

Cannabis

Brief Assessment

The purpose of this tool is to provide you with a better understanding of your cannabis use.



Worker's notes

This tool is not intended to replace a full assessment. It is designed to be used alongside other Check Tools as part of a tailored brief intervention. Please consider all risk, safety, consent and confidentiality issues before commencing. If now is not a good time, this and other Check Tools can be taken away by the person and read at a later date.

Name:

Date:

At what age did you first try cannabis?

yrs

Over the past 3 months, how often have you used the following? (please tick/select)

	Never	Once or twice only	Few times a month	Weekly	Daily or almost daily
Dried plant (buds/head)					
Edibles (e.g. brownies/cookies/space-cake)					
Cannabis oil (e.g. drops)					
Hash (dried resin) / hash oil					
Other? (e.g. shatter/wax/Kronic)					

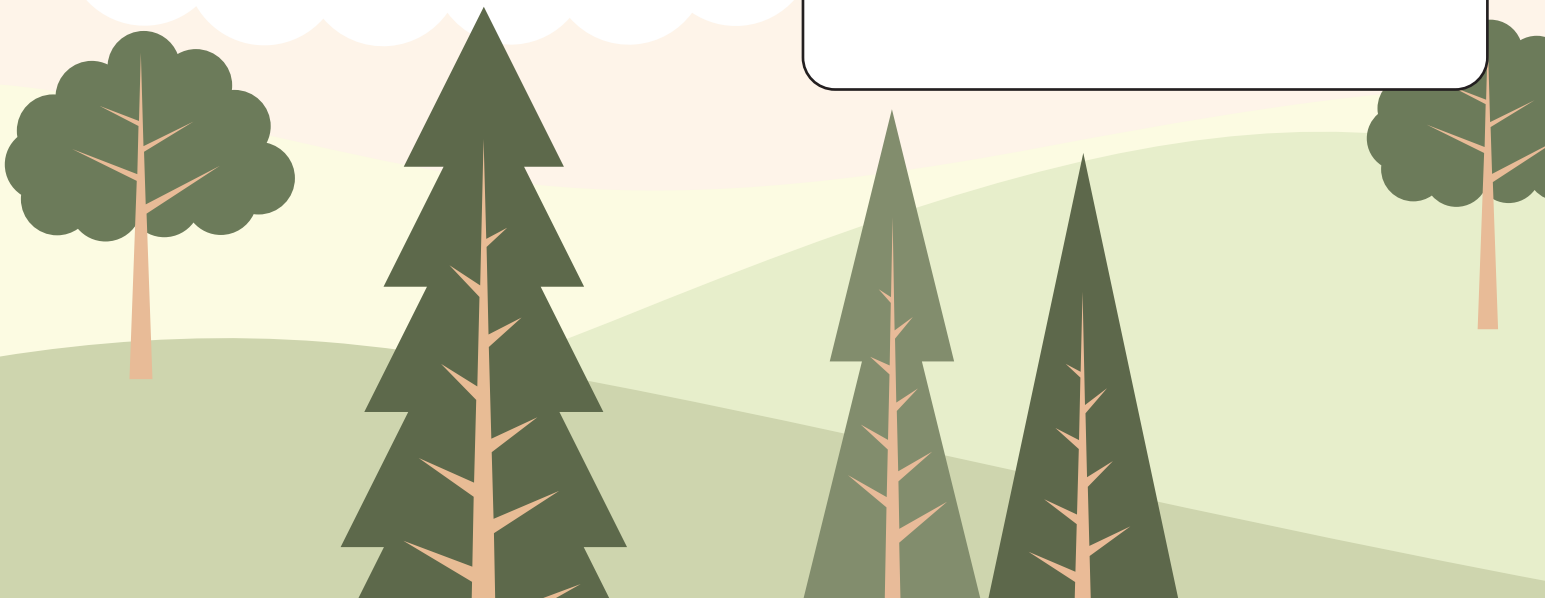
Is your cannabis prescribed by a doctor? (i.e. medicinal cannabis)

Yes Sometimes No

How are you using your cannabis? (tick/select all that apply)

- Smoking (bongs/pipes/joints)
- Vaporising
- Eating/swallowing
- Some other way? _____

If using in more than one way, what's the most common way that you use?



Can you describe your pattern of cannabis use in a bit more detail?


e.g. Approx how much do you use? What time of the day do you first have it / last have it? Do you use it throughout the day? Or just in one session? If prescribed by a doctor, do you use it more or less than what is prescribed?

Are there particular times, events, places or people that influence the way you use cannabis?


e.g. Do you use more or less on a work/non-work day or weekend/holidays? Or when you're with certain people or do/don't have children in your care (or other caregiving responsibilities)? Or when having certain thoughts or feelings? What about special occasions or anniversaries?

Would you say your overall level of cannabis use is...

- Increasing? Decreasing? Staying roughly the same?

 **Would you like to explore your relationship with cannabis further?**

See Check Tool 2 "Understanding your substance use"

 **Would you like to make changes to your cannabis use?**

See Check Tool 3 "Thinking about cutting back or quitting?"

 **Would you like information on ways to use cannabis more safely?**

See Check Tool 4 "Ways to reduce harms"

