

Cannabis Intervention Screener

Instructions: Because we care about your health, we are interested in learning more about your marijuana use. Please answer the following questions as openly as possible. Your answers are strictly confidential within your health team.

Triage Questions

	Never	Monthly or Less	Several Days per Month	Weekly	Several Days per Week	Daily
1. How often have you used marijuana in the past year? (including smoking, vaping, dabbing, or edibles)	<input type="checkbox"/>					

If you chose “Never” please **STOP HERE**. Otherwise, go to the next question.

	One	Two	Three	Four or More
2. When you use marijuana, how many times per day do you typically use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Smoke (joints, bong, pipe)	Vape	Dab	Edibles
3. How do you use marijuana? (check all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Secondary Screening Questions

Part 1	Yes	No
A. Have you used marijuana for personal enjoyment and/or recreational reasons?	<input type="checkbox"/>	<input type="checkbox"/>
B. Have you used marijuana for medical or physical health reasons such as pain, cancer, or epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>
C. Have you used marijuana for mental health reasons such as trouble focusing, worries or anxiety, stress, negative or sad emotions?	<input type="checkbox"/>	<input type="checkbox"/>
D. Do you have a medical marijuana card?	<input type="checkbox"/>	<input type="checkbox"/>

Part 2		
Different things happen to people when they are using marijuana, or as a result of their marijuana use. Read each statement below carefully and check 'Yes' if it happened to you in the last year, even if it was only once. Check 'No' if it never happened to you in the last year.		
In relation to your marijuana use in the past year...	Yes	No
1. Have you tried to control your marijuana use by smoking only at certain times of the day or certain places?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you worried about the amount of money you've been spending on marijuana?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you gone to work or school high or stoned?	<input type="checkbox"/>	<input type="checkbox"/>

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Part 2 Continued		
4. Has your family, friends, or a health provider expressed concern about your marijuana use?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you, on more than several occasions, driven a car or other vehicle, including a bicycle, after using marijuana?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you noticed that your memory is not as good as it used to be?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you continued to smoke marijuana when you promised yourself you would not?	<input type="checkbox"/>	<input type="checkbox"/>
8. When you have stopped using marijuana for a period of time (even several days), have you experienced any of the following: irritability, restlessness, anxiety, depression, loss of appetite, sleep problems, pain, shivering, sweating or elevated body temperature?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you used larger amounts of marijuana over time, or used marijuana more frequently over time?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever seen a counselor or other professional as a result of your own concerns, or concerns that someone else had, about your marijuana use?	<input type="checkbox"/>	<input type="checkbox"/>
Scoring Guide: Lower (at-risk) (2-3) – Brief Intervention Moderate Risk (4-5) – Brief Intervention and Brief Treatment Severe Risk (6+) – Brief Intervention and Treatment Referral	Total:	

CIS Parts 1 and 2 Scoring Instructions:

1. CIS Part 1 provides useful information for brief intervention discussions and is not scored.
2. CIS Part 2 is scored based on affirmative responses to negative impacts of cannabis use. Each affirmative response is counted as a 1.
3. Severity of risk is based on number of affirmative responses in CIS Part 2 and generally corresponds to DSM 5 Cannabis Use Disorder levels of severity (mild, moderate and severe) but not all DSM 5 criteria.

For youth - remember any use is an important early intervention opportunity!

Cannabis Users Pyramid

