

## **GAIN-Quick Personalized Feedback Report (Q-PFR)**

This report summarizes some of the information that you gave us in your interview on 05/09/2003.

We want to give you an opportunity to review what you've told us and make any changes or additions. As you and I work together in reviewing and discussing this specific personal information, we can help you develop strategies for dealing with alcohol, marijuana, and other drugs that fit your individual needs.

### ***Extent of Use***

You smoked marijuana on 52 of the past 90 days. This means that only 2% of adolescents your age used this much or more.

You drank alcohol on 39 of the past 90 days, including days when you got drunk or had 5 or more drinks. This means that only 1% of adolescents your age used this much or more.

In the past 90 days, you reported that you used other drugs, including any kind of tobacco, on 90 days.

### ***Problems***

You indicated that your use of marijuana, alcohol, and/or other drugs had caused you the following kinds of problems:

- \* You did not meet your responsibilities at home, school, or work.
- \* You used in situations where it was unsafe for you (driving a car, using a machine, or where you might have been hurt or forced into sex).
- \* Using caused you to have problems with the law.
- \* You kept using even though you knew it could get you into fights (or other kinds of legal trouble).
- \* You used in larger amounts, more often or for longer than you meant to.
- \* You have been unable to cut down or stop using.
- \* You spent a lot of time getting or using marijuana, alcohol, or other substances (or feeling the effects of alcohol or drugs - high, sick).
- \* You have kept using despite medical, emotional or psychological problems.

As you reflect on the consequences of using marijuana, alcohol, and/or other substances on your life, what would you add?

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### ***Reasons for Quitting***

We showed you a list of personal reasons for quitting alcohol, marijuana and/or other drugs. Here are some reasons you gave for possibly quitting:

- \* So that I will be able to think more clearly
- \* Because my memory will improve
- \* Because people I am close to will be upset if I don't

- \* So that my parents, girlfriend, boyfriend, or another person I am close to will stop nagging me
- \* Because someone has given me an ultimatum
- \* Because there is a drug testing policy in detention, probation, parole, or school
- \* Because of legal problems related to my use

You listed these because they have personal significance for you. Do you have any other important reasons for quitting that you would like to add?

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### ***Other Problems***

You also told us about several other problems that might be caused or made worse by your marijuana, alcohol and/or other drug use. These include the following:

- The emotional problems you reported
- Being bothered by upsetting memories
- Your thoughts about hurting yourself
- Having problems paying attention or controlling your behavior
- Arguments and problems you had with your temper
- Worried about being physically, sexually or emotionally hurt
- Doing things that were illegal
- Getting in trouble at school- Missing so much school
- Multiple sources of stress you reported in your life

As you think about highly tempting situations, are there situations that you'd like to add?

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### ***Situational Confidence***

You also told us that you had not quit yet but were 50% ready to quit.