

cpq-a

adolescent cannabis problems questionnaire (cpq-a)

- 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.

core items

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

adolescent cannabis problems questionnaire (cpq-a) continued

additional items

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:

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| 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:

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|---|------------------------------|-----------------------------|
| 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:

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| 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.

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| 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 |