

THE CANNABIS USE DISORDER IDENTIFICATION TEST (CUDIT)

Have you used any cannabis over the past 6 months?..... Yes No

If YES, please answer the following questions about your cannabis use.

Please circle the response that is most correct for you in relation to your cannabis use *over the past 6 months*.

1 How often do you use cannabis?
never monthly or less 2-4 times a month 2-3 times a week 4 or more times a week

2 How many hours were you “stoned” on a typical day when you had been using cannabis?
1 or 2 3 or 4 5 or 6 7 to 9 10 or more

3 How often were you “stoned” for 6 or more hours?
never less than monthly monthly weekly daily or almost daily

4 How often during the past 6 months did you find that you were not able to stop using cannabis once you had started?
never less than monthly monthly weekly daily or almost daily

5 How often during the past 6 months did you fail to do what was normally expected from you because of using cannabis?
never less than monthly monthly weekly daily or almost daily

6 How often during the past 6 months did you need to use cannabis in the morning to get yourself going after a heavy session?
never less than monthly monthly weekly daily or almost daily

7 How often during the past 6 months did you have a feeling of guilt or remorse after using cannabis?
never less than monthly monthly weekly daily or almost daily

8 How often in the past 6 months have you had a problem with your memory or concentration after using cannabis?
never less than monthly monthly weekly daily or almost daily

9..... Have you or someone else been injured as a result of your use of cannabis over the past 6 months?
No Yes

10.... Has a relative, friend or a doctor or other health worker been concerned about your use of cannabis or suggested you cut down over the past 6 months?
No Yes