

Marijuana Use Impact Screening

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Instructions: Ask the client each question. Check Yes or No, and use the Notes section for any brief comments, examples, or concerns.

#	Question	Yes	No	Notes
1	Does the client describe ways marijuana is making parts of their life harder?			
2	Has the client tried to cut back or take a break and found it difficult or uncomfortable?			
3	Since starting regular use, have there been changes in memory, motivation, emotions, relationships, or responsibilities?			
4	Does the client often use marijuana primarily to escape uncomfortable emotions (e.g., stress, sadness, anxiety)?			
5	Have others (family, friends, coworkers) expressed concerns about the client's marijuana use or behavior?			
6	Has marijuana use led to problems in work, school, legal issues, finances, physical health, or mental health?			

Preliminary Guidance:

- 0-1 'Yes' answers: Likely low immediate concern. Continue to monitor if indicated.
- 2-3 'Yes' answers: Some functional or emotional impacts; consider deeper assessment and collaborative conversation.
- 4 or more 'Yes' answers: Likely harmful or dangerous use pattern. Recommend targeted intervention, motivational interviewing, or integrated treatment planning.