

### **Adolescent Relapse Coping Questionnaire (ARCQ)**

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Myers, M.G., & Brown, S.A. (1996). The Adolescent Relapse Coping Questionnaire: Psychometric validation. *Journal of Studies on Alcohol*, 57, 40-46.

**(Project Name / Activity Name)**  
**Pre-activity Evaluation Questionnaire**

Participant no.: \_\_\_\_\_

IMAGINE IF YOU FOUND YOURSELF IN THIS SITUATION:

**You arrive at a friend's house in the evening. There are a few other people, everyone is sitting around talking, drinking, and using drugs. When you sit down, you are offered drugs and something to drink.**

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1. Have you ever been in a situation like this? (Circle your answer)

(1) Never                      (2) Once or twice                      (3) Three to five times                      (4) More than five times

2. How difficult would this situation be for you? How hard to cope with?

(Circle the number that best shows what you think)

<b>1</b>	2	3	4	<b>5</b>	<b>6</b>	7	8	9	<b>10</b>
<b>Not at all difficult</b>				<b>Somewhat difficult</b>					<b>Very difficult</b>

3. How much would you want to use in this situation? How much of an urge would you have?

(Circle the number that best shows how you feel)

<b>1</b>	2	3	4	<b>5</b>	<b>6</b>	7	8	9	<b>10</b>
<b>No urge at all</b>				<b>Moderate urge</b>					<b>Very strong urge</b>

4. How much of a risk for relapse (i.e. using) is this situation?

(Circle the number that best shows how you feel)

<b>1</b>	2	3	4	<b>5</b>	<b>6</b>	7	8	9	<b>10</b>
<b>No risk at all</b>				<b>Moderate risk</b>					<b>Very high risk</b>

5. How important is it that you don't use in this situation?

(Circle the number that best shows how you feel)

<b>1</b>	2	3	4	<b>5</b>	<b>6</b>	7	8	9	<b>10</b>
<b>Not at all important</b>				<b>Somewhat important</b>					<b>Very important</b>

6. How likely do you think it is that you would be able to keep from using (i.e. not use) in this situation?

(Circle the number that best shows what you think)

<b>1</b>	2	3	4	<b>5</b>	<b>6</b>	7	8	9	<b>10</b>
<b>Definitely would use</b>				<b>Might use</b>					<b>Definitely wouldn't use</b>

Gender: 1  Male                      2  Female

Age: \_\_\_\_\_ years old

Have you joined any of the following activities: (select all that apply)

- |   |   |
|---|---|
| 1 <input type="checkbox"/> <i>Please list other activities in the programme</i> | 2 <input type="checkbox"/> <i>Please list other activities in the programme</i> |
| 3 <input type="checkbox"/> <i>Please list other activities in the programme</i> | 4 <input type="checkbox"/> <i>Please list other activities in the programme</i> |
| 5 <input type="checkbox"/> <i>Please list other activities in the programme</i> | 6 <input type="checkbox"/> <i>Please list other activities in the programme</i> |

~ Thank you ~

Beat Drugs Fund Evaluation Question Set No. 12 (Self efficacy to avoid drug use) (2010 Second Round)

Adolescent Relapse Coping Questionnaire (ARCQ)

Adopted from Prof. Mark Myers, University of California San Diego, USA

(Website for English version: <http://www.emcdda.europa.eu/html.cfm/index3554EN.html>)

**(Project Name / Activity Name)**  
**Post-activity Evaluation Questionnaire**

Participant no.: \_\_\_\_\_

IMAGINE IF YOU FOUND YOURSELF IN THIS SITUATION:

**You arrive at a friend's house in the evening. There are a few other people, everyone is sitting around talking, drinking, and using drugs. When you sit down, you are offered drugs and something to drink.**

---

1. Have you ever been in a situation like this? (Circle your answer)

(1) Never                      (2) Once or twice                      (3) Three to five times                      (4) More than five times

2. How difficult would this situation be for you? How hard to cope with?

(Circle the number that best shows what you think)

<b>1</b>	2	3	4	<b>5</b>	<b>6</b>	7	8	9	<b>10</b>
<b>Not at all difficult</b>				<b>Somewhat difficult</b>					<b>Very difficult</b>

3. How much would you want to use in this situation? How much of an urge would you have?

(Circle the number that best shows how you feel)

<b>1</b>	2	3	4	<b>5</b>	<b>6</b>	7	8	9	<b>10</b>
<b>No urge at all</b>				<b>Moderate urge</b>					<b>Very strong urge</b>

4. How much of a risk for relapse (i.e. using) is this situation?

(Circle the number that best shows how you feel)

<b>1</b>	2	3	4	<b>5</b>	<b>6</b>	7	8	9	<b>10</b>
<b>No risk at all</b>				<b>Moderate risk</b>					<b>Very high risk</b>

5. How important is it that you don't use in this situation?

(Circle the number that best shows how you feel)

<b>1</b>	2	3	4	<b>5</b>	<b>6</b>	7	8	9	<b>10</b>
<b>Not at all important</b>				<b>Somewhat important</b>					<b>Very important</b>

6. How likely do you think it is that you would be able to keep from using (i.e. not use) in this situation?

(Circle the number that best shows what you think)

<b>1</b>	2	3	4	<b>5</b>	<b>6</b>	7	8	9	<b>10</b>
<b>Definitely would use</b>				<b>Might use</b>					<b>Definitely wouldn't use</b>

Gender: 1  Male                      2  Female

Age: \_\_\_\_\_ years old

Have you joined any of the following activities: (select all that apply)

- |   |   |
|---|---|
| 1 <input type="checkbox"/> <i>Please list other activities in the programme</i> | 2 <input type="checkbox"/> <i>Please list other activities in the programme</i> |
| 3 <input type="checkbox"/> <i>Please list other activities in the programme</i> | 4 <input type="checkbox"/> <i>Please list other activities in the programme</i> |
| 5 <input type="checkbox"/> <i>Please list other activities in the programme</i> | 6 <input type="checkbox"/> <i>Please list other activities in the programme</i> |

~ Thank you ~

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