Considerably | Extremely satisfied |

Your current relationship?

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not at all | Slightly | Moderately | Considerably | Extremely satisfied |

Your school and work situations?

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not at all | Slightly | Moderately | Considerably | Extremely satisfied |

How you spend your free time?

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not at all | Slightly | Moderately | Considerably | Extremely satisfied |

The extent to which you are coping with or getting help with any problem?

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not at all | Slightly | Moderately | Considerably | Extremely satisfied |

legal

During the past 6 months, on how many days were you involved in any activities you thought might get you into trouble with the police or be against the law? _____ days

During the past 6 months, on how many days did you support yourself financially from activities that you thought might get you into trouble or be against the law? _____ days

Have you ever been arrested and booked for breaking a law?

No
 Yes

(If yes go to the next question)

During the past 6 months, how many times have you been arrested and booked for breaking a law? *(Please do not count minor traffic violations)* _____ times

important goals [Section 6 of Personal Feedback Form]

Now I'm going to ask you about what plans and goals you might have over the next 3 years, e.g. what you hope to do in different areas of your life. Here are some examples of goals that someone might have: "I want to improve my marks", "I want to finish high school", "I want to get a job", "I want to save up some money", "I want to get my own apartment", "I want a better relationship with my family", "I want to become more assertive" or, "I want to buy a car". Do any of these fit with your goals? What are 5 things you plan to do or work towards in the next 3 years?

list of goals:

[Record list of top five goals in table below and read the following.]

[For each goal, one at a time, ask about confidence, involvement, and how the goal would be affected if they increase cannabis use and reduce cannabis use. Then go through same series of questions for the next goal, and so on.]

On a scale of 0 to 10 I'd like you to tell me how confident you feel in your ability to reach each goal. 0 being not confident at all, 10 being absolutely confident.

Now I'd like you to tell me what specifically you are doing to reach this goal. So, how actively involved are you in working toward this goal? Please use the 0–10 scale to rate your level of involvement.

[Ask following questions separately for “increased use” and “reduced use”.]

Now I'd like to ask you to think about these goals in relation to your cannabis use. I'd like you to imagine that you have increased your cannabis use. Look at each goal, and think about how increasing your cannabis use would affect this goal.

Now I'd like you to imagine that you have decided to reduce your cannabis use or perhaps even stopped. Look at each goal, and think about how reducing your cannabis use would impact or affect this goal.

| List of top 5 goals: | Confidence: | Involvement: | Likelihood to achieve if increase use: | Likelihood to achieve if reduce use: |
|----------------------|-------------|--------------|--|--------------------------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

important relationships and referents [Section 7 of Personal Feedback Form]

Now I'd like you to think about some people in your life who mean a lot to you. I'd like you to think of some people that are especially important to you, people you could turn to for help or emotional support, people you respect, or whose respect is important to you.

[For each person named ask and record: 1) name of person and relationship to the person, 2) whether or not this person knows about their cannabis use, and 3) how this person feels, or would feel (if they knew) about the person's cannabis use.]

[Probe for additional names, paying attention to missing categories of people, i.e. if they have named all peers or no family members.]

| Important people in your life | Does this person know you use cannabis? | How does (or would) this person feel about your cannabis use? |
|-------------------------------|---|---|
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[Have the client complete this section]

immediate goals regarding cannabis [Section 8 of Personal Feedback Form]

In general, how important is it for you to continue your current level of cannabis use, on a scale from 0 to 10, where 0 = not at all important, 5 = somewhat important, 10 = very important?

(Circle response)

| | | | | | | | | | | |
|-------------------------|---|---|---|---|-----------------------|---|---|---|---|-------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Not at all important | | | | | Somewhat important | | | | | Very important |

How interested are you in reducing or stopping your cannabis use right now, on a scale from 0 to 10, where 0 = not at all , 5 = somewhat, and 10 = very much?

(Circle response)

| | | | | | | | | | | |
|------------|---|---|---|---|----------|---|---|---|---|--------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Not at all | | | | | Somewhat | | | | | Very much |

In general, how important is it for you to reduce or stop using cannabis, on a scale from 0 to 10, where 0 = not at all important, 5 = somewhat important, and 10 = very important?

(Circle response)

| | | | | | | | | | | |
|-------------------------|---|---|---|---|-----------------------|---|---|---|---|-------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Not at all important | | | | | Somewhat important | | | | | Very important |

How confident are you that you'd be able to reduce or stop your cannabis use today if you tried, on a scale from 0 to 10, where 0 = not at all confident, 5 = somewhat confident, and 10 = very confident?

(Circle response)

| | | | | | | | | | | |
|-------------------------|---|---|---|---|-----------------------|---|---|---|---|-------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Not at all confident | | | | | Somewhat confident | | | | | Very confident |