

adult cannabis problems questionnaire (cpq)

All the questions apply to your experiences from smoking cannabis in the last 3 months.

Please answer all the questions by ticking YES or NO.

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 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 sold any of your belongings to buy cannabis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you find yourself making excuses 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 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 been neglecting yourself physically?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you failed to wash for several days at a time?	<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 been so depressed you felt like doing away with yourself?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you given up recreational activities you once enjoyed for smoking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you find 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 felt more antisocial after smoking?	<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 worried about feelings of personal isolation or detachment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you usually have a smoke in the morning, to get yourself going?	<input type="checkbox"/> Yes	<input type="checkbox"/> No