

Name: Date: Time: 

For each question tick  the answer closest to your cannabis use over the past over the past 3 months:

Did you ever think your use of cannabis was out of control?

- [0]  Never or almost never  
[1]  Sometimes  
[2]  Often  
[3]  Always or nearly always

Did the prospect of missing a smoke make you very anxious or worried?

- [0]  Never or almost never  
[1]  Sometimes  
[2]  Often  
[3]  Always or nearly always

Did you worry about your use of cannabis?

- [0]  Not at all  
[1]  A little  
[2]  Quite a lot  
[3]  A great deal

Did you wish you could stop?

- [0]  Never or almost never  
[1]  Sometimes  
[2]  Often  
[3]  Always or nearly always

How difficult would you find it to stop or go without?

- [0]  Not difficult  
[1]  Quite difficult  
[2]  Very difficult  
[3]  Impossible

sds score

/ 15

(NB) Please note there are two cut-off scores: one for adults; SDS score of 3 and the other for adolescents; SDS score of 4.

Source: Swift W, Copeland J, Hall W. Choosing a diagnostic cut-off for cannabis dependence. *Addiction*. 1998;93(11):1681-92. doi: 10.1046/j.1360-0443.1998.931116816.x

Martin G, Copeland J, Gates P, Gilmour S. The Severity of Dependence Scale (SDS) in an adolescent population of cannabis users: Reliability, validity and diagnostic cut-off. *Drug Alcohol Depend*. 2006;83(1):90-3. doi: 10.1016/j.drugalcdep.2005.10.014