



THE CANNABIS USE DISORDER IDENTIFICATION TEST-REVISED - (CUDIT-R)

Have you used any cannabis over the last 6 months?YES NO

If you answered 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
0 | Monthly or less
1 | 2-4 times a month
2 | 2-3 times a week
3 | 4 or more times a week
4 |
|------------|----------------------|------------------------|-----------------------|-----------------------------|

2. How many hours were you “stoned” on a typical day when you had been using cannabis?

- | | | | | |
|------------------|-------------|-------------|-------------|----------------|
| Less than 1
0 | 1 or 2
1 | 3 or 4
2 | 5 or 6
3 | 7 or more
4 |
|------------------|-------------|-------------|-------------|----------------|

3. How often during the past 6 months did you find that you were not able to stop using cannabis once you had started?

- | | | | | |
|------------|------------------------|--------------|-------------|----------------------------|
| Never
0 | Less than monthly
1 | Monthly
2 | Weekly
3 | Daily or almost daily
4 |
|------------|------------------------|--------------|-------------|----------------------------|

4. How often during the past 6 months did you fail to do what was normally expected from you because of using cannabis?

- | | | | | |
|------------|------------------------|--------------|-------------|----------------------------|
| Never
0 | Less than monthly
1 | Monthly
2 | Weekly
3 | Daily or almost daily
4 |
|------------|------------------------|--------------|-------------|----------------------------|

5. How often in the past 6 months have you devoted a great deal of your time to getting, using, or recovering from cannabis?

- | | | | | |
|------------|------------------------|--------------|-------------|----------------------------|
| Never
0 | Less than monthly
1 | Monthly
2 | Weekly
3 | Daily or almost daily
4 |
|------------|------------------------|--------------|-------------|----------------------------|

6. How often in the past 6 months have you had a problem with your memory or concentration after using cannabis?

- | | | | | |
|------------|------------------------|--------------|-------------|----------------------------|
| Never
0 | Less than monthly
1 | Monthly
2 | Weekly
3 | Daily or almost daily
4 |
|------------|------------------------|--------------|-------------|----------------------------|

7. How often do you use cannabis in situations that could be physically hazardous, such as driving, operating machinery, or caring for children?

- | | | | | |
|------------|------------------------|--------------|-------------|----------------------------|
| Never
0 | Less than monthly
1 | Monthly
2 | Weekly
3 | Daily or almost daily
4 |
|------------|------------------------|--------------|-------------|----------------------------|

8. Have you ever thought about cutting down or stopping your use of cannabis?

- | | | |
|------------|--|------------------------------------|
| Never
0 | Yes, but not in the past 6 months
2 | Yes, during the past 6 months
4 |
|------------|--|------------------------------------|

Adamson SJ, Kay-Lambkin FJ, Baker AL, Lewin TJ, Thornton L, Kelly BJ, and Sellman JD. (2010). An Improved Brief Measure of Cannabis Misuse: The Cannabis Use Disorders Identification Test – Revised (CUDIT-R). *Drug and Alcohol Dependence* 110:137-143.

Scores of 8 or more indicate hazardous cannabis use
 Scores of 12 or more indicate a possible cannabis use disorder for which further intervention may be required.