

## personal feedback report



Name: \_\_\_\_\_ Date: \_\_\_\_\_

### 1 presenting concerns

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making changes?

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Is this how you feel now?

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### 2 good things about smoking

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Any others?

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**3** cannabis use

Age of first use \_\_\_\_\_

Days used per week \_\_\_\_\_

Days used past 60 days \_\_\_\_\_

Typical amount used daily/weekly \_\_\_\_\_

Usually on (when) \_\_\_\_\_

Usually at (where) \_\_\_\_\_

Usually with \_\_\_\_\_

Longest period non-use \_\_\_\_\_

Typical amount used past 90 days/year \_\_\_\_\_

Typical amount of money spent per week/90 days/year \$ \_\_\_\_\_

**comparing with other people**

People your age who smoke less than you \_\_\_\_\_

People your age who smoke the same or more than you \_\_\_\_\_

**other drug use**

Alcohol use – amount \_\_\_\_\_

Typical pattern \_\_\_\_\_

Tobacco use \_\_\_\_\_

Other drugs \_\_\_\_\_

\_\_\_\_\_

**early experience with cannabis**

How has it changed?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you think of all that?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4** less good things about smoking

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Others?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**risk perception**

(4 most important risks for you)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SDS \_\_\_\_\_

Problems – Cannabis Problems Questionnaire

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health issues

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

K10 (if applicable)

\_\_\_\_\_

Social issues (relationships/work/school)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Legal issues

\_\_\_\_\_  
\_\_\_\_\_

**5** expected costs of reducing smoking

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**expected benefits of reducing smoking**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would this reduce criminal activity?

**expected costs of increasing smoking**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**expected benefit of increasing smoking**

\_\_\_\_\_

Thoughts on this?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6 important personal goals**

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

**Confidence in your ability to reach goals**

**Current involvement in your ability to reach these goals**

1 _____	1 _____
2 _____	2 _____
3 _____	3 _____
4 _____	4 _____
5 _____	5 _____

**likelihood of achieving goals if you:**

**Increase use**

**Decrease use**

1 _____	1 _____
2 _____	2 _____
3 _____	3 _____
4 _____	4 _____
5 _____	5 _____

**7 your relationships**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**8 immediate cannabis goals**

Importance of continuing current level of use

Interest in reducing/stopping

Importance of reducing/stopping

Confidence in ability to reduce/stop

**9 the future – so what now?**

How do/would you know you are smoking too much?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**other comments**

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\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_