severity of dependence scale (sds)

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

(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.
